

Satisfaction after Surgical Treatment for Idiopathic Scoliosis

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Introduction

Idiopathic Scoliosis (IS) is a complex three-dimensional deformity of the spinal column being the most common type of spinal curvature. Adolescent Idiopathic Scoliosis (AIS) is the most common type accounting for about 80% of idiopathic scoliosis involving healthy individuals during puberty. The prevalence of AIS has been reported to be 0.47%-5.2% of adolescent population and school children.

The prognosis depends on several factors including curve morphology, magnitude of curvature, age of onset, stage of bone growth, and rate of progression that varies from curve progression to stabilization or disappearance with growth. Progression of the curves may result in several pronounced body deformities, uneven shoulders, and asymmetric waist line that subsequently leads to damaged body self image and mental health, pain, spinal degenerative changes, several limitations in activities of daily living, and in severe cases disturbed pulmonary function.

Description

Surgical reduction of deformity may be required to improve cosmesis and self-image while improving pulmonary function, relieving pain, and preventing curve progression. The rate of correction utilizing new instruments is reported between 60%-80% while postoperative bracing is not necessary.

It is shown that scoliosis causes mental dysfunction and psychological problems involving both the patient and the family in that the severity is not in accordance with the severity of the disease based on physical and radiographic findings. Also, several studies reported that objective success in correction is not correlated with subjective satisfaction of the patient and the family because their perception of appearance differs from that of surgeon.

AIS is a challenging and bothersome deformity that can adversely affect various aspects of the patient's life. This deformity significantly deteriorates the ability of independently performing activities of daily living and contribution in social activities. In addition to physical health problems which can be life threatening in severe cases, the appearance of the patient especially in females, affects the mental health, self confidence, and self-image making them avoid participation in groups of family, school, university, and other public societies. The negative effects of AIS on psychological conditions and quality of life have been shown in several studies.

Because of severe impacts scoliosis has on satisfaction and quality of life, several studies tried to determine the effects of treatment on these parameters. To achieve this goal, SRS questionnaire became a useful tool, which was validated in several previous studies. In a study by, SRS was more responsive to changes at 1 and 2 years after surgery compared to Oswestry Disability Index (ODI) and Short Form-12 (SF-12).

In the current study, we found that the rates of curve correction and coronal balance correction can significantly affect the total SRS-30 score. Also, we found that the rate of correction was positively correlated with satisfaction. In other words, the greater correction results in more satisfaction and better quality of life. Between SRS domains, we found that only self-image was positively correlated with satisfaction. Based on this finding, we think that cosmesis and appearance is the most important factor affecting patient's satisfaction and quality of life. Although patients with AIS travail from the pain and functional limitations, it seems that the most important obsession of these patients is the appearance which should be considered in treatment planning.

There are several factors regarding dissatisfaction or neutrality about the outcomes of treatment including preoperative physical characteristics, psychological problems, impractical assumption regarding the postoperative cosmesis, type of the curve, and high thoracic apical translation. Found that only half of the patients with severe AIS were satisfied with the postoperative cosmesis. They showed that King II or King IV curves are associated with less correction and displeasure of the outcomes. In a study by Sanders et al, patients with less spinal appearance issues were less satisfied with the outcomes. However, in our study we found no significant difference between different types of AIS based on King's classification. Like other studies, our study has its own limitations. We did not have the preoperative SRS score to demonstrate the improvement after surgery. We used the Persian SRS 30 which was comprised of the SRS 22 that was already validated plus 8 more items that were added only after simple translation.

Conclusion

In conclusion, greater radiographic correction of the AIS through surgery is associated with higher satisfaction and SRS-30 scores. Satisfaction was correlated positively with self-image/cosmesis score as well. It seems that cosmesis is the most important factor affecting patient's satisfaction after surgical treatment.