A Qualitative Study Exploring the Educational Needs of Patients Undergoing Total Knee Replacement (TKR)

By Debbie Delgado
Overview:

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- Study Aims
- Research Design
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- Conclusions
Background
Osteoarthritis (OA) is a disease of the joints.

Healthy cartilage covering the end of bones, becomes brittle & thin

Symptoms: pain, inflammation, joint stiffness & reduced mobility
In advanced OA, when conservative options provide inadequate pain relief, joint replacements are recommended (NICE).

In UK >80,000 each year.
Rationale for project

- TJR patients expressed uncertainties regarding their expectations of post TJR function
- Led to a literature review
Quantitative researchers have hypothesised that better informed patients are likely to:

- Have better pain management
- Be less anxious
- Have a shorter length of hospital stay
Current Literature

- Limited qualitative literature focused specifically on the educational needs of TJR patients’

- Most qualitative studies preoccupied with the overall experience of patients’ undergoing TJR surgery / decision making re: timing of surgery
Study Aims
Aims

- Explore the experiences of TKR patients in regards to the:
  - nature
  - format
  - quality & timing

- health education within TKR pathway

- To establish whether patient expectations of health education were met

- To identify any information deficits in the information offered to TKR patients
Participants

Eligibility Criteria

i) > 18 years.

ii) Diagnosed with Knee OA

iii) Patients’ undergoing primary TKR.

iv) Able to understand / converse in English

v) Informed consent for study participation + interview to be audio recorded.
Figure 3. Flow chart of the Recruitment Process

73 study packs sent out between 08/11/12 and 31/01/13

- No response received from 54 patients
  - Study reminder letter posted 2 weeks later
    - No response received - no further contact made
      - 12 interviews conducted
        - 1x surgery deferred due to medical co-morbidities
          - 1x decided not to proceed with surgery
  - 19 reply slips
    - Contacted by researcher to explain the study & confirm eligibility
      - 7 subjects discounted
        - 3x Rheumatoid Arthritis
        - 1x lost to follow-up
        - 1x deferred surgery due to cancer treatment
Procedure

- Between February and June 2013 semi-structured interviews were carried out with 12 patients, 6–8 weeks following TKR surgery.

- Interviews were audio-recorded and transcribed verbatim
Exert from Interview Schedule

- Have you received any further information since being discharged?
- How did this come about? From whom? In what context?

Prompt

- How useful was this information?
- Has this influenced your recovery?
- What other information about the process of recovery would have been useful to know?
Braun & Clarke’s (2006) stages of thematic analysis:

1. Becoming familiar with the data.
2. Generating initial codes.
4. Reviewing themes.
5. Defining and naming themes.
6. Producing the report.
Findings
Theme 1: Disengagement with information in the run up to surgery
Many participants felt overwhelmed by the intensity of their symptoms

‘... cos I would have stopped walking eventually cos, I couldn’t take it, ... the only way I can explain it to you is, it felt like in there was broken glass, and I was trying to walk on broken glass...’

Participant 11, line 188–191
Impact on Lifestyle

Participants expressed anger and frustration at having to adapt and modify their lifestyle.

‘... at the time um, I just I got so fed up of my knee going on me in work I had to stop work, I had to go and quit the job and everything else.’

Participant 2 Line 39
Some participants expressed a desperation to have TKR surgery at the earliest opportunity.

‘... I just wanted it done, out the way because it was just giving me so much jip I was beside myself all the time. I mean it would swell up and I’d be in so much pain ... So every time you go to bed at night I’d be in bloody agony.’

Participant 2 Line 35–39
Disengagement with Clinical Information

Participants felt frustrated, when they felt they were assessed on the basis of age as opposed to symptom severity

‘I’d been to the doctors with that and they’d marked it down as Osteoporosis, it was a fact of life, live with it.’

Participant 12 Line 13–16
Disengagement with Clinical Information

Younger participants became disengaged from clinical advice when they felt their need for surgery was underestimated.

‘... really at your age, you know you could have to have it done again as well. Well I’ll deal with that when it comes round, but this is my life now and its what I want ...’

Participant 11 Line 158–163
Theme 2: Seeking Reassurance
Most participants expressed some apprehension at the thought of surgery and hospitalisation.

‘You are going to be under the knife, somebody is coming, going to get a big knife and cut you up.’

Participant 7 Line 456–457
Participants drew on their previous experience in order to reassure themselves

‘I think the thing is I’d already had one operation in 61, so I knew what to expect and knew what was coming …’

Participant 6 Line 78–82
Participants also sought out the experience of other; strangers, acquaintances, friends and family members as a source of reassurance.

‘Well I mean I found out quite a bit from other people to be honest. That’s um, that sort of um, put my mind to rest as regards questions about what was going to happen, …’

Participant 3 Line 6–9
Theme 3:
Weighing up the Risks:
Informed Decision Making
Impact of information re: surgical risks

Information re: risks & complications associated with TKR surgery had a negative impact on some participants

‘They frighten the living day lights out of you when you first go before the operation, (pause) you know, you could die or have a stroke or all these things that come up.

Participant 1 Line 234–236
Impact of information re: surgical risks

Other participants engaged & utilised with this information to inform their treatment decisions.

‘Yeah, well I decided it was all well worth it, because there is a chance with anything you do, crossing the road, so I decided because I’ve got so much of my life left and I didn’t want to be living like that, (pause) not being able to play golf, not being able to walk far…’

Participant 10 Line 314–317
Participants were influenced by way information (re: surgical risks) was conveyed, and by whom.

‘As I was saying this information they give you, the risks, risks involved, what could happen I think they should explain to the patient in a positive way, not say this can happen, this can happen, that can happen you know just sign it.’

Participant 7 Line 785–798
Theme 4: Support After Discharge
Expectations – Pain Management

Participants described feeling unprepared to manage their own analgesia following discharge.

‘I didn’t know, nobody told me, when I should stop taking tablets, or how long I should take them, so I was on my own to make my own mind up.

Participant 6 Line 318–323
Expectations – Support

Some participants felt they had to wait too long for clinical follow-up:

‘Last time it was only six weeks until I went back, this time it’s about ten. Seems a long time.’

Participant 1 Line 228–229

Others felt anxious due to lack of support

I’m not really sure who to ask …there are like questions after the operation …You know because now I’m thinking oh, have I got an infection of the bone …’

Participant 12 Line 570–75
Sources of Support

Participants looked to family members and neighbours to provide support

‘Yeah, but if that hadn’t, if we hadn’t had C (name of neighbour) next door we might have been ringing up and querying a couple of things,…’ Participant 6 (wife) Line 432–436

Whilst others relied on leaflets

‘...if I’m a bit worried about something I pick it up and read through and see what should be shouldn’t be...’ Participant 9 Line 433–434
Conclusions
Conclusions

- Expectations of surgery & recovery must be individually clarified in order to manage anxieties.
- Where appropriate, family members should be included within this process.
Conclusions

- Issues related to age and eligibility for surgery must be resolved through open discussion in order to avoid dissatisfaction.

- Clinicians need to be mindful of the potential influence of their role, demeanour and the way information is conveyed.
Conclusions

There is an identified need for additional support and information to be made available post-operatively in order to facilitate functional recovery.
Thank You