Exaggerated Preoperative Patient Reported Visual Analog Pain Scale

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Disclosure

• No conflict to Disclose
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Background

• The visual analog pain scale (VAS) has been shown to be a reliable and validated tool for determining patient pain.

• Patient reported outcome measures (PROMs) are becoming the standard of care throughout the orthopaedic community, but interpretation and clinical application of PROMs is still under investigation.

• This study calls into question VAS as a reliable PROM.
Objectives

• The current study compares preoperative PROMs using a visual analog pain scale (VAS).
• Patient VAS pain scores were reported at the same office visit to nursing staff and then to the treating surgeon.
• Our hypothesis was that there would be no difference in the scores reported.
Methods

• This study is a retrospective cohort of 201 consecutive foot and ankle patients treated by a single surgeon.

• The patients were asked first by the nursing staff and then by the surgeon to rate their pain intensity using a standard horizontal VAS 0-10, from “no pain” to the “worst pain.”

• VAS pain PROMs were reported at the same office visit.

• Differences in reported pain were analyzed.
Results

• Patients reported higher pain scores to the surgeon in 81% of the encounters,
• Patients reported higher pain scores to nursing staff in 8% of the encounters
• Patients reported the same pain scores to nursing staff and the surgeon in 11% of the encounters.
• On average the VAS score reported to the surgeon was significantly higher than that reported to the nursing staff.
Discussion

• The current study demonstrates a significant difference in patient reported pain scores between that given to nursing staff versus the treating surgeon.
• The cause for the difference is unclear, but does lead surgeons to consider patients may have a predetermined desire for surgery.
• This could have implications on the treatment of pain in the postoperative recovery period as well as plans related to physical therapy, back to work recommendations, and pain management.
• The findings of this study start the process of comparing PROMs depending on who administers the measuring tool to determine if patients have a penchant for over or under reporting.
Considerations

• Further studies are needed in the orthopaedic community to evaluate PROMs and there clinical usefulness, specifically focusing on whether they correlate with positive or negative surgical outcomes.
References