The rest of the story: Long-term, patient-reported outcomes in cardiac surgery

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Central Message

Cardiac surgery is associated with sustained improvements in self-reported functional outcomes and health-related quality of life.

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Despite the volume and quality of research to support surgical management of cardiac disease, there are relatively few studies that quantify its long-term, functional benefits. In this issue of the *Journal*, Gjeilo and colleagues¹ report the 10-year results of a prospective, population-based study assessing patient-reported functional status and health-related quality of life after cardiac surgery.¹ Unsurprisingly, Gjeilo and colleagues¹ found that patients are eager to report dramatic improvements in their health once they have returned home.

Gjeilo and colleagues¹ are to be commended on a thoughtfully designed and well-executed study of 534 consecutive cardiac surgery patients that included preoperative self-reported New York Heart Association functional classification and validated health-related quality of life surveys. These questionnaires were repeated at 6 months and then at 1, 5, and 10 years, with an impressive 78% 10-year follow-up for eligible respondents. Gjeilo and colleagues¹ achieved 68% survival in all comers at 10 years, and survival of younger patients was on par with that of the general population. Overall, patients reported improvement in heart failure symptoms and health-related quality of life by 6 months, which was largely sustained long term.

This work is representative of a much-needed shift toward patient-centered outcomes in cardiac surgery. Our specialty has relied on 30-day mortality—an insufficient marker of success—for far too long. Their excellent long-term survival and reported improvement in quality of life are welcomed in an era that prioritizes value in health care, and I am confident they are representative of cardiac surgery outcomes around the world. This kind of high-quality data will allow for more accurate, personalized preoperative counseling and risk stratification. In addition, these results should serve as a benchmark for emerging technologies, such as minimal access surgery and transcatheter cardiac interventions.

Gjeilo and colleagues¹ showed that, despite presenting with complex cardiovascular disease and undergoing a variety of operations, patients report dramatically improved function just 6 months after sternotomy, which is similar to results recently published for isolated coronary revascularization.^{2,3} However, in such a heterogeneous cohort, some patients likely benefited more than others, and a few undoubtedly declined. Although the authors¹ identified older patients as more likely to report worse general health with time, they missed an excellent opportunity to explore further risk factors for unfavorable outcomes. Future studies would do well to include additional subanalyses to determine modifiable and nonmodifiable factors that are associated with sustained improvement in quality of life.

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