

Comment on “Routine Postsurgical Anesthesia Visit to Improve 30-day Morbidity and Mortality”

An Homage to Outcome Measures Beyond Unequivocal Treatment Targets

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It was with great interest that we read the multicenter, randomized interventional study entitled “Routine Postsurgical Anesthesia Visit to Improve 30-day Morbidity and Mortality”.¹ We congratulate the authors on the large study they performed leading to their highly relevant results. Indeed, we strongly agree with the authors that the participation of anesthesiologists in the regular surgical postoperative rounds might represent a promising approach.² However, we intend to point out some aspects in connection with the authors’ conclusion that, due to a lacking effect on 30-day mortality by a postoperative anesthesia visit, standardized postoperative follow-ups should solely be performed in high-risk patients.

The purpose and possible benefits of a postoperative visit go far beyond mortality. First, visiting patients after a procedure is a question of professional attitude. In surgery, postoperative care is established as a routine not only due to its integral part of the reimbursement system³ but also because ‘being present to the patient throughout the surgical process AND its aftermath’ represents one of five standards for ethical surgical practice.⁴ Anesthesiologists, in their role as both patients’ advocates and trusted physicians, are by no means less obliged to show such professionalism, especially in times of a shift of the specialty’s focus away from simply providing intraoperative care in the direction of a perioperative role.⁵

Second, contact with health care in such a vulnerable state has a tremendous potential to address public health issues. Lifestyle changes may be promoted or a linkage to other specialists, such as to cardiologists for patients suffering from myocardial injury after noncardiac surgery established to prevent long-term adverse outcomes.⁶ The modern anesthesiologist may thus improve long-term outcomes at this teachable moment.

Third, the postoperative visit is an essential part to prevent physician burnout. Especially in a stressful workplace, such as the perioperative environment, the avoidance of fatigue or dissatisfaction is critical to mitigate presumed worse outcomes in patients treated by exhausted physicians⁷ and to avoid

large-scale quitting of health care providers.⁸ A postoperative visit promotes a sense of meaning among providers and may help alleviate this imminent problem in healthcare.

Finally, the postoperative visit is a key timepoint for reassurance of the quality of care. Attempts to optimize the performance of healthcare systems involve patient-reported outcome measures such as patient satisfaction.⁹ Patient satisfaction is highly affected by the inevitable changes to the care pathways caused by financial, time, and staff shortages. As an example, preserving continuity of care, a key determinant of patient satisfaction with anesthesia is almost impossible nowadays. A simple measure such as a single postoperative visit by the same anesthesiologist who conducted anesthesia significantly improves the perception of the anesthesiologist and patient satisfaction with ‘continuity of personal care’.¹⁰ Through a truly patient-centered approach in the postoperative visit, the patient’s feedback may guide continuous improvements in everyday care.

To conclude, a visit during the immediate recovery phase affects healthcare outcomes beyond 30-day mortality. Therefore, we claim that a postoperative anesthesia visit should still be performed on a regular basis.

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