

# Studies show negative effects of surgical cancelations and postponements

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A pair of University of Manitoba studies show the detrimental impact on patients' physical and mental health caused by surgical cancelations and

postponements. These findings are especially important during the COVID-19 pandemic because of heightened surgical scheduling difficulties.

"There's a lot of implications for difficulties in accessing surgical care not only to the patient in terms of physical and [mental health](#) outcomes but to the health care organizations," said Dr. Renée El-Gabalawy, assistant professor of clinical health psychology and anesthesiology, perioperative and pain medicine, Max Rady College of Medicine, Rady Faculty of Health Sciences. "It's really important to understand these trends in Canada in order to think about solutions."

The two studies were led by Jordana Sommer, a doctoral student in [clinical psychology](#) within the department of psychology, and a research associate within the department of anesthesiology, perioperative and pain medicine, Max Rady College of Medicine. The paper, published in PLOS ONE and titled An Examination of Difficulties Accessing Surgical Care in Canada from 2005-2014: Results from the Canadian Community Health Survey, used Statistics Canada data.

- The study found that between 2005 and 2014, 15.6 percent of people requiring a past-year non-[emergency surgery](#) across Canada experienced difficulties accessing their [surgical care](#). Difficulties include waiting too long for [surgery](#) and difficulty getting an appointment related to surgery, among others.
- The study found that 58.5 percent of people who indicated difficulties said they waited too long for surgery.
- People who indicated difficulties accessing surgery waited on average 131 days. This is compared to those who said they didn't have any challenges and waited on average 54 days.
- The lowest rates of difficulties were reported in 2009 when 12.6 percent of those who required past-year non-emergency surgery reported difficulties accessing surgery. The highest was in 2013

when 22.8 percent reported difficulties.

- The largest increase was between 2010 and 2011. In 2010, 13.5 percent of people reported difficulties accessing surgery, and then in 2011, 21.8 percent of people reported difficulties.

"We think that this research is timely because of COVID we're seeing huge numbers of surgeries that were and continue to be canceled or postponed," said El-Gabalawy, who is the senior and corresponding author for the studies. "Although this data was collected pre-COVID, I think it reflects some of the issues and problems we might be seeing as we progress with the pandemic."

In the paper, titled "Impacts of Elective Surgical Cancellations and Postponements in Canada," published in the *Canadian Journal of Anesthesia*, the researchers found that 11.8 percent of those who required a past-year non-emergency surgery experienced a surgical cancellation or postponement between 2005 and 2014.

- The research team found that 23.5 percent of those who experienced a cancellation or postponement indicated that their life was affected by waiting for surgery.
- The researchers looked at the types of impacts among those who experienced a surgical cancellation or postponement and found that the highest proportion said they experienced more pain.
- Over one in 10 people experienced more worry, stress and anxiety.

"It really drives the point home that there are mental and physical health impacts of surgery cancellations and postponements and that's going to result in increased health care strain, increased complexity of health problems and ultimately worse outcomes for patients," El-Gabalawy said. "It really emphasizes the need for targeted prevention initiatives to be able to think about solutions at a national level of how we can reduce

these surgical cancelations and postponements."

**More information:** Jordana L. Sommer et al. Impacts of elective surgical cancelations and postponements in Canada, *Canadian Journal of Anesthesia/Journal canadien d'anesthésie* (2020). [DOI: 10.1007/s12630-020-01824-z](https://doi.org/10.1007/s12630-020-01824-z)

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