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Mahajan S [1], Elkadry E[2], Kenton K[1], Shott S [3], Brubaker L[1]
1. Loyola University Medical Center, 2. Mt. Auburn Hospital, 3. Rush University Medical Center

PATIENT SELECTED GOALS: PERSPECTIVES ON SURGICAL OUTCOMES ONE YEAR AFTER SURGERY

Hypothesis / aims of study

To assess the relationship between patient selected surgical goals, objective outcomes and patient satisfaction 1 year after pelvic reconstructive surgery.

Study design, materials and methods

After IRB approval, an independent physician investigator contacted 78 female patients approximately 1 year after undergoing pelvic reconstructive surgery. We have previously reported the objective success, goals and expectations of this group of patients 3 months after surgery (reference 1).

After deciding to proceed with surgery and surgical informed consent was obtained; patients were approached for study participation. Prior to surgery, participants were contacted by phone by a single investigator, not the primary surgeon, who asked the patient to list her goals for surgery. Goals were clarified, but were not removed even if they were unreasonable after patients were counselled and their questions answered. Peri- and post-operative care was performed in accordance with routine clinical practice. All patients underwent a standardized post-operative examination 13 weeks after surgery, including prolapse quantification and a standing dual-channel cystometrogram. Persistent urodynamic stress incontinence was diagnosed if any transurethral urine loss occurred in the absence of detrusor contraction. Objective cure of prolapse was defined as $\leq$ Stage 1 support. Anything else was considered a failure. All patients were contacted via telephone by the original investigator 12 to 15 weeks after surgery to assess patient perceptions of goal achievement and the surgical experience using a standardized interview format. Any symptomatic complaints of de novo or persistent detrusor overactivity with or without incontinence were treated as part of routine clinical practice.

In this follow-up study, patients were contacted via telephone by a second investigator a mean of 15.3 months after surgery. This investigator was aware of their self-identified pre-operative goals for surgery, but blinded to patients' procedures, past surgical history, and three-month post-operative assessment of goal achievement until all 1-year follow-up interviews were completed. Patient perceptions of goal achievement, satisfaction, and the surgical experience were again assessed using the same standardized interview format that had been previously utilized. Achievement of a goal was defined as patient self-description of goal completion as a 4 or 5 on a 5-point Likert scale. Current feelings of pain, fatigue, and depression one year after surgery were assessed using a 5-point Likert scale. Reasons for failure to attend a one-year post-operative follow-up visit were also assessed.

Statistical analysis was performed using SPSS (SPSS, Chicago, IL). Data was analyzed using the Spearman correlation, the chi-square test of association, and the Friedman test.

Results

Seventy-eight women participated in the original study. Seventy-one (91%) participated in the second interview. Of the seven patients lost to follow-up, 4 declined to participate and 3 could not be reached by telephone. Patient satisfaction ratings at one year after surgery were not statistically different from ratings at 3 months after surgery (P=0.396). Patient satisfaction at 3 months and 1 year after surgery was associated with the achievement of self-selected goals (P<0.0005). The number of patient goals achieved did not change significantly from 3 months to 1 year after surgery (P=0.505). Objective cure of prolapse was associated with greater satisfaction 1 year post-operatively (P=0.006), while objective cure of incontinence was not related to satisfaction (P=0.602). Persistent or de novo detrusor over activity occurred in 52.6% of patients. Post-operative detrusor overactivity was predictive of lower rates of patient satisfaction (P=0.041).

The perception of surgery as a success was positively associated with both patient achievement of surgical goals (P=0.013) and satisfaction (P<0.0005) at 1 year post-operatively. Patient perception of having had a surgical complication at 3 months post-operatively was positively associated with perceived complications at 1 year after surgery

(P=0.010). However, patients often perceived common peri-operative conditions to be complications, including urinary tract infections (11), post-operative pain (7), and discharge home with a catheter (9).

Interpretation of results

Patient long-term satisfaction 1 year after surgery was accurately predicted by short-term satisfaction 3 months after surgery. Patient satisfaction was dependent upon the perceived achievement of subjective goals and less consistently on traditional objective measures of success. Patient satisfaction was strongly correlated with objective cure of prolapse, but not with the objective cure of incontinence. Complaints of detrusor overactivity, de novo or persistent, consistently adversely affect patient satisfaction regardless of whether objective success was achieved.

Concluding message

Symptoms of detrusor overactivity and failure to achieve self-selected subjective surgical goals adversely affect patient perceptions of surgical success, independent of physician assessments of objective success. Short-term assessments of patient satisfaction are associated with patient long-term satisfaction after surgery.

References

[1]Patient-selected goals: A new perspective on surgical outcome. American Journal of Obstetrics and Gynecology. 189(6):1551-7; discussion 1557-8, 2003 Dec.