Fulfilment of expectations; Satisfaction

Total hip arthroplasty; Expectations; Arthroplasty expectations;

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Keywords: Total hip arthroplasty; Expectations; Arthroplasty expectations; Patients’ expectations; Surgeons’ expectations; Expectations’ fulfilment; Fulfilment of expectations; Satisfaction

Introduction.— The relationship between patients’ expectations and satisfaction in total hip arthroplasty (THA) remains unclear, and the role of surgeons’ expectations is unknown. This study aimed to assess factors associated with satisfaction and expectations’ fulfilment after THA, and to describe in which domain patients’ and surgeons’ expectations were fulfilled.

Methods.— Preoperatively, 132 patients on waiting list for THA in three tertiary care centres and their surgeons had been interviewed to assess their expectations using the Hospital for Special Surgery Total Hip Replacement Expectations Survey (THR survey) [1]. One year after surgery, 123 patients were contacted by phone to complete a questionnaire on their expectations’ fulfilment (THR survey), satisfaction, functional outcome (Womac), and quality of life (SF 12). Univariate and multivariate analyses were performed to assess determinants of satisfaction and expectations’ fulfilment.

Results.— Surgeons’ expectations were more realistic than patients’ for relieving night pain and removing the need of a stick. Patients and surgeons had too optimistic expectations regarding cutting toenails, putting on shoes, improving sport, sexual and professional activity. In the group of patients who were satisfied (n = 113), preoperative mental well-being was higher and surgeons’ expectations were more optimistic. Expectations’ fulfilment was the only independent determinant of satisfaction (adjusted OR 1.08, 95% Confidence Interval [CI] 1.04; 1.12, P < 0.001). Expectations’ fulfilment could be predicted before surgery by a younger age (regression coefficient −0.55 [95% CI −0.88; −0.21], P = 0.002), a better mental well-being (0.56 [95% CI 0.14; 0.99], P = 0.03) and a lower disability (−0.96 [95% CI −1.82; −0.11], P = 0.001). After surgery, functional outcome was its main determinant (−2.10 [95% CI −2.79; −1.42], P < 0.001).

Conclusion.— The fulfilment of patients’ expectations, independently of their preoperative level, determines satisfaction after THA. It could be predicted before surgery by a younger age, a better mental wellbeing and a lower disability. Surgeons have reliable expectations of postoperative satisfaction, and could improve information of patients on expected outcomes.

Reference


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Reintegration to Normal Living Index in a population of community-dwelling people with slowly muscular diseases


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Keywords: Questionnaire; Scale; Validity; Reproducibility; Muscular dystrophies; Neuromuscular diseases

Introduction.— Reintegration to normal life index (RNLI) is a generic scale and assesses the degree to which the patient has been able to return to a normal life. This questionnaire has not been used, validated and interpreted for a sample of people with slowly genetic muscular diseases.

Patients and methods.— Prospective study with consecutive inclusions of patients with neuromuscular diseases in referral centers of Reims, Dijon and Besançon between April 2004 and June 2011. Patients included were age 18 years or more. Administration of five times RNLI D0, D15 for 2/3 of them, one year, three years and five years. The analysis of socio-demographic data, scores of scales and statistical tests are calculated by SPSS 21 software.

Results.— Hundred and twenty-four patients were included, 75 men (60.5%). The average age was 36.3 ± 11.2 (minimum 18, maximum 60). The Barthel Index is an average of 77 ± 28 (min 10, max 100). It is counted myotonic patients (n = 50), dystrophinopathies (n = 32 including 8 Duchenne), FSHD (n = 18), AS1 (n = 8), LGMD (n = 12), congenital muscular dystrophies (n = 3), oculopharyngeal dystrophy (n = 1). Hundred and two patients have no missing data RNLI at the initial time with an average score of 70 ± 20 (min 7 and max

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100), two thirds of the patients were asked to test retest D15: average of 74 ± 18 (29–100). The Cronbach’s alpha (n = 102) and test-retest ICC (n = 65) are each estimated to 0.86.

**Discussion.**– RNLI has satisfactory psychometric properties: no effect floor or ceiling effects, internal consistency and ICC are very satisfying. However, 22 scores are not calculated by missing some items. It will be interesting to study the distribution of missing items according to clinical subjects to identify the reasons for non-response. The RNLI score to measure integration in life and thus to identify modifiable factors that can improve the situation of people with neuromuscular disorders.

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