

Investigating the Relationship Between Education Level and Return to Preoperative Functional Status After Surgery

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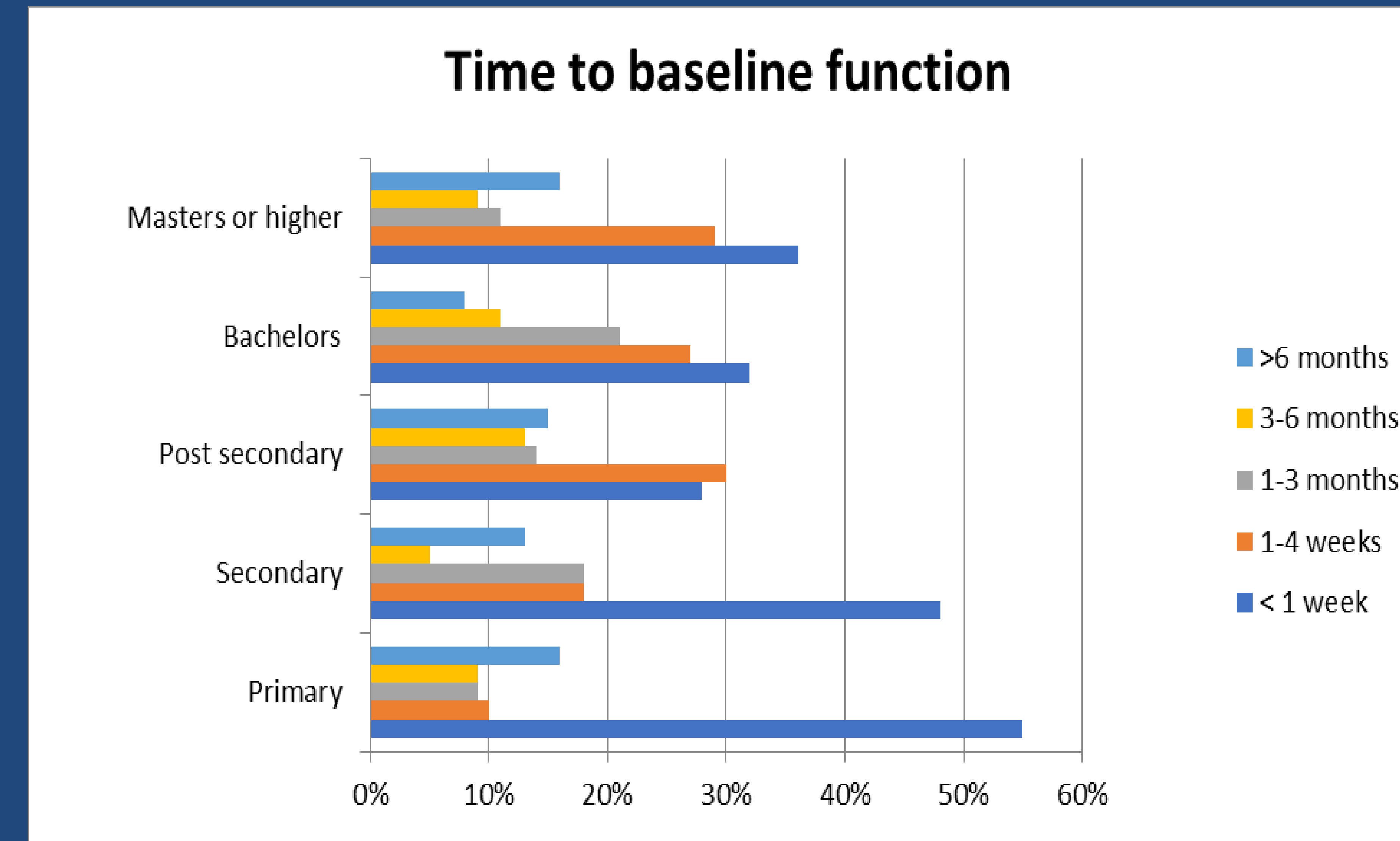
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Background / aims

- Patient-reported outcomes (PROs)
- Patient views of their health status have not been consistently sought outside of clinical trials
- Higher levels of education = faster return to baseline level of function?

Methods

- US-based online survey
- Utilizing a commercial survey provider (RIWI, Toronto, ON, Canada)
- Radom domain intercept technology
- Ad hoc analysis: “What is your highest level of education?” vs “How long did it take you to return to or improve the level of functioning you had prior to the procedure?”



Results

- Total survey 1000 respondents
- Age 16-65, 51% 16-34
- 56% Male
- Surgical procedures: Joint (31%), Abdominal (33%), Chest (16%), Brain (21%)
- Primary education:
 - 55% recovered in <1 week
 - 10% recovered in 1 – 4 weeks
- Masters/higher education:
 - 29% recovered in 1 – 4 weeks

Discussion

- Majority of primary education holders recovered faster
- Possibly related to how technical and specialized the baseline functioning is
- Identified a limitation of generalizing postoperative recovery among different patient levels of education