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ORIGINAL ARTICLE

Quality of Life After Primary Total Hip Replacement: A Prospective Cohort Study from a Tertiary Center in Tanzania

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ABSTRACT

Background: Total hip replacement (THR) is a highly effective surgical intervention for patients with end-stage hip disease, leading to significant clinical improvements. However, data on postoperative quality of life (QoL) following primary THR in low-and middle-income contexts remain limited. This study aimed to evaluate changes in QoL following primary THR at a tertiary hospital in Tanzania.

Methodology: This prospective cohort study included 30 adult patients who underwent primary THR at the Muhimbili Orthopedic Institute between July and December 2021. Quality of life was assessed using the EuroQol 5-Dimensional 5-Level questionnaire (EQ-5D-5L), which evaluated specific health domains at baseline, 6 weeks, and 12 weeks postoperatively. Overall health perception was assessed at 12 weeks using the EuroQol Visual Analogue Scale (EQ-VAS; 0–100), with higher scores indicating better perceived health, while patient satisfaction was also evaluated at the same time point. Changes in individual QoL domains were analyzed using the chi-square test for trend, while generalized estimating equations with a multiple linear regression model were applied to identify factors associated with changes in QoL.

Results: The mean age of participants was 53 ± 21 years, with a male-to-female ratio of 3:2. A significant and consistent improvement in QoL was observed across consecutive postoperative assessments ($\alpha\beta$ = 34.33; 95% CI: 31.45–37.22; P<.001). Significant improvements were also observed across all EQ-5D-5L domains at both 6 and 12 weeks (P<.001), including mobility (χ^2 = 43.95), self-care (χ^2 = 24.37), usual activities (χ^2 = 35.78), pain/discomfort (χ^2 = 41.98), and anxiety/depression (χ^2 = 36.42). At 12 weeks, 24 (80%) participants reported being very satisfied and 6 (20%) satisfied with the outcome. The mean EQ-VAS score was 94.56 ± 9.08 among very satisfied patients and 80.83 ± 10.69 among satisfied patients. QoL improvement and overall health perception were not significantly associated with the examined demographics.

Conclusion: Primary THR was associated with significant early improvements in QoL, along with better overall health perception and high levels of patient satisfaction, irrespective of demographic characteristics in our setting.

BACKGROUND

Total hip replacement (THR) is a highly effective surgical intervention for patients with end-stage hip disease, particularly degenerative osteoarthritis (OA) and other disabling hip conditions.[1] Hip disease is a major cause of chronic pain, impaired mobility, and functional limitation, leading to loss of independence and reduced health-related quality of life (QoL).[2] Evidence from systematic reviews shows that patients with hip OA experience significant deficits in physical function, walking ability, and overall well-being.[3]

THR directly addresses these limitations by relieving pain, restoring joint function, and improving mobility, resulting in substantial gains in QoL.[4] Improvements are often evident as early as six weeks postoperatively and may continue over time as functional recovery progresses.[5] Despite these well-documented benefits, most evidence on QoL outcomes following THR originates from high-income settings.

There remains a paucity of data from sub-Saharan Africa, where variations in patient characteristics, disease severity, and healthcare systems may influence postoperative outcomes.[6] Understanding these contextual differences is essential for optimizing patient care and informing clinical decision-making. Therefore, this study aimed to assess postoperative changes in QoL following THR and determine the factors influencing these outcomes in a tertiary orthopedic institution in Tanzania.

METHODS

Study Design and Period

This prospective cohort study was conducted over a nine-month period (July 2021–March 2022) at the

Muhimbili Orthopedic Institute (MOI) in Tanzania and included patients who underwent unilateral primary total hip replacement between July and December 2021.

Study Area

MOI serves as a tertiary-level hospital for patients with various orthopedic and musculoskeletal conditions, including hip pathologies requiring surgical procedures such as THR. It has a bed capacity of 365 beds. The first total hip replacement at MOI was performed in 2005. Currently, there are eight arthroplasty surgeons, and approximately 10–15 patients undergo THR each month at MOI. Additionally, the hospital has a physiotherapy unit staffed by 20 physiotherapists, where patients receive postoperative rehabilitation.

Participants

Between July 2021 and December 2021, adult patients (≥18 years) who underwent unilateral cementless primary THR at MOI were consecutively screened for eligibility. The inclusion criteria required participants to provide informed consent and have complete baseline data. Patients who did not complete the follow-up assessments at both 6 and 12 weeks postoperatively were excluded from the final analysis. Consequently, from the initially screened population, a final cohort of 30 patients who met all eligibility criteria and completed assessments at baseline, 6 weeks, and 12 weeks postoperatively were included in this study.

Data Collection and Variables

Data were gathered using a checklist that included clinico-demographics and the EuroQol 5-Dimensional Questionnaire, 5-Level version (EQ-5D-5L questionnaire) available in both English and Kiswahili versions.[7] The EQ-5D-5L assessed quality of life across five domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression, each rated on five ordinal levels (1 = no problems, 5 = extreme problems). Overall health perception at 12 weeks was measured using the EuroQol Visual Analogue Scale (EQ-VAS; 0–100), with higher scores indicating better perceived health. Patient satisfaction was categorized as very satisfied, satisfied, neutral, dissatisfied, or very dissatisfied.

Statistical Analysis

Data were analyzed using IBM SPSS Statistics version 27.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were used to summarize participants' sociodemographic characteristics. Categorical variables were presented as frequencies and percentages, while continuous variables were summarized using means and standard deviations (± SD) for normally distributed data and medians with interquartile ranges (IQR) for non-normally distributed data. Trends in changes in quality of life from pre-surgery to 12 weeks post-surgery were illustrated using line graphs. To assess trends across quality-of-life domains over time, the chi-square test for trend was applied. To further account for the correlation between repeated measurements of quality of life, generalized estimating equations were employed, fitting a multiple linear regression model. Statistical significance was set at $P < .05$.

Ethical Considerations

Ethical clearance for this study was obtained from the Institutional Review Board of Muhimbili University of Health and Allied Sciences (MUHAS) (Ref. No.DA.282/298/01.C/793), and permission to conduct the study was granted by the MOI. Written informed consent was obtained from all participants prior to enrolment. Participants were informed of their right to decline participation or withdraw from the study at any time without affecting their care. Confidentiality was strictly maintained by using anonymized data and restricting access to study information to the research team only. This study adhered to the ethical principles outlined in the Declaration of Helsinki and its subsequent amendments.

RESULTS

Sociodemographic Characteristics of Patients Who Underwent Total Hip Replacement

This study included a cohort of 30 patients who underwent primary total hip arthroplasty between June 2021 and December 2021. The sample predominantly comprised men (n=18; 60%), resulting in a male-to-female ratio of approximately 3:2. The most prevalent age group was > 60 years (n=13; 43.3%), with a mean age of 53 years (± SD 21). The participants' educational attainment varied from nonformal to university level, with primary education being the most common highest education attainment (n=11; 36.7%). Most participants were self-employed (n=18; 60%) and married (n=20; 66.7%) (Table 1).

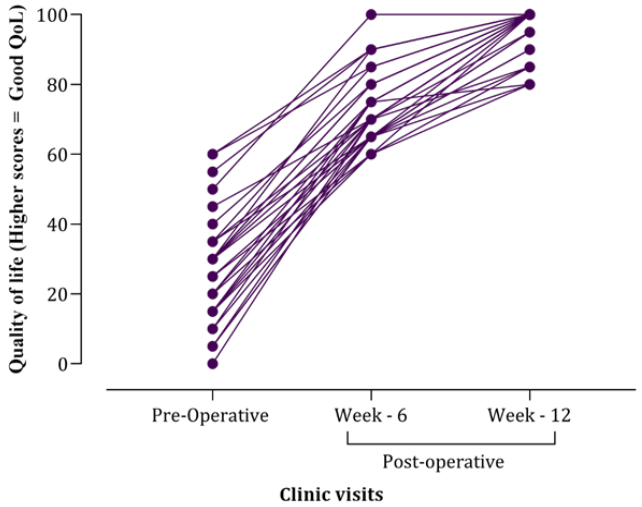
TABLE 1: Sociodemographic Characteristics of Study Participants who Underwent Total Hip Replacement

Variable	Frequency (n)	Percent (%)
Age group (years)		
18 – 25	5	16.7
26 – 45	7	23.3
46 – 60	5	16.7
>60	13	43.3
Mean age in years (± SD)	53 (± 21)	
Sex		
Male	18	60.0
Female	12	40.0
Education		
No formal education	6	20.0
Primary	11	36.7
Secondary	5	16.7
Tertiary	8	26.7
Employment		
Employed	4	13.3
Unemployed	8	26.7
Self-employed	18	60.0
Marital status		
Married	20	66.7
Single	7	23.3
Widow/widower	3	10.0

Change in Quality of Life of Patients Who Underwent Total Hip Replacement

A significant and consistent improvement in quality of life (QoL) was observed across consecutive postoperative assessments, from the preoperative period to 6 and 12 weeks postoperatively (β = 34.33; 95% CI: 31.45–37.22; P<.001), indicating a substantial and consistent postoperative gain. Figure 1 demonstrates individual patient trajectories, with all participants showing progressive improvement over time, although the magnitude of change varied across individuals.

FIGURE 1: Individual Trends in Quality of Life Following Total Hip Replacement



Mobility Domain

All 30 patients exhibited impaired mobility before primary THR. At baseline, 13 (43.3%) patients were completely unable to ambulate, and 17 (56.7%) experienced severe walking difficulties. At the 6-week postoperative assessment, significant improvement was noted: two patients (6.7%) reported no walking problems, 17 patients (56.7%) experienced slight walking difficulties, and 11 patients (36.7%) had moderate impairment. By the 12-week evaluation, mobility had further improved, with 23 patients (76.7%) reporting no walking problems and seven patients (23.3%) experiencing only slight difficulties, while being able to walk significant distances. Improvement in mobility over time was statistically significant (chi-square test for trend = 43.95, df = 1, *P*<.001) (Figure 2).

Self-care Domain

Of the 30 patients, 10 (33.3%) were unable to independently manage self-care activities, such as dressing and washing, at baseline. In contrast, only six patients (20.0%) were capable of performing self-care without difficulty prior to undergoing THR. The remaining patients exhibited varying levels of difficulty: seven (26.7%) experienced severe challenges, five (16.7%) encountered moderate challenges, and two (3.3%) faced slight challenges in self-care. At the 6-week postoperative evaluation, no patient was unable to perform self-care. However, 12 (40.0%) patients reported slight difficulties, nine (30.0%) experienced moderate difficulties, and nine (30.0%) reported no difficulties with self-care. By the conclusion of the study at 12 weeks, a significant improvement was observed, with 25 patients (83.3%) reporting no issues with self-care and only five (16.7%) reporting slight difficulties. The improvement in self-care over time was statistically significant (chi-square test for trend = 24.37, df = 1, *P*<.001) (Figure 3).

FIGURE 2: Changes in Mobility Following Total Hip Replacement

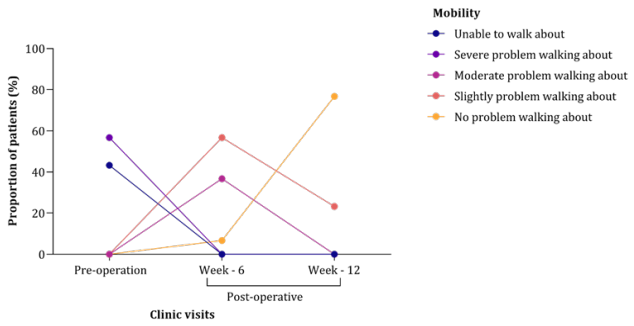
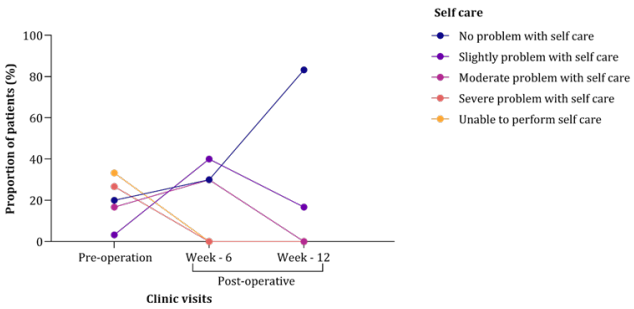


FIGURE 3: Changes in Ability to Perform Self-Care Activities Following Total Hip Replacement

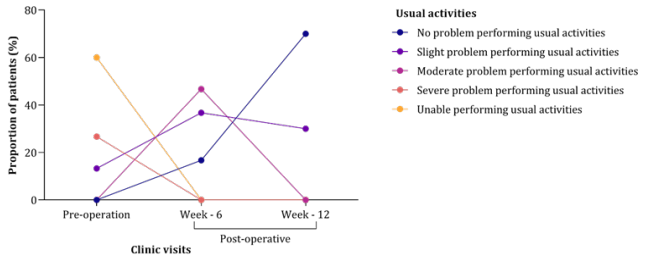


Usual Activity Domain

Prior to undergoing primary THR, 18 of the 30 study participants (60.0%) were unable to perform their usual activities, 8 (26.7%) experienced severe difficulty, and only 4 (13.3%) were able to perform their usual activities with minimal difficulty. At the 6-week postoperative assessment, five patients (16.7%) reported no difficulty in performing usual activities, 14 patients (46.7%) experienced moderate difficulty, and 11 patients (36.7%) reported slight difficulty. By the conclusion of the study at 12 weeks, a substantial functional improvement was observed: 21 patients (70.0%) reported no difficulty in performing their usual activities, while only nine patients

(30.0%) reported slight difficulty. This improvement over time was statistically significant (chi-square test for trend = 35.78, df = 1, P<.001) (Figure 4).

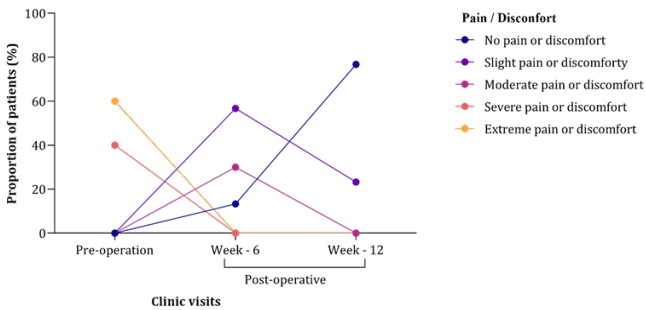
FIGURE 4: Changes in Ability to Perform Usual Activities Following Total Hip Replacement



Pain/Discomfort Domain

Prior to undergoing primary THR, 18 of 30 patients (60.0%) reported experiencing extreme pain, while the remaining 12 (40.0%) described their pain as severe. At the 6-week postoperative evaluation, there was a notable improvement in pain levels: nine patients (30.0%) reported moderate pain, 17 patients (56.7%) reported slight pain, and four patients (13.3%) reported no pain. By the 12-week follow-up, pain relief was substantial, with 23 patients (76.7%) reporting no pain and only seven patients (23.3%) experiencing slight pain. The reduction in pain over time was statistically significant (chi-square test for trend = 41.98, df = 1, P<.001) (Figure 5).

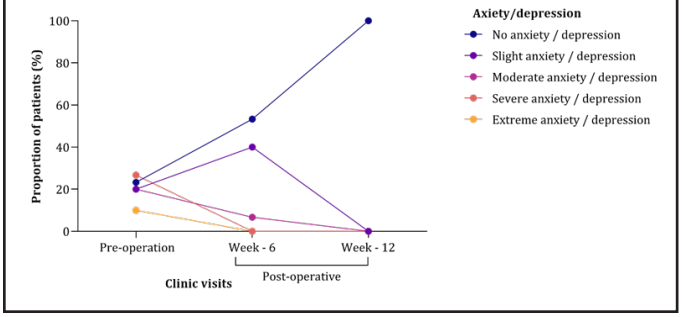
FIGURE 5: Changes in Levels of Pain/Discomfort Following Total Hip Replacement



Anxiety/Depression Domain

At baseline, among the 30 patients in the cohort, three (10.0%) exhibited extreme anxiety or depression, eight (26.7%) were classified as severely anxious or depressed, six (20.0%) were moderately anxious or depressed, six (20.0%) experienced slight anxiety or depression, and seven (23.3%) reported an absence of anxiety or depression. After the 6-week postoperative evaluation, there was a marked improvement in mental health status: 16 patients (53.3%) reported no anxiety or depression, 12 (40.0%) reported slight anxiety or depression, and only two (6.7%) reported moderate anxiety or depression. At the 12-week follow-up, all patients (100%) were free of anxiety or depression. This temporal improvement was statistically significant (chi-square test for trend = 36.42, df = 1, P<.001) (Figure 6).

FIGURE 6: Changes in Levels of Anxiety/Depression Following Total Hip Replacement



Factors Influencing the Change in QoL among Patients who Underwent Total Hip Replacement

In the multiple linear regression analysis, none of the sociodemographic variables examined were significantly associated with changes in quality of life (QoL) over time. Increasing age showed a trend toward reduced QoL, although this was not statistically significant (aβ = −0.16, P=.081). Male sex was also not significantly associated with changes in QoL compared to female sex (aβ = −7.82, P=.078). Regarding educational attainment, participants with higher levels of education demonstrated greater improvements in QoL than those with no formal education; however, these differences were not statistically significant (primary education: aβ = 4.96, P=.267; secondary education and above: aβ = 9.14, P=.059). Similarly, employment status was not associated with significant changes in QoL over time (aβ = −0.67, P=.865). Overall, the regression model indicated that age, sex, marital status, education level, and employment status were not independent predictors of changes in QoL in this study population (Table 2).

Overall Health Perception and Satisfaction Following Total Hip Replacement

High levels of overall health perception were reported by participants at 12 weeks postoperatively, with mean EQ-VAS scores ranging from 85 (IQR: 76.3, 96.3) to 100 (IQR: 100.0, 100.0). No significant association was observed between demographic characteristics and overall health perception (Table 3). Additionally, 24 participants (80.0%) reported being very satisfied, whereas the remaining six (20.0%) reported being satisfied with the outcome of the procedure, with a mean EQ-VAS score of 94.56 ± 9.08 and 80.83 ± 10.69, respectively (Table 4).

TABLE 2: Factors Associated with Changes in Quality of Life from Pre-Surgery to Week-12 Post-Total Hip Replacement

Variable	aβ	95% Confidence interval Lower	Upper	*P value*
Age in years	-0.16	-0.34	0.02	.081
Sex				
Male	-7.82	-16.53	0.89	.078
Female	Ref			
Marital status				
Married	6.94	-0.65	14.53	.073
Single/ Widowed	Ref			
Education				
Secondary and above	9.14	-0.33	18.60	.059
Primary	4.96	-3.80	13.72	.267
Non-formal	Ref			
Employment status				
Employed	-0.67	-8.12	6.85	.861
Unemployed	Ref			

Key: aβ: adjusted Betta coefficient, Ref: Reference category

TABLE 3: Assessment of Overall Health Perception at 12 Weeks Post Total Hip Replacement Using the EQ-VAS

Variable	EQ VAS Score Median (IQR)	*P value*
Age group (years)		
18 – 25	95.0 (77.5, 100.0)	.209
26 – 45	100.0 (100.0, 100.0)	
46 – 60	90.0 (72.5, 100.0)	
>60	95.0 (82.5, 100.0)	
Sex		
Male	95.0 (88.8, 100.0)	.884
Female	100.0 (81.3, 100.0)	
Education		
No formal	85.0 (76.3, 96.3)	.276
Primary	100.0 (90.0, 100.0)	
Secondary	100.0 (85.0, 100.0)	
Post-secondary	95.0 (86.3, 100.0)	
Occupation		
Employed	100.0 (92.5, 100.0)	.479
Unemployed	97.5 (86.3, 100.0)	
Self-employed	95.0 (80.0, 100.0)	

Key: EQ VAS: EuroQol Visual Analogue Scale

TABLE 4: Relationship Between Self-Rated Satisfaction and EQ-VAS Scores at 12 Weeks Following Total Hip Replacement

Treatment satisfaction self-rating	n (%)	EQ VAS Score Mean (± SD)
Very satisfied	24 (80.0)	94.56 ±9.08
Satisfied	6 (20.0)	80.83 ± 10.69

Key: EQ VAS: EuroQol Visual Analogue Scale

DISCUSSION

The global increase in the uptake of THR among adults with advanced or end-stage hip disease reflects a robust and growing body of evidence supporting its effectiveness in relieving pain, restoring function, and improving health-related QoL.[8] Systematic analyses further demonstrate that THR provides significant mid-term health-related QoL benefits across a broad range of health domains.[9] Consistent with these findings, our study observed significant improvements in overall QoL and across all assessed domains, underscoring the wide-ranging impact of THR on patients' overall well-being in the early postoperative period. Within this context, it is essential to examine how the study population's demographic influenced the observed patient-reported outcomes.

In this study, the mean age of the participants was 53 ± 21 years, with a greater proportion of men (60%) than women. This demographic distribution partly contrasts with the findings of a recent systematic review, which reported a predominance of female patients and an older population (>60 years).[10] Moreover, our findings revealed that age, sex, educational attainment, marital and employment status were not significantly associated with postoperative changes in QoL at the 12-week interval. Previous studies have similarly indicated that age does not affect surgical outcomes; however, men appear to derive greater benefits from the intervention than women.[11,12] The influence of other sociodemographic factors, including educational attainment and employment status, remains less clearly defined, with existing literature demonstrating inconsistent and often non-significant associations with postoperative QoL.[13] It is also important to note that socioeconomic status was not assessed in the present study; therefore, no conclusions can be drawn regarding its impact on QoL outcomes.

The use of the EQ-5D instrument for QoL assessment revealed statistically significant improvements across all five domains (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) following primary THR. These improvements were observable as early as six weeks postoperatively and persisted throughout the 12-week follow-up period. These results corroborate previous research, which indicated early and substantial QoL improvements following THR. Bachmeier et al., reported significant improvement in health-related QoL within three months post-THR[14], while Sinici et al., similarly documented notable postoperative improvements in physical functioning and role limitations among adults undergoing THR.[11]

While several studies have highlighted the significance of baseline functional status and comorbidity burden in predicting postoperative QoL outcomes following THR, these parameters were not assessed in the current study. For example, Fortin et al. demonstrated that poorer preoperative functional status correlated with less favorable QoL outcomes at six months post-THR.[15] Furthermore, multimorbidity has been shown to influence postoperative complications and QoL trajectories.[16] However, Baseline functional status and comorbidity data were not consistently available in the patient records and were not systematically captured using standardized assessment tools at baseline. Consequently, these variables could not be reliably incorporated into our analysis. Therefore, no conclusions can be drawn regarding the impact of baseline performance or comorbidity profiles on postoperative QoL changes in this cohort, highlighting it as an important area for future research.

Overall health perception and patient satisfaction following THR were high at 12 weeks postoperatively, as reflected by high EQ-VAS scores and self-reported satisfaction levels. Overall health perception was not significantly associated with age, sex, education level, marital status, or employment status. Although high EQ-VAS scores were observed alongside high satisfaction, this study did not formally evaluate the statistical association between patient satisfaction and sociodemographic characteristics or EQ-5D-5L domain outcomes. Nonetheless, previous studies have suggested that patient satisfaction after THR may be influenced by factors such as education level, patient expectations, and postoperative functional gains.[17] However, systematic reviews have reported inconsistent evidence regarding the relationship between expectations, quality of life improvements, and satisfaction following THR.[18] Given the methodological scope of the present study, no definitive conclusions can be drawn regarding the determinants of patient satisfaction.

Limitations

This study has several limitations. The small sample size, short follow-up period, and single-center design limited the statistical power, assessment of long-term outcomes, and generalizability of the findings. Furthermore, the absence of a comparison group restricts the ability to draw causal inferences. In addition, some demographic and clinical variables could not be assessed owing to incomplete or inconsistent data availability. Future research involving larger cohorts, longer follow-up periods, and more comprehensive baseline assessments is needed to better identify predictors of postoperative outcomes and patient satisfaction in this setting.

CONCLUSION

Primary THR significantly improves the quality of life in adult patients. Notable improvements were observed across all five EQ-5D-5L domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression, with measurable progress evident as early as six weeks postoperatively and sustained through 12 weeks. Overall health perception and patient satisfaction were also high. Importantly, changes in quality of life and overall health perception did not vary significantly across demographic characteristics, suggesting that the benefits of THR are broadly experienced across diverse patient groups. These findings support the continued expansion of THR services in Tanzania and other low- and middle-resource settings, highlighting their effectiveness in restoring function and improving patient-centered outcomes.

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