

Why Are Spine Surgery Patients Lost to Follow-up?

Abstract

Long-term outcome studies are frequently hindered by a decreasing frequency of patient follow-up with the treating surgeon over time. Whether this attrition represents a “loss of faith” in their index surgeon or the realities of a geographically mobile society has never been assessed in a population of patients undergoing spinal surgery. The purpose of this article is to determine the frequency with which patients who have undergone prior surgery and develop new problems attempt to follow-up with their index spine surgeon. The study design was a population survey. All patients seen at two university-based spine centers over a 3-month period were surveyed regarding prior spine surgery. The questionnaire asked details of the previous operation, whether the patient had sought follow-up with their index surgeon, why the patient did not continue treatment with that surgeon, and whether the patient was satisfied with their prior treatment. Sixty-nine patients completed the survey. Prior operations were lumbar (53 patients) and cervical (16). When asked the reason for not seeing their prior surgeon, 10 patients (15%) stated that they (the patient) had moved and 16 (23%) responded that their surgeon no longer practiced in the area. Thirteen (19%) were unhappy with their previous care, 22 (32%) were seeking a second opinion, and 7 (10%) were told they needed more complex surgery. Thirty-seven (54%) discussed their symptoms with their original surgeon before seeking another surgeon. Although 32 patients (46%) had not discussed their new complaints with their index surgeon, only 3 patients (4%) chose not to return to their prior surgeon despite having the opportunity to do so. Forty-nine patients (71%) were satisfied with their prior surgical care, and 42 patients (61%) would undergo the index operation again. Most of the patients seen at the authors' practices after undergoing prior spine surgery elsewhere failed to follow up with their prior spine surgeon for geographical reasons. It appears that the majority of patients who develop new spinal complaints will seek out their treating surgeon when possible. This suggests that patient attrition over long-term follow-up may reflect a geographically mobile population rather than patient dissatisfaction with prior treatment.

為什麼脊柱外科病人會失去跟進？

長期的研究結果經常因隨著時間患者與治療醫生的跟進頻率減少而被阻礙。這是否代表對外科醫生“失去信心”或在現實的地理上的移動社會的中從未對接受脊椎的病人人口進行評估。這篇文章的目的是確定跟進的頻率與曾接手術受之患者和因發展出新問題而試圖與他們的主治脊柱外科醫生來跟。研究設計是一個人口調查。我們為所有在兩所大學為基礎的脊椎中心治療超過 3 個月的病人對關於以往的脊柱外科進行了調查。問卷詢問以往外科手術的細節，病人是否曾試圖由主治外科醫生跟進，病人為什麼不繼續接受外科醫生治療，和患者對之前的治療是否感到滿意。69 名患者完成了問卷。此前的手術是腰椎（53 宗）和頸椎（16 宗）。當問到他們沒有看前外科醫生的原因，10 人（15%）表示因他們（病人）遷移和 16 人（23%）回答說他們的外科醫生已不再在該地區。13 人（19%）分別為不滿他們以前的護理，22 人（32%），尋求第二意見，7（10%）被告知，他們需要更複雜的手術。37 人（54%）在尋求另一名外科醫生前與原來的的外科醫生討論他們的症狀。雖然有 32 人（46%）還沒有與他們的主治醫生討論新的投訴，僅 3 人（4%）儘管有這樣做的機會但仍選擇不返回他們的前外科醫生。49 人（71%）對他們以前的外科治療感到滿意，42 人（61%）會再次進行主要的手術。大部份在作者醫院所見又曾經做過脊柱外科的患者由於地理原因，沒有跟進他們以前的脊柱外科醫生。結果顯示大多數發展出新問題的病人，在可能的情況下將會尋求他們的主治醫生。這表明在長期的跟進中，病人流失可能反映了地理上的流動人口，而不是病人不滿意之前的治療。