



## Evaluating the Impact of Telemedicine on Preoperative Assessment and Postoperative Care in General Surgery: A Comparative Study of Patient Outcomes and Healthcare Efficiency

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### ABSTRACT:

#### Background:

Telemedicine has gained increasing attention in healthcare for its potential to enhance patient care and operational efficiency. This study investigated the impact of telemedicine on preoperative assessment and postoperative care in general surgery, comparing patient outcomes and healthcare efficiency with traditional in-person consultations.

**Aim:** The aim of this study was to evaluate whether telemedicine can effectively replace or complement conventional methods in preoperative and postoperative phases, improving patient outcomes and streamlining healthcare processes in general surgery.

**Methods:** A comparative study was conducted with a population of 90 patients undergoing general surgery from December 2022 to December 2023. Patients were divided into two groups: one receiving telemedicine consultations and the other receiving traditional in-person consultations. Data on patient outcomes, including complication rates, readmission rates, and patient satisfaction, as well as healthcare efficiency metrics, such as consultation times and resource utilization, were collected and analyzed.

**Results:** The study found that telemedicine consultations for preoperative assessment and postoperative care were as effective as in-person consultations. Patients in the telemedicine group reported similar complication and readmission rates compared to the traditional group. Additionally, telemedicine consultations resulted in higher patient satisfaction due to reduced travel time and convenience. From a healthcare efficiency perspective, telemedicine significantly reduced consultation times and optimized resource utilization, demonstrating its potential to streamline surgical care processes.

**Conclusion:** Telemedicine proved to be a viable alternative to traditional in-person consultations for preoperative and postoperative care in general surgery. It maintained comparable patient outcomes while enhancing patient satisfaction and healthcare efficiency. These findings support the integration of telemedicine into surgical care practices to improve accessibility and operational efficiency.

**Keywords:** Telemedicine, Preoperative Assessment, Postoperative Care, General Surgery, Patient Outcomes, Healthcare Efficiency, Comparative Study

### INTRODUCTION:

In the ever-evolving landscape of healthcare, telemedicine has emerged as a promising tool for enhancing patient care and streamlining medical processes [1]. This study aimed to evaluate the impact of telemedicine on both preoperative assessment and postoperative care in general surgery, focusing on patient outcomes and healthcare efficiency [2]. With a study population of 90 patients, spanning from





December 2022 to December 2023, this research provides valuable insights into the practical implications of integrating telemedicine into surgical practice.

### **Preoperative Assessment:**

Traditionally, preoperative assessment involves in-person consultations, which can be time-consuming and burdensome for patients, especially those living in remote areas or facing mobility issues. By leveraging telemedicine, patients were able to undergo preoperative assessments remotely, eliminating the need for physical travel to the hospital [3]. Through video consultations, surgeons were able to evaluate patients' medical histories, perform necessary examinations, and discuss treatment plans effectively. This not only improved patient convenience but also allowed for more efficient allocation of healthcare resources [4].

Furthermore, telemedicine facilitated interdisciplinary collaboration, enabling surgeons to consult with other specialists remotely, thereby ensuring comprehensive preoperative evaluations [5]. The study observed a significant reduction in the time taken for preoperative assessments, with telemedicine appointments typically requiring less time than traditional in-person consultations [6]. This not only optimized clinic workflows but also minimized patient waiting times, enhancing overall healthcare efficiency.

### **Postoperative Care:**

Following surgery, postoperative care plays a critical role in ensuring optimal recovery and minimizing complications. Telemedicine proved to be instrumental in facilitating timely and accessible postoperative follow-ups [7]. Patients were able to report their progress, discuss any concerns, and receive guidance from healthcare providers without the need for frequent hospital visits. This remote monitoring not only enhanced patient satisfaction but also enabled early detection of potential complications, allowing for prompt intervention when necessary [8].

Moreover, telemedicine-enabled virtual clinics enabled healthcare providers to conduct routine postoperative assessments efficiently [9]. By leveraging digital communication tools, surgeons could remotely review patients' progress, assess wound healing, and adjust treatment plans as needed. This proactive approach to postoperative care contributed to better patient outcomes, with a notable decrease in postoperative complications observed among the telemedicine group compared to traditional care [10].

### **Comparative Analysis:**

To assess the impact of telemedicine objectively, a comparative analysis was conducted between patients receiving telemedicine-based care and those receiving traditional in-person care. Statistical analysis revealed several key findings [11]. Firstly, patients in the telemedicine group reported higher levels of satisfaction with the overall care experience compared to the traditional care group. This highlights the convenience and accessibility afforded by telemedicine in the context of surgical care [12].

Additionally, patient outcomes were compared between the two groups, including rates of postoperative complications, length of hospital stay, and healthcare utilization [13]. The telemedicine group exhibited lower rates of postoperative complications, shorter hospital stays, and reduced healthcare utilization, indicating improved clinical outcomes and healthcare efficiency. These findings underscore the potential of telemedicine to enhance both the quality and cost-effectiveness of surgical care delivery [14].

## **METHODOLOGY:**

### **Study Design**





This retrospective comparative study aimed to evaluate the impact of telemedicine on preoperative assessment and postoperative care in general surgery. The study population comprised 90 patients who underwent general surgery procedures. The study duration was from December 2022 to December 2023.

### **Study Population:**

The study included 90 patients who underwent general surgery at a single tertiary care center. Patients were selected based on the following inclusion criteria:

#### **Adults aged 18 years and older:**

Scheduled for elective general surgery procedures.

Provided informed consent for participation in the study.

#### **Exclusion criteria were:**

Patients requiring emergency surgery.

Individuals with significant cognitive impairments or communication barriers that could hinder participation in telemedicine consultations.

### **Study Groups:**

#### **Participants were divided into two groups:**

Telemedicine Group: 45 patients received preoperative assessments and postoperative care via telemedicine platforms (video consultations and remote monitoring).

Traditional Care Group: 45 patients received conventional in-person preoperative and postoperative care.

#### **Data Collection:**

Data were collected retrospectively from patient medical records and telemedicine logs. The following parameters were recorded:

Demographic information (age, sex, comorbidities).

Details of the surgical procedure.

Preoperative assessment data (time taken for assessment, patient satisfaction).

Postoperative care data (number of follow-up visits, complications, readmission rates).

Healthcare efficiency metrics (time to surgery, duration of hospital stay, overall cost).

#### **Outcomes Measured:**

The primary outcomes measured were:

Patient outcomes: incidence of postoperative complications, readmission rates within 30 days post-surgery, and patient satisfaction with care.

Healthcare efficiency: time taken for preoperative assessment, duration of hospital stay, and overall healthcare costs.

#### **Data Analysis**

Statistical analysis was performed using SPSS software. Descriptive statistics were used to summarize the baseline characteristics of the study population. Comparative analysis between the Telemedicine Group and Traditional Care Group was conducted using t-tests for continuous variables and chi-square tests for categorical variables. A p-value of  $<0.05$  was considered statistically significant.

#### **Ethical Considerations**

The study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board (IRB) of the tertiary care center. Informed consent was obtained from all participants prior to inclusion in the study.



### Limitations

The study had several limitations, including its retrospective design, the single-center setting, and the relatively small sample size. These factors may limit the generalizability of the findings. Future prospective studies with larger, multi-center cohorts are recommended to validate the results.

### RESULTS:

**Table 1: Patient Outcomes**

Outcome Measure	In-Person Group (n=45)	Telemedicine Group (n=45)
Preoperative Complications (%)	10%	8%
Postoperative Complications (%)	15%	13%
Patient Satisfaction (Mean Score)	8.2	8.5
Readmission Rate (%)	12%	10%

**Table 2: Healthcare Efficiency:**

Efficiency Measure	In-Person Group (n=45)	Telemedicine Group (n=45)
Average Consultation Time (minutes)	30	20
No-show Rate (%)	20%	5%
Average Time to Surgery (days)	10	7
Cost per Patient (\$)	300	200

### Study Overview:

This study aimed to evaluate the impact of telemedicine on preoperative assessment and postoperative care in general surgery by comparing patient outcomes and healthcare efficiency between telemedicine and traditional in-person consultations. Conducted from December 2022 to December 2023, the study involved a population of 90 patients who were equally divided into two groups: one receiving in-person consultations and the other receiving telemedicine consultations.

### Patient Outcomes:

#### Preoperative Complications:

Preoperative complications were slightly lower in the telemedicine group (8%) compared to the in-person group (10%). This difference, though modest, indicated that telemedicine was at least as effective as in-person consultations in identifying and mitigating risks before surgery.

#### Postoperative Complications:

Postoperative complications were also lower in the telemedicine group (13%) compared to the in-person group (15%). The close monitoring possible through telemedicine, including frequent virtual check-ins, might have contributed to this reduction.

#### Patient Satisfaction:

Patient satisfaction scores were slightly higher in the telemedicine group (8.5) compared to the in-person group (8.2). Factors contributing to higher satisfaction scores for telemedicine likely included the convenience of remote consultations, reduced need for travel, and the ability to receive timely medical advice from home.

#### Readmission Rates:



The readmission rate was lower in the telemedicine group (10%) compared to the in-person group (12%). This reduction suggested that telemedicine provided effective postoperative follow-up, allowing for the early detection and management of potential complications that might otherwise result in readmission.

### **Healthcare Efficiency:**

#### **Average Consultation Time**

The average consultation time was significantly shorter for telemedicine consultations (20 minutes) compared to in-person consultations (30 minutes). This efficiency might be attributed to the streamlined nature of virtual consultations, where administrative and logistical aspects are minimized.

#### **No-show Rate**

The no-show rate was markedly lower in the telemedicine group (5%) compared to the in-person group (20%). Telemedicine's flexibility and convenience likely reduced barriers to attendance, such as travel difficulties and scheduling conflicts.

#### **Average Time to Surgery**

The average time to surgery was shorter for patients in the telemedicine group (7 days) compared to the in-person group (10 days). The expedited scheduling could be due to the quicker and more efficient processing of telemedicine consultations, allowing patients to progress to surgery without delays.

#### **Cost per Patient:**

The cost per patient was lower in the telemedicine group (\$200) compared to the in-person group (\$300). Telemedicine reduced costs by minimizing the need for physical resources, such as clinic space and support staff, and by increasing the efficiency of consultations.

### **DISCUSSION:**

Telemedicine has emerged as a transformative tool in modern healthcare, offering innovative solutions to bridge the gap between patients and healthcare providers [15]. In the realm of general surgery, telemedicine's role in preoperative assessment and postoperative care is gaining momentum, promising improved patient outcomes and healthcare efficiency. This discussion evaluates the impact of telemedicine in these domains through a comparative study, analyzing its effects on patient outcomes and healthcare delivery [16].

#### **Preoperative Assessment:**

Traditionally, preoperative assessments involve face-to-face consultations, necessitating patients to visit healthcare facilities. However, telemedicine offers an alternative approach, allowing patients to undergo assessments remotely through video consultations or virtual platforms [17]. This not only eliminates the need for physical visits but also enhances accessibility, particularly for patients in remote areas or with limited mobility.

In our comparative study, we observed that telemedicine facilitated efficient preoperative assessments, enabling timely evaluation of patients' medical history, risk factors, and surgical readiness [18]. Moreover, the convenience of remote consultations encouraged higher patient compliance and engagement, leading to more thorough assessments and informed decision-making [19]. Consequently, healthcare providers could devise tailored preoperative plans, optimize patient preparation, and mitigate potential risks, ultimately improving surgical outcomes.

#### **Postoperative Care:**





Following surgery, patients require close monitoring and follow-up care to ensure optimal recovery and prevent complications. Traditionally, this entails frequent in-person visits to healthcare facilities, imposing logistical challenges and inconvenience on patients, particularly those residing far from medical centers. Telemedicine presents a promising solution by enabling remote monitoring and virtual consultations, allowing healthcare providers to oversee patients' progress and address concerns in real-time [20].

Our comparative analysis revealed that telemedicine significantly enhanced postoperative care by providing continuous support and guidance to patients outside the hospital setting [21]. Remote monitoring tools, such as wearable devices and mobile applications, enabled the collection of vital health data, including vital signs, wound status, and medication adherence. Healthcare providers could remotely assess this data, identify potential issues promptly, and intervene when necessary, thus facilitating early intervention and preventing complications [22].

#### **Impact on Patient Outcomes:**

The adoption of telemedicine in preoperative assessment and postoperative care exerted a positive impact on patient outcomes. By streamlining the care process and improving accessibility, telemedicine minimized delays in treatment initiation, reduced the incidence of adverse events, and enhanced patient satisfaction. Patients reported greater convenience, reduced travel burden, and improved communication with healthcare providers, fostering a sense of empowerment and engagement in their care journey [23].

Moreover, telemedicine enabled more efficient resource utilization and cost savings for both patients and healthcare systems. By minimizing the need for physical visits and hospital readmissions, telemedicine reduced healthcare expenditures associated with transportation, facility fees, and staff resources. Additionally, the enhanced efficiency in care delivery allowed healthcare providers to accommodate more patients, thereby optimizing clinic capacity and reducing wait times [24].

Our comparative study underscores the significant impact of telemedicine on preoperative assessment and postoperative care in general surgery. By leveraging remote technologies and virtual platforms, telemedicine enhances the efficiency, accessibility, and quality of care delivery while optimizing patient outcomes and healthcare resource utilization. As telemedicine continues to evolve, its integration into surgical practice holds immense potential to revolutionize patient care and drive healthcare innovation [25].

#### **CONCLUSION:**

The study demonstrated significant strides in patient outcomes and healthcare efficiency through the integration of telemedicine in preoperative assessment and postoperative care within general surgery. The findings highlighted improvements in accessibility to care, reduced wait times, and enhanced patient satisfaction. Moreover, telemedicine facilitated effective communication between patients and healthcare providers, leading to better-informed decision-making and streamlined processes. These advancements underscored the transformative potential of telemedicine in revolutionizing surgical healthcare delivery. As a result, embracing telemedicine stands as a pivotal step towards optimizing patient care and resource utilization in the field of general surgery.

#### **REFERENCES:**





1. Parnell K, Kuhlenschmidt K, Madni D, Chernyakhovsky C, Donovan I, Garofalo K, Hambrick S, Scott DJ, Oltmann SC, Luk S. Using telemedicine on an acute care surgery service: improving clinic efficiency and access to care. *Surgical endoscopy*. 2021 Oct;35:5760-5.
2. Cremades M, Ferret G, Parés D, Navinés J, Espin F, Pardo F, Caballero A, Viciano M, Julian JF. Telemedicine to follow patients in a general surgery department. A randomized controlled trial. *The American Journal of Surgery*. 2020 Jun 1;219(6):882-7.
3. Cremades M, Ferret G, Parés D. How does telemedicine compare to conventional follow-up after general surgery. *American Journal of Surgery*. 2020 May;27.
4. McDonnell JM, Ahern DP, Ross TD, Gibbons D, Synnott KA, Butler JS. The efficacy of remote virtual care in comparison to traditional clinical visits for elective orthopaedic patients: a meta-analysis of prospective randomised controlled trials. *The Surgeon*. 2022 Jun 1;20(3):177-86.
5. Zafar JE, Chan KT, Ryder LJ, Duffy AJ, Dai F, Carr ZJ, Charchafli JG. Information Technology-Enhanced Telehealth Consultations Reduce Preoperative Evaluation Center Visits in a Bariatric Surgery Population. *InHealthcare 2023 Jan 19 (Vol. 11, No. 3, p. 309)*. MDPI.
6. Zafar JE, Chan KT, Ryder LJ, Duffy AJ, Dai F, Carr ZJ, Charchafli JG. Information Technology-Enhanced Telehealth Consultations Reduce Preoperative Evaluation Center Visits in a Bariatric Surgery Population. *InHealthcare 2023 Jan 19 (Vol. 11, No. 3, p. 309)*. MDPI.
7. McMaster T, Wright T, Mori K, Stelmach W, To H. Current and future use of telemedicine in surgical clinics during and beyond COVID-19: A narrative review. *Annals of Medicine and Surgery*. 2021 Jun 1;66:102378.
8. Blount E, Davey MG, Joyce WP. Patient reported satisfaction levels with the use of telemedicine for general surgery—A systematic review of randomized control trials. *Surgery in Practice and Science*. 2023 Mar 1;12:100152.
9. Hawkins AT, Ueland T, Aher C, Geiger TM, Spann MD, Horst SN, Schafer IV, Ye F, Fan R, Sharp KW. Shared decision-making in general surgery: prospective comparison of telemedicine vs in-person visits. *Journal of the American College of Surgeons*. 2023 Apr 1;236(4):762-71.
10. Hlavin C, Ingraham P, Byrd T, Hyre N, Gabriel L, Agrawal N, Allen L, Kenkre T, Watson A, Kaynar M, Ahmed B. Clinical outcomes and hospital utilization among patients undergoing bariatric surgery with telemedicine preoperative care. *JAMA Network Open*. 2023 Feb 1;6(2):e2255994-.
11. Abbitt D, Choy K, Castle R, Bollinger D, Jones TS, Wikiel KJ, Barnett CC, Moore JT, Robinson TN, Jones EL. Telehealth for general surgery postoperative care. *The American Journal of Surgery*. 2024 Mar 1;229:156-61.
12. Elisa Apaza-Avila R. Telemedicine and its Impact on the Preoperative Period: A Systematic Review of the Literature. *International Journal of Advanced Computer Science & Applications*. 2024 Jan 1;15(1).
13. Fahey E, Elsheikh MF, Davey MS, Rowan F, Cassidy JT, Cleary MS. Telemedicine in orthopedic surgery: a systematic review of current evidence. *Telemedicine and e-Health*. 2022 May 1;28(5):613-35.
14. Eustache J, El-Kefraoui C, Ekmekjian T, Latimer E, Lee L. Do postoperative telemedicine interventions with a communication feature reduce emergency department visits and





- readmissions?—A systematic review and meta-analysis. *Surgical Endoscopy*. 2021 Nov;35(11):5889-904.
15. Grygorian A, Montano D, Shojaa M, Ferencak M, Schmitz N. Digital Health Interventions and Patient Safety in Abdominal Surgery: A Systematic Review and Meta-Analysis. *JAMA Network Open*. 2024 Apr 1;7(4):e248555-.
  16. Irrázaval MJ, Inzunza M, Muñoz R, Quezada N, Brañes A, Gabrielli M, Soto P, Dib M, Urrejola G, Varas J, Valderrama S. Telemedicine for postoperative follow-up, virtual surgical clinics during COVID-19 pandemic. *Surgical Endoscopy*. 2021 Nov;35:6300-6.
  17. Geng-Ramos G, Taneja R, Challa C, Vazquez-Colon C, Cronin J, Campos A, Selekmán R, Rana MS, Melwani A. Telemedicine for the pediatric preoperative assessment during the COVID-19 pandemic: Evaluating patient and provider satisfaction. *Perioperative care and operating room management*. 2022 Jun 1;27:100252.
  18. Ng HJ, Huang D, Rajaratnam V. Diagnosing surgical site infections using telemedicine: A Systematic Review. *The Surgeon*. 2022 Aug 1;20(4):e78-85.
  19. Baxter SN, Johnson AH, Brennan JC, Dolle SS, Turcotte JJ, King PJ. The Efficacy of Telemedicine Versus In-Person Education for High-Risk Patients Undergoing Primary Total Joint Arthroplasty. *The Journal of Arthroplasty*. 2023 Jul 1;38(7):1230-7.
  20. Halder GE, White AB, Brown HW, Caldwell L, Wright ML, Giles DL, Heisler CA, Bilagi D, Rogers RG. A telehealth intervention to increase patient preparedness for surgery: a randomized trial. *International Urogynecology Journal*. 2022 Jan;33(1):85-93.
  21. Javed H, Olanrewaju OA, Owusu FA, Saleem A, Pavani P, Tariq H, Ortiz BS, Ram R, Varrassi G. Challenges and Solutions in Postoperative Complications: A Narrative Review in General Surgery. *Cureus*. 2023 Dec 22;15(12).
  22. Lathan R, Hitchman L, Walshaw J, Ravindhran B, Carradice D, Smith G, Chetter I, Yiasemidou M. Telemedicine for sustainable postoperative follow-up: a prospective pilot study evaluating the hybrid life-cycle assessment approach to carbon footprint analysis. *Frontiers in Surgery*. 2024 Mar 18;11:1300625.
  23. Ebadinejad A, Ghazy F, Hosseinpanah F, Fardoost S, Rajabian Tabesh M, Khalaj A, Mahdavi M, Ebadi SA, Valizadeh M, Barzin M. A Comparative Analysis of Safety and Efficacy of Bariatric Surgery During the COVID-19 Pandemic and Pre-Pandemic Period: Insights from the Tehran Obesity Treatment Study. *World Journal of Surgery*. 2023 Dec;47(12):2949-57.
  24. O'Connor AL, Shettig A, Santucci NM, Sutton TL, Bray JO, Borzy C, Orenstein SB, Nikolian VC. Bedside vs website: Assessing patient-reported experiences for in-person and telemedicine-based perioperative evaluations. *The American Journal of Surgery*. 2023 May 1;225(5):847-51.
  25. Kemp MT, Williams AM, Sharma SB, Biesterveld BE, Wakam GK, Matusko N, Wilson JK, Cohen MS, Alam HB. Barriers associated with failed completion of an acute care general surgery telehealth clinic visit. *Surgery*. 2020 Nov 1;168(5):851-8.

