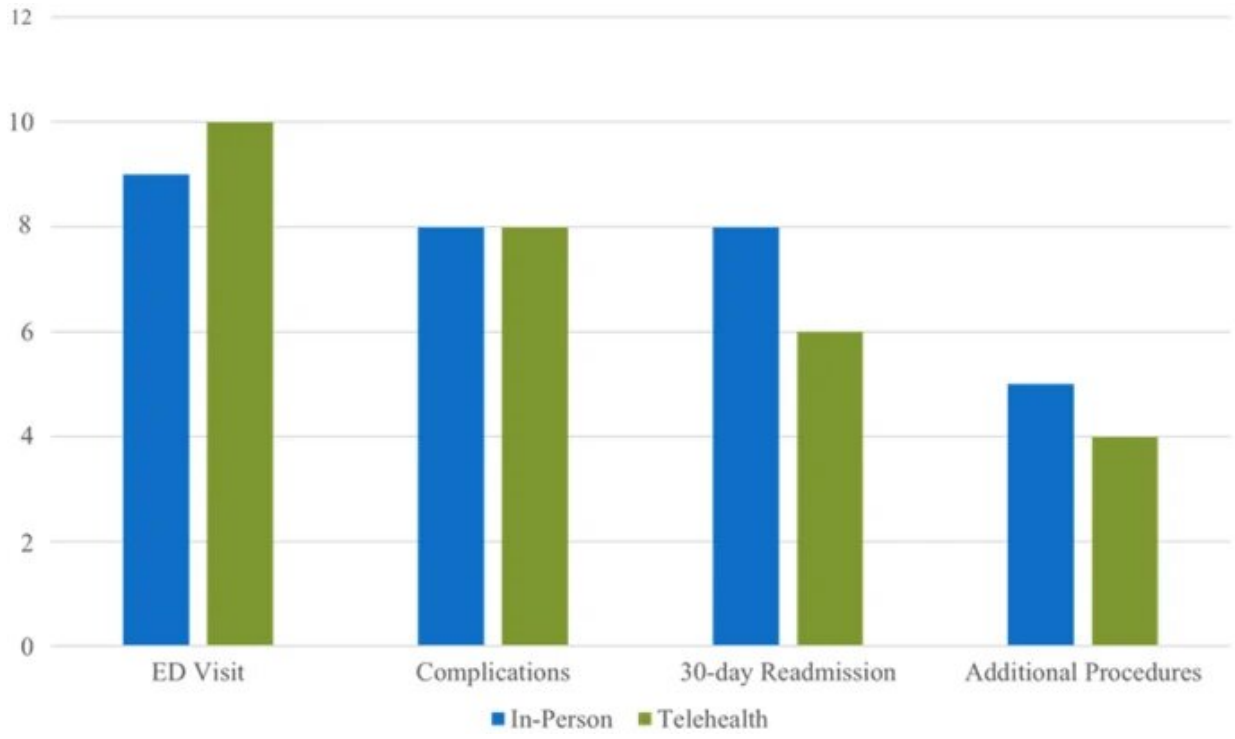
Research shows that telehealth follow-up after gall bladder surgery is just as effective as in-person clinic visits

September 22 2022, by Greg Glasgow



Incidence of post operative outcomes [Emergency Department (ED) visit, complications, 30-day readmission and additional procedure for both telehealth and in-person follow up, as percentage]. ED Emergency department. Credit: *Surgical Endoscopy* (2022). DOI: 10.1007/s00464-022-09501-6

A new research study by Danielle Abbitt, MD, a resident in the

University of Colorado Department of Surgery, shows that a protocol that started as a necessity during the COVID-19 pandemic has evolved into a time-saving step for patients recovering from surgery.

Abbitt's paper, published in August in the journal *Surgical Endoscopy*, shows that a telehealth appointment to follow up after a cholecystectomy (gall bladder removal), is just as effective as an in-clinic visit to detect and address postoperative complications including wound infections and cardiopulmonary complications such as pneumonia and pulmonary embolism. The retrospective review was conducted on patients receiving care at the Rocky Mountain Regional VA Medical Center on the CU Anschutz Medical Campus.

"Based on my clinical experience seeing patients, my hunch was that the results would be similar between telehealth and a clinic visit," says Abbitt, who also conducted a similar study on patients who undergo surgery to repair an inguinal hernia. "Patients are very intelligent, and they know when something is wrong with their body. If there's an issue, they'll bring it up and call the clinic. Most of the patients I see for post-op visits are doing well and don't have any complaints, but if they do, we can also address that during telehealth visits."

Eliminating barriers

Telehealth visits for Rocky Mountain VA patients after cholecystectomy began in spring 2020, when the COVID-19 pandemic was forcing medical facilities to close and patients were concerned about the risk of exposure during in-person visits.

Cholecystectomy can be a planned procedure or an emergency operation, depending on the severity of symptoms, but in either case the follow-up is the same, Abbitt says—typically a clinic visit two weeks after the operation to check incisions and pain levels. When that follow-

up appointment turned into a follow-up phone call in early 2020, she saw an opportunity to identify a permanent way to save patients time and stress by eliminating the need to drive to a follow-up appointment.

"I've always been interested in access to care, and eliminating barriers to access to care, and I started thinking about interactions I've had with patients when we're in clinic," she says. "They'll apologize to me for being late, saying they had to drive two hours to be here. There's a gentleman at the VA who lives in Wyoming, in a rural area, and he's the primary caregiver for his wife. So he not only has to get himself here, but he has to get care for his elderly wife."

Telehealth follow-up eases that burden, Abbitt's study found, and is just as effective at finding and addressing complications. Abbitt looked at patients who underwent cholecystectomy at the Rocky Mountain VA between August 2019 and August 2021, checking rates of post-operative complications, readmissions, emergency department visits, and the need for additional procedures.

Patients who experienced a complication prior to discharge, underwent a concomitant procedure, had non-absorbable skin closure, had a new diagnosis of malignancy or were discharged home with a drain were ineligible for telehealth follow-up and excluded.

The research found no significant difference in post-operative complications, emergency department utilization, 30-day readmission, or need for additional procedures between telehealth and in-person follow-up. Patients who received telehealth follow-up and did have complications were typically referred to local providers for further care or prescribed medications at a nearby pharmacy.

Lessons from the pandemic

The research is an important finding in the world of surgery, which hasn't been as quick as other specialties to embrace telehealth, says Abbitt's mentor Edward Jones, MD, associate professor of GI, trauma, and endocrine surgery at the CU School of Medicine.

"As surgeons, we want to see those incisions and how they're healing," he says. "The idea of trusting the patient to tell us that something's wrong is a little bit foreign to us. We want to see the incisions ourselves."

But the pandemic forced a change in that way of thinking, Abbitt says—and the success of telehealth is one of several lessons medical professionals have learned from the health crisis.

"We're at an interesting period now, where we have a chance to look back on 'What measures did we do during the pandemic that we want to keep around?'" she says. "Telehealth was something good that came out of that pandemic that we can continue to utilize, especially for low-risk patients."

More information: Danielle Abbitt et al, Telehealth follow-up after cholecystectomy is safe in veterans, *Surgical Endoscopy* (2022). DOI: 10.1007/s00464-022-09501-6

Provided by CU Anschutz Medical Campus