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## Evaluating feasibility of phone-based telehealth only preoperative visits in thoracic surgical oncology in the era of COVID 19

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### Keywords

Telemedicine, Oncology, Thoracic Surgery, Patient Outcomes

### Abstract

#### Objectives

Evaluate the rate of cancellation, number of visits, and outcomes of patients who undergo phone-based visits compared to office visits for thoracic oncologic surgery.

#### Methods

We conducted a single institution, retrospective review of patients evaluated for thoracic oncologic surgery from March 2020 to November 2022. Patients were stratified into phone or office-based on their first preoperative visit prior to their surgery. Patients undergoing mediastinal staging as their only operation were excluded. Demographic data included sex and county. Primary outcomes were rate of surgery cancellation, postoperative length of stay (LOS), and number of preoperative visits.

#### Results

418 patients were scheduled to undergo thoracic surgical intervention for malignancy. 382 patients had preoperative visits via phone, and 36 patients had office visits. There was a 5.5% rate of surgery cancellation in the phone-based group and 2.8% in the office-based group, which was statistically insignificant ( $p=0.71$ ). There was no difference in post-surgical LOS (office: 4 days, phone: 5 days,  $p=0.26$ ). Additionally, there was no difference in the number of visits, with both groups averaging 1 preoperative visit ( $p=0.23$ ). Both sex of the patient ( $p=0.51$ ), as well as their residential county location ( $p=0.77$ ), were not significantly significant.

## Conclusions

The COVID-19 pandemic has driven surgical specialties to offer video-based or phone-based telehealth options for pre-surgical visits. Phone-based visits are more accessible for patients given the ubiquitous use of phone technology. This study analyzes the safety and feasibility of phone-based telehealth for preoperative visits of thoracic surgical patients undergoing oncologic resection. Surgery cancellation, post-surgical length of stay, and number of preoperative visits were not significantly different between these two groups. The cancellation rate is less than reported averages of 10.2%-14.3%. Phone-based preoperative visits are non-inferior to office visits. Inability to attend preoperative office evaluations should not serve as a barrier to thoracic oncologic surgical care.