The value of long-term postoperative quality of life and patient-centered decision-making: What is at stake?

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With the advent and improvement in surgical and percutaneous therapies, survival of cardiac patients has greatly improved, thereby resulting in a larger population of long-term survivors. Although there are several reports that have assessed quality of life (QoL) of patients after cardiac surgery, longitudinal functionality and QoL in long-term survivors remain largely unknown, particularly for percutaneous therapies. Existing studies are limited either by small study populations, isolated short-term follow-up, or lack of outcome comparisons with preoperative levels or healthier populations.

In this issue of The Journal of Thoracic and Cardiovascular Surgery, Gjeilo and colleagues1 present a comprehensive assessment of QoL and functional outcomes in 274 survivors 10 years after cardiac surgery. QoL improved compared with preoperative levels and these benefits were sustained up to 10 years.1 However, over the years there was decline in QoL, especially in the elderly patients. This was mostly pronounced in physical functioning, an expected natural decline due to aging.

These findings further expand and call into question our current understanding of QoL outcomes after heart surgery. In recent years, much attention has been paid to the assessment of the QoL in patients who undergo major surgeries. Although this concept seems intuitive, QoL has proven difficult to measure, because it can be assessed using several domains including physical, emotional, psychological, and social well-being. Also, QoL outcomes depend on several factors such as culture, demographic characteristics, institutions, and even specific care teams.

Long-term QoL is important in decision-making regarding potentials risks and benefits of different treatment options, such as heart surgery and percutaneous interventions. Engaging patients in the decision-making regarding their treatments is a central feature of the Affordable Care Act and its patient-centered care. Also, patient-centered decision-making is a key element of high-quality care, being associated with decreased health-related costs and increased patient satisfaction.2 The physician must assess benefits and harms of preventive, diagnostic, or therapeutic interventions, and highlight outcomes about which patients care, such as personal experience and short- and long-term QoL. Herein, Gjeilo and colleagues showed that concerns over impaired health-related QoL or functional status should not weigh negatively in consideration for cardiac surgery.1

The next step in understanding the role of QoL in cardiac patients is the effect of other invasive procedures, such as transcatheter aortic valve replacement (TAVR), usually performed in sicker and elderly patients. Although recent studies have reported survival rates and complications after TAVR, its health-related QoL benefits remain largely unexplored.3 Moreover, most studies have assessed this issue only up to 1 year. Preliminary data suggest that TAVR improves symptoms, physical function, and QoL compared with conservative treatment.3 The key question is how these patients will do in the long run. This important missing information will be of utmost value while consenting patients for cardiac procedures, either TAVR or conventional surgery.

The knowledge of long-term QoL aligned with each individual patient’s goals definitely assists in defining prognosis and refines decision-making in vulnerable populations. The widespread implementation of this practice is of paramount
importance toward superior delivery of care for all procedures performed in cardiac patients.

References
