

HEALTHCARE RESOURCE USE BY PATIENTS WITH AND WITHOUT PERSISTENT PAIN AFTER TOTAL KNEE REPLACEMENT: FINDINGS FROM A DUAL-CENTRE ENGLISH COHORT STUDY

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Objective

We aimed to compare healthcare resource use by people with and without persistent pain (PP) in the operated knee at 12 months after total knee replacement (TKR).

Methods

We analysed data from people receiving TKR at hospitals in Oxford and Southampton between 2010 and 2014. Patients completed a pre-op and one-year follow-up questionnaire, and those with PP were identified by a score ≤ 14 in the 7-item pain component subscale of the Oxford Knee Score. Resource use was measured based on follow-up questions about visits to healthcare professionals for problems related to their operated knee. Comparisons of mean values were tested using the t-test for normally distributed variables, or the Mann-Whitney test otherwise.

Results

The sample included 567 people (56% women). Of these, 73(13%) had PP one year after TKR (70% women). There was no difference in age at operation or BMI between groups, but mean length of hospital stay for people with PP was 7.2 days compared to 6.1 for those without PP ($p < 0.01$).

A year after surgery, 28% of people without PP and 62% of those with PP visited their GP because of problems with their knee. This was reflected in a mean number of NHS GP visits of 0.6 and 2.6, respectively ($p < 0.01$). People with PP (25%) were more likely to visit Nurse Practitioners than those without PP (17%), with an average number of visits of 2.3 and 0.5 respectively ($p < 0.05$). Whilst 45% of those without PP visited a Physiotherapist, 60% of people with PP did. Average number of visits to NHS physiotherapists was 4.1 for people with PP and 2.3 for those without PP. Half (51%) of people with PP consulted with hospital doctors, compared with 22% of those without PP.

Conclusion

Based on a sample of 567 TKR patients, those with PP after surgery are more likely to visit healthcare professionals at primary and secondary levels of care during the first year, in particular GPs, for problems with their operated knee. This is the first study to explore resource use related to PP after TKR, with clear implications for service planning.

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