Abstract  We have carried out a prospective study based on a series of interviews and written questionnaires completed by 45 patients who underwent surgery, in an effort to evaluate subjective patient satisfaction while recovering from total hip arthroplasty. These patients all had operation for primary osteoarthrosis and none had previously experienced orthopaedic procedures or psychiatric pathology. Our study demonstrated that using standard quality-of-life questionnaires to evaluate patient’s subjective assessments is difficult, if not impossible. It also established the need to combine questionnaires and open-ended interviews in order to reveal subjective elements that should be taken into consideration by the surgeon before deciding upon the need to operate. The analysis of the data collected in this study highlights the fact that 50% of the patients express feelings of frustration during a three month-long period following the operation, in spite of their experiencing actual improvements of the operated hip. This phase of temporary frustration winds down easily but it is only a year after undergoing arthroplasty that some patients will enjoy all the subjective benefits of the operation.

Résumé  Nous avons réalisé une étude prospective comprenant une série d’entretiens associés à des questionnaires pour 45 patients opérés afin d’évaluer la satisfaction subjective après arthroplastie totale de la hanche. Tous ces malades étaient vierges de chirurgie orthopédique antérieure, sans pathologie psychiatrique et la hanche opérée présentait une dégénérescence arthrosique. Cette étude a montré l’impossibilité ou la difficulté d’utiliser les questionnaires traditionnels de qualité de vie pour pouvoir prendre en compte la subjectivité des malades. Elle a aussi montré la nécessité d’utiliser des questionnaires associés à des entretiens libres afin d’accéder aux éléments subjectifs qu’il faut prendre en considération d’une part au moment où le chirurgien pose l’indication opératoire et d’autre part pour l’évaluation du résultat d’une prothèse totale de hanche. L’analyse des données recueillies dans cette étude montre en évidence que la moitié des malades traverse une période de déception située environ 3 mois après l’opération, alors que la hanche va déjà objectivement très bien; cette période de dépit transitoire se résout facilement mais c’est seulement un an après l’arthroplastie que certain malades ont tiré tout le bénéfice “subjectif” de l’intervention.

Introduction

In total hip arthroplasty unexpected results in some patients indicate that it is necessary to take into account additional subjective elements which are peculiar to every individual, and which are hard to quantify [13]. The purpose of surgical intervention is to improve the patient’s quality of life, focusing mainly on physical pain and functional deficiencies. Some individuals live a life burdened with affective or psychological problems that have little to do with physical discomfort, while others are likely to avail themselves of a minor physical discomfort in order to claim that surgery has vastly improved their condition. This discrepancy and the corresponding non-verbalized feelings must be perceived and identified in order to evaluate the benefit to the patient of surgical procedures. This evaluation will minimise the problems posed by an objectively excellent surgical result, contrasting with a sense of failure and frustration in the patient. Indeed, the satisfaction of the patient who has undergone functional surgery does not always match the surgeon’s own evaluation.

Objectives of study

Several studies have shown [6] that patient satisfaction after total arthroplasty of the hip is contingent on the re-
recovery of emotional self-reliance in everyday life; this is influenced by relief from pain, adequate mobility and stability of the operated hip [5, 7, 11]. Do the standardised modes of quality-of-life evaluation and questionnaires reflect subjective reality [2]. The AIMS2 standard [9] that was used in a previous study is of little use given that the variations of the standard are not correlated with the patient’s general appreciation of the benefits of hip surgery. Similarly, a detailed study of a large sample [14, 15] shows that the patients’ apparent expectations are fairly homogeneous; this patient-specific index is considered most reliable but fails to take into account the subjective appreciation of the patients. Likewise, standardised methods of evaluation (e.g. AIMS, EMIR) [10] only allow for what is measurable and quantifiable. We decided that allowing for the patient’s subjectivity is a prerequisite to any evaluation of his or her satisfaction with the results of surgery; elaborating on this finding is the first objective of this study. Subconscious psychic motivations are instrumental in prompting an individual to assign a certain degree of satisfaction to different parts of his or her life; they are also instrumental in determining the result, that is, the individual’s conscious assertion that he or she is indeed satisfied [12].

The questionnaire helped us to guide the interview without providing a standard of evaluation since it is useless to attempt to quantify something that cannot be measured. We strove to focus upon subjectivity, i.e. these human and individual aspects that cannot be elucidated without the help of the patient’s own spontaneous discourse. Surgical practice shows us that actual results depend as much on technical performance as upon the patient’s own ability to acknowledge the benefits of the operation. To date, the study of psycho-affective factors influencing the patients has been neglected despite the fact that these factors can alter significantly the desired results of a total arthroplasty of the hip [14, 15].

The second objective of this study is to outline the psychological factors, which warrant consideration by the surgeon before deciding whether or not to operate. Appreciation of the subjective singularity of every patient is crucial, if there is to be improvement in the relief brought about by total hip arthroplasty (THA) [1, 10].

Methods and material

Our open study concerned a continuous series of 45 patients who were under observation for at least 12 months prior to total arthroplasty of the hip for uncomplicated primary osteoarthrosis. These patients had never been operated upon before and had no psychiatric disorder. We offered them the opportunity to participate to in this study of patient satisfaction in the aftermath of total arthroplasty of the hip. Three patients refused, on the grounds that they had no time to waste on discussions.

In the beginning, our group comprised 51 patients but six were excluded. A very old patient passed away on the eve of the consultation for anesthesia; another never came back for post-surgery consultations and four patients had a record of past minor orthopedic surgery, but failed to disclose it at the beginning of the study. Seventy-five per cent of the remaining patients were very happy to be given the opportunity to talk, while 25% merely consented to do so, without enthusiasm. Each of these patients had a preoperative consultation with the surgeon who would operate on them. The operation was undertaken under general anesthesia by lateral approach with osteotomy of the trochanter. The Charney-Keboul cemented prosthesis was employed in every instance. After two or three days, the patients were able to walk again with the help of crutches, which were used for a month. Postoperatively, anti-inflammatory treatment was administered for 8 days, and a month-long vitamin K-based anti-coagulation treatment was prescribed.

Three different questionnaires were devised in order to provide a framework for the discussions with the psychiatrist. The first questionnaire was completed on the occasion of the anesthesia consultation, a month before the scheduled date for the operation. A second questionnaire was filled out three or four months after the operation and the last one was issued eight months later. The post-surgery questionnaires were distributed immediately before the follow-up consultations and a discussion with the psychiatrist was scheduled on that occasion.

At the beginning of every questionnaire the patient was asked to rank his or her condition on an analogical self-evaluated visual scale, which was non-graduated, ranging from very bad to excellent. Patients were also asked to indicate the region of the scale they hoped that their condition would be, after surgery. We measured this index (from 0 to 10 cm) after each meeting without communicating the result to the patient, who was unaware of the ranking of his or her previous choices.

The discussion with the psychiatrist lasted for 30 to 45 min on average and facilitated the collection of information concerning the affective and relational life of the patient, based on spontaneous and free-association-driven thoughts expressed in connection with hip surgery.

Pairing an interview with a questionnaire enabled us to become aware of the limitations of questionnaires. Often, the specific response to a given question turned out to be “false”: typically, answers provided in the questionnaire were disappointing because of they were homogeneous on some points, whereas the results and the patients’ comments were all different.

Results

The criteria used in the questionnaire and the interviews pertained to the following points:

Age

Ages of the patients ranged from 37 to 85-years old. Age did not seem to have any influence upon the patient’s appreciation of his or her preoperative condition, or upon their prospective appreciation of the outcome.

Gender

Thirty-one patients were female and 14 were male. Before surgery, the expectations of the male patients on the visual scale ranged from 7.8 cm to 10 cm, whereas those of the females ranged from 5.6 cm to 10 cm. The first postoperative assessment did not yield any clear-cut differences between the male and female patients’ appreciation of their condition on the visual scale. On subsequent interviews women tended to use detailed and nuanced expressions, whereas the men tended to express themselves in brief sentences which featured many superlatives, whereby feelings of satisfaction of disappointment