Extended waiting times for major joint arthroplasty result in deteriorating patient self-reported health status

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INTRODUCTION: The COVID-19 pandemic has increased surgical waiting list times for elective operations, with patients reporting a quality of life 'worse than death' as a result. We undertook a study to assess the length of wait on patient health status and further assesses the impact of patient age, social deprivation and allocated surgical priority for patients awaiting hip, knee or shoulder arthroplasty surgery.

METHODS:

A single-centre, cross-sectional study of priority 3 and 4 patients awaiting elective joint replacement post COVID-19. 70 patients underwent a structured telephone interview to complete the EQ-5D-3L questionnaire.

Patients were identified from elective waiting lists and contacted by a trained interviewer via telephone with consent obtained for the interview to be carried out virtually. The EQ-5D-3L consists of the EQ-5D descriptive system. This assesses five general health domains: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each is graded 1 to 3 in severity (no problems/some problems/extreme problems). This generates a health state index score ranging from 0 (equivalent to death, negative values defined as worse than death (WTD)) to 1 (perfect health).

Alongside this, data was collected on what each patient defined as an acceptable length of time to wait, from the point of interview: 6, 12 or 18 months.

RESULTS:

Of an initial cohort of 160 patients, 70 satisfied the inclusion criteria. All patients reported a poorer health status the longer they had been waiting, p= 0.0382. There was a statistically significant negative correlation between increasing time on the waiting list and decreasing TTO for <65y/o (p= 0.0303) and the category 4 priority cohort (p = 0.0160). We predict that patients <65y/o will reach a health status worse than death (TTO < 0) at 29.5 weeks (p= 0.0282).

DISCUSSION AND CONCLUSION: A patients' self-reported health status declines with an increase in time waited for an elective joint replacement. This is significant in patients under 65 years of age. For those waiting more than 30 weeks, a health status 'worse than death' was reached. In the setting of extended surgical waiting lists, this may represent a marker of clinical harm.