

## **Patient and Surgeon Satisfaction with and Utility of Routine Follow-Up at One Year After Primary Total Hip and Total Knee Arthroplasty**

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**Introduction:** Guidelines for the optimal timing and number of routine clinical visits for asymptomatic patients have been suggested, however, no consensus exists. The purpose of this prospective survey study was to determine the utility of the routine one-year follow-up visit after primary total hip arthroplasty (THA) or total knee arthroplasty (TKA).

**Methods:** We prospectively enrolled all patients >18 years old undergoing primary TKA, THA, UKA, or SRA with a primary diagnosis of osteoarthritis. Those that were pregnant, incarcerated, had a pre-existing functionally limiting neurological disorder, or undergoing revision TKA or THA were excluded. At one-year follow-up, patients were asked to complete a burden survey including satisfaction (5-point scales) and if the visit was worthwhile (yes/no). Surgeons also completed a burden survey at this time which asked if any intervention was done, if any problems were diagnosed/avoided, and if the visit was worthwhile.

**Results:** Between October 2017 and July 2018, 512 patients who underwent primary TJA or SRA agreed to participate in the study. The final cohort consisted of 195 patients (102 THAs, 94 TKAs, 5 UKAs, and 1 SRA) in which passive one-year follow-up was obtained. Mean age was 62.7 years (79 males, 40.5%) and 378 days mean follow-up. Patients reported a mean 4.71 rating with satisfaction of care provided by their surgeon and mean 4.64 when asked if the visit was worthwhile. When physicians were asked if any problems, issues diagnosed, or complications were avoided because of the visit, 23.03% said yes. When asked if the visit was worthwhile, 66.84% said yes. For visits during which no interventions were performed or ordered, 49.44% of physicians said the visit was worthwhile.

**Conclusions:** Patients generally thought their follow-up visit was worthwhile. In visits without intervention, over half of physicians thought the visit was not worthwhile. Surgeons may consider restricting their one-year postoperative visits to symptomatic patients.