

A rapid review of the effectiveness of remote consultations versus face-to-face consultations in secondary care surgical outpatient settings

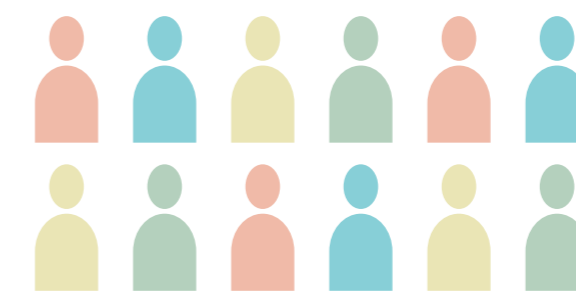
Rapid Evidence Review : July 2022

The use of remote consultations and telemedicine approaches significantly increased over the pandemic. There is evidence that some patients still prefer this mode of care delivery and time saving may also enable additional consultations and help to reduce waiting lists. However, the effectiveness of remote consulting for certain specialities, such as surgery, is unclear.

The aim was to investigate the effectiveness of video or telephone consultations, particularly focusing on clinical, patient reported and safety outcomes in adult secondary surgical outpatient care during the COVID-19 pandemic.



32

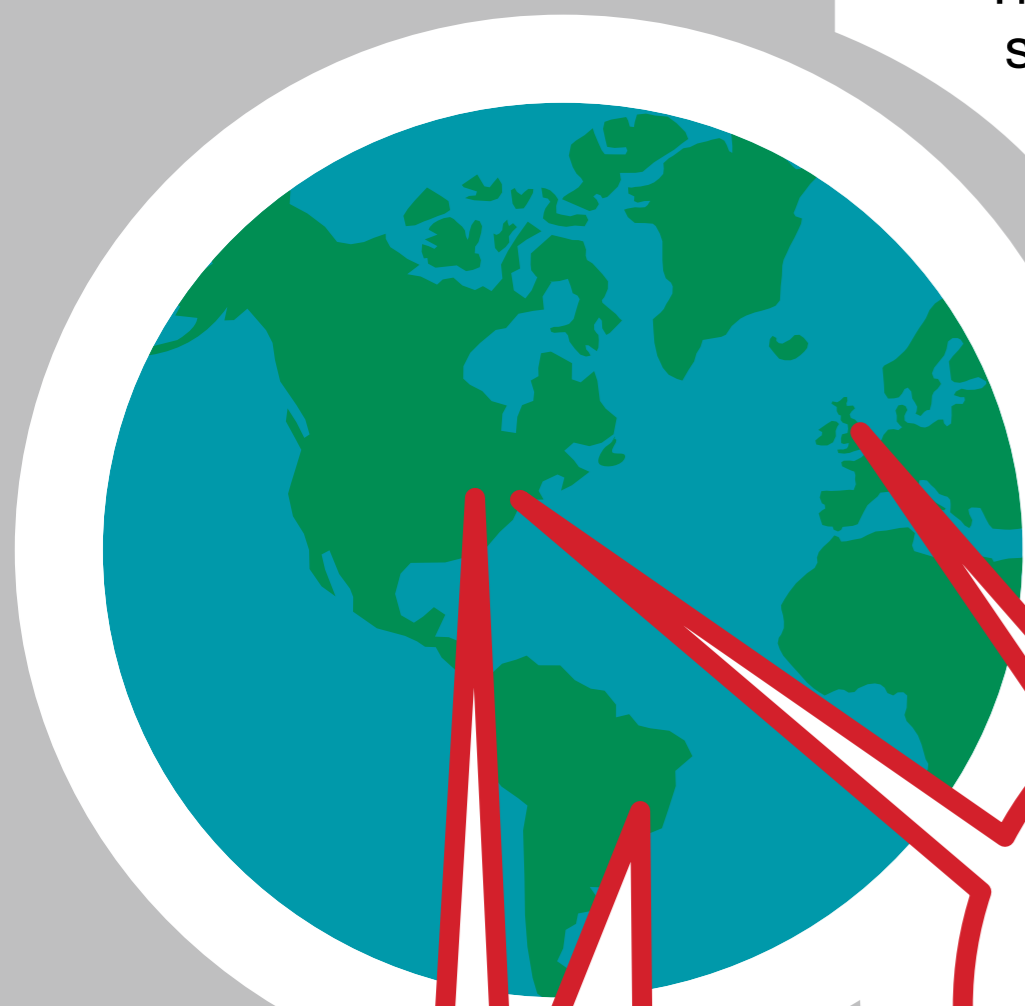


535

Number of participants varied from 32 - 535

All studies were published 2021 - 2022

QUALITY OF EVIDENCE: LOW



Retrospective cohort studies
11
8 USA
3 UK

Prospective cohort studies
3
2 USA
1 CHILE



Consultations varied : Initial assessment, pre and post-op, video or telephone

Cohort Studies varied from



Effectiveness of remote (video or telephone) compared to in-person consultations

Outcomes Varied



Conversion to in-person consultation



Postoperative complications and attendances



Diagnostic agreement



Morbidity and Mortality



Change in management plan



Cost

Prospective



Post-operative complications were similar for thyroid/ parathyroid and abdominal surgery.



For patients undergoing abdominal surgery, postoperative morbidity and the need for additional A&E or in-person visits were similar. Additionally, no postoperative mortality was reported for either group.



There was diagnostic agreement for carpal tunnel syndrome patients from the initial remote consultation and later in-person examination, with no patients needing a change in management plan.



Post operative complication rates, postoperative visits and reoperation rates following orthopaedic surgery were similar.



Costs can be saved, and time to surgery is decreased when pre-operative consultations are conducted via telephone calls compared to in-person for patients undergoing assessment for circumcision; clinical cancellation rates were similar for both groups.



Readmission and reoperation rates were similar pre-operative consultations for patients scheduled for spinal surgery; video-conferencing also generated accurate spine surgical plans that did not need to change on the day of surgery.



Telemedicine can be used to provide a preliminary diagnosis and management plan for laryngology-related complaints.

Retrospective



Day-of-surgery cancellation rates were similar pre-anaesthesia evaluations for patients scheduled for cancer-related surgery.



Surgical plans generated via telemedicine for orthopaedic patients rarely changed by in-person evaluation.



Post-operative readmission and mortality within 30 and 90 days following cancer-related surgery were similar.



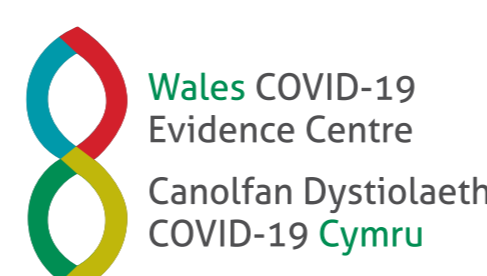
There was mixed evidence for the effectiveness of telephone consultations compared to in-person consultations for orthopaedic patients based on a clinical letter scoring tool.

Policy Implications

Evidence is of low quality but suggests that for many surgical outpatient consultations, remote consultations are as effective as in-person consultations.

There is potential for time and cost savings for remote consultations compared to in-person consultations.

High quality research is needed to evaluate the effectiveness of remote consultations to understand which patients and which surgical specialities would benefit most.



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The rapid evidence review was produced in July 2022, and is available at:

<https://healthandcareresearchwales.org/wales-covid-19-evidence-centre-report-library>