

Many patients prefer online postoperative care to in-person care

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The majority of patients who undergo routine, uncomplicated operations prefer online postoperative consultations to in-person visits, according to results from a new study published online as an "[article in press](#)" on the *Journal of the American College of Surgeons* website. The study will appear in the print publication of the Journal later this year.

In this prospective pilot study from Vanderbilt University Medical Center, Nashville, Tenn., researchers tracked 50 [patients](#) who completed both online and in-person visits after their operations. The patients underwent elective laparoscopic cholecystectomy, laparoscopic ventral hernia repair, umbilical hernia repair, or inguinal hernia repair. Seventy-six percent of this group said that online visits were acceptable as the only form of follow-up care. Further, the surgeons conducting the study said that for 68 percent of patients, online and in-person visits were equally effective; indicating that offering an option for online care may have largely impacted patient preferences.

Lead study author Kristy Kummerow Broman, MD, MPH, resident physician in general surgery, said the research team approached the study by questioning whether all aspects of perioperative care need to take place in person, and thought that there might be a role for moving some postoperative care for certain operations to an online environment.

"To date, there has been minimal incorporation of these new care delivery modalities into general surgical care, and patients have been less frequently relied upon to generate their own data in the form of digital

images," the study authors wrote.

An online patient portal was used for the study that had previously been established at Vanderbilt as a way for patients to access health data and communicate with their care providers. As a prerequisite for participating, all study patients were required to have internet access and be able to take and upload digital images to the online portal. Next, patients were asked to upload digital wound images to the online portal using a smartphone, tablet, or digital camera and computer to the online portal. Surgeons then responded to patients about their symptom reports and wound images. The surgeon and patient did not need to be online at the same time, but uploaded and accessed information at their own convenience.

Images of patient wounds have previously been used more for provider-to-provider interaction, but having patients generate images for patient-to-provider consultation is a relatively new concept, according to Dr. Kummerow Broman. Not only did patients show a preference for online care in this study; the surgeons saw benefits for this type of follow-up approach as well. "By the end, all of our surgeons saw utility in the concept of online care," Dr. Kummerow Broman said.

Despite the optimism from patients and surgeons, the researchers acknowledged certain limitations to the study. "The data revealed potential advantages of online postoperative care, including convenient access for patients, decreased patient travel times, and surgeon efficiency gains; however, these [benefits] must be carefully weighed against potential detriments of using patient-generated data to provide clinical assessment, including concerns about liability, provider work burden, and modified patient-provider relationships," study authors noted.

"Some operations simply require an in-person assessment. We think the

key is designing our tools for online care and developing appropriate standards for adequate online assessment so that providers can determine when online care is adequate and when in-person care may be needed," Dr. Kummerow Broman said.

The study was designed to measure patient acceptance, and not to measure safety or quality of care, Dr. Kummerow Broman stressed. "We wanted to first establish whether this method is something that patients wanted, and now that we feel we have done so, we are continuing our research in this area trying to develop ways to measure safety and quality," she explained.

Provided by American College of Surgeons

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