

QUALITY OF LIFE OF PATIENTS SUBJECTED TO TOTAL HIP ARTHROPLASTY WITH DIFFERENT TYPES OF HARDINGE SURGICAL APPROACHES, THROUGH THE APPLICATION OF THE WOMAC QUESTIONNAIRE

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ABSTRACT

Total hip arthroplasty (THA) is widely used to treat chronic refractory pain and conditions such as osteoarthritis, rheumatoid arthritis, fractures, and avascular necrosis. The procedure replaces the hip joint with a prosthesis, offering significant pain relief and improving function. Several surgical approaches are available, with anterior, posterior, and lateral techniques being the most common. The choice of the ideal approach is still debated, but the lateral approach, proposed by Hardinge, is valued for its excellent exposure of the joint and lower risk of prosthesis dislocation, despite disadvantages such as possible claudication due to a release of the gluteal tendon. This study reviews the quality of life of patients subjected to THA using the WOMAC questionnaire, which assesses pain, stiffness, and physical function. Analyzing three recent clinical studies, it was observed that most patients had a positive recovery, with a high prosthesis survival rate and significant improvements in WOMAC scores. The use of complementary tools such as AVIP showed additional benefits, such as reduced anxiety and improved mobility. The results highlight the effectiveness of hip arthroplasty and the importance of WOMAC for monitoring patient recovery and quality of life.

Keywords: Hip Arthroplasty, Hip Osteoarthritis, Quality of Life, Rheumatology.

INTRODUCTION

Total hip arthroplasty (THA) is indicated for the treatment of chronic joint pain, as well as for some types of proximal femur fractures. Osteoarthritis (OA) is the condition most frequently treated with THA, but surgery may also be recommended for rheumatoid arthritis, fractures, and avascular necrosis. THA is a surgical procedure that replaces the hip joint with an artificial prosthesis (COSMO, 2020). This intervention is generally safe and offers significant pain relief, as well as reducing disability, allowing the new joint to function effectively (LENZA, 2013).

There are several surgical approaches available for THA, with the anterior, posterior (Moore), and lateral (Hardinge) approaches being the most common. However, the literature does not provide a clear consensus on the criteria that orthopedic surgeons should consider when choosing the most appropriate approach for each situation (PETIS, 2015).

The lateral approach described by Hardinge in 1982 provides excellent exposure of the acetabular cavity and the proximal end of the femur, facilitating the insertion of hip prosthesis components. Among its advantages is the preservation of the posterior structures of the hip, which reduces the risk of prosthesis dislocation in the postoperative period. However, a significant disadvantage is the need to release the anterior third of the gluteal tendon at the greater trochanter, which may, in some cases, lead to claudication due to abductor insufficiency (AFONSO, 2008).

The Western Ontario McMaster Osteoarthritis Index (WOMAC) is a multidimensional questionnaire used to assess pain, stiffness, and physical function in patients with OA. As WOMAC focuses on the symptoms and physical function of patients with hip pathologies, it has proven to be a valid, reliable, and efficient tool for evaluating patients undergoing THA (NUBILA, 2011).

OBJECTIVE

The objective of this study is to evaluate the quality of life in patients undergoing total hip arthroplasty (THA) using different types of Hardinge surgical approaches, through the application of the WOMAC questionnaire.

METHODS

This study is an integrative review based on three studies from the following databases: Scientific Electronic Library Online (SCIELO), Virtual Health Library (BVS), and PubMed. The inclusion criteria for this study were: clinical studies assessing quality of life in patients with hip osteoarthritis or those who had undergone total hip arthroplasty, studies that used the WOMAC questionnaire, and articles published between 2014 and 2024. The exclusion criteria included: articles that did not meet the required criteria, such as reviews, publications outside the specified period of

publication, dissertations unrelated to the topic, and studies that did not use the WOMAC questionnaire.

RESULTS

The data analyzed showed relevant trends that corroborate the initial hypotheses. Three clinical studies were evaluated. The first study, involving 205 cases, revealed that 88.7% of patients experienced a recovery classified as good or excellent, with a significant improvement in WOMAC scores. Although some complications occurred, the prosthesis survival rate reached 97.5% over a five-year period. The second study, a randomized clinical trial with 68 patients, showed that the AVIP intervention group achieved results similar to those of the control group, but reported lower anxiety and better mobility. In addition, 82.25% of follow-up visits were conducted remotely. Finally, the third study, with 21 patients, showed excellent functional outcomes after one year, with high quality of life as measured by WOMAC and a low incidence of claudication. These studies demonstrate the effectiveness of surgical interventions and highlight the importance of WOMAC as a continuous monitoring tool.

DISCUSSION

The results of the THAs demonstrate a substantial improvement in patients' quality of life, as evidenced by high scores on the WOMAC and Harris Hip Score (HHS). These indices, which assess pain, stiffness, and physical function, showed that most patients experienced excellent functional recovery and a significant increase in overall well-being after surgery. The WOMAC, in particular, proved to be an effective tool for measuring improvements in quality of life, underscoring the effectiveness of surgical interventions in relieving symptoms and promoting a more active and comfortable life.

The first study, with a significant sample of 205 cases, demonstrates that most patients achieved a positive recovery, corroborating the hypothesis that THA is an effective solution for improving quality of life in patients with degenerative joint conditions. The high survival rate of the prostheses (97.5% at five years) also points to the durability and long-term effectiveness of the procedure.

In the second study, the comparison between the Prosthetic Virtual Friend (AVIP) intervention group and the control group showed similar recovery outcomes, but with

additional benefits, such as lower anxiety levels and improved mobility. This finding suggests that complementary interventions, such as AVIP, may provide a more holistic recovery, reducing the psychological and functional impact of the postoperative period. The completion of 82.25% of follow-up consultations remotely further demonstrates the feasibility and effectiveness of telemonitoring as a support tool in recovery, a particularly relevant aspect in contexts where physical access to healthcare may be limited.

The third study, despite involving a smaller number of participants, confirmed excellent functional outcomes one year after surgery, with a high quality of life reported by patients and a low incidence of complications such as claudication. These results highlight the importance of continuous and detailed monitoring, using tools such as WOMAC, to ensure successful recovery and identify any potential problems early on.

The findings underscore the importance of WOMAC as a valuable tool for assessing and monitoring patient recovery after hip arthroplasty. High patient satisfaction and improved quality of life demonstrate the success of the surgical intervention and the need to continue using WOMAC to provide objective data on treatment outcomes.

CONCLUSION

Based on the results obtained, it can be concluded that surgical interventions in hip arthroplasty are highly effective in improving patients' quality of life, as demonstrated by the WOMAC scores. The positive recovery rate in most cases, associated with a high prosthesis survival rate, reinforces the reliability of the procedures.

ACKNOWLEDGMENTS

We would like to express our gratitude to everyone who contributed to this study. We thank the Evangelical University of Goiás-UNIEVANGÉLICA for providing infrastructure, technical support, and the PIBIC-UniEVANGÉLICA scholarship; as well as Professor Rodrigo Franco de Oliveira for his valuable guidance and suggestions during the development of this work.

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