

Investigating the Precision and Accuracy of Subjective Patient and Surgeon Expectations Following Anterior Cruciate Ligament Reconstruction

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Summary:

The purpose of this investigation was to compare patient's expectations and surgeon's expectation using validated outcome assessment tools as expectation questionnaires.

Abstract:

Objectives: Advances in orthopaedic surgery have redefined patient's perception of the successful outcome, particularly for patients undergoing elective arthroscopic procedures such as anterior cruciate ligament reconstruction (ACLR). Recent literature suggests that patient satisfaction following orthopaedic surgery is related to their outcome as well as their pre-operative expectation. Unfortunately for providers, patients undergoing ACLR may have unrealistic expectations. These expectations may contribute to worse outcomes and reduced patient satisfaction. The purpose of this investigation was to compare patient's expectations and surgeon's expectation using validated outcome assessment tools as expectation questionnaires. Actual patient outcomes were also tracked to determine accuracy of the expectations.

Methods: 122 consecutive patients agreed to participate and were enrolled in this prospective, IRB approved study. All patients undergoing primary ACLR for isolated ACL tear were eligible to participate in this study. Patients were instructed to complete IKDC and Lysholm knee questionnaires before surgery and at 3, 6, 12, and 24 months after surgery. In addition, before surgery, patients completed a second set of IKDC and Lysholm knee questionnaires pertaining to how they expect their knee to feel in 18 months, or after complete healing of their surgery. Immediately post-operative, surgeons completed a set of IKDC and Lysholm questionnaires representing how they expected the patient to fare upon complete recovery of the patient (taking into account psychosocial and surgical variables).

Results: Pre-operatively the patient average Lysholm score was 56.5; scores at 3, 6, 12 and 24 months post-operatively were 76.4, 85.2, 87.9, and 89.3 respectively. The average IKDC score pre-operatively was 44.8%; scores at 3, 6, 12 and 24 months post-operatively were 61.9%, 75.0%, 84.6% and 84.3% respectively. The average patient's expectations were higher than average surgeon's expectations according to both Lysholm and IKDC scores (Lysholm 95.3, 92.4; IKDC 92.4%, 89.6%, respectively). The differences were statistically significant between the patient's expected Lysholm score and the physician's expected Lysholm score ($p=.006$).

At almost every post-operative period, the Lysholm and IKDC scores when compared to the surgeon's expectation's

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scores were statistically significantly different except when compared to the 12-month and 24-month Lysholm scores ($p=0.110$, $p=0.560$, respectively). The patient 24-month follow-up scores for the Lysholm and the IKDC were still below the patient's pre-operative expectations ($p=0.004$, 0.026 , respectively).

Conclusion: In this study, we found that when using validated outcome measures to determine expectations, patients have slightly higher expectations than surgeons with regard to ultimate function and pain after ACLR. Significant difference between expectations and 24-month outcome scores were observed for the patient, suggesting that patients are less satisfied with their results than they expected. The surgeon's expectations on Lysholm was not significantly different from the 24-month outcome, but the surgeon's IKDC was, suggesting surgeons had a better sense of what the patient outcome would be. This study is the first to assess the differences in expectations of patients versus surgeons prior to ACLR. Further data collection will determine if any correlation of expectation to ultimate outcome is observed.