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Work rehabilitation after minimally invasive esophagectomy

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Number of Reviewers: **4**

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Mean Score: **5.5**

Score	Reviewer	Reject Comment	Overall Comment
6	Sarah Billmeier		Important reframing of the usual surgical recovery
6	Ezra Teitelbaum		
5	Rich Pierce		
5	JUAN BARAJAS-GAMBOA		Well done, clear study Good relevance to current or future practices of SAGES members Fills in knowledge to a large extent

Background: Little is known about work rehabilitation after totally minimally invasive esophagectomy and therefore the goal of this study was to identify prognostic factors that may influence work rehabilitation and to gain insights into how patients should be informed on the expected post-operative course.

Materials and methods: This retrospective multicenter study was conveyed between January 2009 and April 2014. Eighty-six preoperatively employed patients were included. Data regarding patients' preoperative occupation, actual job status and post-operative interval to restart working were retrieved. Complaints that could impede rehabilitation were questioned (based on EORTC QLQ-C30 and QLQ-OES18). Work activity was measured at 4 points in time postoperatively (3, 6, 12 and 18 months) and was defined as either partially regained or fully regained professional activity as compared to preoperative occupational status.

Results: At 6 months follow-up 40.2% reached partial professional recovery and 14.6% full recovery; after 12 months 28.2% and 40.8%, respectively. Barely any further rehabilitation is seen after 18 months (19.0% partial recovery; 43.1% full recovery). Median follow-up was 18 months (IQR 12-18). Entrepreneurship is a significant predictor for full professional recovery ($p=0.005$, OR 2.45 95% C.I. 1.32-4.56). No other significant predictors were found, though a tendency towards slower work rehabilitation was seen in patients with a complication grade III-IV ($p=0.136$, OR 0.53 95% C.I. 0.23-1.22) as compared to patients with complications grade I-II ($p=0.664$, OR 1.16 95% C.I. 0.60-2.25). The most common complaint among all patients was fatigue, but there was no significant difference between all working groups ($p=0.727$).

Conclusion: Only approximately 40% of patients reach full professional recovery 1 year after minimally invasive esophagectomy. Entrepreneurs have a higher probability of regaining full professional activity and patients with a higher complication grade tend to get back to work slower. Therefore, it is important to prepare and inform our patients for the impact of this procedure on their professional capacities.