



ELSEVIER



CrossMark

International
Journal of
Orthopaedic and
Trauma Nursing

www.elsevier.com/locate/ijotn

Post-discharge pain experience following primary total hip or knee arthroplasty in patients whose primary language is not English

Yvonne Ramlall RPN ^{a,*}, Mona Sawhney NP, MN, PhD ^{b,1}, Steven Ramlall (Computer Engineering Technologist) ^{c,2}

^a Sunnybrook Health Science Centre/Holland Orthopaedic and Arthritic Centre, 43 Wellesley Street East, Toronto, Ontario, Canada M4Y 1H1

^b North York General Hospital, 4001 Leslie Street, Toronto, Ontario, Canada M2K 1E1

^c 28 Highland Hill, Toronto, Ontario, Canada M6A 2P9

KEYWORDS

Post-operative pain;
Non-English
speaking patient;
Total hip arthroplasty;
Total knee arthroplasty;
Total joint arthroplasty;
Post-discharge pain

Abstract Pain following total hip or total knee arthroplasty post-discharge from hospital is not well understood, especially in patients whose primary language is not English. The objective of this study was to examine pain in patients whose primary language is not English following discharge from acute care to home or to a rehabilitation unit from post-operative days 5 to 9. During the study period 22 patients met the study criteria, 19 consented to participate, and 18 completed the study. Participants were asked to complete the Pain Self-Assessment Form (PSAF) for 5 days after discharge from acute care. The response rate was 95% ($n = 18$). The most common languages spoken were Greek ($n = 7$) and Italian ($n = 5$). Mean daily pain scores ranged from 4.4 to 5.1 out of 10. The most commonly used analgesics included oxycodone, acetaminophen, and hydromorphone. The most commonly reported adverse effect was nausea ($n = 9$). When asked what could be done to improve pain management participants reported that they would have liked more information regarding managing their pain from a translator, including information regarding when to use analgesics.

© 2013 Elsevier Ltd. All rights reserved.

* Corresponding author. Tel.: +1 416 967 8591/785 7505.

E-mail addresses: Yvonne.ramlall@sunnybrook.ca (Y. Ramlall), Mona.sawhney@nygh.on.ca (M. Sawhney), steven.ramlall@cibc.com (S. Ramlall).

¹ Tel.: +1 416 967 8500.

² Tel.: +1 416 305 7505.

Editor's comments

The ability to communicate well with our patients is high on the agenda for patient satisfaction in healthcare. When patients are unable to communicate their needs, especially around the issues of pain, this can lead to unnecessary discomfort and retard mobility in total knee and total hip arthroplasty patients. Impaired communication through language barriers complicates the caring process even more. The concept of interpreters for non-English speaking patients is not new but this research reveals some of the issues around such patients requiring post-operative analgesia and information. BS

Introduction

Total joint arthroplasty (TJA) is a surgical procedure performed in many countries around the world for the treatment of patients with pain and immobility as a result of osteoarthritis or rheumatoid arthritis. The number of joint arthroplasty surgeries performed annually continues to increase. In Canada (not including Quebec) there were 62,196 hospitalizations for hip and knee arthroplasty in 2006/2007. Of these 37,943 were knee replacements (a 140% increase from 1996 to 1997) and 24,253 were hip replacements (a 59% increase from 1996 to 1997) (Canadian Institute for Health Information, 2009).

In Toronto, Ontario, Canada, a fast track recovery program was implemented for patients undergoing TJA in order to accommodate the increase in the number of patients undergoing joint replacement surgery. This fast track recovery program included a pre-operative education program, care maps for Total hip arthroplasty (THA) and Total knee arthroplasty (TKA) and an early rehabilitation program. In 2009, this fast track recovery program also included a hospital length of stay of 4–5 days (Total Joint Network, 2005). Therefore, patients undergoing unilateral total hip or total knee arthroplasty at the Holland Orthopaedic and Arthritic Centre in Toronto, Ontario, could be discharged to home in 5 days or less.

For the first 4 days after surgery, multimodal analgesia is used to manage pain. This includes routinely administered oral analgesics, peripheral nerve blocks, and non-pharmacological treatments such as ice. When patients are discharged from acute care, they use pro re nata (prn) oral analgesics and ice to manage pain. However, it is unclear if patients who do not speak English are able to manage their post-operative pain effectively.

Canada has an ethnically diverse population with many people migrating to Canada from all over the world. The official languages are either English or French however a non-official language is spoken by 20% Canadians at home. In 2006, more than 200 non-official mother tongues were reported by Canadians. In Toronto, the most common language

spoken is English however, 44% of the population speak a non-official language (Statistics Canada, 2007).

To meet the needs of patients who do not speak an official language, the provision of a trained medical interpreter for non-English speaking patients should be included as an essential component of medical and nursing care (Dowsey et al., 2009). Language barriers can have an adverse impact on the health care patients receive. The quality of care provided, including pain management, may be impaired when patients have a poor understanding of their diagnosis and treatment plan (Baker et al., 1996; Flores, 2005). Also, the inability to communicate and understand their health care provider has been reported to have a negative impact on patient satisfaction (Flores, 2005). This study explores the experience of patients for whom English is not their primary language following total hip or knee arthroplasty. The study was conducted to review how communication barriers impact on pain intensity and management options, and if patients were satisfied with their pain management.

Literature review

Total joint arthroplasty has been recognized as an efficacious and cost-effective procedure for the treatment of advanced hip and knee osteoarthritis (OA). Joint arthroplasty has the capability to relieve pain, increase mobility and improve the quality of life for patients (Horstmann et al., 2012; Wang et al., 2010). The literature demonstrates that total joint arthroplasty is a painful procedure and requires multiple pre-operative and post-operative interventions to ensure that patients receive adequate pain management (Carli et al., 2010; Richman et al., 2006). Pain and nausea are common symptoms for patients following this procedure. Moderate to severe pain on movement and at rest has been reported by patients in the first 3 days post-operatively (Jæger et al., 2012; Pasero and McCaffery, 2011; Peters et al., 2006) In a qualitative study by Joelsson et al., patients described their pain immediately following total

Download English Version:

<https://daneshyari.com/en/article/2653260>

Download Persian Version:

<https://daneshyari.com/article/2653260>

[Daneshyari.com](https://daneshyari.com)