Surgeon satisfaction does not always meet patient satisfaction in orthopaedics. It is not uncommon to encounter a situation where a treatment rated successful from the surgeon perspective fails to deliver patient satisfaction [1].

This gap is more obvious in the outcome of spine care and in total knee arthroplasty (TKA) [2,3]. From an intellectual as well as from an ethical point of view, as healthcare givers, we need to give an explanation to this gap. From another side, because of the increasing cost of health care in all countries and its major financial impact, this gap is nowadays more and more questionable by the developed country healthcare system and the focus of attention is increasingly turned to optimizing outcomes and utilization of healthcare resources [4].

Patient-reported outcome measures (PROM) are “any report of the status of a patient’s health condition that comes directly from the patient (or in some cases a caregiver or surrogate) without interpretation of the patient’s response by a clinician or anyone else” [5].

PROM are validated, standardized patients questionnaires used to measure a patient’s pain, physical function, and quality of life [6].

Currently, in USA, in joint replacement, patient-reported outcome (PRO) is voluntary, but reporting will become mandatory in the coming four years [7].

Direct attention to the PRO has the potential to drive quality and efficiency improvements, but only if the quality measures that are developed from them are clinically important, scientifically acceptable, usable and feasible [8].

We consider that refinement of our postoperative objectives as surgeons as well as more attention to validated patient-reported outcome measures will definitely achieve better and more predictable outcome for our patients. Researches and publications need to go in this direction and surgical techniques pathways will follow to achieve this target.

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