

Table i. Themes

Summary theme	Figaro et al ¹	Suarez-Almazor ²	Chang et al ³	Al-Ta'iar et al ⁴	Toye et al ⁵	Woolhead et al ⁶	Marcinkowski et al ⁷
Expectations of surgery	Negative expectations of knee arthroplasty. Expectation that surgery "doesn't last" is a "last-resort", or that it introduces something "foreign" into the body.	Expectations about improved function.	Post-operative. Concerns included: benefits from surgery; long term outcome; recuperation process; function after surgery; quality of life after surgery; pain after surgery; methods of pain relief; support after surgery	Expectation of knee replacement. Varied, poor, and non-specific expectations were noted.	Expectations. Knee replacement seen as a "cure" with the expectation of an improvement in pain and function.		
Coping mechanisms	Preference for natural remedies. OA seen as a natural part of ageing. Desire to keep their body intact and the use of natural remedies. Belief in God's control. Over their health and eventual death.			Impact of pain and/or mobility limitation upon family. Family support a critical factor in coping with pain. See also Pain Experience and impact of knee pain on patients.	Dependency. On family and friends.		Seeking comfort. Alternative medicine and medication.
Relationship with clinician	Relationship with Specialist. TKA was viewed as rarely offered, and therefore a last resort. Wary of having a knee replacement if they had experience of doctors laughing, yelling, or rushing them to make a decision.	Relationships with doctors. Especially trust, information, and communication.		Process of decision making to undergo knee replacement and pathway of care. Felling that knee replacement is offered once knee is "totally destroyed"; lack of information; trust in doctor not identified as an issue.	Medical Model. A belief that medical diagnosis (confirmed on radiograph) determined need for knee replacement (and therefore determined by the doctor); Faith in the doctor as "expert" - although not absolute or 100% consistent.		
Fear	Fear of surgery or death. Fear and distrust of the medical system. Fear of a bad outcome from surgery	Fears. Length of recovery, fear from complications, anaesthesia, longevity of prosthesis, effect on co-morbidities.	Intra-operative. Concerns included Technique and anaesthesia	Process of decision making to undergo knee replacement and pathway of care. Fear of the operation, anaesthesia, post op pain, poor outcome.			
Pain			Pre-operative. Various concerns raised including: alternatives to knee replacement; pain relief and addiction; lifespan of prosthesis; timing of knee replacement; employment; finance; trust in physician; anatomy; types of device; drawbacks to surgery; candidate for surgery	Pain experience and impact of knee pain on patients. Pain affected all aspects of life; pain management included medicine and alternative therapies; fear over side effects and addiction to medications prevalent; the cause of OA was important to patients; some participants turned to religion to help cope.	Pain. Important factor in determining need; however difficult to describe.		Hurting. Pain interfered with everyday activities and sleep.
Function				Mobility limitation and the need for assistance. Affected activities of daily living; fear of falling was common; feeling of failure and less value with regards their obligation towards family.	Functional Loss. With respect to walking shopping and leisure activities. Functional expectations decreased with age, reducing the perceived need for knee replacement.		Struggling. Physical and emotional struggle (coming to terms with how others viewed them and their own self-image)
Psychological implications				Mobility limitation and the need for assistance. Affected activities of daily living; fear of falling was common; feeling of failure and less value with regards their obligation towards family.	Vulnerability. Physical vulnerability related to the knee "letting me down". Low mood and fatigue. Various psychological effects identified including frustration, fatigue, and depression.		Struggling. Physical and emotional struggle (coming to terms with how others viewed them and their own self-image)
Social network		Personal experience. Experience of relatives, friends and acquaintances played a major role.			Social Network. As an information source, and a source of pressure to proceed.		
Previous experience of surgery		Previous personal experience of surgery. (Including non-orthopaedic surgery)		Past Medical Treatment. Pathways of care involved may differ doctors in many different countries and led to a perceived overuse of medications and a delay to arthroplasty.			
Conflict in opinions		Conflict in opinions. Conflict between patients, families and doctors led to dissatisfaction.				Decisional conflict between how patients perceived prioritisation does and should happen (and whom doctors offer knee replacements to)	
Themes that are not replicated across studies	Preference for continuing their current state. Fear of the operation, unwillingness to make a choice that increases the risk of death, uncertainty about outcome, and satisfaction with their current lifestyles all featured.	Surgery as a last resort. Also referred to as a "Threshold for decision-making". Financial issues. Although this was a concern it was not seen as an insurmountable barrier to knee replacement. Different sources of Information. Primary care physician most common source of professional and medical information. Different preferences for participation in decision making			Disease Progression. Belief that the disease would progress, with consequences for later life.		
Comments	Overarching theme of preference for non-surgical treatment and apprehension: "I don't want to be cut."		Study was primary aimed at identifying patient concerns over knee replacement	Trust in surgeon and concern over healthcare costs were not identified as concerns of patients.	Important to identify patients' personal meaning during a clinical consultation to effectively collaborate on treatment decisions.	The paper focuses on prioritisation for surgery. However, it found patients perceive a conflict between patients and doctors on how this process, and the process of listing for knee arthroplasty.	This paper was a review of patients' whole experience. It did not focus on decision making, but did include some themes that were relevant.

OA, osteoarthritis; TKA, total knee arthroplasty

References

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