The very nature of mortality and morbidity surrounding cardiac surgery is complex with numerous risk factors involved and researchers have found functional status to be a stronger predictor of outcomes than the admitting diagnosis. Preoperative functional status, however, is not measured by any of the cardiac risk scores. Functional status can be objectively measured using validated outcome tools such as the Late-Life Function and Disability Instrument (LLFDI). In three studies, the impact and association of functional status changes over time were explored in patients who have undergone elective open heart surgery. In terms of the results, analyses in Study 1 demonstrate significant improved functional status from preoperatively to one year postoperatively, both in performing routine tasks and in participating more frequently in social activities (components of LLFDI). With a strong influencing covariate, social support (or lack thereof), there appears to be a direct relationship between functional status and perceived quality of life, which was seen in Study 2. Preoperative diminished functional status, as measured by the LLFDI, is associated with an increased risk of mortality and morbidity in patients undergoing elective cardiac surgery (as indicated in Study 3). These findings suggest that careful consideration of all the risks and benefits of cardiac surgery
should also include a patient’s preoperative functional status, especially in the case of an elective procedure. For patients, this may better assist them in what to expect for recovery so they can make a more informed decision.