

Hip and knee arthroplasty – patient's experiences of pain and rehabilitation after discharge from hospital

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Table 1. Accelerated clinical pathway for THA and TKA in the current hospital

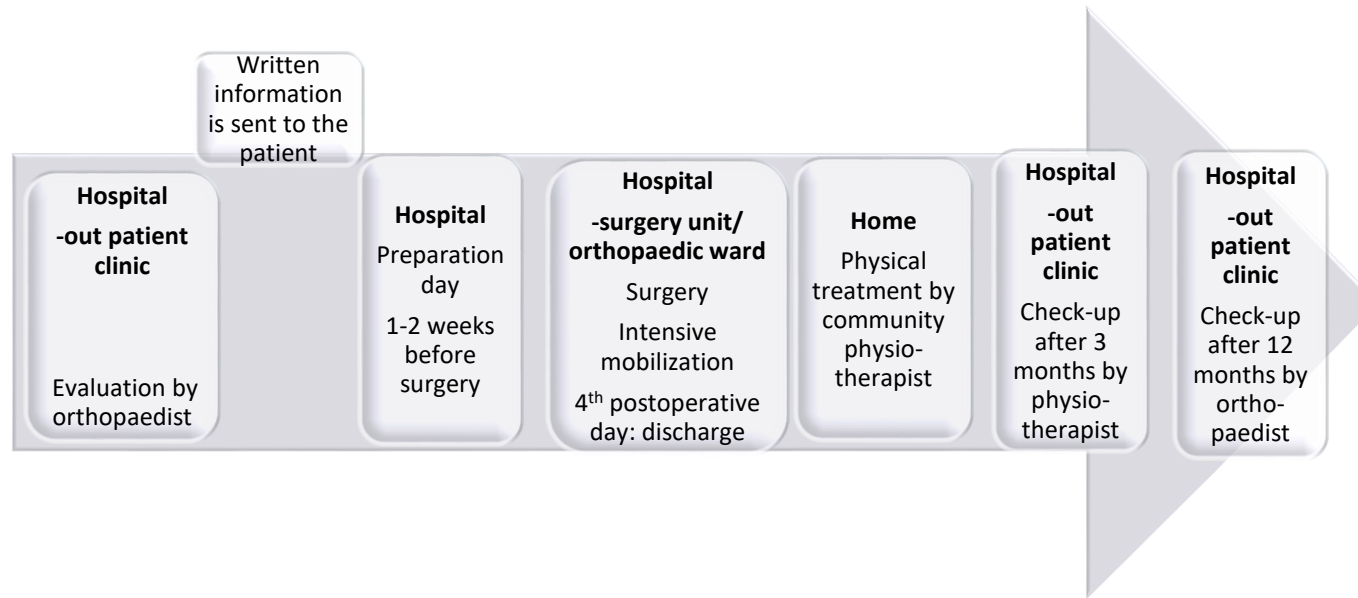


Table 2. Participant summary

Participant (age) Type of prosthesis	Home situation Kind of residential Family members/network	Follow-up by the community care services (CCS)
P#1. Woman (63) Knee prosthesis	Detached house-interior staircase Spouse at home	
P#2. Man (67) Hip prosthesis	Detached house- one floor Spouse at home	
P#3. Woman (61) Hip prosthesis	Detached house-interior staircase Spouse at home	Was referred to the CCS from the hospital, but only wanted a relief cushion.
P#4. Man (71) Hip prosthesis	Detached house-interior staircase Partner working part-time	
P#5. Man (79) Hip prosthesis	Apartment Spouse at home needing some help with ADL	Practical assistance (cleaning of house) every 14th day
P#6. Woman (78) Knee prosthesis	Detached house-interior staircase (temporary bed on 1st floor). Spouse at home	
P#7. Man (45) Hip prosthesis	Adapted apartment complex- interior staircase Staff of health workers connected the apartments	
P#8. Man (53) Knee prosthesis	Detached house-interior staircase Spouse at home and a 3 years old child	
P#9. Woman (76) Knee prosthesis	Apartment with 4 interior staircase Spouse at home	
P#10. Woman (83) Hip prosthesis	Detached house - interior staircase Friend living in the same house	Dalteparin (subc.injection) was given daily the first weeks by nurses in the CCS

P#11. Woman (75) Knee prosthesis	Detached house-interior staircase Lived alone	Rehabilitation stay for 1-2 weeks after surgery. Got help from her daughter the first days after discharge. Did not want the CCS. Later a weekly dispenser with analgesics was distributed by the CCS
P#12. Man (70) Knee prosthesis	Detached house-interior staircase Spouse at home needing help from him with ADL	

Table 3. Interview Guide

Demographical data - gender, age, marital status, occupational status, home situation. Type of prosthesis: hip- or knee joint.

1. Your experiences of pain and analgetic treatment after discharge?
2. How were you prepared for pain/rehabilitation before discharge?
3. What kind of activities were you able to do the first week..the following weeks..?
4. In witch way did pain affect your daily living/rehabilitation? Other factors affecting this?
5. Did you got/need help from next of kin and/or public services?
6. How was the pain treatment followed up by the municipal care services (family doctor, physiotherapist, or community nurse)?
7. What are you satisfied with/less satisfied with in respect of the transition from hospital to the home?

Table 4. From research questions to sub-themes

Research questions	Meaning units	Categories	Sub-themes
1. <i>What is the patient's experience of pain after discharge?</i>	<p>-<i>"I felt shivers and pain running downwards from the wound and the thigh, and around my knee. It was a difficult time for me"</i> (THA)</p> <p>-<i>" Bending the operated knee going down stairs, then moving the other leg to the next step, you get ALL the weight while bending the knee. That is the worst part"</i> (TKA)</p>	<p>1. Pain experience after THA</p> <p>2. Pain experience after TKA</p>	<p>1. Pain while moving and resting</p>
2. <i>How does the patient manage the rehabilitation process?</i>	<p>-<i>"I can manage to put on my shoes with a shoe horn, but I had trouble with my sock.."</i> (THA)</p> <p>- <i>Making food, that was perhaps what was the worst for me... standing by the stove or at the kitchen bench making food with two crutches"</i> (TKA).</p> <p>- <i>"I think that the community care services are a bit disorderly..I know they are busy and have many people to take care off..."</i> (THA)</p>	<p>3. Activities of daily living (ADL) after hip arthroplasty</p> <p>4. Activities of daily living (ADL) after knee arthroplasty</p> <p>5. Interaction with health care services after hip and knee arthroplasty</p>	<p>2. Assisted daily living</p> <p>3. Lack of continuity in pain assessment</p>

Table 5. The participants use of analgesics and pain experiences after discharge

***Standard pain regimen after discharge:** Paracetamol 1 g x 4 per day for 4 weeks. Celecoxib 300 mg x1 per day and Gabapentin 200 mg x 1 per day, both until one week. (Prescription from the hospital).

Hip arthroplasty- Use of anagesics		Hip arthroplasty - Pain experiences
P#2	Week 1: Standard regimen*. From week 2: Paracetamol as needed	Muscle pain in thigh. Increased pain during training. After 3-4 weeks mostly osteoarthritic pain from other parts of the body
P#3	Weeks 1-3: Paracetamol 1 g x 3 per day. Needed 2 loose tablets the first days (uncertain type)	Pain from the swelling the first 3-4 weeks NRS:6 when sitting for a while
P#4	Standard regimen*+prescription of tramadol the 1st week (by family doctor)	NRS: 8-9 the first week. Muscle pain the first 2-4 weeks
P#5	Paracetamol and ibuprofen regularly the first 14 days. Further not stated	NRS >7 the first week. Muscle pain. Re-admitted after 8 days. Pain relief after physiotherapy treatment (19 days after 1st discharge)
P#7	Codeine phosphate, sesquihydrate and paracetamol in the beginning, and then changed to paracetamol. Unknown dose/ no. of weeks	No pain after removal of stitches (10 th day), only arthritic pains in the other hip.
P#10	Standard regimen* for 10 days. Further only needed paracetamol once	Some pain the first week, but less than expected.
Knee arthroplasty- Use of anagesics		Knee arthroplasty- Pain experiences
P#1	Standard regimen*. From week 5-7: Paracetamol as needed	The first weeks: Pain when standing still for a long time. Periodical pain peaks after 5th week
P#6	Paracetamol as needed for about 3 weeks	The first weeks: Pain when walking for a long time which crutches
P#8	Standard regimen* added with diazepam from a next of kin. Reduced most of the analgetics after 3 weeks. Used some analgesics from 4th-5th week.	NRS: 6-7 the first week. Pain and muscle cramps for about 2-3 weeks
P#9	Standard regimen* + prescription of Tramadol after 2 days (by municipal emergency). 1-2 tabl tramadol as needed, some days needed 6 tabl.	NRS up to 7 the first days. The following weeks: Increased pain during and after physiotherapy treatment. Diminishing pain after 5th week
P#11	Standard regimen*. Later Tramadol as needed (no. of weeks no stated)	Experienced little effect of the pain regime. Pain when moving, but uncertain duration/ no. of weeks.
P#12	Standard regimen* added with oxycodone (from a next to kin)	Did not register pain in the knee. Back pain was more intense

