

Generally speaking, physical activity is 2 to 3 times more important than pain and emotional concerns. When we critically analyse the available literature on this subject, we recognize that patient priorities differ according to demographics, disease, the physical and functional deficit and the duration of follow-up.

When performed by experienced surgeons, total joint arthroplasty gives excellent results and often a variety of improvements in different outcome measurements. The impact of the outcome of the procedure on the QOL of our patients must be evaluated, compared and reported.

The type of analysis put forward by Young and colleagues is timely and critical because of the continued inter-

est in functional outcome measures for frequently performed and costly surgical interventions. The authors have combed the literature for key performance indicators and have concluded that despite the limitations of the existing literature, several patient factors appear to affect the outcome of total hip arthroplasty. These factors may be important for heightening clinician awareness of patient factors and how they might be associated with outcomes of total hip arthroplasty, for educating journal readers about the various ways in which these patient factors could mediate outcomes, for highlighting areas of controversy, which are many in this field, and for providing the impetus, justification and focus for future research

into patient factors that may predict outcome after total hip arthroplasty. All these objectives and purposes combine to make this an extremely relevant article. Further, the article is well written, clear, succinct and extremely well referenced. It will also be relevant to journal readers outside of orthopedics, since these questions are being asked in other areas of surgery.

Reference

1. WHO Expert Committee on Cancer Pain Relief and Active Supportive Care. *Cancer pain relief and palliative care: report of a WHO expert committee*. no. 804 of *Technical Reports* series. Geneva: World Health Organization; 1990.

SESAP Critique / Critique SESAP

ITEM 228

Although not common, leiomyoma is the most frequently occurring benign tumor of the esophagus. Many lesions are small and asymptomatic, but persistent slow growth with the eventual development of symptoms is predictable, and excision of identifiable lesions is indicated.

Leiomyomas do not involve the esophageal mucosa and rarely adhere to contiguous structures. Complete removal is necessary to prevent continued growth and recurrence of symptoms. The preferred excisional technique is esophagomyotomy and enucleation. Endoscopic resection avoids the need for thoracotomy but involves disruption of the esophageal mucosa and may result in a predisposition to subsequent stricture formation. Completeness of resection may result in a predisposition to subsequent stricture formation. Completeness of resection may also be less reliable with this approach. More extensive extirpative techniques such as segmental or complete esophagectomy are unnecessary; lesser techniques such as esophageal dilatation are ineffective.

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References

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- 228/2. Scanlon EF: The esophagus, in Nora PF (ed): *Operative Surgery*. Philadelphia, Lea & Febiger, 1974, pp 293, 296