

Short Communication

Patient Satisfaction in Spine Surgery

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Definition of patient satisfaction

In Cambridge English dictionary, Satisfaction defined as:

- A pleasant feeling that you get when you receive something you are looking for or you have done something you wanted to do.
- Or a situation in which your complaint or problem dealt with in a way you consider acceptable.
- Another definition; Satisfaction is the degree to which a patient feels that they have received high quality of health care.
- Pasero et al. [1] describe satisfaction as patient reaction to several service experiences.

Vital points to be considered

Many writers start differentiating between treatment offered and satisfaction achieved

Patient's satisfaction is a real top priority

- Perfect treatment not always lead to satisfaction.
- Sadly at some points satisfaction may be broken.
- The treating surgeon is the first and the last to be blamed.
- The art of communication and patient handling is not that easy job.
- The failure to achieve satisfaction is either medical or related to the standard service.
- Satisfaction percentage is very variable so far there is no fixed number.
- Toyone Tamaki et al. [2] concluded that even if clinical expectation were met some patients still dissatisfied and

patients with spinal stenosis seem to have more unrealistic expectations than patients with disc prolapse.

Some patients I call them trouble makers (the odd patients)

Practically impossible to satisfy they under any condition and they are behind suing the doctors, some are listed below:

- The terminally ill or seriously ill patients.
- Uninsured and poor patients because of the financial distress.
- Mentally ill patients those with abnormal psyche and those with rashy personality.
- Bed ridden patients.
- Low education standard.
- The VIP top officials and the very VIP.
- Patients with associated chronic and disabling disease like renal, cardiac, or collagen disease.
- So it is very vital to have a high index of selection before performing surgery.

Is there any relation between pre-operative expectation and patient satisfaction?

- Soroceamu et al. [3] Concluded that expectation prior to surgery dramatically affect patient satisfaction after surgery, a greater fulfilment of expectation leads to higher post-operative satisfaction, So preoperative expectation should be considered in the initial evaluation of patient's condition.
- Crawford et al. [4] made a correlation between pre-operative diagnosis and patients satisfaction after lumbar spine surgery, he suggested that a greater proportion of patients with primary disc prolapse or spondylolisthesis reported surgery meet their expectation (66% and 67%) while those patient with adjacent segment disease or mechanical disc collapse had the expectation meet (48% and 41%).
- Satisfaction is highly dependent on patient expectation.
- Satisfaction can be achieved if the surgeon and the patient are aware of the factual probabilities of achieving better or worse outcome.
- Individual risk factors should be identified prior to surgery to make the patient aware of it.
- The surgeon and the available facilities also contribute to the satisfaction.
- Surgeon competence and past experience in this particular

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field plays a major role in the final outcome.

- The humanistic handling from the surgeon and the staff in general is also very vital.
- The ability of the surgeon to clarify everything in a gentle way which is fitting with the patient standard of mentality is always useful.
- The up to date scientific standard of the surgeon will certainly help in achieving satisfactory result.
- Sharing opinion with colleagues is very vital.
- The available facilities for this specified surgical procedures is required for the perfection.
- The patient himself is part of the satisfaction process Devin et al. [5].
- Spine care provider should realise that patients who fail to achieve clinically significant outcome are those with poor social life, low income, those who are uninsured and those with long lasting sever pain and disability.
- Godoill et al. [6] suggest that patient satisfaction is not a valid proxy in determining the quality and effectiveness of surgical spine care while Mannion et al. [7] feels that great expectation is the novel predictor after spine surgery.
- Probably knowing if the patient will be willing to undergo the same procedure is an indicator of satisfaction Laura, Devin et al. [8] made a questionnaire on this topic and the results were as follow:
 - ✓ Disc herniation 88%
 - ✓ Spondylolisthesis 86%
 - ✓ Lumbar canal stenosis 82%
 - ✓ Recurrent lumbar disc herniation 79%
 - ✓ Adjacent segment disease 75%
 - ✓ Mechanical collapse 73%

Numerous factors have predictive value for satisfaction outcome

After surgery for central canal stenosis, the factors which decrease the like hood for satisfaction include:

- ✓ Previous surgery
- ✓ Smoking
- ✓ Unemployment
- ✓ Bad handling of previous colleague
- ✓ Back pain exceeding one year
- ✓ Back pain predominance
- ✓ Short preoperative walking distance
- ✓ Previous bad experience with spine surgery
- Slossar et al. [9] studied patient satisfaction after circumferential lumbar spinal fusion and his conclusions were:
 - ✓ 11% choose the statement surgery meets my expectation

✓ 51% surgery improve my condition

✓ 26% surgery helped

✓ 19% I am the same or worse compared with before surgery

- In a Chinese study by Wu et al. [10], the factors predicting patient satisfaction were more than (70%) patients expressed satisfaction with discectomy. Two factors could predict satisfaction and should be assessed before surgery and that is obesity and pre-operative depression.
- Symptom recurrence and postoperative depression are also associated with diminished patient satisfaction.
- Satisfaction after scoliosis was studied by Ameerli [11], his conclusions were:
 - ✓ Those with sever curve only (50%) were satisfied
 - ✓ Anterior and posterior fusion if combined showed greater dissatisfaction if compared with posterior fusion alone
 - ✓ Neutral or dissatisfaction were more likely with king 2 and king 4
 - ✓ Psychological difficulties and unrealistic expectation regarding postoperative cosmoses were associated with patient neutralisation or even dissatisfaction
- The following points may affect satisfaction in a positive or negative way like;
 - ✓ Handling of previous colleagues
 - ✓ Previous experience with medical service
 - ✓ The background feeling about health service
 - ✓ The patient response to pain
 - ✓ The length of the waiting list
 - ✓ The nature of his pathology
 - ✓ Previous response to treatment
- The cornerstone in the story of patient satisfaction is the treating spine surgeon, he is everything for the good and bad outcome, and the first interview is either salt in the wound or life long relationship:
 - ✓ How he is responding to the patient suffering
 - ✓ His reputation
 - ✓ How impressive is the surgeon
 - ✓ Can he implant confidence and respect in the patient mind
 - ✓ The surgeon's scientific background and experience
 - ✓ Previous colleagues handling and mismanagement

To sum up

1. Proper and prolong pre-operative evaluation is mandatory
2. The pathological process has a strong impact on patient satisfaction
3. Knowing patient's expectation after surgery is very vital
4. The patients factors like socio-economic status, depression,

employment, insurance and other factors all should be considered seriously prior to surgery

5. Sadly some patients remains dissatisfied even if all the clinical expectations were meet
6. Patients with spinal stenosis, spinal secondaries, and spinal deformities seem to have more unrealistic expectation
7. The spine surgeon should acquire the ability to choose the right patient for the specified procedure

References

1. Pasero C, Wells N, McCaffery M. Improving the quality of care through pain assessment and management, an evidence based hand book for nurse. Rockville. 2008;469-97.
2. Toyone T, Tanaka T, Kato D, Kaneyama R, Otsuka M. Patient expectation and satisfaction in lumbar spine surgery. *Spine* 2005;30:2689-94.
3. Soroceanu A, Ching A, Abdu W, McGuire K. Relationship between pre-operative expectation and post-operative satisfaction and functional outcome in lumbar and cervical spine patients a multicentre study. *Spine J*. 2011;11(10):S75.
4. Crawford CH 3rd, Carreon LY, Bydon M, Asher AL, Glassman SD. Impact of pre-operative diagnosis on patient satisfaction following lumbar spine surgery. *J Neurosurg Spine*. 2017;26(6):709-15.
5. Devin CJ. Patient specific factors associated with dissatisfaction after elective surgery. *J Am Geriatric Society*. 2012;60(1):106-12.
6. Godil SS, Parker SL, Zuckerman SL, Mendenhall SK, Devin CJ, Asher AL, et al. Determining the quality and effectiveness of surgical spine care. *Spine J*. 2013;13(9):1006-12.
7. Mannion AF, Junge A, Elfering A, Dvorak J, Porchet F, Grob D. Great expectation really the novel predictor of outcome after spine surgery. *Spine*. 2009.34;1590-9.
8. Chapin L, Ward K, Ryken T. Preoperative depression, smoking and employment status are significant factors in patient satisfaction after lumbar spine surgery. *Clin Spine Surg*. 2017;30(6): E725-32.
9. Slosar PJ, Reynolds JB, Schofferman J, Goldthwaite N, White AH, Keaney D. Patient satisfaction after circumferential lumbar fusion. *Spine*. 2000;25(6):722-6.
10. Wu, et al. Measure twice cut once-adding symptom management is a cornerstone of clinical care patient reported outcome measures to the electronic health record for comparative effectiveness research. *J Clin Epid*. 2013;66:s12-20.
11. Ameer E, Behtash H, Mobini B, Bouzari B, Tari V. Patient satisfaction after scoliosis surgery. *Medical Med J Islam Repub Iran*. 2008;21(4):177-84.