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## Invited Commentary

### Invited commentary (The effect of pre-operative diagnosis on patient reported outcomes in patients undergoing colorectal operations: A prospective study)



As a surgical community, we tend to focus our research on objective outcomes such as disease-free survival, mortality, and length-of-stay. However, it's becoming increasingly evident that patients don't measure our services the same way that we measure ourselves. A common example is the postoperative patient who has recently undergone a complex operation that took hours and required extensive expertise, but he or she sees the subcuticular wound closure, oft-performed by the student or resident after the surgeon's departure from the operating room, as the best measurement of surgical ability.

In recent times, however, the discordance between patient and surgeon priorities has lessened. Clinicians have become more aware of the importance of patient experience. This is due, in part, to the internet and social media, which has accelerated health care's transition to a consumer-driven market. A positive byproduct of this shift in focus is the emergence of patient-reported outcomes (PROs), which provide important insight into the impact of major surgery on a patient's well-being and quality of life.

In the study by Dr. Yonkus and colleagues<sup>1</sup>, PROs in colorectal surgery are found to be dependent upon the patient's diagnosis more than the surgery itself. This is an important discovery, as it draws attention to the significant strain that certain diagnoses place on our patients. It is also the first step in determining how PROs can be used to predict complications. Specifically, the study provides insight into how severe pain and fatigue in the early postoperative period are predictive of major complications.

This study builds upon recent literature from other surgical subspecialties. A study of breast cancer patients by Baliski and Hamm found that differences in baseline preferences regarding reconstruction impacted PROs after mastectomy.<sup>2</sup> A study of hernia patients by Manoharan and colleagues found that incisional hernia repair led to a significant improvement in PROs regardless of baseline demographics.<sup>3</sup> These 3 studies allow the surgeon to come to an important conclusion: PROs are certainly impacted by disease and patient preference, but appropriate surgery can still have a positive impact on PROs despite baseline variance.

This study has several strengths, including its prospective nature, the statistical design, and the relevance and timeliness of the chosen topic. A limitation of the study, albeit difficult to avoid, is the creation of dichotomous groups (neoplastic versus non-neoplastic) when there is significant heterogeneity within both

categories, not only in the baseline diagnoses but in the extent of surgery that was required.

The study's findings should be interpreted with context, as patients receiving their care at the Mayo Clinic may be more complex at baseline than what is seen in the community. This is evidenced by 44% of non-neoplastic patients having severe preoperative pain despite their surgery's presumably elective nature. Additionally, the Mayo Clinic's surgical expertise in complicated colorectal patients is well-known, and this may have blunted some of the procedure's negative impact on PROs.

I would like to congratulate the authors on an innovative and well-designed study. They provide new insight into the impact of diagnosis on patient-reported outcomes. This will hopefully lead to disease-specific interventions to improve PROs and reduce complications in complex colorectal surgery.

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#### Declaration of competing interest

The author has no relevant disclosures. <sup>1</sup> Yonkus JA, Mathis KL, Thiels CA, Skaran P, Bingener J. The effect of pre-operative diagnosis on patient reported outcomes in patients undergoing colorectal operations: a prospective study. *Am J Surg* 2020; <sup>2</sup> Baliski C, Hamm J. Does receipt of preference sensitive care impact patient reported outcomes following breast cancer surgery? *Am J Surg*. 2020; 219(5):746-749. <sup>3</sup> Manoharan S, Liu G, Crump RT, Karimuddin AA, Scott TM, Sutherland JM. Incisional hernia repair surgery improves patient reported outcomes. *Am J Surg*. 2020;219(5):874-878.

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