

# The Effect of Patient Involvement in Surgical Decision Making for Carpal Tunnel Release on Patient-Reported Outcome

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**Purpose** To investigate whether patient-reported outcomes are different according to patients' preference or experience in surgical decision making for carpal tunnel release.

**Methods** We preoperatively surveyed 85 patients who underwent carpal tunnel release regarding their preferred role in the process of surgical decision making and assessed their experienced role in the actual decision making 6 months after surgery using a Control Preference Scale. For patient-reported surgical outcomes, we used the Disabilities of the Arm, Shoulder, and Hand questionnaire. We compared these outcomes with those of patients having different preferences or experiences in surgical decision making and also compared the outcomes according to whether the preferred roles match the experienced roles.

**Results** The Disabilities of the Arm, Shoulder, and Hand scores were not significantly different between patients with different preferences for involvement in decision making for surgery or between those with different experiences in the actual decision making. However, those who experienced the same level of involvement as they had preferred were found to have better Disabilities of the Arm, Shoulder, and Hand scores than those who experienced a more active role or a more passive role than they had preferred.

**Conclusions** This study demonstrates that patient-reported outcomes were not different between those with different preferences or experiences in surgical decision making for carpal tunnel release. However, this study suggests that patients whose experience in decision making matched with their preference may have better subjective outcomes after carpal tunnel release. This suggests that patients with carpal tunnel syndrome may benefit from physicians' efforts of identifying patients' preferences for involvement in decision making and matching the identified preferences to the decision-making process. (*J Hand Surg Am.* 2014;39(3):493–498. Copyright © 2014 by the American Society for Surgery of the Hand. All rights reserved.)

**Type of study/level of evidence** Prognostic II.

**Key words** Carpal tunnel syndrome, carpal tunnel release, involvement, decision making, outcomes.

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THREE TYPES OF DECISION-MAKING models have been described for a conceptual framework on the different decision-making approaches in the medical encounter: paternalistic, shared, and consumeristic (or informed) decision making.<sup>1,2</sup> These days, illness rarely has one ideal treatment, and the availability of medical information through the Internet and other sources has led to more informed patients.<sup>3,4</sup> Therefore, there has been a shift from a paternalistic approach toward a more shared or consumerist approach.<sup>1,5</sup>

There are a variety of studies about patients' preferred roles in decision making.<sup>6–8</sup> Although it is not easy to compare patients' preferences across different types of diseases, it seems that patients with orthopedic or rheumatological conditions, diseases that raise issues regarding quality of life rather than those related to a life-threatening conditions, have a greater preference for shared decision making.<sup>9</sup> Deber et al<sup>10</sup> compared patient preferences and found that 79% and 83% of those with orthopedic and rheumatological conditions, respectively, preferred to share their decision, whereas 64% and 67% of patients with breast or prostate cancer, respectively, preferred to do so. Other studies have shown high preferences for a passive role in decision making in patients with cancer.<sup>11–13</sup> These studies, therefore, indicate that some patients want to be active in the process of care and making clinical decisions but not all patients want to participate to the same degree.<sup>14–16</sup>

Considering that some patients do not want to participate in decision making, there is a question of whether it is better to encourage them to participate, or should physicians just try to match the patients' desired level of participation. A study showed that diabetic patients were more satisfied with their care from doctors who facilitated their participation in medical decision making.<sup>17</sup> On the contrary, some authors have suggested that patients with breast cancer may benefit from physicians' efforts of matching patients' desired level of participation to the decision-making process.<sup>18,19</sup> With regard to carpal tunnel syndrome (CTS), a disease in which the diagnosis is generally made based on clinical symptoms and for which there are treatment options, a study showed that the majority of patients wanted to share their decision making for surgery.<sup>9</sup> However, it is not known whether a particular preference or experience in surgical decision making affects patients' subjective outcomes in case of carpal tunnel release (CTR). Therefore, we aimed to determine whether patient-reported outcomes were different according to patients' preference or experience regarding surgical decision making for CTR.

## PATIENTS AND METHODS

### Subjects

We obtained an approval for this study from our institutional review board. We prospectively recruited patients with CTS who underwent surgery by a single hand surgeon at our urban tertiary referral hospital between the period April 2010 and September 2011 and who were followed-up for more than 6 months.

We excluded those with worker's compensation issues and those with associated conditions, such as cervical radiculopathy and cubital tunnel syndrome, or comorbidities such as diabetes mellitus, hypothyroidism, chronic renal failure, or rheumatoid arthritis, which may affect the surgical outcomes. Finally, 85 patients were analyzed. Their mean age was 53 years (range, 31–76 y). Eighty-one were women. Electrodiagnostic studies confirmed the diagnosis in all patients. The average duration of the symptoms before surgery was 32 months.

### Consultation for surgery

For transfer of information, we explained the disease status, electrodiagnostic study findings, and the usual disease course in a standard fashion and provided a brochure and video clip explaining about CTS and surgery. We obtained information regarding the patients' lifestyle and workload and asked about their willingness to undergo surgery as the definitive treatment of the disease. We generally recommended surgery when symptoms of tingling, pain, or weakness did not improve after at least 2 months of treatment with an orthosis and/or corticosteroid injections. We explained the surgical procedure of open CTR, which would be performed under local anesthesia on an outpatient basis; the postoperative treatment with immobilization in an orthosis for 3 days without formal physiotherapy; and the likely functional outcomes, including the degree of symptom relief and possible complications, such as pillar pain and transient weakness.

### Patient-reported outcome assessment

The study subjects were requested by a research assistant to complete the Disabilities of the Arm, Shoulder, and Hand (DASH) questionnaire before surgery and at 6 months after surgery.<sup>20,21</sup> DASH scores range from 0 to 100, with higher scores indicating greater disability of the upper extremity, and have been validated for CTS outcome assessment.<sup>22–24</sup>

### Assessment of patients' roles in decision making

We used the Control Preferences Scale to assess the roles that patients want to play or have experienced during the process of treatment decision making (Table 1).<sup>25</sup> The Control Preferences Scale consists of 5 items that portray different roles in decision making. These range from a fully active to a fully passive role. The Control Preferences Scale has been tested in various populations and has been proven to be a clinically relevant, reliable, and valid instrument for the measurement of decisional control preferences.<sup>12,25–27</sup>

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