



# Western Surgical Association 2020 Annual Meeting

Monday, November 9, 2020  
4:00pm – 6:15pm Pacific Time  
– Virtual Meeting --

www.westernsurg.org | wsa@lp-etc.com | 913.402.7102

## 18. PATIENT PERSPECTIVES ON DEFINING TEXTBOOK OUTCOMES FOLLOWING MAJOR ABDOMINAL SURGERY

Presenter: Jason Wiseman MD, MSPH | The University of Texas MD Anderson Cancer Center

*JT Wiseman, A Sarna, CE Wills, J Beane, V Grignol, A Ejaz, TM Pawlik, N Ikoma, JM Cloyd*

**Background:** Textbook outcomes (TO) and other composite measures have been constructed to provide a more accurate picture of quality following complex surgery. However, many lack face validity and the patient perspective on the individual quality metrics that comprise these composite measures is unknown.

**Methods:** We identified patients who underwent major abdominal surgery at a single tertiary care center between 2019-2020. A novel survey was administered to ascertain patients' perspectives on factors related to a TO. McNemar's test was used to compare the relationship between patient-reported and objective TO rates.

**Results:** Among 79 patients who underwent gastrointestinal (50.6%), pancreatic (29.1%), hepatic (17.7%) or other major abdominal (2.6%) operations; 57% were female, 86.1% had an ASA class  $\geq 3$ , and 92.4% were white. Most patients underwent surgery for malignancy (87.3%) with 59.5% undergoing an open operation. Patients most commonly valued no mortality following surgery (96.2%), no reoperation (74.7%), and having a margin negative resection (73.4%) as "extremely important". In contrast, factors least commonly rated as "extremely important" include avoiding a long hospitalization (24.1%), not having a blood transfusion (24.4%), and not having any (including minor) complications (40.5%). Using ranking methodology, the highest ranked factor was not dying following surgery (88.6%). Using previously published criteria of TO, 47 (59.5%) patients were classified as having an objective TO; in contrast, 68 patients (86.1%) self-reported the subjective sense that their outcome was textbook. Patient responses were concordant with objective TO criteria 63.3% of the time (McNemar's test:  $S=15.2$ ,  $p < 0.01$ , evidence of disagreement). Presence of cancer, stage of cancer, surgical margins, operative approach, classification of surgery, and incidence of postoperative complications were not associated with patient-reported TO (all  $p > 0.05$ ).

**Conclusion:** Among patients undergoing complex surgery, there was significant discordance between patient-reported versus objective measures of TOs, suggesting patients valued other considerations beyond traditional factors when evaluating the success of their surgery. Future studies should delineate these relationships and incorporate these factors to refine patient-centered definitions of TO.