Patient-Reported Experience Measures Following Single-Stage Vs. Two-Stage-Revision Total Hip Arthroplasty: A Prospective Cohort Study

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Introduction

Background
While patient-reported outcome measures (PROMs) are widely used to evaluate functional recovery after revision total hip arthroplasty (rTHA), patient-reported experience measures (PREMs) remain underexplored—particularly in the context of periprosthetic joint infection (PJI).

Objectives
This study aimed to compare PREMs in patients undergoing one-stage versus two-stage septic revision THA, in order to assess how surgical strategy impacts the patient experience and perceived quality of care.

Methods

In this prospective cohort study, 42 patients with microbiologically confirmed chronic hip PJI were treated between 2022 and 2024 at two academic centers. Fifteen patients underwent one-stage rTHA, and 27 patients received a planned two-stage approach. PREMs were assessed at 3, 6, and 12 months postoperatively using the validated Picker Patient Experience Questionnaire (PPE-15) and a custom survey addressing communication, emotional support, and care coordination. A subgroup of patients additionally participated in semi-structured qualitative interviews. Quantitative data were analyzed using Mann–Whitney U tests, and qualitative content was thematically evaluated.

PPE-15 Items

1. Did doctors answer questions?
2. Did nurses answer questions?
3. Did staff say different things?
4. Did doctors discuss fears?
5. Did doctors talk as if you weren't there?
6. Did you want to be more involved?
7. Were you treated with respect and dignity?
8. Did nurses discuss fears?
9. Did you find someone to talk to about concerns?
10. Did staff do enough to control pain?
11. Did your family have opportunity to talk to doctor?
12. Were your family given information to help you recover?
13. Were medicines explained?
14. Were you told about side effects of medicines?
15. Were you told about danger signals?

Results

At 12 months, single-stage-exchange patients reported significantly higher satisfaction in the domains of continuity of care ($p = 0.02$), emotional reassurance ($p = 0.01$), and perceived safety ($p = 0.04$). Two-stage patients described greater psychological and physical burden during the prosthesis-free interval, frequently reporting anxiety, dependency, and reduced autonomy. One-stage patients more often expressed confidence in the treatment pathway and a more streamlined care experience. Ratings for communication and shared decision-making were comparable in both groups.

Conclusion

One-stage septic revision THA is associated with a more favorable patient experience compared to two-stage procedures. Patients treated with a one-stage approach reported fewer disruptions to daily life and higher satisfaction with care. PREMs offer valuable insight into patient-centered outcomes and may support individualized treatment

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