

Patient Satisfaction After Total Knee Arthroplasty

A Realistic or Imaginary Goal?

Emmanuel Gibon, MD, PhD, Marla J. Goodman, BA, MA (Int Rel),
Stuart B. Goodman, MD, PhD*

KEYWORDS

• Patient satisfaction • Knee arthroplasty • Patient expectations • Outcomes

KEY POINTS

- There is no consensus on the optimal method of ensuring or measuring patient satisfaction. Many studies show that there is no association between patients' experiences and the quality of health care.
- The general states of preoperative physical and mental health are highly correlated with patient satisfaction and outcome after surgery. Patients with preoperative health issues such as mild to moderate arthritis have a higher risk of dissatisfaction after total knee arthroplasty (TKA) surgery.
- The surgical approach plays a minor role for long-term satisfaction after TKA.
- Perioperative pain control, postoperative rehabilitation, and outcome/satisfaction after TKA are clearly linked. Patients with uncontrolled pain do not participate fully in their postoperative exercises, do not obtain maximal function, and therefore become dissatisfied with their operations.

PATIENT SATISFACTION AFTER TOTAL KNEE ARTHROPLASTY

This article is designed to help physicians understand that:

- Patient expectations are often varied, and in some cases there is no correlation between fulfillment of patient expectations and patient satisfaction.
- A variety of different factors determine the degree of patient satisfaction after total knee arthroplasty (TKA).
- Patients with other musculoskeletal issues, such as low back pain or pain in other joints, also have a higher risk of being disappointed.
- A TKA performed in patients with isolated and less destabilizing knee osteoarthritis carries the risk of dissatisfaction.
- Patient satisfaction after TKA seems to be strongly correlated with the fulfillment of the preoperative expectations.
- The amount of flexion needed to accomplish most activities of daily living is controversial.
- High-flexion devices may result in less polyethylene stress and lower patellar ligament strains, which may result in better function and long-term survivorship; however, the effects on patient satisfaction are unknown.

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Department of Orthopaedic Surgery, Stanford University, 300 Pasteur Drive, Edwards Building R116, Stanford, CA 94305, USA

* Corresponding author. Department of Orthopaedic Surgery, 450 Broadway Street, M/C 6342, Redwood City, CA 94063.

E-mail address: goodbone@stanford.edu

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- Patients are more satisfied when their pain is controlled adequately after surgery.
- Perioperative pain control, postoperative rehabilitation, and outcome/satisfaction after TKA are clearly linked.

INTRODUCTION

A recent trend in American health care delivery is the emphasis on patient satisfaction. However, patient expectations are often varied, and in some cases there is no correlation between fulfillment of patient expectations and patient satisfaction.¹ Although the outcome of treatment and degree of recovery of patients are of the utmost importance, there is no consensus on the optimal method of ensuring or measuring patient satisfaction. Many studies show that there is no association between patients' experiences and the quality of health care²; in some cases, an overemphasis on patient satisfaction can come at the expense of patient health care. In one study, patient satisfaction and health were not clearly correlated; the most satisfied patients had a 26% higher mortality risk.³ Some hospitals and health care providers seem to put too much emphasis on making health care sound better in order to get higher ratings.⁴

One example in which clinical outcome and patient satisfaction can be disparate is TKA. TKA is currently one of the most safe, efficacious, and cost-effective operations in all of surgery, and is performed worldwide.^{5,6} However, up to 20% of patients report long-term pain after TKA, which is dramatically more than after total hip arthroplasty (THA).^{7,8} As shown by Nashi and colleagues,⁹ 31.1% and 28.9% of patients experience residual knee pain at 1 and 2 years respectively after TKA. Moreover, there is poorer restoration of functional outcome after TKA compared with THA.¹⁰ Despite these observations, the critical factors influencing patient satisfaction after TKA remain controversial. A variety of different factors determine the degree of patient satisfaction after TKA, and many of these factors are contradictory or not within the surgeon's scope of care or control. This article examines some of the primary considerations and determinants associated with patient satisfaction after TKA. The factors that seem to affect patient satisfaction can be grouped into different categories, including:

1. Patient-associated factors
2. Surgical factors

3. Prosthesis characteristics
4. Perioperative factors
5. Factors associated with nursing and general medical care

METHODS

The authors performed a Medline search using the following key words: total knee arthroplasty or total knee replacement, outcome, and satisfaction. All relevant articles published over the last 15 years were considered for inclusion. Abstracts and, where relevant, complete articles were examined and assessed for patient inclusion criteria, outcome variables, and measures of satisfaction used. Review articles were read and references examined for additional articles to include. Fully published articles of clinical series with data were included in this review, and the investigators' observations and conclusions summarized. Several relevant opinion editorials were also reviewed to guide the discussion.

RESULTS

After review and analysis, the present authors realized that the primary factors that affect patient satisfaction could be grouped into 5 different categories:

1. Patient-associated factors
2. Surgical factors
3. Prosthesis characteristics
4. Perioperative factors
5. Factors associated with nursing and general medical care

Table 1 summarizes the conclusions for each of the factors.

Patient-associated Factors *Issues related to the patients' preoperative and postoperative physical and mental states*

The general states of preoperative physical and mental health are highly correlated with patient satisfaction and outcome after surgery. Patients with preoperative health issues such as mild to moderate arthritis have a higher risk of dissatisfaction after TKA surgery.¹¹ This finding does not represent an indictment but surgeons should inform those patients about the increased dissatisfaction risk. Patients who have disproportional pain to the radiographic findings may not have the same outcomes and satisfaction, mainly because of higher sensitivity to pain. Patients with other musculoskeletal issues, such as low back pain or pain in other joints, also have a higher risk of being disappointed. These

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