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Readmission rates following major colorectal surgery and using clinical photography as a pragmatic solution

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Background: Readmissions following colorectal surgery (CRS) have negative clinical, psychological and financial implications. Identifying patients at risk of readmission remains challenging. To determine factors predictive of those likely to require readmission at 40 days following major CRS and to identify novel strategies capable of reducing readmissions.

Methods: Consecutive patients were studied from a prospectively maintained database. All patients were operated on by a single surgeon in a high-volume centre. Where applicable, photography was recorded by patients and emailed directly to the institutional email of the consultant surgeon. Data was recorded and analysed using descriptive statistics.

Results: There were 515 patients included over a 16-year period [2007–2022]. The mean age at surgery was 64 years [13–93]. The majority of patients were male (56.9%, n=293) and underwent cancer surgery (58.2%, n=299). Overall, 61 patients were readmitted within 40 days of major CRS (11.8%). Patients with pre-treatment diagnoses of heart failure (P=0.012), ischemic heart disease (P=0.002), renal impairment (P<0.001), atrial fibrillation (P=0.006), hypercholesterolemia (P=0.001), asthma (P=0.013) and hypertension (P=0.001) were more likely to require readmission. The majority of patients were readmitted for definitive management of surgical site issues (SSIs) (39.4% n=24). Other reasons included bowel obstruction (8.2%,

n=5), pelvic sepsis (6.6%, n=4) and gastrointestinal upset (6.6%, n=4).

Conclusions: This series demonstrated that patients with cardiopulmonary comorbidities were more likely to be readmitted following major CRS and most readmissions are SSI related. Readmissions for SSIs can be reduced by patients sending photography to the treating surgeon which could reduce readmissions and Accident & Emergency (A&E) attendances.

Keywords: Complications; colorectal surgery (CRS); improvements; outcome; readmission rate reduction

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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