

PATIENT COMPREHENSION OF HIP ARTHROSCOPY: AN INVESTIGATION OF HEALTH LITERACY

Gregory R. Waryasz, MD, Joseph A. Gil, MD, Jonathan R. Schiller, MD

DISCLOSURES

- Schiller: Education consultant for Depuy/Mitek and McKesson

INTRODUCTION

- Health literacy is a set of individual abilities that allow patients to assimilate information, which helps them comprehend their medical condition and any interventions available for the management of their condition.
- The purpose of this investigation was to determine the percentage of patients who— after undergoing the process of informed consent and being provided a postoperative instruction document—were then able to reach an elementary understanding of the pathology and requisite care associated with hip arthroscopy.

METHODS - PREOP

- Any patient who elected to have a hip arthroscopy was prospectively recruited to participate in the study. Patients who did not identify as fluent in English were excluded.
- All patients were told they would be asked to complete a questionnaire about their surgery and post-operative instructions.
- Enrolled patients were informed about the care and potential postoperative complications associated with their particular procedure during the informed consent process at the preoperative visit.
- All answers to each question of the questionnaire they would later receive were verbally given to each patient during this visit, and they were also given a post-operative instruction sheet that contained written answers to all these questions as well.

METHODS - POSTOP

- At the first post-operative visit and prior to seeing the physician, all patients were then asked to complete a multiple choice questionnaire.
- The questionnaire was subsequently reviewed by the clinician with each patient at the end of this postoperative visit to clarify any misunderstandings about post-operative care and expectations.

METHODS - QUESTIONNAIRE

- 1) When can I resume driving a car?
 - a) 1 week, I drove here today
 - b) 2 weeks once Dr Schiller clears me to return and I am off narcotics
 - c) Approximately 2 months for either right or left hip surgery and must be cleared by Dr Schiller.
 - d) Approximately 2-6 weeks and must be off opiates and cleared by Dr Schiller. Left hips approximately 2 weeks for automatic cars. Right hips approximately 6 weeks.
 - e) I don't know
- 2) When do I expect to have fully recovered from the hip arthroscopy?
 - a) 2 months
 - b) 3-6 months
 - c) A dull pain from osteoarthritis may always be present
 - d) A&B
 - e) A&C
 - f) B&C
 - g) All the above are correct
 - h) I don't know
- 3) Although there are many different types of complications and having any one of them is rare hip arthroscopy surgery, when one does occur what are some of the more common complications post-operatively?
 - a) Infection
 - b) Blood Clots/ Deep venous thrombosis
 - c) Wound Healing Issues
 - d) Temporary numbness/altered feeling in the groin and genitalia
 - e) A &B
 - f) B&C
 - g) A&B&D
 - h) All of the above
 - i) I don't know
- 4) Why am I taking aspirin or ecotrin?
 - a) For pain control
 - b) To control swelling
 - c) To help prevent blood clots/deep venous thrombosis
 - d) I don't know
- 5) What is an appropriate protocol for icing immediately after surgery?
 - a) 10-15 min at a time
 - b) 20-30 min at a time
 - c) 45 min at a time
 - d) 60 min at a time
 - e) Continuously

- 6) What is my weightbearing status on my operative leg? (circle correct answer)
 - a) Non-weightbearing
 - b) Touchdown or toe-touch weightbearing
 - c) Partial weightbearing
 - d) Weightbearing as tolerated
 - e) Full weightbearing, no crutches
 - f) I don't know
- 7) What are signs of surgical site infection? (Circle all correct answers)
 - a) Fever greater than 101.5F for 24 hours
 - b) Chills/Night sweats
 - c) Redness around incision site
 - d) Foul smelling drainage from the wound
 - e) I don't know

RESULTS

- Seventeen patients (4 males, 13 females) have been prospectively enrolled.
- 100% reported they had read the postoperative instructions document prior to or after surgery, and 76 % (n=13) reported their preferred form of media for the postoperative instructions was a written handout versus a video (n=0) or on-line instructional alternative (n=4).
- Seven patients (41%) were 18 to 30 years old and 10 (59%) were between 31 to 65 years old.

RESULTS

- The average number of correct answers was 5.8 ± 2.2 (95% CI, 4.7 to 6.8). Only 41% (n=7), 6% (n=1) and 29% (n=5) of patients, responded correctly to the questions 'When can I resume driving a car?', 'When do I expect to have fully recovered from the hip arthroscopy?', and "What are signs of surgical site infection? Chills and night sweats?" respectively.
- Fischer exact test analysis revealed no significant difference between patients with a high school versus higher level of education ($p=0.36$), males versus females ($p=0.097$), or age 18 to 30 versus over 30 years ($p=0.18$).

CONCLUSION

- Although we made significant pre-operative oral and written efforts to help patients achieve an elementary level of health literacy regarding their forthcoming hip arthroscopy, we found many continued to lack a baseline level of acceptable comprehension regarding numerous pertinent components of perioperative care and outcome.
- Because these data are concerning, we plan to next implement and test an alternative video aide to assess whether alternative forms of communication will increase comprehension and retention of hip arthroscopy patients.

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