## Greater preoperative expectations predict improvement in pain and function two years after knee surgery

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INTRODUCTION:

Preoperative patient expectations across several orthopaedic subspecialties correlate with better postoperative outcomes and patient satisfaction. Yet, there is limited literature examining the association between preoperative expectations and two-year Patient-Reported Outcome (PRO) metrics in knee surgery patients. We hypothesized that greater preoperative expectations would be predictive of better patient-reported outcomes after knee surgery. METHODS:

697 patients undergoing knee surgery between June 2015 and April 2018 at one institution were prospectively enrolled in this study. Patient's charts were reviewed for relevant demographic information and medical history. 488 (70.0% follow-up) patients completed both baseline and two-year follow-up questionnaires, which consisted of PROMIS computer adaptive testing in six domains, International Knee Documentation Committee (IKDC) score, knee and whole body Numeric Pain Scales (NPS), Tegner Activity Scale (TAS), International Physical Activity Questionnaire (IPAQ) and the Marx Knee Activity Rating Scale (MARS). Preoperative expectations were measured using the Musculoskeletal Outcomes and Data Evaluation Management System (MODEMS) preoperative expectations domain, and satisfaction was measured via the Surgical Satisfaction Questionnaire (SSQ-8). Bivariate testing was used to determine associations between preoperative expectations scores and PRO two year scores and change from baseline scores. Multivariable analysis of significant variables was then used to account for potential confounding variables for two year PRO scores and changes from baseline.

## RESULTS:

The mean preoperative expectations score was  $91.0 \pm 17.9$ . Greater preoperative expectations were associated with various demographic factors as well as baseline PROMIS Social Satisfaction, whole body NPS, and MARS lower body scores (Table 1). Greater preoperative expectations were associated with significantly greater two-year scores and improvements in PROMIS Physical Function, PROMIS Pain Interference and IKDC. Greater preoperative expectations were associated with significantly better two-year scores for PROMIS Fatigue, PROMIS Anxiety, whole body NPS, Met Expectations and improvement in PROMIS Social Satisfaction (Tables 2 & 3). Multivariable analyses found that greater preoperative expectations score was independently predictive of improvements in PROMIS Pain Interference and IKDC scores.

## DISCUSSION AND CONCLUSION:

Greater preoperative expectations are associated with better function and decreased pain two years following surgery. After controlling for confounding variables, greater preoperative expectations were independent predictors for greater improvement in PROMIS Pain Interference and IKDC scores.

	Mean (+SD)	Median	Spearman's (p) Correlation Coefficient	P-value
Are (years)	66.1 (e17.2)	42.6	.0.25	0.40
BMI (herm <sup>2</sup> )	29.0 (+6.2)	26.1	.0.02	0.64
cci	1.2 (+1.5)	1	.0.12	0.013
No. of all prior surgeries	2.7 (±3.8)	2	-0.07	0.10
No. of prior knee surgeries	0.5 (±0.9)	0	-0.17	<0.00
No. of prior arthepaedic surperies	1.3 (#2.1)	1	-0.12	0.013
No. of anesthesia events	3.2 (±3.9)	2	-0.09	0.046
PROMIS Physical Function (Preop)	41.5 (±8.3)	41.2	-0.05	0.33
PROMIS Social ratisfaction (Preop)	43.3 (±8.9)	43.4	-1.0	0.033
PROMIS Pain interference (Preop)	59.9 (±7.4)	59.6	0.07	0.11
PROMIS fatigue (Preop)	51.4 (±10.3)	50.6	<-0.01	0.95
PROMIS anxiety (Preep)	55.5 (a8.9)	55.9	-0.05	0.27
PROMIS depression (Preop)	49.3 (#9.0)	49.4	-0.06	0.10
TAS (presp)	3.2 (#2.3)	3	-0.01	0.85
Numeric pain (Knee presp)	44.3 (a29.8)	40	0.04	0.41
Numeric pain (Whole body Preep)	13.7 (a22.4)	0	-0.10	0.030
IKDC (Precp)	41.4 (±16.7)	40.4	-0.06	0.24
MARS Lower (Preop)	45.6 (±)38.1	45	0.11	0.027
IPAO (AFT.min mak. Press)	2525.2 (±2253.7)	1920	0.06	0.28

Outcome measurements (2 year Follow up)	Mean (±SD)	Spearman's (r.) Correlation Coefficient	P-value
PROMIS PF	51.2 (±10.7)	0.12	0.010
PROMIS PI	50.7 (±9.9)	-0.11	0.020
PROMIS Fatigue	46.9 (±10.8)	-0.11	0.024
PROMIS SS	53.1 (±11.6)	0.06	0.25
PROMIS Anxiety	49.6 (±10.4)	-0.10	0.030
PROMIS Depression	46.8 (±9.5)	-0.08	0.09
IKDC	67.8 (±23.4)	0.13	0.006
NPS (Knee)	23.4 (±26.5)	-0.09	0.07
IPAQ	3724.2 (±2642.9)	0.01	0.89
TAS	4.9 (±2.7)	0.07	0.15
NPS (Whole Body)	20.9 (±24.7)	-0.11	0.023
ssQ8	77.7 (±21.2)	0.07	0.16
MODEMS Met expectations	73.6 (±29.4)	0.12	0.016
MADELemen	37.3 (±33.5)	0.09	0.07

Table 2: Association between 2. year patient reported outcomes and preoperative expectation scores

Outcome measurements (2 year Follow up change)	Mean (#SD)	Spearman's (r,) Correlation Coefficient	P-valu
PROMIS PF	9.7 (±11.4)	0.13	0.005
PROMIS PI	-9.1 (±9.5)	-0.16	<0.001
PROMIS Fatigue	-4.4 (±11.3)	-0.07	0.15
PROMIS SS	9.9 (±12.7)	0.11	0.017
PROMIS Anxiety	-6.0 (±10.5)	-0.01	0.81
PROMIS Depression	-2.5 (±9.5)	0.04	0.46
IKDC	26.4 (#22.5)	0.15	0.002
NPS (Op Site)	-8.8 (#32.1)	-0.05	0.35
NPS (Whole Body)	7.2 (#23.5)	0.03	0.59
IPAQ	1305.2 (#3053.3)	-0.91	0.18
TAS	2.6 (±2.8)	0.05	0.37
MARS Lower	-20.5 (=34.6)	-0.05	0.26
obbed values represent statistically significant or neoperative expectations were associated with char observations: BM, body mass index; CCI, Christe vanser, PP, Physical Panetion; PJ, Pain Interference Junnetic Pain State; MARS, Marc activity rating so amount on Physical I doi:10. Activity rating so	errelation (p=0.05). go in PROMIS PF, PROMIS PI, a, Conserbidity Index; PROMIS 1; 53, Social satisfaction; 5D, sta ale upper extremity; IKDC, late	PROMES SS, and IEDC. Patient-Reported Outcomes Measurem abard deviation; TAS, Tagage Activity 1 national Knee Documentation Committ	ent Informati Icale; NPS, ee; IPAQ;

Table 3 Association between patient reported outcome 2 year CHANGE and preoperative expectation