

## Symposium V



### **The Psychology of Total Joint Arthroplasty: Can We Modify Outcomes?**

**Moderator:** Bryan D. Springer, MD

**Faculty:** Padma Gulur, MD, Wayne Sotile, PhD

Total knee arthroplasty (TKA) is an extremely successful surgical intervention for end-stage arthritis of the knee. It is associated with significant improvements in pain, function and quality of life. Overall, it is associated with a low morbidity and mortality. The utilization of TKA is expected to increase exponentially over the next two decades.

Despite its success, data exist that suggest up to 20% of patients are dissatisfied with the outcome of their TKA. The exact etiology has not been fully elucidated. Dissatisfaction has been associated with unmet expectations, unnatural feeling of the artificial joint, failure to reproduce normal knee kinematics and surgical technical errors. As such, there has been an explosion of technological advances to try and improve the 20% of patients that are dissatisfied with their TKA, including computer navigation, robotics and patient specific alignment (i.e. kinematic alignment). However, the results of these technologies on improving patient satisfaction have been negligible.

Considerable research has accumulated indicating that medical and physical variables alone cannot fully account for symptoms of pain and dissatisfaction. Biopsychosocial models have been put forward suggesting that a complete understanding of outcomes will require consideration of physical, psychological and social factors. Research has supported the view that psychological factors play a significant role in the experience of pain, disability and dissatisfaction associated with arthritis and outcomes following total knee arthroplasty. In other domains of research, variables such as pain catastrophizing, pain-related fears of movement, and depression have been identified as risk factors for prolonged pain and disability. High levels of pain catastrophizing predict ongoing pain and more severe disability in individuals with musculoskeletal conditions.

#### **Introduction**

Bryan D. Springer, MD

#### **The Psychology of Total Joint Arthroplasty**

Bryan D. Springer, MD

#### **Can Surgical Resilience Be Assessed and Shaped in Total Joint Arthroplasty**

Wayne M. Sotile, PhD

#### **The Opioid Tolerant Patient: Preoperative Optimization**

Padma Gulur, MD

#### **Discussion**

All faculty

#### **Learning Objectives:**

1. Introduce the psychological aspects of surgery and recovery.
2. Understand how resiliency can influence outcomes.
3. Can resiliency be taught and/or modified to help improve outcomes following total joint arthroplasty?
4. Understand the ramifications of preoperative opioids use and its effect on outcomes.
5. Discuss a preoperative optimization program for those on preoperative narcotics.