

Patients' satisfaction with facial prostheses

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Abstract

We assessed the “impact on wellbeing” and “satisfaction” of patients who had a facial prosthesis (of the ear, nose, or orbit) fitted in The Netherlands Cancer Institute. Patients had either an adhesive-retained or an implant-retained facial prosthesis between 1951 and 2011. We did a cross-sectional survey of 104 patients, then gave a questionnaire to the final study group of 71 (68%), a year or more later. All were satisfied with their prostheses (visual analogue scale (VAS): mean (SD) 8.1(1.5). The implant-retained group were the most satisfied ($p=0.022$), and the adhesive-retained group felt more self-conscious ($p=0.013$). Three-quarters of all patients said that the prosthesis was not painful and there were no problems with the way it functioned. A well-designed facial prosthesis has obvious benefits, but there were no appreciable differences between the two groups. Each patient must make a careful decision about which type of prosthesis to choose, taking into account the quality of their remaining tissue, the site of the defect, and their general health.

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Introduction

Treatment of head and neck cancer can result in facial disfigurements that are difficult to cover, and may lead to problems with body image and dysfunction.^{1,2} For some patients the aesthetic repair of specific defects in the head and neck is just as important as curative treatment.³ Reconstruction of complex defects can often require more than one operation and the cosmetic results can be disappointing.⁴ Facial prostheses provide an alternative to reconstruction, particularly after removal of an orbit, ear, or nose.⁵

In the early 20th century facial prostheses were often attached to spectacles or supported by a skin-pocket constructed during operation.⁴ These methods of adhesion often resulted in skin problems, instability, discomfort, and difficulties in maintaining the position of the prosthesis. During the last 50 years facial prostheses have often been attached to surrounding structures with special glue (adhesive-retained). Brånemark developed new techniques known as osseointegrated or bone-anchored implants (implant-retained),^{5,6} and in the future the facial prostheses will be planned virtually with surface scanning and three-dimensional imaging.⁷ Several studies have evaluated the methods and techniques of attaching facial prostheses,^{8–18} which have improved rehabilitation.

Patients who were fitted with a facial prosthesis were often pleased with the results, but little research has been done on the impact of the type of adhesion.¹⁹ Most of our patients had been treated for cancer. Because of this, a large

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Table 1
Personal and social characteristics of patients with facial prostheses. Data are number (%).

Characteristics	Total (n = 71)
Age (years):	
<20	0
20-39	5 (4)
40-59	21 (15)
60-79	31 (22)
80+	14 (10)
Sex:	
Male	47 (66)
Female	24 (34)
Nationality:	
Dutch	70 (99)
Other	1 (1)
Marital status:	
Partner/married	52 (73)
Single	8 (11)
Widowed	10 (14)
Divorced	1 (1)
Education:	
Primary	7 (10)
Secondary	48 (68)
Higher	16 (23)
Employment:	
Job	18 (25)
No job	53 (75)
-Retired	35 (78)
-Study	1 (2)
-Unemployed	2 (4)
-Disabled	11 (22)
-Household/family	2 (4)

number of prostheses were adhesive-retained (for example after chemoradiation), but the use of implant-retained facial prostheses is increasing. We developed a questionnaire to find out if the type of adhesion had any impact on the patients' satisfaction.

Patients and methods

We did a cross-sectional survey, which included 104 patients who had prostheses of the ear, nose, or orbit between 1951 and 2011. The reasons for these were: restoration after resection of a tumour, a congenital deformity, or an injury. They were still using their prostheses from 1-61 years later. The median interval between the operation and the survey was 8 (range 14-16) years. Patients were excluded if they had an incapacitating coexisting condition.

To estimate satisfaction, a new questionnaire was developed to cover specific aspects of the use of a prosthesis and its impact on the wellbeing of the patient. The questionnaire was subdivided into three sections. In the first part we collected personal and social details (Table 1) and medical history (Tables 2 and 3). The second part dealt with the patients' perception of the impact on their daily life. In this part we also assessed self-confidence and the function of

Table 2
Reasons for prosthesis. Data are number (%).

Reason for prosthesis	Total (n = 71)
Cancer	55 (78)
Congenital	9 (13)
Trauma	5 (7)
Benign	2 (3)

the prosthesis (Table 4). The last section contained seven questions with a linear visual analogue scale (VAS) (1 = patient largely disagrees or is very dissatisfied; 10 = patient strongly agrees or is very satisfied). The questions assessed the patients' satisfaction with the prosthesis and its impact on their social relations and work (Table 5).

Qualitative variables between the groups were analysed by calculating the absolute and relative (percentage) frequencies. We used SPSS (IBM SPSS version 22 (2013)) to aid statistical analysis. In particular we used a Mann Whitney U test to compare the responses to the VAS. Those on the 4-item scale and the differences between the two groups (adhesive-retained compared with implant), were analysed using Pearson's chi square test.

Results

Characteristics of sample

We asked 104 patients to participate in this study. Twenty-one (20%) did not respond and 12 (12%) declined to participate, citing disinterest. The final study group (Table 1) consisted of 71 patients (68%).

The medical histories are given in Tables 2 and 3. A total of 55 patients were primarily diagnosed with cancer, of whom 33 had radiotherapy. About half of the group had their prostheses fitted during the last decade. Between 2007 and 2011 we started to attach more facial prostheses with an implant (either magnet or bar-clip attachments).

Questionnaire

To estimate the overall satisfaction and impact of a facial prosthesis, the responses on satisfaction, impact on daily life, self-confidence, and functional use are shown in Tables 4 and 5.

Table 3
Anatomical site and type of implant. Data are number (%).

Anatomical site	Adhesive (n = 47)	Implant (n = 24)	Total (n = 71)
Ear	4	14	18 (25)
Orbit	17	7	24 (34)
Nose	21	2	23 (32)
Combined (for example orbit and nose)	5	1	6 (9)

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