

Mind the Gap: Limited English Proficiency is Associated with an Increased Loss to Follow-Up After Total Joint Replacement

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INTRODUCTION: Limited English proficiency (LEP) is a known barrier to healthcare access, but its impact on short-term outcomes following total joint arthroplasty (TJA) is not well defined. We compared 90-day complications, emergency department (ED) visits, and loss to follow-up within 90 days between LEP and English proficient (EP) patients after TJA.

METHODS: We identified 836 LEP patients, defined as those who self-reported a non-English primary language and/or requested interpreter services prior to hospitalization, who underwent TJA between 2016 and 2023 at a single high-volume center. LEP patients were exact matched 1:1 with EP patients using age (± 5 years), sex, BMI (± 5 kg/m²), ethnicity, date of surgery (± 60 days), joint, and hip approach (when applicable), as well as history of chronic pain, anxiety, or depression. Outcomes included the standardized Hip and Knee Societies complications and severity (graded 0-5), ED visits, and loss to follow-up within 90 days. Chi-square and t-tests were used for comparisons; relative risks (RR) with 95% confidence intervals were calculated.

RESULTS: Within 90 days, LEP patients and EP controls showed no significant differences in Hip and Knee Societies complications (9.09% vs 10.51%; RR=0.865; p=0.321), mean complication severity (0.73 \pm 0.85 vs 2.05 \pm 0.92; p=0.304), or ED visits (2.03% vs. 3.02%; RR=0.673; p=0.193). In both groups, wound-related complications were most common and were observed at similar incidences (5.37% vs 5.14%). Notably, LEP patients were significantly more likely to be lost to follow-up within 90 days compared to EP controls (16.51% vs 10.74%; RR=1.574; p<0.001) while mean time from surgery to latest follow-up was comparable (39.7 days vs. 42.9 days; p=0.10).

DISCUSSION AND CONCLUSION: Our study highlights substantial differences in compliance with postoperative care after TJA that may reflect language and health literacy disparities experienced by LEP patients. Dissimilar follow-up rates favoring the EP group raise concerns about possible underreporting adverse events in LEP patients.