

Satisfaction with Shared Decision Making and Decision Regret in Older Adults Undergoing Elective Colorectal Cancer Surgery

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Introduction

Involvement of geriatricians in peri-operative assessment acknowledges the altered physiology and vulnerability of older, frail patients. While data suggests this improves survival (2) there is little analysis from the patient's perspective. This study aims to measure success of the peri-operative clinic through patient-centred parameters.

Aims

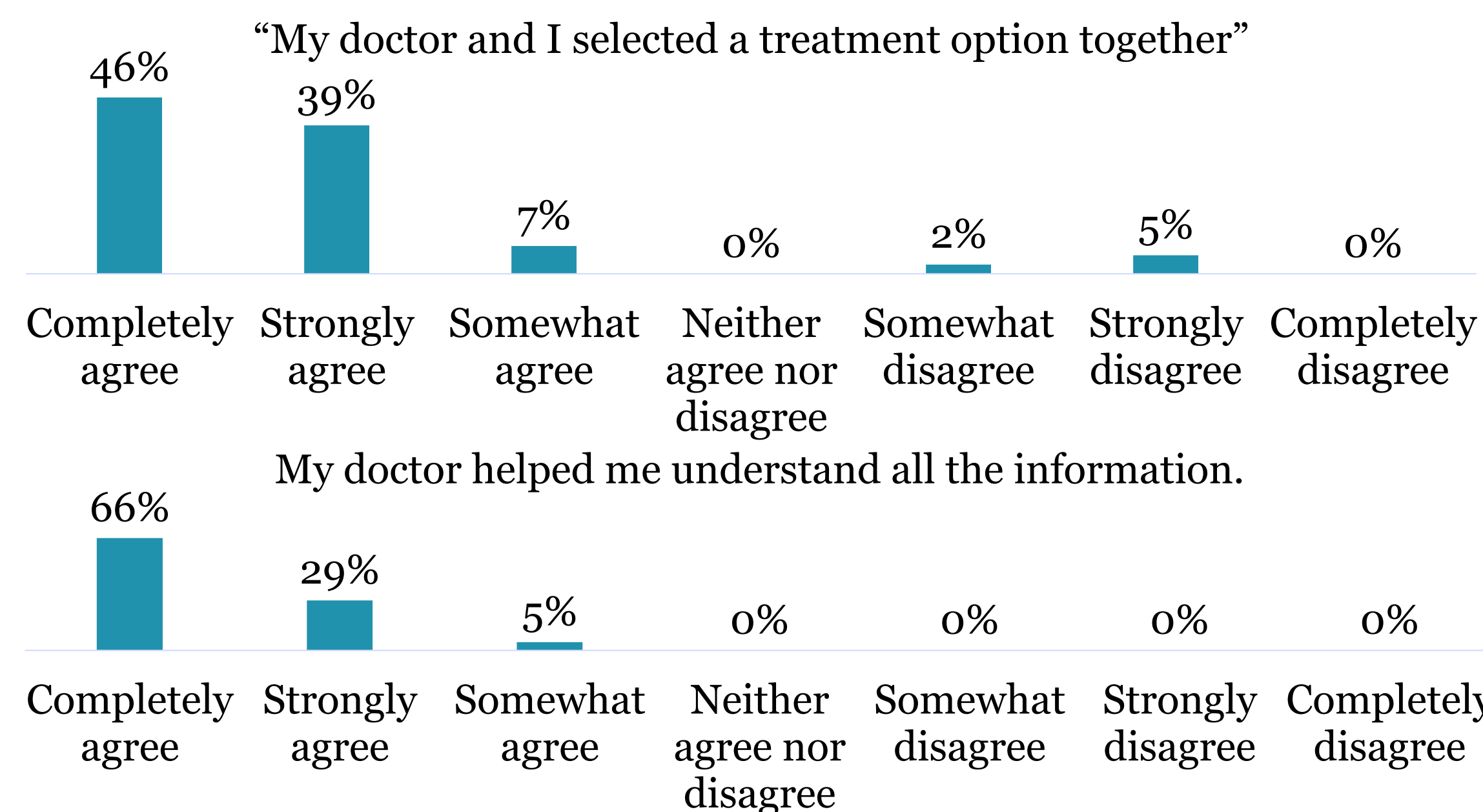
To assess **decision regret** and **satisfaction with shared decision making** as indicators for the success of our joint Geriatrician and Anaesthetic-led pre-operative assessment clinic.

Method

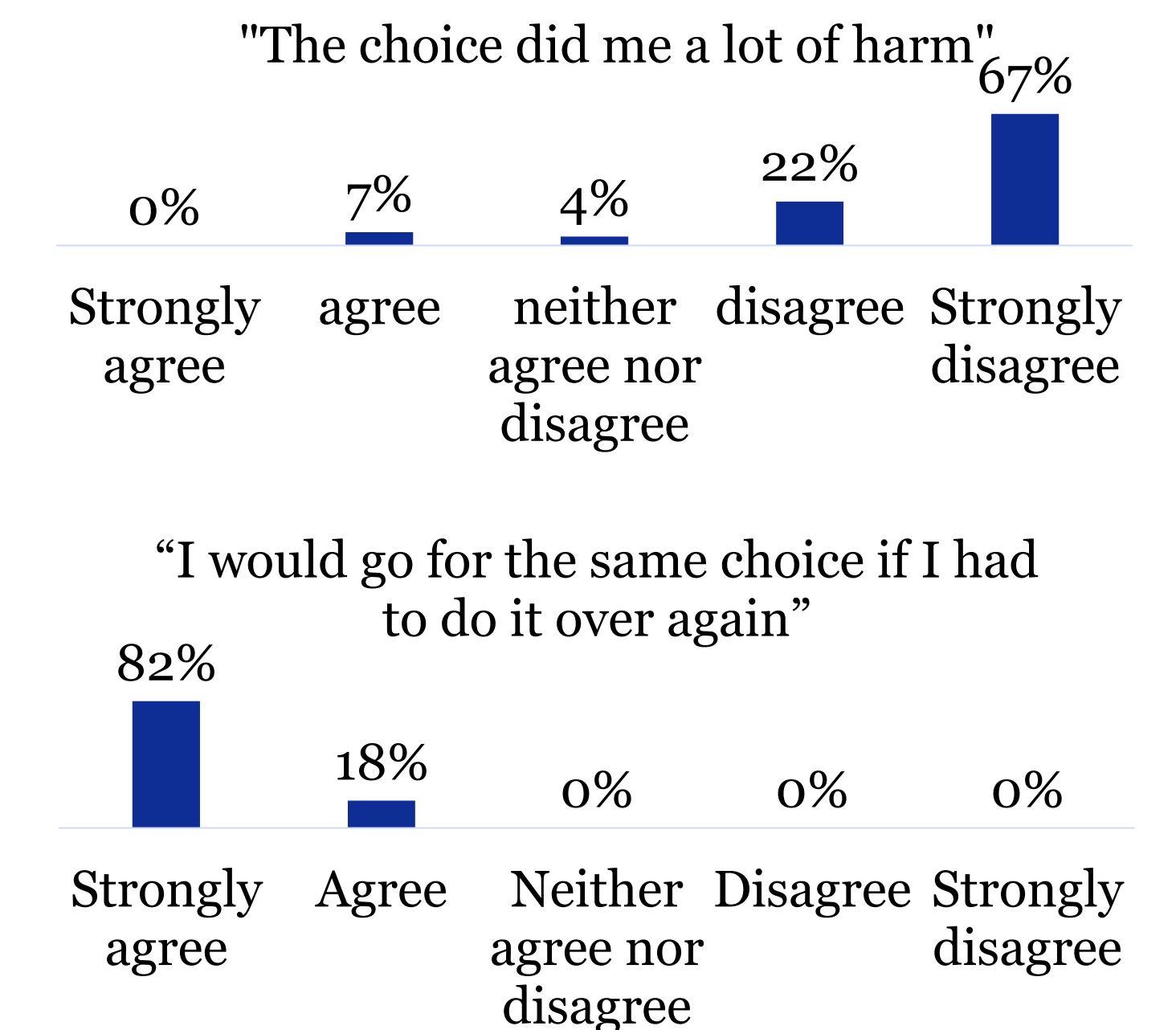
- **Study type:** Observational
- **Setting:** NHS district general hospital in Southend-On-Sea
- **Data collection tool:** A standardised 'Shared Decision Making Questionnaire (SDM-Q-9)' and 'Decision Regret Scale' questionnaire completed via phone call.
- **Study size:** 69 patients were identified from pre-operative assessment clinic in 2022-2023.

1. Department of Medicine for the Elderly, Southend University Hospital, Mid and South Essex NHS Foundation Trust
2. Partridge, J.S.L. et al. The impact of pre-operative comprehensive geriatric assessment on postoperative outcomes in older patients undergoing scheduled surgery: a systematic review'. *Anaesthesia*. 2013; 69 (1): 8-16.

Results



45 patients (65%) were able to answer our questionnaires. 9 patients (13%) had died, 14 did not answer (20%) or declined and 1 was incorrectly identified (1%). Ages ranged from 69 to 91 years and the average age was 81, with the majority undergoing **laparoscopic hemicolectomies**.



Discussion

- Patients reported **high levels of satisfaction** post-operatively.
- **Realistic expectations and goals** were established.
- **Shared decision-making analysis** was positive, likely due to additional time and expertise provided by a joint clinic approach.
- Presenting '**not having surgery**' as a valid option was not always understood by patients.

Limitations

- Results may be limited by the retrospective and non-anonymized nature of the study.
- Possible survivorship bias may be present from the exclusion of patients who had died.

Recommendations

- Continue to use joint Geriatrician and Anaesthetic peri-operative services to discuss shared-decision making and reduce post-operative regret.
- Ensure patient understanding of 'not having surgery'.