

Expensive wait for hip replacements

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Patients who suffer from anxiety and depression are more likely to report worse results after a hip replacement. A year-long wait for the operation also entails significant costs to both society and the individual, reveals a new thesis from the University of Gothenburg, Sweden.

Drawing on around 40,000 responses from [patients](#) selected from the Swedish Hip Arthroplasty Register, the thesis looks at how hip replacement patients perceive their health-related quality of life and level of pain both before and after the operation, as well as how satisfied they are with the results.

"Although the majority report a considerable improvement in their health-related quality of life and are pain-free after their hip replacement, we show that around 5-10% do not improve or have actually deteriorated one year after the operation," says Ola Rolfson, researcher at the Sahlgrenska Academy's Department of Orthopaedics.

He explains that there are several reasons for the failure of some patients to get better in the short term. For example, patients with anxiety or depression are more likely to report worse results. However, more research is needed to understand the factors that affect post-operative outcomes.

The thesis also looks at how hip disease impacts on patients' need for a variety of resources when waiting for a hip replacement, and how this, in turn, translates into additional expense for the patient, relatives and society in general. It emerged that the disease costs around SEK 60,000

(approx. 6000 Euro) in the year before the operation, and that a long wait was linked to higher consumption of resources. This works out at SEK 5,000 (approx. 500 Euro) per month for every patient on the waiting list.

"Doing the right thing, doing the thing right and doing it at the right time is the major challenge facing orthopaedics in the future," says Rolfson.

"The thesis adds information that will make it possible for [hip replacement](#) surgery to take another step in the right direction."

Using the results set out in his thesis, Rolfson will be working to develop a tool that can help to predict and discuss the risks and expected results of surgery in each individual case.

Provided by University of Gothenburg

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