**FOI Ref: 6083**

**Category(ies): Clinical - Service Activity**

**Subject: Arthroplasty**

**Date Received: 08/11/2021**

|  |  |
| --- | --- |
| **Your request:** | **Our response:** |
| Could you please provide the following information regarding your Orthopaedic services and Arthroplasty procedures?• Do you test patients for UTIs prior to arthroplasty surgery? | No (unless symptomatic) |
| • If so, how long before surgery do you carry out the test? | N/A |
| • How many Arthroplasty procedures did you carry out between January 2019 – January 2020? | 884 |