

What does ‘recovery’ mean to patients undergoing abdominal surgery? An international qualitative study

Fateme Rajabiyazdi^{1,3}, Aditya Pal, Roshni Alam, Joel Montanez, Susan Law, Lawrence Lee, Nicolò Pecorelli, Watanabe Yusuke, Chiavegato D Luciana, Massimo Falconi, Hirano Satoshi, Nancy E Mayo, Liane S Feldman, **Julio F Fiore Jr**^{1,2,3}

¹ Steinberg-Bernstein Centre for Minimally Invasive Surgery and Innovation, McGill University Health Centre, Montreal, QC, Canada, ² Department of Surgery, McGill University Health Centre, Montreal, QC, Canada, ³Centre for Outcomes Research and Evaluation (CORE), Research Institute of the McGill University Health Centre, Montreal, QC, Canada

Key message: This qualitative study suggests that, from the perspective of patients undergoing abdominal surgery, the meaning of recovery goes beyond traditional clinical parameters. Our findings reinforce the need to acknowledge and embrace the patient’s perspective on surgical care.

Introduction

‘Recovery’ is a key concept in surgery, yet difficult to define or measure.

In abdominal surgery, innovations (e.g. laparoscopy and enhanced recovery pathways) became popular with a promise to improve recovery for patients; however, existent evidence focuses on proxy measures such as duration of hospital stay and complication rates.

Although these clinical parameters are relevant, understanding the patients’ perspectives regarding postoperative recovery is fundamental to guide patient-centred care.

Goal

Explore the meaning of ‘recovery’ from the perspective of patients undergoing abdominal surgery.

Method

A secondary data analysis was conducted from a qualitative study aimed to support the development of a patient-reported outcome (PRO) measure of postoperative recovery.

30 patients recovering from abdominal surgery in Canada, Italy, Brazil, and Japan were interviewed. Maximal variation sampling was reached.

Grounded theory was used to thematically analyze the transcribed interviews.

Table. Characteristics of interviewed patients

Characteristic	N = 30
Mean age, years (SD)	57 (18)
≤ 45 years	8 (27 %)
≥ 65 years	15 (50 %)
Female	15 (50 %)
Surgery extension*	
Moderate	10 (33 %)
Major	10 (33 %)
Extended Major	10 (33 %)
Surgical approach	
Laparoscopic	16 (53 %)
Open	14 (47 %)
Previous abdominal surgery	17 (57%)
Physical status	
Low (ASA score ≥ 3)	8 (27 %)
High (ASA score = 1)	6 (20 %)
Education level	
Low (< high school)	6 (20 %)
High (≥ university degree)	12 (40 %)
Official employment status	
Working or studying	16 (53 %)
Retired	10 (33 %)
Occupation type**	
Physical (ISCO skill level = 1 or 2)	10 (33%)
Nonphysical (ISCO skill level = 3 or 4)	9 (30 %)
Body mass index	
Low (< 20)	7 (23 %)
Obese (≥ 30)	6 (20 %)
30-day complications	12 (40 %)
Time from surgery	
< 1 week	6 (20 %)
1 to 4 weeks	12 (40 %)
5 to 12 weeks	10 (33 %)
Hospital status at time of interview	
Inpatient	9 (30 %)
Outpatient	21 (70 %)

*Classified according to Copeland GP et al (1991) POSSUM: A scoring system for surgical audit. Br J Surg 78(3):355-60. Moderate surgeries include: appendectomies, cholecystectomies, hernia repairs; major surgeries: colonic resections, gastrectomies, nephrectomies, hysterectomies; major extended surgeries: rectal, pancreatic & liver resections.

**Classified according to International Labour Office (2012) International Standard Classification of Occupations 2008 (ISCO 08): Structure, Group Definitions and Correspondence Tables. Geneva

Results

The interviews revealed that the meaning of recovery for patients undergoing abdominal surgery falls into five overarching themes.

Themes associating with the meaning of recovery to earlier hospital discharge or absence of complications were not identified in the interviews.



Returning to habits and routines



Resolution of symptoms



Regaining independency



Overcoming mental strains



Enjoyment of life