

# Factors Associated with Operative Treatment of Enthesopathy of the Extensor Carpi Radialis Brevis Origin

Amir Kachoei, MD; Mojtaba Talaei-Khoei, MD; Aram Faghfouri, PhD; David Ring, MD PhD

Department of Orthopaedic Surgery – Hand and Upper Extremity Service



## Objective

- To study the factors associated with variation in the rate of surgery for enthesopathy of the extensor carpi radialis brevis (eECRB).

## Methods

- Large database from 3 hospitals
- Including 5964 patients From 2001 to 2007
- 244 (4%) had surgery for eECRB.
- Date of the first encounter set as the diagnosis date
- We recorded the date of first injection and surgery for eECRB.
- We used Cox multivariable regression analysis to find factors associated with surgery.

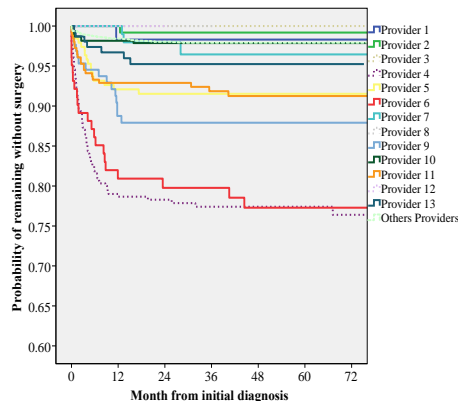


Table 1. Life table showing survival (no surgery) and the number of event (surgery) per year

Interval start time (Month)	Number entering interval	Number of terminal event (surgery)	Cumulative proportion surviving at end of interval
0	5964	210	0.96
12	4882	22	0.96
24	4045	8	0.96
36	3141	3	0.95
48	2384	0	0.95
60	1613	1	0.95
72	873	0	0.95

Page 1

## Results

- The odds of having surgery were 12 times greater if the initial provider was an orthopedic surgeon rather a non-surgeon.
- The odds of having surgery were 1.7 times greater at one of the two hospitals.
- There was a substantial variation in the rate of surgery among providers ranging from zero to 22% with the highest and lowest both orthopaedic surgeons.
- Corticosteroid injection delayed the time to surgery, but was ultimately associated with a higher rate of surgery.
- The majority (86%) of surgeries were done within the one year of the first documented office visit.

## Conclusion

Given the substantial variation in surgery for eECRB by provider, methods for ensuring that patient preferences have a greater influence on decision-making (e.g. decision aids) merit additional study.

