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Analysis of an Observational Study: The Patient Perspective Regarding Ambulatory Surgery

Análise de um Estudo Observacional: A Perspetiva do Doente Sobre a Cirurgia em Regime de Ambulatório

Keywords: Ambulatory Surgical Procedures; Patient Satisfaction
Palavras-chave: Procedimentos Cirúrgicos Ambulatórios; Satisfação do Doente

Dear Editor,

We enjoyed reading this article concerning ambulatory, or outpatient, surgery.¹ There are known discrepancies between clinicians' and patients' aims and objectives regarding outpatient surgery.² We recognise the importance of analysing patients' perspectives, as medicine is patient oriented and patient satisfaction and understanding goes on to impact practice. From personal encounters with patients and senior doctors, we have begun to appreciate the importance of providing adequate information to patients regarding their concerns and expectations.

We found the prospective study's use of primary data from a local hospital to be commendable. We also found that valuable information was gathered about patient knowledge regarding outpatient surgeries that could be used to inform public health initiatives in the future. However, we did find some areas that could be compounded on in future investigations.

We believe it would be useful to include some graphical representations of data analysis. At certain points in the paper, different data analysis methods were mentioned, and *p*-values given. However, there were no graphs or visual tools used to supplement them. We believe adding them would lend more legitimacy to the results gathered.

In terms of the data collection, there are some areas that

could be expanded upon. While a range of patients were questioned in terms of gender, age and education level, all patients came from the same hospital, which indicates that all the patients were from the same geographical area. This introduces the possibility of a confounding factor that impacts their perceptions about outpatient surgery, for example local public health education programs.

Furthermore, we noticed that there were many non-respondents in the questionnaire. For example, 48.6% did not respond when asked what they fear most concerning ambulatory surgery. This may lead to misinterpretation of the data in certain respects. For instance, the study investigated the association between knowledge about ambulatory surgery and general level of education and found it to be not statistically significant (*p* value of 0.099). However, those that did not understand the procedure may have not responded to the question rather than answering negatively, thus diluting the results.

As future clinicians, we recognise the importance of studies that focus on patients' perspectives as we try to lean towards patient-oriented care. This study has identified a deficit in patient understanding regarding ambulatory surgery in their local population, and it is our opinion that further research should be conducted to fully investigate this issue.

AUTHORS CONTRIBUTION

AMP, APP: Substantial contributions to the conception and design of the work. Drafting and critical review of the paper.

VP: Substantial contributions to the conception and design of the work. Drafting and critical review of the paper, approval of the final version of the manuscript.

PROTECTION OF HUMANS AND ANIMALS

The authors have followed the protocols of their work center on the publication of data. The data was anonymized and none of the authors had access to patient identification. The study was conducted in accordance with the Helsinki Declaration updated in 2013.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in

use at their working center regarding patients' data publication.

COMPETING INTERESTS

All authors declared no competing interests.

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**Is COPD a Cause of Premature Death?****A DPOC é Causa de Morte Prematura?**

Keywords: Mortality, Premature; Pulmonary Disease, Chronic Obstructive/mortality

Palavras-chave: Doença Pulmonar Obstrutiva Crónica/mortalidade; Mortalidade Prematura

Patients Chronic obstructive pulmonary disease (COPD) is currently the third most important cause of death worldwide.¹ Although absolute COPD deaths and crude mortality rates are rising in many countries, age-standardized mortality rates have been declining in many parts of the world. This has led some authors to argue that, in the future, patients will die with COPD but not from COPD.² In the present study we aimed to understand the circumstance of death in COPD patients and if COPD can be considered a cause of premature death.

A total of 303 stable COPD patients over 40 years of age, diagnosed according to the GOLD criteria, were recruited consecutively at the ambulatory pulmonology clinic of Guimarães Hospital, between March 2016 and May 2017. The exclusion criteria were refusal to participate or inability to understand simple questionnaires, such as the COPD assessment test or the Medical Research Council Dyspnoea Questionnaire. The patients were followed for 46 to 60 months, and some preliminary results are discussed in the present paper. A statistical analysis was performed with SPSS Statistics for Windows software, version 22.0. Armonk, NY: IBM Corporation. The level of significance was set at $p < 0.05$.

Five years after the start of recruitment, patients who had died were identified, and their ages and clinical notes, by the time of death, were recorded and analysed. The study was approved by the Ethics Committee of Guimarães Hospital.

The demographic, clinical and functional characteristics

Characteristics	n = 303
Male gender	241 (79.5)
Mean age (years)	67.5 ± 10.2
Age ≥ 65 years	186 (61.4)
Mean smoking amount (pack/years)	49.3 ± 32.4
mMRC grade ≥ 2	185 (61.1)
Frequent ECOPD (≥ 2/last year)	115 (38.0)
Post-bronchodilator FEV ₁ %	53.2% ± 19.7
GOLD stage	
I	30 (9.9)
II	127 (41.9)
III	106 (35.05)
IV	40 (13.2)
GOLD 2017 classification	
A	70 (23.1)
B	120 (39.6)
C	7 (2.3)
D	106 (35.0)

Data shown as mean ± S/D or n (%)

mMRC: Medical Research Council Dyspnoea Questionnaire; ECOPD: COPD exacerbations; GOLD: Global Initiative for Chronic Obstructive Pulmonary Disease