

individual's ability to navigate the complexities of health care systems.

Comparatively, Johnston et al measured health literacy among patients with SCI and noted 14% as having marginal or inadequate health literacy.<sup>2</sup> Unlike SB, executive function deficit is not characteristically seen in patients with SCI. In fact, many patients with SCI demonstrate high levels of utilization of technologies for access to health information<sup>3,4</sup> and active self-education through group SCI forums and programs.

In short, this paper is important because it points out that very few of the interventions we employ to impact surgical outcomes extend beyond the hospital. Most of a patient's recovery occurs after discharge, and that is when the greatest opportunity for failure also occurs. Especially for patients with multisystem diseases and disabilities that rely on others for care, we need to continue to think about how we can measure factors that may predict success after discharge and develop programs that can mitigate risk for readmissions and complications. Understanding and addressing the entire web of resources (family members, other care providers, technologies, and local medical providers) and potential liabilities (executive function, health literacy gaps, transportation, financial constraints, and geographic distance) will serve our patients and our limited collective health resources most efficiently.

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## AUTHOR REPLY

We agree with the commentator that caregiver and social support needs may vary depending on the etiology of the patient's condition. In fact, both health literacy and social support have demonstrated associations with a patient's ability to self-manage, which is a necessary and often overlooked consideration while formulating postoperative care plans. One study by Chen et al investigated self-management in chronic kidney disease patients, finding that social support conferred an even more important role than the health literacy of the individual.<sup>1</sup>

As an example of this effort to increase social support, 1 pilot program targeted at postoperative ileostomy patients demonstrated a 58% decrease in 30-day readmission rates. By utilizing home health agencies and multidisciplinary clinical care teams, a high frequency of home visits allowed for prompt identification of complications.<sup>2</sup>

While health literacy may be difficult to modify, social support networks and medical liaisons may serve to compensate for low health literacy if utilized correctly. We agree that future efforts should focus on programs to assist this patient population in navigating the health care system.

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