BACKGROUND
Patient satisfaction after Total Knee Replacement (TKR) is widely used as a measure of the success of the intervention. However, it is poorly understood and under-theorised(1), resulting in a lack of understanding of what is being captured by satisfaction questionnaires, what makes a patient satisfied or dissatisfied, and the relationship this has to pain and function outcomes.

AIMS
1. To explore the factors that shape the understanding and level of satisfaction in people with a range of pain and function outcomes after TKR.
2. To explore how different levels of satisfaction on a self-report questionnaire relates to perceptions of surgical success.

METHODS
Responder Non-Responder  Satisfied  Dissatisfied
12 month responder status according to the OMERACT-OARSI criteria was combined with 12 month satisfaction outcomes to create 4 key groups to be interviewed 1-2yrs post TKR

"I still get a little bit of annoying pain but it’s not major, it’s nothing to take pills for or anything like that... it’s to do with my age I think" - Greg
- Responder Satisfied all reported significant improvements in pain and function, and felt their surgery had been a success
- Higher self-efficacy and internal locus of control
- Beliefs of the importance of rehab exercises
- Unbothered by residual symptoms
n=10

"It’s only pain! I can have a lot of pain and it doesn’t worry me. I just keep on walking it’s only pain keep on walking... if it gets really bad and I just turn off and I just keep walking, then it goes away" - Mary
- Despite continued pain and disability, Non-Responder Satisfied all felt their outcomes were an improvement and successful
- Pain generally seen as non-threatening and most had strategies to cope with, or manage their symptoms
- Many also reported high satisfaction with process of care
n=9

"I think maybe I expected too much, like 100% you know? And it is not realistic, it is because the arthritis will never be 100%" - Angie
- In Responder Dissatisfied group, many reported being satisfied during the interview, despite reporting dissatisfaction in the 12mo survey: change driven by acceptance of age, changed expectations, perceived improvement, and change in contextual factors
- Persistent dissatisfaction was linked to unmet expectations driven by social comparison, or a disturbance in body perception with the operated knee
n=13

"I don’t think the doctors are much good firstly, if they had operated on you know, sort of, you know it should be alright and working alright... well it’s up to them to do it, not me, it’s for them to do it" - Nancy
- Non-Responder Dissatisfied dissatisfaction linked to ongoing pain and disability and other disabling comorbidities
- Belief that poor surgical skill as the reason for their sub-optimal outcomes
- Poor self-efficacy and an external locus of control
- Some reported being satisfied during the interview, despite reporting dissatisfaction in the 12mo survey
n=7

CONCLUSIONS
The findings from this research suggest that satisfaction after TKR is complex, highly subject to change, and varies between individuals, even after 12 months post TKR. Existing satisfaction questionnaires may not capture the multiple facets of satisfaction and success after TKR from patients’ perspectives. These findings will inform satisfaction theory and assist in moving towards an improved measure of patient satisfaction and success after TKR.

REFERENCES