LETTER TO THE EDITOR
CRITIQUE

*Comments on Rashid et al. (J Pak Med Assoc. Vol 71, No-10, October 2021)*

# Impact of preoperative surgical anxiety on postoperative surgical recovery among surgical patients: Role of surgical coping

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*Madam*, our research group, have read the article, "Impact of preoperative surgical anxiety on postoperative surgical recovery among surgical patients: Role of surgical coping,"[1] with great interest and agree with the aim and direction of this paper. However, there are a few points that require clarification and further attention.

These are enlisted as:

1) The authors employed a 13-item Surgical Recovery Scale by Paddison et al., validated only on major surgical cases. This scale was used at two days postoperatively and has conditional applicability only in the period after the surgery.[2,3] This raises some concerns as the current study is based on minor and major surgery, with no designated endpoint in the scale's application.

2) The authors conceded a single postoperative follow-up limitation but did not mention the exact interval after the surgery. Longer intervals after the surgery can potentially interact with the recovery time and contribute to combating anxiety. This missing information of the length of postoperative follow-up interval can skew the results.

3) Another critical methodological concern is the association of anxiety with surgery's complexity, which should have been adjusted in the analysis. The authors concluded that preoperative anxiety, threat avoidance, and information seeking are related to postoperative surgical recovery, which is not a straightforward relationship. Multiple confounders and mediators direct such findings, especially in a clinical setting.[4] It is noteworthy that describing standard definitions used in the study, numerous time endpoints followed, and the possible interactions between variables should be delineated to guide the clinicians in incorporating such findings in their practices.

4) Lastly, information-seeking behaviour as surgical stress coping relationship needs an elaboration. While this point is about managing the stress, the lack of description limits the readers to understand or use this as a risk mitigation tool, as multiple sources exist to seek information, and each can contribute separately.[5]

Also, it is not mentioned if these patients used any anxiolytics, which is a common practice to relieve preoperative anxiety.[5] Explaining these points can be pivotal to surgeons for decision-making in patients with preoperative anxiety and best practices recommendations for treating such a patient population.

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