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Letter to the Editor

Patient-centered surgical prehabilitation



To the Editor

It is with great interest that we read the paper by Shaughness, Howard and Englesbe¹ on the concept of patient-centered surgical prehabilitation. The authors concisely review the mixed results of surgical prehabilitation, when it is solely focused on the measurement of physical performance. They outline the dearth of research probing the implications of a patient's emotional engagement in a surgical prehabilitation program; 70% of the supporting research cited by the authors is not published in surgical journals.

How patient well-being affects surgical outcomes has been published: Deficient preoperative quality of life (QOL) scores predict decreased survival after pancreatic cancer surgery.² Secondary analyses of the COST colorectal cancer trial revealed that the QOL variables 'baseline support' and 'baseline outlook' were related to survival, while increased lymph node harvest was not.^{3,4} Patients with preoperative QOL deficits were significantly more likely to have serious early postoperative complications (16 vs 6%),⁵ underlining the authors' suggestion that improvement in outcomes and reduction in cost may be gained by impacting factors of great relevance to our patients.

Interventions to improve preoperative patient reported outcomes are rarely reported. Three years ago we piloted a small grant-funded individualized patient centered prehabilitation program for major abdominal surgery. Preoperative frailty improved in 70% of patients, participants felt the program decreased stress and anxiety. The work garnered great interest when presented at surgical meetings, however, submission for publication led to many negative reviews. Thankfully, the study is now in publication.

We congratulate the authors and the editors for publishing the excellent manuscript in the American Journal of Surgery and hope that it will lead the way for many publications of successful patient-centered prehabilitation studies to gain further support

by clinical leaders in surgery.

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