The SF-36 and 6-Minute Walk Test as Predictors of Complications After Major Surgery, Clinical Impact

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To Editor,

With interest we read the prospective observational study regarding the SF-36 and 6-min Walk Test as predictors of complications following major surgery by Awdeh et al. published in the *World Journal of Surgery* [1]. The group subjected all patients scheduled to undergo thoracotomy, sternotomy, or upper abdominal laparotomy to a pre-operative assessment, using the SF-36 health survey and 6-min walk test. The pre-operative 6-min walk test was found to be a useful predictor of postoperative complications.

As the walking distance was associated with the complication grade, we wonder how this can be implemented in a clinical setting? Also, does an impaired 6-min walking test justify a differentiated surgical approach, and which cut-off in walking distance is recommended? Taking into account that a linear regression model was used without the input of other variables that may be used as predictors (e.g., co-morbidity, SF-36).

Quality control algorithms are gaining increasing interest in surgical practice. A standardized evidence-based approach should be used in pre-operative assessment, surgical techniques, pathological examination, and postoperative monitoring in order to obtain optimal outcomes. The manuscript by Awdeh et al. underwrites the importance of assessment of the pre-operative patient [1]. The optimal assessment and consequences may be incorporated in a

quality control algorithm, ensuring optimal patient care and allocation of patients to facilities that address their respective needs.

Such a quality control algorithm should not only assess the pre-operative patient, but also aim to early assess and diagnose complications in the postoperative patient. The implementation of a standardized postoperative quality control algorithm, aimed at early diagnosis and treatment of major complications after major abdominal surgery, can decrease morbidity and mortality [2, 3]. Currently our project group is focusing on setting up a prospective randomized clinical trial with standardized postoperative measurements of C-reactive protein, in order to facilitate early diagnosis of major complications and as a safe discharge criterion (www.precious-trial.nl).

Compliance with Ethical Standards

Conflict of interest We declare that none of the authors have conflicts of interest to disclose.

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