
Patient Questionnaire Helps Measure Postoperative Disability



An international study suggests that a simple-to-use patient questionnaire can help doctors measure the risk of disability in patients following surgery and should be used as an outcomes measure in perioperative studies. Results of the multicentre study are reported in *Anesthesiology*, the official medical journal of the American Society of Anesthesiologists (ASA).

Freedom from disability is one of the most important patient-centred outcomes after surgery, but there is currently no validated instrument to measure postoperative disability. "There is a partial disconnect between the goals of medical research and what patients view as a meaningful recovery following surgery," said the study's lead author Paul Myles, MD, director of the department of anaesthesia and perioperative medicine at Alfred Hospital in Melbourne, Australia. "Patients want to recover well and return to full function, back to their families, work and social activities — but these aspects have rarely been measured in perioperative research."

In the study, Dr. Myles and colleagues assessed whether the World Health Organization's Disability Assessment Schedule 2.0 (WHODAS), a questionnaire developed to measure disability after stroke, trauma, spinal cord injury and in patients with chronic diseases, could be effectively applied to measure disability in surgical patients.

More than 500 patients who had various surgical procedures were enrolled in the study. They were asked to complete the WHODAS questionnaire, which consists of 12 questions asking patients to rate, on a five-point scale, their perceived limitations in six major life domains: cognition, mobility, self-care, work and household roles, interpersonal relationships, and participation in society. Questionnaires were completed at 30 days and three, six and 12 months after surgery.

The participants were asked to complete four additional well-validated health status questionnaires that measured different, but related, constructs and were used to help assess WHODAS' validity.

Based on the results, the WHODAS served as a valid and reliable instrument for measuring postoperative disability in a diverse surgical population and was well-accepted by patients, as the response rate was very high (88 percent).

Using the new instrument, Dr. Myles et al. found high levels of postoperative disability, with up to 22 percent of patients experiencing moderate to complete disability following surgery. There was a modest correlation between older patients and higher postoperative disability scores. Notably, orthopaedic patients experienced poorer rates of disability-free survival after surgery. This is most likely due to persistent post-surgical pain in this group, the investigators said.

"Disability-free survival, a combination of survival and a patient-reported assessment of disability measured with a validated questionnaire, is an ideal study outcome as it reflects the primary goal for most patients having major surgery, can improve quality and aid shared decision-making in surgical care," Dr. Myles pointed out.

In an accompanying editorial, Cor Kalkman, MD and Teus Kappen, MD, department of anaesthesiology, University Medical Center Utrecht in the Netherlands, comment favourably on the study's findings:

"The time has arrived to include patient-perceived disability in our arsenal of relevant outcomes," write the editorial authors. "By framing outcomes in terms of the likelihood of surviving free from disability, patients can gauge the expected benefit of surgery in relation to its effectiveness as well as its risks. This could be especially important for older patients who may only be willing to submit to major surgery when there is a sufficiently high probability of surviving the operation without new disability."

Source: [American Society of Anesthesiologists \(ASA\)](#)

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