



## ORIGINAL ARTICLE

# Return to work after general surgery: A comparative study<sup>☆</sup>



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### PALABRAS CLAVE

Cirugía general;  
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Laparoscópico  
Colecistectomía;  
Inguinal Hernia

### Abstract

**Purposes:** There is scarce information on the time to return to work after general surgery. The aim of this study was to analyze time off work after elective cholecystectomy and to compare the results with those in patients undergoing other surgical interventions.

**Methods:** Observational and comparative study. Inclusion criteria were: being of working age and undergoing elective laparoscopic cholecystectomy (group 1) or unilateral inguinal hernia or haemorrhoidectomy (group 2).

**Results:** 36 patients were included: 18 patients in each group. Overall, return to work occurred at a mean of 35.7 days, with no significant differences ( $p=0.656$ ) between groups (group 1: 36.6 days vs. group 2: 35.44 days). The reasons for not returning to work earlier were fear of complications (37.5%), pain control (37.5%), surgeon recommendation (12.5%), and general practitioner recommendation (12.5%).

**Conclusions:** Time to recovery after laparoscopic cholecystectomy is prolonged. No statistically significant differences with less complex surgical procedures were detected.

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### Vuelta Al Trabajo En Cirugía General: Estudio Comparativo

#### Resumen

**Objetivos:** Existe escasa información acerca de la vuelta al trabajo tras una cirugía general. El objetivo de este estudio fue el de analizar el tiempo de ausencia del trabajo tras una colecistectomía electiva, comparando los resultados con los de aquellos pacientes sometidos a otras intervenciones quirúrgicas.

<sup>☆</sup> This study was presented at the 29th Congreso Nacional de Cirujanos in Madrid (Spain), 13th–15th November 2012.

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**Métodos:** Estudio observacional y comparativo. Los criterios de inclusión fueron: estar en edad laboral y someterse a una colecistectomía electiva laparoscópica opcional (grupo 1), cirugía por hernia inguinal unilateral o una hemorroidectomía (grupo 2).

**Resultados:** Se incluyó a un total de 36 pacientes, 18 de ellos en cada grupo. La vuelta al trabajo se produjo a una media de 35,7 días, sin diferencias significativas ( $p=0,656$ ) entre los grupos (grupo 1: 36,6 días frente al grupo 2: 35,44 días). Los motivos de no retornar al trabajo con anterioridad fueron el miedo a las complicaciones (37,5%), el control del dolor (37,5%), la recomendación del cirujano (12,5%), y la recomendación del médico de familia (12,5%).

**Conclusiones:** El tiempo de recuperación tras una colecistectomía laparoscópica es largo. No se detectaron diferencias estadísticamente significativas en comparación a las intervenciones quirúrgicas menos complejas.

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## Introduction

Laparoscopic cholecystectomy has been a standard procedure since its introduction and is one of the most commonly performed procedures each year.<sup>1</sup> For many years, reducing hospital admission has been a goal of healthcare. The safety, clinical results, complications, and long-term follow-up of laparoscopic cholecystectomy have been analyzed in depth, and several groups have evaluated the feasibility of performing this type of surgery as a day-case procedure.<sup>2,3</sup> Such a switch would reduce the costs of the process.<sup>4</sup>

Despite the extensive literature on laparoscopic cholecystectomy, little attention has been paid to recovery time or return to work after surgery. Furthermore, there is scarce information on the wide variations among patients and countries found in this topic.<sup>5</sup>

A recent focus group discussion between physicians and patients analyzed some of the factors involved in reluctance to return to work after laparoscopic cholecystectomy.<sup>6</sup> This information could be useful to minimize the time to return to work and to decrease the burden on the health system. However, no comparative study has analyzed back-to-work times in patients undergoing surgery for other reasons. Such a study could be useful to introduce measures for improvement.

The aim of this study was to analyze the time to return to work after laparoscopic cholecystectomy and to compare these times with those in patients who underwent surgery for haemorrhoids and unilateral inguinal hernia.

## Material and methods

An observational comparative study was performed among consecutive patients attending a single institution from January 2011 to May 2011 for cholelithiasis. The study was approved by the Research Ethics Committee at our institution and all participants gave their written informed consent for their data to be used in this study.

## Inclusion and exclusion criteria

Adult patients of working age (less than 65 years old) who underwent elective surgery in the study period were considered eligible for inclusion. We selected two groups of

procedures: Group 1 (study group) consisted of patients who underwent elective laparoscopic cholecystectomy, and group 2 (control group) comprised patients who underwent unilateral groin hernioplasty or haemorrhoidectomy in the same period and in the same hospital. Patients who refused to participate or who were not actively employed were excluded from the analysis.

A questionnaire was sent to all included patients after a telephone call. Non-responders were contacted after 1 month and those who failed to respond were contacted again 1 month later and sent a new questionnaire.

## Study variables

The main endpoint was the time of return to work after the surgical procedure. We collected data on the type of hospital admission, surgical risk using the Charlson comorbidity index,<sup>7</sup> clinical results, comorbidities, type of work, and information on return to work after surgery. Variables related to the patients' opinion of the length of convalescence were also included. All data were collected using self-administered questionnaires.

## Sample size calculation

The sample size was calculated prior to the performance of the study by considering previously published data indicating a possible difference of 50% in return to work 14 days after two groups of surgical procedures.<sup>5,8</sup> We would need to study a minimum sample size of 18 patients per group to have a power of 80% and an alpha risk of 5%.

## Statistical analysis

Quantitative data are expressed as absolute numbers, mean, standard deviation (SD) and range between parentheses. Categorical variables are presented as absolute numbers or percentages. Comparisons of qualitative data were performed by means of a two-tailed Chi-square test (or Fisher's exact test when needed). Continuous variables were compared by using a non-parametric test (Mann-Whitney  $U$  test) according to a previous analysis of the normal distribution of the data. Survival curves were plotted using the Kaplan-Meier test and were compared with the log-rank test

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