

Expectations in THA

Impact of Patient Pathway

Prof. Jenaro Fernández-Valencia Laborde

Head of Hip Unit. Hospital Clínic. Barcelona. Catalonia. Spain.

Assoc Prof. University of Barcelona. Catalonia. Spain.

CLÍNICA
BARCELONA
Hospital Universitari



35 locations in BCN

540.000 habitants / 5.389 workers / 834 beds



Medical Students from University of Barcelona & Erasmus Program
Residents of Orthopaedic Surgery and Traumatology from Spanish NHS
Fellowship in Arthroplasty (Hip&Knee) of University of Barcelona
Observership Hip Unit. AulaClínic, Hospital Clínic.

Meeting Expectations



Impact of a Patient Pathway

1. Evolution of Pathway in Hospital Clínic Barcelona
2. The Stakeholders influencing the expectations Health Professionals & Media
3. Typologies of patients: catastrophizer? Internal vs external locus?
4. What expectations?

Emotional Expectations, Anxiety?

Timeframe

Pain

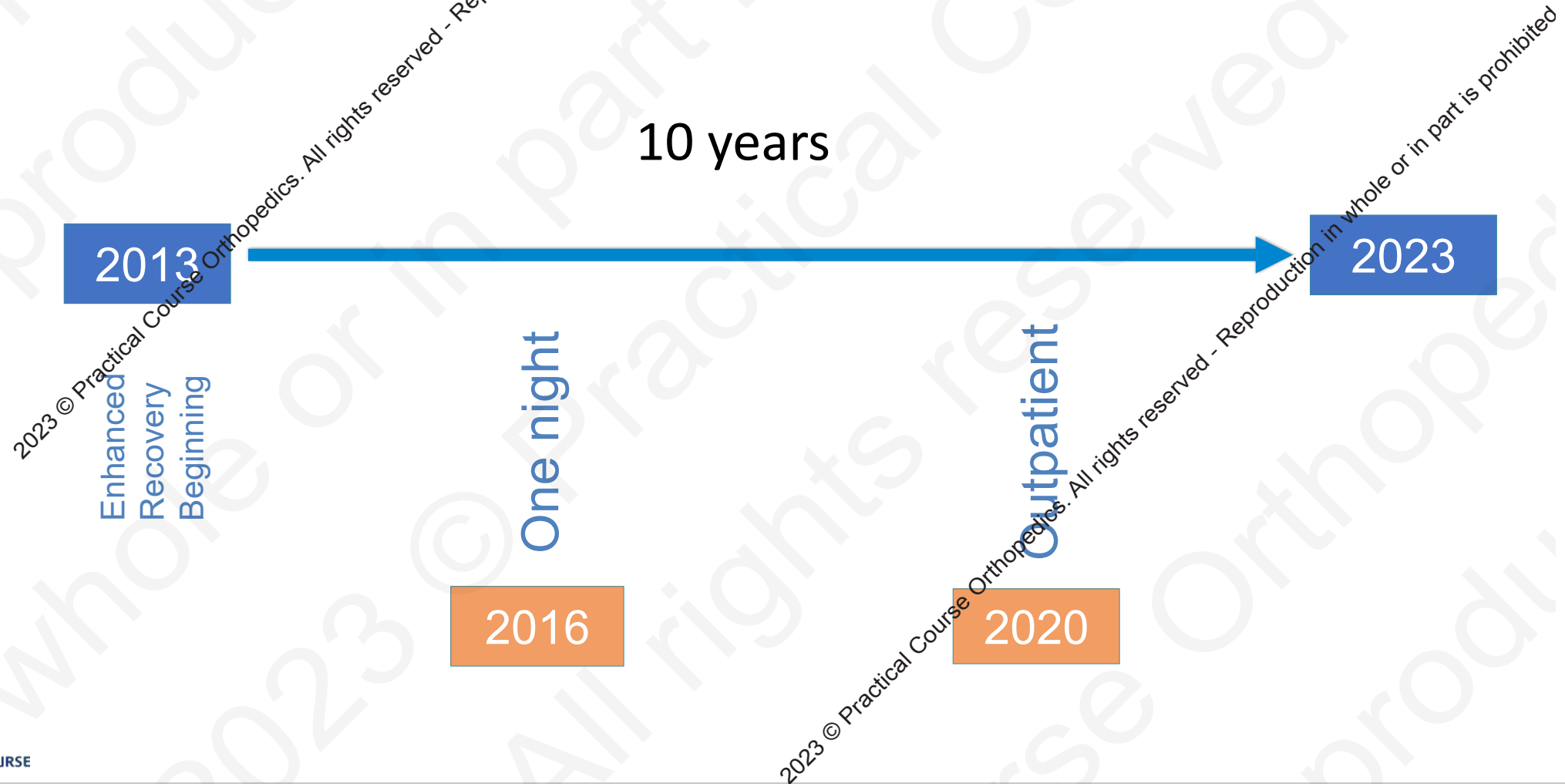
Complications

Life Activities: Drive a Car / Work / Sport / ... Sexual Activity

General Outcome

5. PREMS

1. Evolution of Patient Pathway in Hospital Clinic Barcelona



1. Evolution of Patient Pathway in Hospital Clinic Barcelona

6 hours after THA



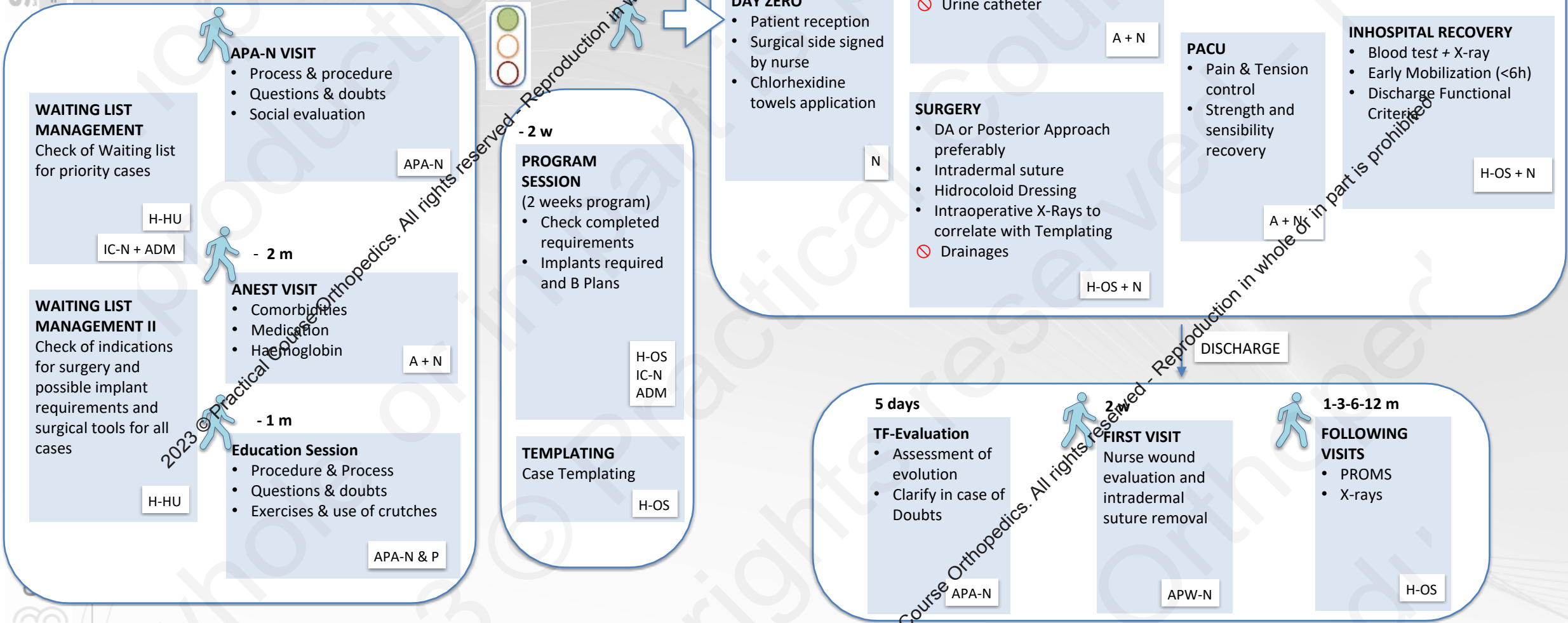
2013

6 hours after THA



2023

THA Protocol Hip Unit Hospital Clínic Barcelona



A: Anesthesiology
 APA-N: Advanced Practice Nurse in Arthroplasty
 APW-N: Advanced Practice Nurse in Wound Care
 IC-N + ADM: Patient & Beds Coordinator for Institute Nurse + Administrative Assistant
 C-N: Nurse Coordinator of Hip Unit

N: Nurse
 P: Physiotherapist
 SW: Social Worker
 H-OS: Hip Orthopaedic Surgeon
 H-HU: Head Hip Unit

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2. Stakeholders in Modulating Expectations

Health Professionals



Hip Unit Clinical Pathway THA Meeting UpDate. 5th May 2023

2. Stakeholders in Modulating Expectations

Media



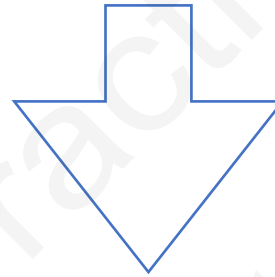
December 2019 Overnight THA in TV News



September 2020 Outpatient THA in Spain Newspapers

3. Typologies of patients

Depression and Anxiety
linked to exaggerated responses to pain



Patient Dissatisfaction

Dhurve K, Scholes C, El-Tawil S, Shaikh A, Weng LK, Levin K, et al. Multifactorial analysis of dissatisfaction after primary total knee replacement. Knee 2017

3. Typologies of patients

ORIGINAL

OPEN ACCESS

Do educational and empowerment sessions reduce stress levels before knee arthroplasty?

Montse Nuevo ¹, Aida Rodriguez-Nuevo ¹, Alina Hervas ², Adriana Arza-Valdés ^{3,5}, Jorge Mario Garzón-Rey ^{3,5}, Jorge Aguiló ^{3,4,5}, Teresa Faura ¹

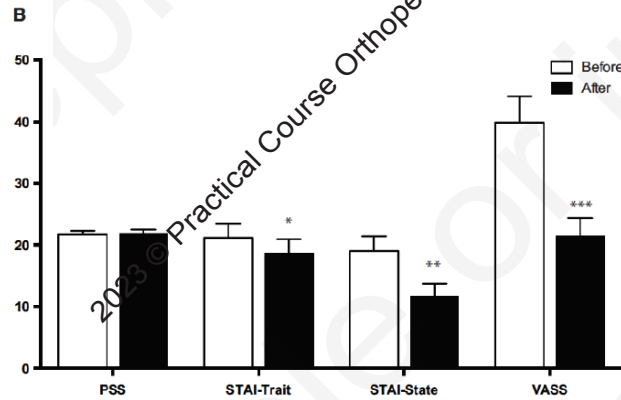


Figure 2. Beneficial effects on stress levels of the empowerment session. HRV levels before and after the empowerment session (A) and scores of PSS, STAI-Trait, STAIState and VASS before and after the session (B). Graphic represents mean and SE. * p<0.05, ** p<0.01, ***



Nuevo M, Rodriguez-Nuevo A, Hervas A, Arza-Valdés A, Garzón-Rey JM, Aguiló J, Faura T. Do educational and empowerment sessions reduce stress levels before knee arthroplasty? Int J Adv Jt Reconstr. 2017;4(1): 19-25.

3. Typologies of patients

Pain catastrophizing scale (PCS)

MRN _____

Everyone experiences painful situation at some point in their lives. Such experiences include headaches, tooth pain, joint, or muscle pain. People are often exposed to situation that may cause pain such as illness, injury, dental procedures, or surgery.

We are interested in types of thoughts or feelings when you are in pain. Listed below are 13 statements describing different thoughts and feelings that may be associated with pain. Using the following scale please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

0— not at all, 1— to a slight degree, 2— to a moderate degree, 3— to a great degree, 4— all the time

Question number	Question	Your score
1	I worry all the time whether the pain will end.	
2	I feel I can't go on.	
3	It's terrible and I think it's never going to get any better.	
4	It's awful and I feel that it overwhelms me.	
5	I feel that I can't stand anymore.	
6	I become afraid that pain will get worse.	
7	I keep thinking of other painful events.	
8	I anxiously want the pain to go away	
9	I can't seem to keep it out of my mind.	
10	I keep thinking about how much it hurts.	
11	I keep thinking about how badly I want the pain to stop	
12	There is nothing I can do to reduce the intensity of pain	
13	I wonder whether something serious may happen	

Increased dose or repeated dose of Corticosteroids have been proposed For patients with High scores in PCS

RESEARCH ARTICLE



Repeat dose steroid in high pain responders after total knee arthroplasty: A study protocol

Anders H. Springborg¹ | Claus Varnum^{2,3} | Niklas I. Nielsen¹ |
Lasse E. Rasmussen^{4,5} | Per Kjærsgaard-Andersen^{2,3} | Lina Pleckaitiene² |
Kirill Gromov^{4,5} | Anders Troelsen^{4,5} | Henrik Kehlet^{5,6} | Nicolai B. Foss^{1,5}

24 mg dexamethasone orally, 24h after THA, for PCS scoring over 20

Pending results

4. What Expectations?

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4. What Expectations?

Emotions / Anxiety

Recovery after Spinal!

Recovery after Motor block!

Speed of improvement

Need for external aid

What Expectations?

Timeframe

Clin Orthop Relat Res (2018) 476:372-378
DOI 10.1007/s11999-000000000000043

Clinical Orthopaedics
and Related Research
A Publication of The Association of Bone and Joint Surgeons

2017 Hip Society Proceedings

Published online: 17 January 2018
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Changing Patient Expectations Decreases Length of Stay in an Enhanced Recovery Program for THA

Dylan Tanzer BSc, Karen Smith CRA, Michael Tanzer MD

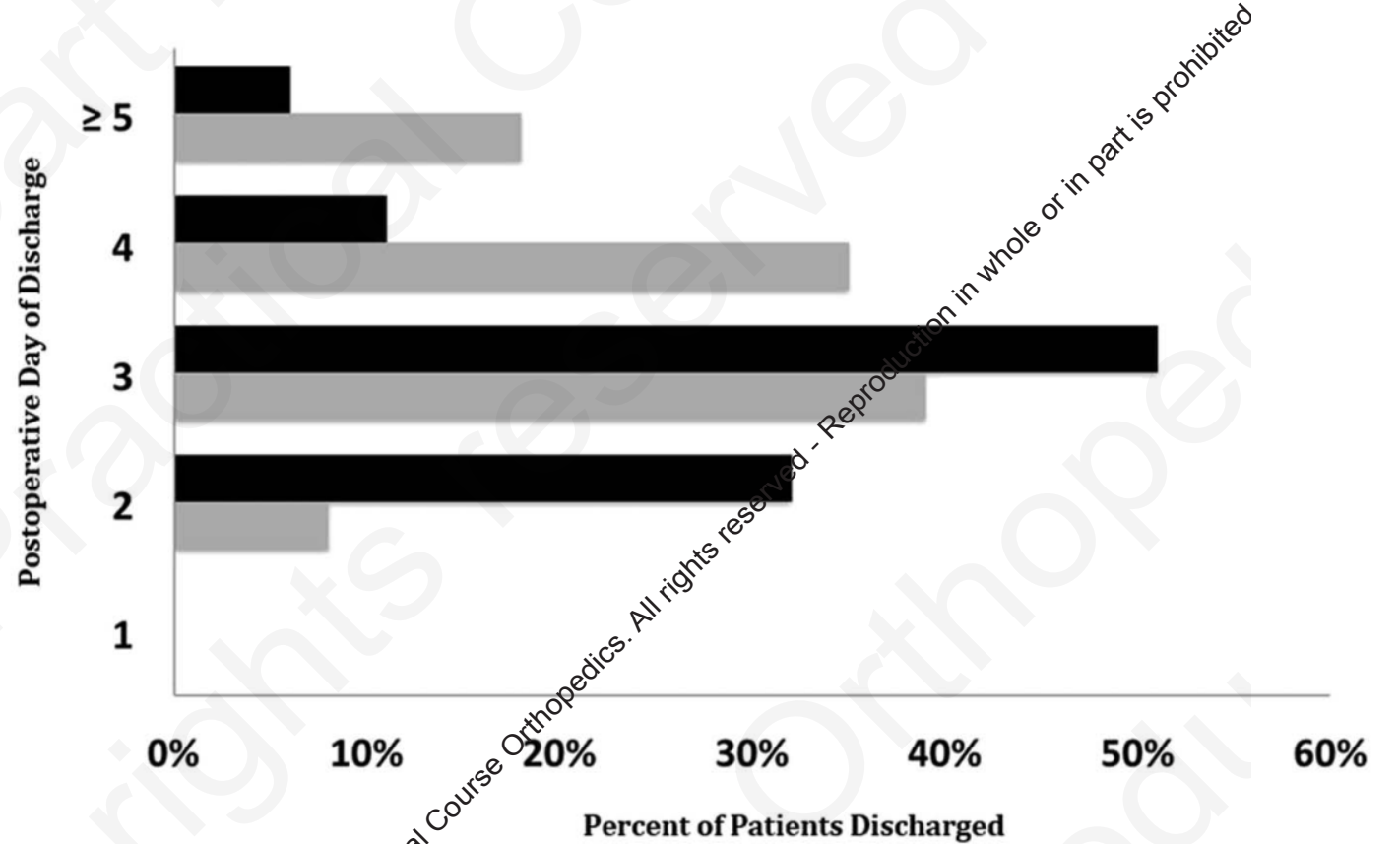


Fig. 2 Bar graph comparing the postoperative day of discharge. The percent of patients discharged on each postoperative day is indicated for patients in the 4-day Group (gray) and the 2-day Group (black).

Factors Influencing Prolonged Length Of Hospital Stay In Patients Undergoing Total Hip Arthroplasty Under A Rapid Recovery Protocol

Jenaro Fernández-Valencia, Martyn Turner, Carolina Montoya-DelaTorre, Eduardo Tornero, Ernesto Muñoz-Mahamad, Andreu Combalia, Alfonso Alias, Pere Torner



23rd EFORT Congress · 22-24 June 2022 · Lisbon, Portugal



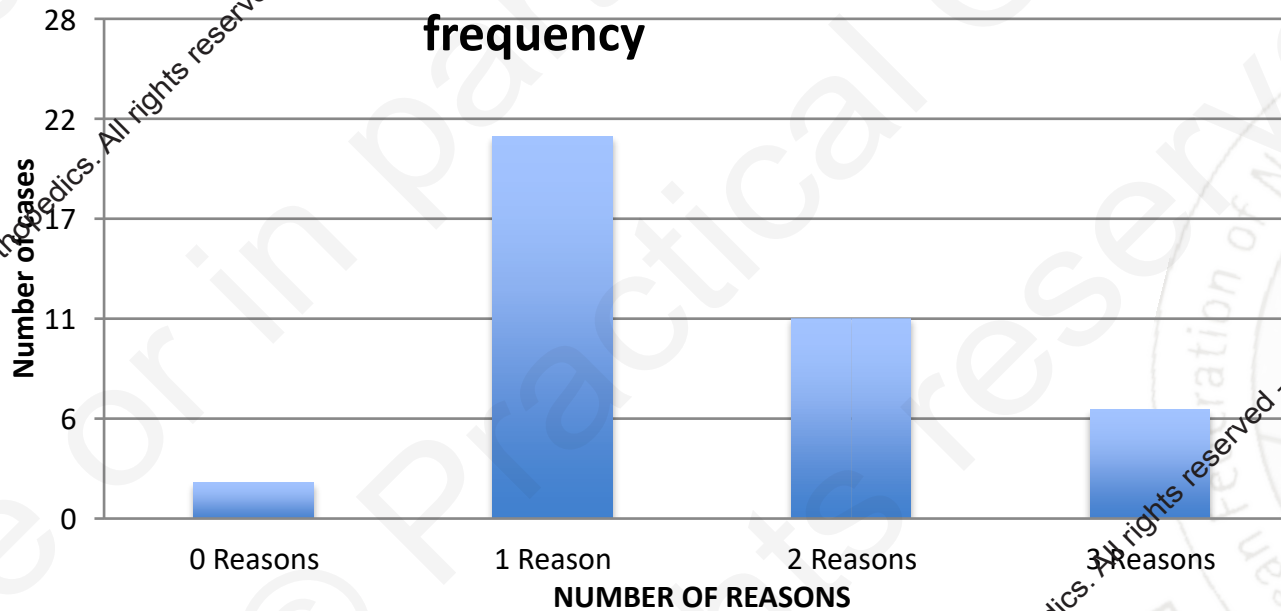
#EFORT2022

Panel of speakers seated at a long table on the stage. The table is covered with a green cloth featuring the EFORT logo and the text "EFORT Congress Portugal". A nameplate for "E. Garcia-Rey" is visible. A microphone and a water bottle are also on the table.

A speaker standing at a green podium on the right side of the stage. The podium features the EFORT logo and the text "23rd EFORT Congress 22-24 June 2022 Lisbon, Portugal".

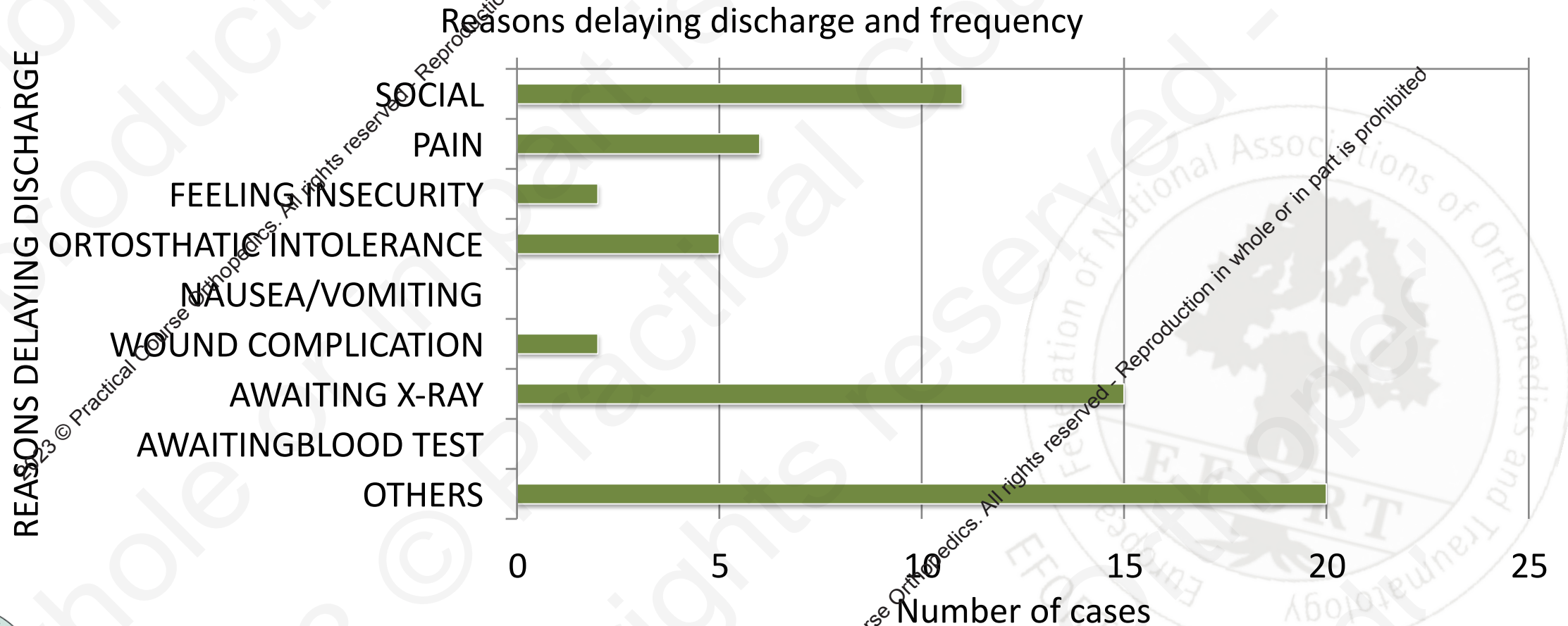
Results

Number of reasons delaying discharge and frequency



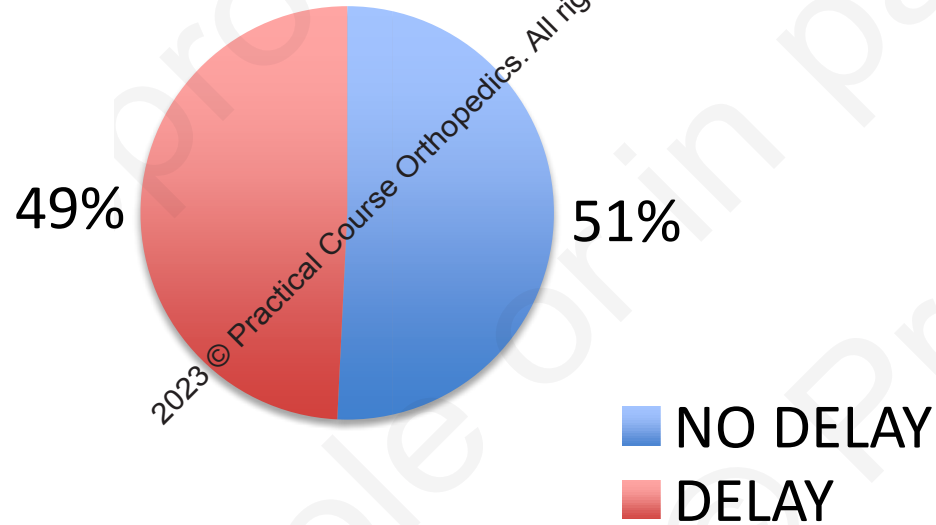
23rd EFORT Congress · 22-24 June 2022 · Lisbon, Portugal

Results



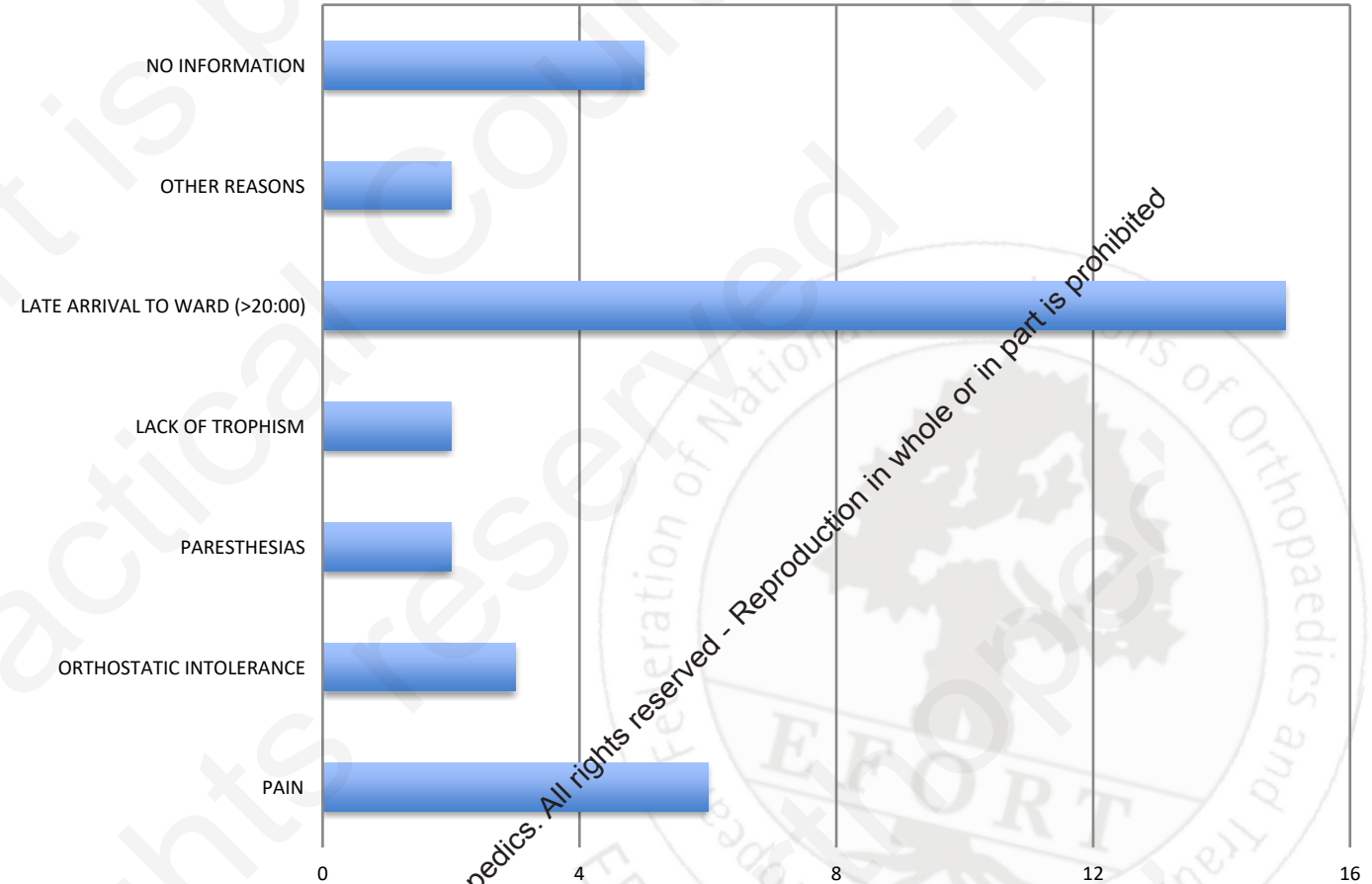
Results

DELAY IN AMBULATION (>6h)



15 cases (23%) due to Late Arrival to the Ward (>20:00)
6 cases (9.2%) due to Pain

REASONS DELAYING 1st AMBULATION



PAIN has shown significant association with ↑LOS



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What Expectations?

Pain



2

A survey of postoperative pain treatments and unmet needs

Winfried Meissner, MD, PhD, Professor of Anesthesiology,
 Head of Pain Clinic
 Ruth Zaslansky, DSc, Scientific Manager, PAIN OUT

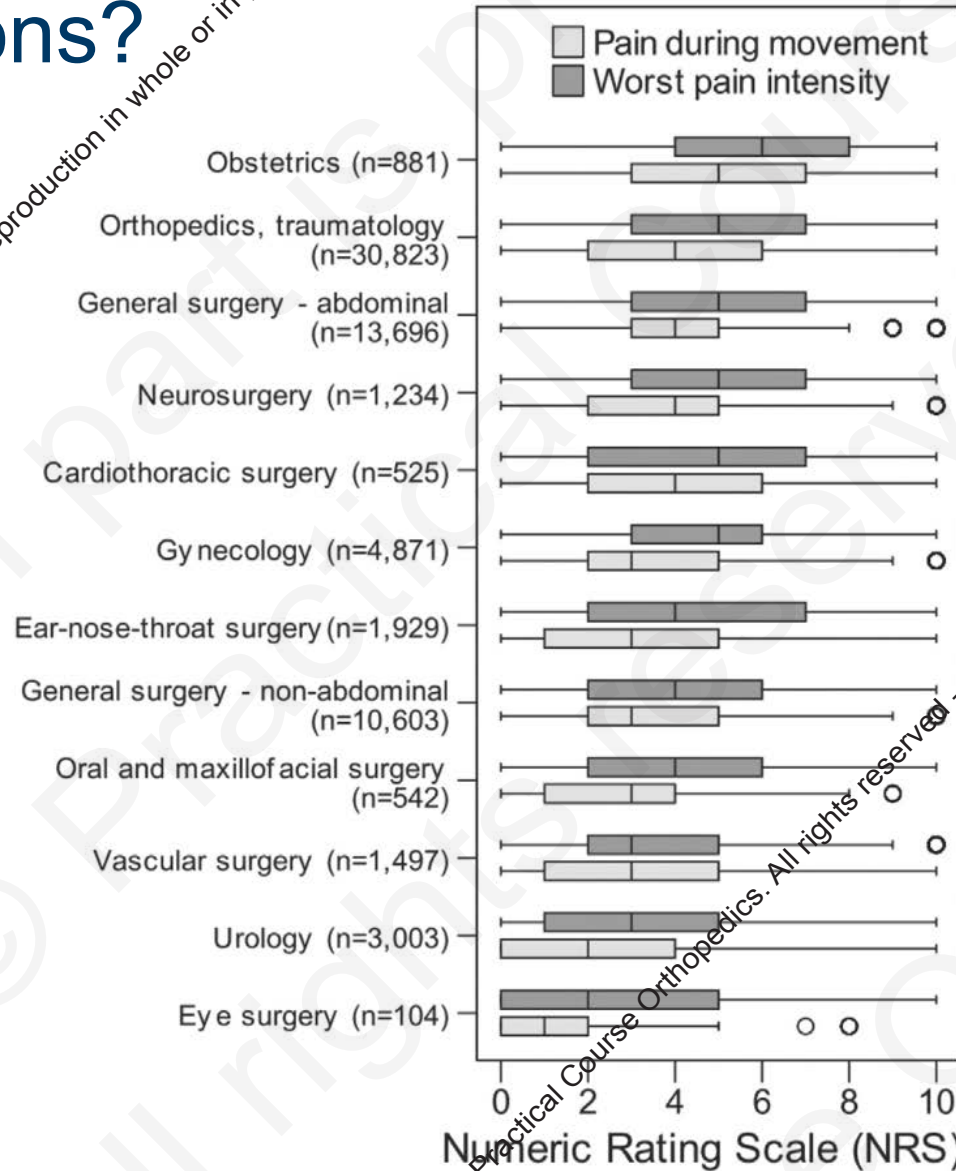


Fig. 3. Comparison of pain intensities between surgical specialties. Worst pain and pain during movement since surgery were assessed on the first postoperative day [78].

What Expectations?

Pain

The goal of postoperative pain management

==> Relieve pain while keeping side effects to a minimum

Pain at rest and Pain with activity

“Having some pain is normal while doing activity.

Rest and it will diminish”



What Expectations? Complications



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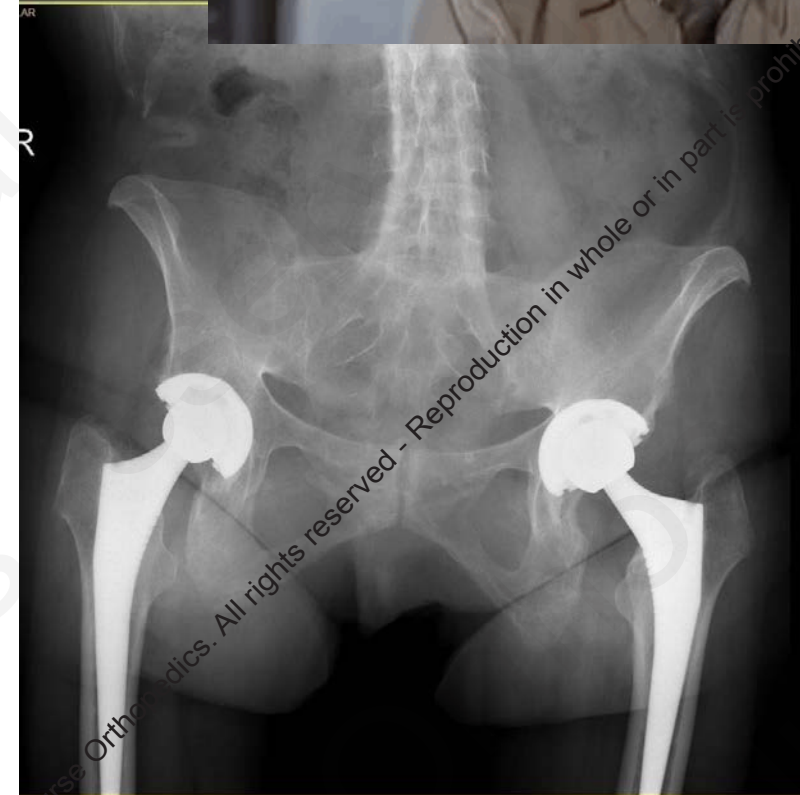
What Expectations? Complications



Wound



Edema

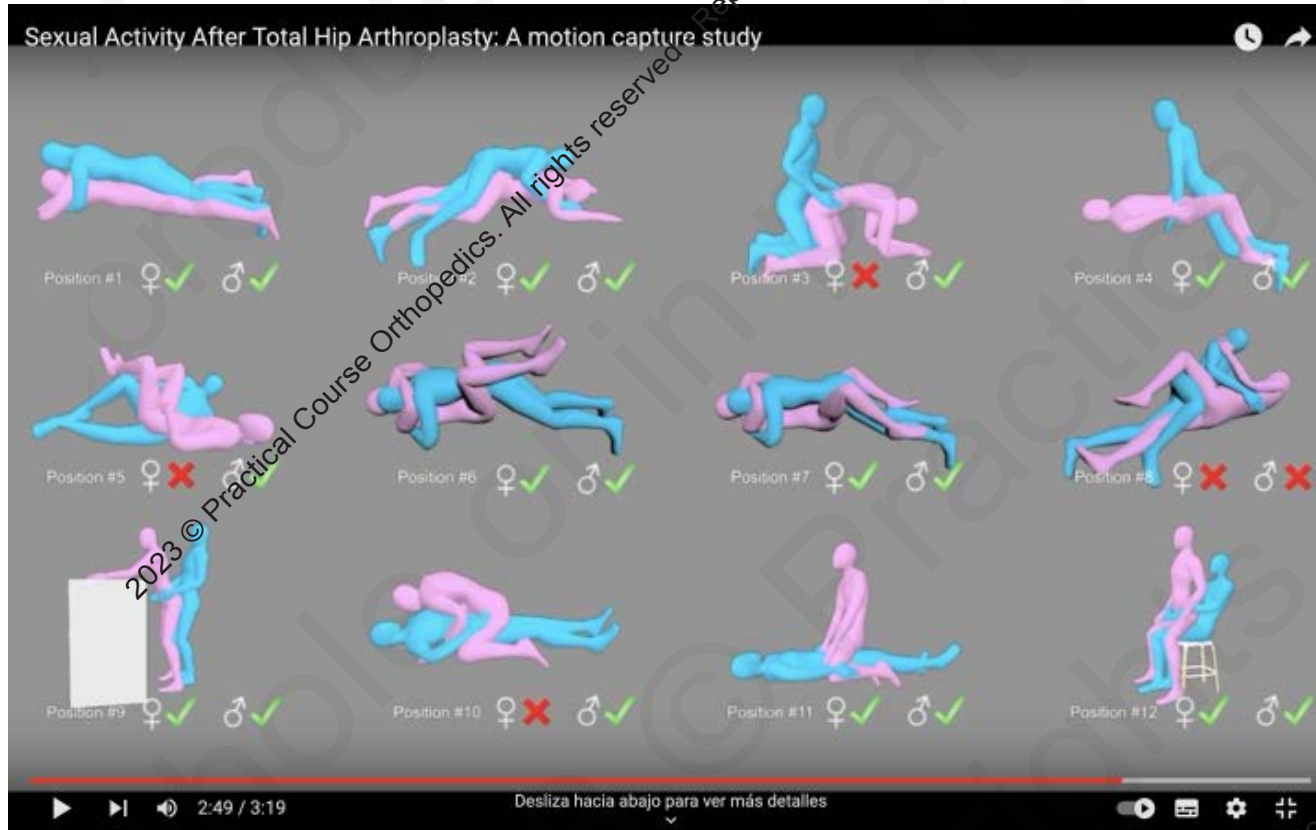


Back pain

What Expectations? Life activities. Drive a car, Work, Sports, ...



What Expectations? Life activities. Drive a car, Work, Sports, ... Sexual Activity



Most patients agree they would like to discuss about Sexual Activity

Charbonnier C, Chagué S, Ponzoni M, Bernardoni M, Hoffmeyer P, Christofilopoulos P. Sexual activity after total hip arthroplasty: a motion capture study. J Arthroplasty. 2014 Mar;

What Expectations? General Outcomes

How long will the arthroplasty last?

90% at 20 years!



5. PREMS

Shunmuga Sundaram et al.
Journal of Patient-Reported Outcomes (2022) 6:122
https://doi.org/10.1186/s41687-022-00524-0

Journal of Patient-Reported Outcomes

REVIEW

Open Access

Patient and healthcare provider perceptions on using patient-reported experience measures (PREMs) in routine clinical care: a systematic review of qualitative studies



Chindhu Shunmuga Sundaram¹, Rachel Campbell¹, Angela Ju¹, Madeleine T. King¹ and Claudia Rutherford^{1,2,3*}

Patient Experience Questionnaire

Instructions: Thank you for taking the time to answer these questions. Your participation helps us make Montefiore better. Answering these questions is completely voluntary and anonymous. Your answers will not negatively affect your care or your child's care at Montefiore in any way.

Please check the box that most closely matches how you feel about each statement. Check N/A if it is not applicable.

	Strongly Agree	Agree	Sometimes Agree	Disagree	Strongly Disagree	N/A	Comments (Optional)
I trust the people who work here at the clinic.							
The people who work here at the clinic act in a respectful and professional way toward me.							
The staff here at the clinic are very good at letting me know that they value me as a person.							
The staff are as sensitive as possible when they ask me about difficult or frightening experiences I may have had.							
The staff explained to me why they asked about difficult experiences in my life (like violence and abuse).							
People here at the clinic really listen to what I have to say about things.							
When I come to the clinic I feel physically safe.							
When I come to the clinic I feel emotionally safe.							

Falout, S., and Harris, M. (2009). Creating cultures of trauma informed care (CCTIC) a self-assessment and planning protocol. Community Connections, 2(2).

Conclusions

Patient Pathways help to modulate expectations

Multiple skate holders

Multiple dimensions from general outcomes to very specific

Patient tailored preparation

PREMS

Thank you!

Merci beaucoup!

Prof. Jenaro Fernández-Valencia Laborde

Head of Hip Unit. Hospital Clínic. Barcelona. Catalonia. Spain.

Assoc Prof. University of Barcelona. Catalonia. Spain.