dilatation and increased temperature and can often be mistaken for an embolic or thrombotic event to the contralateral limb.⁴ These patients are young, and hypotension usually does not limit or delay ambulation. However, when mobilized, these patients develop postural hypotension and require 500–1000 mL of *iv* fluid in addition to the postoperative maintenance *iv* fluids. In patients with extensive dissection, the hemodynamic instability lasts for one to two weeks postoperatively, after which time the signs of unilateral sympathectomy disappear or become minimal due to compensatory mechanisms.

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Do preoperative anxiety and depression affect quality of recovery and length of stay after hip or knee arthroplasty?

To the Editor:

Early detection of patients likely to suffer poor postoperative quality of recovery (QOR) and prolonged length of stay (LOS) in hospital enables prompt mobilization of support services, efficient discharge, and cost reduction. Previous studies designate advanced age and female gender as predictive of poor QOR and prolonged LOS^{2,3} after major orthopedic surgery. Given the prevalence and morbidity of anxiety and depression in the elderly, we considered the effect of these disorders on QOR and LOS after hip or knee arthroplasty.

We examined 38 random adult patients undergoing elective hip or knee arthroplasty. Preoperatively,

patients completed the Hospital Anxiety and Depression Scale⁴ which screens for anxiety and depression and provides a measure of severity for each disorder. On the fourth postoperative day, patients completed the QOR Score¹ which yields a measure of postoperative health status including emotional state, physical independence, and pain. Bivariate correlations between preoperative variables (anxiety; depression) and postoperative outcomes (QOR; LOS) were evaluated with two-tailed tests of significance. Spearman correlation coefficients (*r*) were calculated for all patients in aggregate and for subgroups based on age, gender, and type of surgery.

Between increased anxiety and reduced QOR, we demonstrated a significant correlation for all patients in aggregate (*r*=-0.505; *P*=0.001), and a significant correlation for each subgroup of patients analyzed, except hip arthroplasty. For all patients in aggregate, we found no correlation between anxiety and LOS, depression and QOR, or depression and LOS.

Our preliminary results suggest an association between preoperative anxiety and poor QOR after hip or knee arthroplasty.

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Radial artery cannulation in edematous patients

To the Editor:

Cannulation of peripheral arteries is a useful procedure for monitoring of arterial pressure and analysis of