Contributing factors preventing return to work of cardiac surgery patients

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Two groups of patients were studied: 1155 had valves replaced and 500 had aortocoronary bypass. In the valve replacement group, 321 male patients were considered to be in the potential work force: 60.7% were working and 39.3% did not work. In the aortocoronary bypass group, 62% of the male patients were active and 38% were inactive.

Factors contributing to the invalidism of those who did not work were analyzed. The state of health was considered by the patients as very good or good in 89.7% of valve replacement and in 75.9% of aortocoronary bypass. In these, an objective examination showed that 77.5% of these patients were able to work.

Age was an important factor, since in both groups 70.5% and 70.6% not working were 50 years old or older. The degree of education and the type of work performed at the time of operation gave added dimension to this problem. It was found in both groups that the length of inactivity before and after operation was a major factor. Any period of invalidism longer than 6 months results in a 50% chance of permanent invalidism. An impressive finding was that in both groups the patients attributed their nonreturn to work to medical advice in a pro-

portion of 62.7% and 60.6% respectively.

Taking all of these factors into consideration and assuming that these operations have cost a minimum of \$7,500,000 for hospital expenses and medical fees alone, a dynamic and comprehensive program should be offered to the patient as soon as a decision for surgery has been made.

We favor a global approach with a team of experts (physician, social worker, psychologist, physiologist, and nurse) to deal specifically with this important aspect of medicine. We feel that in too many cases the social and economic facets of cardiac surgery have not been studied accurately enough, thus contributing to the spiraling cost of medicine. We favor more research and action in the field of cardiac rehabilitation for the benefit of the patients and of society.