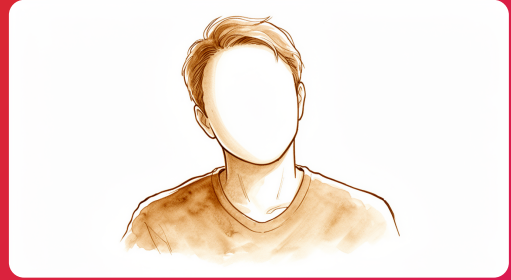


Mind, Stress and Recovery



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What you're feeling

Your mental health plays a big role in how you feel after surgery. Unaddressed mental health disorders likely account for the persistent inability to achieve high rates of minimal clinically important difference and substantial clinical benefit in hip preservation surgery outcomes. Anxiety and depression symptoms are associated with inferior outcomes in patients undergoing total hip arthroplasty. Your recovery trajectory may differ from those without these symptoms.

New-onset anxiety or depression after arthroscopic shoulder stabilization surgery has a significantly increased risk of 90-day readmission. Mental health status shows the strongest association with baseline patient-reported outcome measures in patients undergoing revision rotator cuff repairs. Patients with lower preoperative mental health scores reported similar or greater pain improvements and similar functional improvements following regenerative peripheral nerve interface surgery for upper-extremity neuromas.

Longer symptom duration is an independent predictor of postoperative dissatisfaction in patients with cervical disc herniation. Kinesiophobia is a critical psychological factor that adversely affects functional recovery and return to sport following arthroscopic Bankart repair for glenohumeral instability. Central sensitization in chronic nonspecific low back pain can be seen as an excessive reactivity of nociceptive neurons in the central nervous system to normal or subthreshold afferent chronic stimuli in people with certain mental predispositions.

What's actually happening

Your mind and your body heal together. Unaddressed mental health disorders likely account for the persistent inability to achieve high rates of minimal clinically important difference and substantial clinical benefit in hip preservation surgery. This means that if anxiety or depression is not treated, your surgery may not give you the full relief you expect.

Anxiety and depression symptoms are associated with inferior outcomes in patients undergoing total hip arthroplasty. Your recovery trajectory differs from those without these symptoms. Patients developing new-

onset anxiety or depression after arthroscopic shoulder stabilization surgery have a significantly increased risk of 90-day readmission. This shows that your mental state directly impacts your physical healing speed and safety.

Mental health status shows the strongest association with baseline patient-reported outcomes in patients undergoing revision rotator cuff repairs. Similarly, a history of anxiety and/or depression is consistently associated with poorer outcomes after arthroscopic hip surgery. Kinesiophobia, or fear of movement, is a critical psychological factor that adversely affects functional recovery and return to sport following arthroscopic Bankart repair for glenohumeral instability.

Your brain can amplify pain signals. Central sensitization in chronic nonspecific low back pain can be seen as an excessive reactivity of nociceptive neurons in the central nervous system to normal or subthreshold afferent chronic stimuli in people with certain mental predispositions. This is why stress feels like physical pain.

Some interventions help, but results vary. A cognitive-behavioral therapy-based intervention resulted in marginal improvements in pain knowledge and psychological distress at 6 weeks but did not yield meaningful benefits in pain and function out to 1 year for low back pain. Your doctor uses tools like the Patient-Reported Outcomes Measurement Information System Global Health Instrument Mental Health T-Score to screen for these risks before surgery. This helps predict psychological distress after total joint arthroplasty.

Please know that your mental well-being is part of the treatment plan. Addressing stress and mood helps your joint heal better and keeps you out of the hospital.

What we can do about it

Your mental health plays a big role in how well you recover. Unaddressed mental health disorders likely account for the persistent inability to achieve high rates of minimal clinically important difference and substantial clinical benefit in hip preservation surgery outcomes. This means that how you feel emotionally can change your physical results.

You can start with self-management. Simple lifestyle changes and physiotherapy help you regain strength and confidence. If you have a fear of movement, known as kinesiophobia, it is a critical psychological factor that adversely affects functional recovery and return to sport following arthroscopic Bankart repair for glenohumeral instability. Addressing this fear is key.

Adding motor imagery to conservative treatment after distal radius fracture improved function, wrist extension, and hand grip strength compared to conventional treatment alone. This means visualizing your movement can help your body heal. For lower limb amputees, comprehensive rehabilitation programs should prioritize effective pain management, social support, and personalized care. These steps help you feel more in control of your recovery journey.

Medical management offers additional support when self-care is not enough. Your doctor may discuss pain medication or anti-inflammatories to help you manage discomfort. For some patients, hormone therapy might be considered, though it comes with trade-offs that your doctor will explain.

CQ HAND + UPPER LIMB

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If you have anxiety or depression, these symptoms are associated with inferior outcomes in patients undergoing total hip arthroplasty. Recovery trajectories differ from those without these symptoms. However, treatment can help. Administration of duloxetine to patients with anxiety or depression undergoing arthroscopic rotator cuff repair improved anxiety and distress, as well as active range of motion, ASES, and SST scores in the first 3 months postoperatively. Be aware that administration of duloxetine to patients undergoing arthroscopic rotator cuff repair resulted in 16% experiencing nausea and vomiting. This is a side effect to watch for.

Non-drug therapies can also reduce stress. Patients receiving music therapy intervention had a significantly greater reduction in pain and anxiety scores compared to controls during total shoulder arthroplasty. This simple tool can make a real difference in how you feel during treatment.

If your symptoms are severe and persist despite the above, a doctor may refer you for specialist assessment. For some specific conditions, a procedure may occasionally be considered to address underlying issues. Your doctor will guide you on the best next steps based on your unique needs. Remember, seeking help for your mental health is a strong step toward better physical recovery.

When to see someone

See your GP if you experience persistent pain that does not improve with rest, or if you notice weakness or instability in your joints. Ask for a specialist review if your symptoms cause locking or give way, or if they interfere with your sleep or work. Sudden worsening of symptoms also warrants immediate attention. Be aware that anxiety and depression can lead to inferior outcomes after joint surgery, such as total hip arthroplasty. New-onset anxiety or depression after procedures like shoulder stabilization significantly increases your risk of readmission within 90 days. Unaddressed mental health issues may prevent you from achieving substantial clinical benefit. Your doctor may use specific screening tools to assess your psychological state before surgery to help predict your recovery trajectory.