Reviewer's report

Title: Patient education to prevent postoperative complications: the PEDUCAT TRIAL - (Study protocol of a cluster-randomized controlled pilot study investigating the impact of preoperative patient education on prevention of postoperative complications after major visceral surgery)

Version: 2 Date: 6 August 2013

Reviewer: Christoph Michalski

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In the manuscript entitled “Patient education to prevent postoperative complications: the PEDUCAT TRIAL”, Fink et al. present a study protocol of a cluster-randomized controlled pilot study that is analyzing the feasibility and impact of preoperative patient education on postoperative morbidity, mortality and quality of life in patients scheduled for elective major visceral surgery.

Main Comment

The rationale of the study seems justifiable since it is currently inconclusive, whether standardized preoperative patient education does impact on postoperative outcome. Up to now, there are no standardized ways by which patients receive information about the best possible postoperative behaviour. This is mainly due to the fact that former studies did either show contentious results or did not meet methodological standards, such as inadequate blinding, unclear randomization, sample heterogeneity and insufficient sample size.

Although the aim of the study is quite interesting, there are a few deficiencies in the manuscript, which preclude adequate and full interpretation of the study setup:

Major Points

1. The authors state repeatedly that there is no controlled, randomized trial in visceral surgery investigating the effects of presurgical patient education on relevant outcome measures that meets modern methodological standards for clinical studies. This statement should be modified by the authors since there have been a couple of randomized controlled trials in visceral surgery evaluating preoperative patient education on different outcome measures. Examples include Wilhelm D. et al. “Extended preoperative patient education using a multimedia DVD - impact on patients receiving a laparoscopic cholecystectomy: a randomised controlled trial” Langenbecks Arch Surg. 2009 Mar;394(2):227-33, Zieren J. et al. “Does an informative video before inguinal hernia surgical repair influence postoperative quality of life? Results of a prospective randomized study” Qual Life Res. 2007 Jun;16(5):725-9, or Hörchner N. et al. “Preoperative preparatory program has no effect on morbidly obese patients undergoing a

2. Insufficient detail is provided in the section on the study population and eligibility criteria. Exclusion criteria, such as impaired mental state, insufficient understanding of the German language, or physical constraints should be further specified by the authors in order to prevent any possible misunderstanding.

3. The information in the chapter on randomization is also quite vaguely formulated stating that all patients are comparable with regard to their diagnosis, planned surgery and baseline data. Please specify or include a table of diagnoses and surgical interventions that qualify for inclusion into the study.

4. Another distracting issue is the composition of the control intervention group in which patients are provided with the general information brochure alone. Since every topic covered in the seminar is briefly explained and illustrated in the brochure it would be better to include a group of patients that did not receive any brochure or did not read the brochure.

Minor Points

1. Throughout the whole text there are a few spelling and grammatical errors that disturb the article’s informative value. Accordingly, several statements need revision including the following: „In a second review, Shuldham found no demonstrable benefit from preoperative teaching of cardiac surgical patients was found and further research was suggested.“


3. Since the authors are citing a meta-analysis by Devine and colleagues in line 4 on page 5 the number of studies should be corrected to “191” instead of “102”.

In summary, this is a laudable approach and an important contribution to the role of preoperative patient education on the prevention of postoperative complications after major visceral surgery. The aim of the study is original and methods are appropriate.