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Clinical Characteristics of Adolescent Idiopathic Scoliosis (AIS) Patients who Were Lost to Follow up
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Introduction: Long term outcome studies are influenced by extreme difficulties in obtaining a high follow up rate. We hypothesize that one reason for patients not following up with their orthopaedic surgeon is poor clinical outcome. If correct, studies with high dropout rates potentially provide skewed results.

Methods: 271 members of one of the largest scoliosis specific internet community in Germany submitted an online questionnaire, including several demographic and treatment related questions as well as the SRS-22 questionnaire. Patients were then divided into two groups; those that changed their orthopedist were considered as being lost to follow up (LTF) and were compared to patients who did follow up with their orthopedist (FU). The LTF and FU groups were compared in regards to age at surgery, surgical approach, number of fused levels, amount of major curve correction, average number of years post surgery, and revisions. The groups were then matched in terms of years since surgery for SRS-22 data sub-analysis.

Results: Of the 81 included patients, 39 (48%) were grouped as “FU” and 42 (52%) as “LTF”. No significant difference was found for age at surgery, surgical approach, number of fused levels, or revision rate, whereas time since surgery and major curve correction showed a significant difference between the two groups (p< 0.001 and p=0.006, respectively). The matched cohort analysis of both groups based on years since surgery included 58 patients and revealed significant differences for the SRS-22 domains: function (p=0.002), pain (p=0.02), mental health (p=0.03), and total score (p=0.009).

Conclusion: Patients who have changed their orthopedist after surgical treatment for AIS and who therefore can be considered as being lost to follow up scored significantly lower in the SRS-22 categories function, pain, mental health, and total score compared to patients who have not changed their orthopaedic surgeon. The nature of the German demographic and health system minimizes many reasons for doctor-changes.