Living, and living well, after cardiac surgery

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Improved survival after cardiac surgery in the current era1 has allowed the focus to shift toward patients’ quality of life (QoL). This metric is particularly important for the growing proportion of patients with advanced age, and yet the question of how to improve and maintain QoL suffers from a dearth of literature in our field.2

Diab and colleagues’ work3—highlighted in this issue of the Journal—offers significant insight into the recovery of patients after cardiac surgery, and for this they are to be commended. This prospective, observational study characterized outcome differences at 6 months and 1 year between those who stayed in the intensive care unit (ICU) 2 days or less and those who required 3 or more days of critical care (Norm ICU and Long ICU groups, respectively).

There are several salient points for the clinician. First, the study confirms the intuition that Long ICU patients have worse postoperative morbidity and mortality than Norm ICU patients. Unsurprisingly, these patients also have increased preoperative illness. These data will provide better grounding for both care providers’ and patients’ expectations and communication. Second, the trajectory of continued recovery at 1 year is reassuring; those with a prolonged ICU course may continue to improve. Third, the quality of recovery, defined as a return to baseline function among various domains, was significantly worse at 12 months in the Long ICU group than in the Norm ICU group. These patients had a significantly slower rate of improvement in the domains of emotive recovery, cognitive recovery, and activities of daily living. It should be noted, however, that fewer than 80% achieved a return to baseline function even in the Norm ICU group.

When interpreting these results, one is constantly reminded that “dead patients do not complain.” The concern for overestimation of QoL in Long ICU patients as a result of dropouts, especially among elderly patients, has been raised.3 Despite the gradual recovery in QoL in Long ICU patients, these patients demonstrated significantly worse survival, with a reduced rate of follow-up (82.6 vs 94.4%). Although statistical methods may aim to account for the impact of mortality on the analysis, only a patient can assess QoL in light of his or her values and goals. Softer—yet meaningful—end points such as QoL are becoming increasingly important in cardiovascular clinical research, and this study of Diab and colleagues3 provides a clear example of both opportunities and challenges of such studies in our specialty.

References