

## EDITORIAL

**Complications, PROMs and PREMs**

In many countries around the world, productivity of clinical services is measured largely by the number of consultations and procedures undertaken without too much consideration for measuring the patient benefit or harms of the interventions. This was certainly true in the UK until relatively recently but now much attention is given to changing the way we measure outcomes. This is in part driven by clinicians in leadership and also by politicians who want to see better measures of outcomes to inform decisions about the productivity of public services.

Common harms that can result from any type of surgery include pain, swelling and haemorrhage. Oral surgery procedures undertaken within the mouth are also associated with restricted mouth opening (trismus) and less common complications such as infection (including alveolar osteitis), trigeminal nerve injuries (inferior alveolar, lingual and mylohyoid nerves) and even on rare occasion, fracture of the mandible. We are aware of these problems but do not routinely measure them.

This issue of Oral Surgery journal includes a paper (Cullingham, Harrison and Patel) describing the frequency of patients re-attending the provider because of complications. The study highlights the potential to reduce re-attendance by improving advice given preoperatively and also the need to have better evidence informed care for conditions that commonly present such as alveolar osteitis and pain. Measuring outcomes is certainly beneficial as it drives improvements in patient care. Another article (Modgill and Mani) in this journal issue highlights the complication of instrument fracture and requirements to reduce the risk of harm to the patient. This complication is thankfully rare. Which complications should be measured? Should more general patient experiences of health services also be measured?

Measuring patients' experience of health services and care has become an essential part of health

policy, regulation and service improvement in many countries including the UK. Patient-Reported Experience Measures (PREMs) are valuable as measures of quality. Typical oral surgery PREMs are, 'Did the clinical team (clinician) involve you in your treatment decision in terms that you understand?' and 'Did you receive information about the risks/benefits in terms that you can understand before the operation?' These two were included in the recently published Guide for Commissioning Oral Surgery and Oral Medicine by NHS England<sup>1</sup>.

Data on traditional oral surgery complications can be collected as Patient-Reported Outcome Measures (PROMs) but it is important to consider the purpose. It is not straightforward to collect data on large numbers of complications. A small number of the more common or important ones may be sensible if collecting from many oral surgeons to illustrate comparison or a population view. Individual surgeons may of course wish to collect more. The NHS England Commissioning Guide<sup>1</sup> has suggested, 'uncontrolled bleeding', 'unmanaged pain' and 'nerve injury' as core PROMs. While some individual oral surgeons have been collecting these data for some time, we are just at the beginning of the Guide implementation phase to collect such data from all oral surgery services in England. This is a major step forward in advancing postoperative care by prioritising these clinically important outcomes. This approach should also drive consistency of care for patients across the country.

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**Reference**

1. Guide for Commissioning Oral Surgery and Oral Medicine Specialties. London: NHS England, 2015.

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