

## **358: WAITING TIMES FOR ORTHOPEDIC SURGERY – WHAT DO THE PATIENTS THINK?**

*Löfvendahl S., Hanning M.*

### **Objective:**

To assess waiting times and their consequences from the perspective of patients.

### **Methods:**

A total of 1 336 consecutive patients, who each had one of three different surgical procedures performed at 10 Swedish hospitals, were included in the study. The Swedish Federation of County Councils sent out a questionnaire 3 months after the three procedures. 79% completed the questionnaire. The number of completed questionnaires for the different procedures was for total hip replacement 452 (87% response), spinal surgery 258 (80%) and meniscus surgery 350 (70%).

Information about how long the patients had been on the waiting list was received directly from the hospitals. The minimum waiting time required to be included in the study was eight days.

The questionnaire asked about various aspects of the patients' care process, e.g.: the patients' own estimate of the waiting time, opinion about the length of the waiting time, consequences during the waiting time and opinion about the result of procedure. Some of the baseline variables differed between the three groups, e.g. the average age for hip replacement was 69 years, for spinal surgery 57 years and for meniscus surgery 46 years.

### **Results:**

The median waiting time after the procedure had been planned was for hip replacement 5.6 months, for spinal surgery 2.1 months and for menisci 1.8 months. There was no difference in waiting time between men and women in any of the three groups.

The patients' assessment of the length of the waiting time was for hip replacement acceptable 51%, too long 37% and totally unacceptable 12%. The corresponding figures for spinal surgery were 65%, 24% and 12%. For meniscus surgery the figures were 62%, 27% and 11%.

In all three groups the proportion of patients who judged the waiting time to be acceptable decreased with the length of the waiting time. For patients with a waiting time of less than 3 months, 72% thought the time was acceptable. The corresponding figure for those with a waiting time of over 6 months was 39%. Within the three different groups there were no differences in opinions about the waiting time due to age or gender.

60% of the patients reported that their condition worsened during the waiting time, ranging from 79% for hip replacement to 38% for meniscus surgery. In the spinal surgery group, women, elderly patients and patients with a longer waiting time were significantly more likely to report a worsened condition. For patients with a waiting time for spinal surgery of less than 3 months, 51% thought their condition worsened and the corresponding figure for those with a waiting time of over 6 months was 72%.

The patients' assessment of the operation result 3 months after the operation was for hip replacement very good 60%, good 33%, either good or bad 5%, bad 2% and very bad 0%. The corresponding figures for spinal surgery were 34, 36, 20, 8% and 3%. For meniscus surgery the figures were 25, 35, 26, 10 and 5%. These results were independent of the time the patients had been on the waiting list. Within the three different groups there were no differences in the patients' assessment of the operation due to age or gender.

### **Conclusions:**

The results of the study differed substantially between the three patient groups.

A majority of the patients thought their waiting time was acceptable.

The proportion of patients who judged the time to be acceptable decreased with the length of the waiting time.

Many patients felt that their condition worsened during the waiting time.

The waiting time was not correlated with the patients' opinion about the result of the surgery.

Information on patients' experience of their time on the waiting list is an important contribution to the knowledge about patients' demands and expectations of good accessibility to health care.