

Factors Related Unwillingness of Osteoarthritic Patients for Total Knee Arthroplasty

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ABSTRACT

Objective: To know about the factors related to unwillingness of knee osteoarthritis patients to undergo Total Knee Arthroplasty.

Methods: A cross sectional study was carried out at Hayatabad medical complex Peshawar from April 2016 to January 2017. Patients with advanced osteoarthritis of knees were interviewed in accordance to a preset questionnaire after taking consent. All data was analyzed by SPSS 21.0 version.

Results: A total of 100 patients were interviewed in which 35 patients were willing to undergo total knee arthroplasty and 65 patients showed unwillingness towards total knee arthroplasty which included 41.5 % (n= 27) males and 58.4% (n= 38) females with age ranges between 47 to 64 years (mean age 55.23 ± 5.19 years). Out of the total patients 38.46 % (n= 25) were reluctant to total knee arthroplasty due to economic reasons, 24.61 % (n=16) due to social reasons, 21.65% (n=14) due to fear of complications, 15.3 % (n=10) due to religious reasons and 56.9% (n=37) had multiple reasons (economic plus fear of complications).

Conclusion: It was concluded that patient decision making process regarding Total Knee Arthroplasty has numerous considerations like economical and fear of complications on top which should be addressed through proper counseling and awareness regarding the procedure and economical help through allotment of funds on government as well as on hospital basis.

Keywords: Total Knee Arthroplasty, Osteoarthritis.

INTRODUCTION

Total Knee Arthroplasty (TKA) is the best modality in treatment of end stage osteoarthritic knees and considered as an established intervention. It improves pain and mobility of patient, an acceptable outcome in more than 90 % of patients reported by best-published results [1,2].

Rating scales used by the surgeons assume that patients and surgeons are on the same page regarding the degree of success of Total Knee Arthroplasty (TKA). However, there is marked disparity in evaluation of outcomes between the surgeon and patients, especially when the patient is not fully satisfied with the result [3]. There may have different definition of an excellent outcome for both parties (patient and

may not comprehend the true nature of pain and patient's dissatisfaction level [4].

There are multiple factors, which influenced the treatment modality including patient's importance and tolerance to symptoms [5,6,7]. The ways the pros and cons of treatment modality are presented and patient approach toward the risks. Social lay knowledge or knowledge/ experience of someone who had the procedure also influenced the decision making of patient [8,9,10]. Individuals who receive care, or who seek an opinion from a surgeon, are likely different from those who do not.

Some studies have shown that underutilization of TKA surgery for severe osteoarthritis in women in comparison to men [11] and others suggested that preferences regarding patient gender may influence decision regarding procedure utilization [12]. Reports have shown that trust in surgeons, effectiveness and harms perceptions and psychosocial features of patients like factors influence these gender and racial differences in willingness towards TKA [13,14].

While using patient based parameters, the outcome assessment may not be completely explained as context and experiences regarding intervention are

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surgeon). As due to fear of surgeon disappointment patient may not state clearly their problems, the surgeon

not addressed. Generally major health aspects and deep interview based on structured questionnaires reflects factors of prompt importance to surgeons. All structured and surgeon-based measures report that TKA is modality of choice for most patients.

The number of TKA cases done in developing countries is far less than in developed countries. There are various reasons for less number of cases done in underdeveloped countries including social, economic and religious.

The initial cases done in these underdeveloped countries under compromised conditions led to unacceptably high rate of complications, which resulted in unpopularity of the procedure.

This study was undertaken to know the factors of unwillingness in our society (which the patient states often in out patients' department) in terms of economic, religious, social and fear of complications related Total Knee Arthroplasty.

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METHODS

A cross sectional study was carried out at Hayatabad medical complex Peshawar from April 2016 to January 2017. All the patients having advanced osteoarthritis knee were interviewed in accordance to a preset questionnaire after taking informed consent. The proforma was filled by primary surgeon (who performs the procedure) in the same setting of outpatient department of the same hospital.

The questionnaire was designed with demographic data like age, gender, occupation, annual income, education status and questions regarding factors of unwillingness like religious reasons (will not be able to perform their usual way of praying), economical reason, due to fear of complications and social reason of not willing to do Total Knee Arthroplasty.

All the patients having grade III osteoarthritis of one or both knees, Patients having pain sufficient to interfere in daily activities and who are willing for interview were included.

Patients having other systemic or local disease like rheumatoid arthritis, local sepsis or any contraindications for TKA were excluded.

All these patients were explained about the disease and its progress. They were told about the chronicity of disease, use of NSAIDS and possible long-term side effects. They were explained about the procedure of TKA as a solution for their pain. They were told about the whole procedure, the cost, the postoperative rehabilitation and possible complications.

Data was analyzed by SPSS version 21.0. Descriptive statistics used to describe, summarize and organize data. Mean ± standard deviation was calculated for numerical variables like age. Results were presented in the form of tables and graphs.

RESULTS

Out of 100 patients interviewed 35 patients showed willingness to undergo total knee arthroplasty and 65 patients were unwilling for total knee arthroplasty. Out of 65,41.5%(n= 27) were male and 58.4% (n= 38) were female with age ranges from 47 to 64 years. The mean age of patients was 55.23±5.19.

The main factor for unwillingness to Total Knee Arthroplasty was economic as the patients could not afford the cost of implants. Economic reason was described by 38.46 % (n= 25) out of total patients as main cause for unwillingness mostly 64% (n = 16) female and 36 % (n= 9) were male. The second reason for unwillingness for TKA was social as these patients described various reasons like inability to squat, sit on the ground and move in society freely were 16 (24.6 %).

The third reason was religious as they were unwilling to pray in a changed way of using chair were 10 (15.38%). 14 patients (21.53 %) patients were afraid of complication as they had seen someone with complication or heard about unsuccessful Total Knee Arthroplasty. While 37 patients (56.9%) patients cited multiple reasons for not accepting TKA.

Table 1 total number in the study n=100
Patient unwilling to have TKA n=65 (27 male & 38female)

Table 1: factors of unwillingness

Demography

Mean ±SD			
Age (years)	55.23±5.19		
Factors:			
	No of patients	Male N%	Female N%
	Total patients=65		
Economic	25 (38.4 %)	16 (64)	9 (36)
Social	16 (24.6 %)	7 (43.7)	9 (56.2)
Religion	10 (15.3 %)	4 (40)	6 (60)
Fear of complications	14 (21.5 %)	6 (42.8)	8 (57.1)

DISCUSSION

This study was conducted to find out the factors that can influence the decision-making procedure regarding TKA surgery from patient point of view in this study we found that patient have numerous consideration regarding surgery

The procedure is not very frequently performed in our country due to various reasons. The main reason being patient’s refusal to undergo TKA. We found that despite full counseling and explanation above the procedure 65% patients were not willing to undergo TKA.

We further probed about the reasons for not undergoing the procedure the patients came up with variety of reasons most when not affording due to socioeconomic status. In 2013 a study done by Vina ER showed that that structural and functional support were important determinants regarding decisions of TKA [15]. In our study 24.6 % patients involving both genders had social reasons as one of the factors regarding unwillingness for TKA.

In our study women 58.46% of total patients interviewed were unwilling to undergo TKA. Karlson EW 1997 study showed that older people and women in particular were showed unwillingness towards TKA [12].

Based on our study we can predict that if the socioeconomic status of society improves the number of TKA will increase and with increased number of cases the society will gain confidence and patient will show willingness. With experience the frequency of complications will decrease and patient’s faith will improve in knee arthroplasty.

Surgeons should counsel the patients properly and government should introduce insurance schemes to reduce the burden of cost on patients.

CONCLUSION

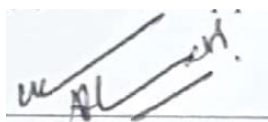
It was concluded that patient decision making process regarding Total Knee Arthroplasty has numerous consideration like economical and fear of complications on top which should be addressed through proper counseling and awareness regarding the procedure and economical help through allotment of funds on government as well as on hospital basis.

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