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# Enhancing postoperative care with telemedicine and remote monitoring for improved recovery and patient safety

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#### Dear Editor,

New emerging trends in postoperative care are increasingly focused on using technology to enhance patient outcomes, minimize postoperative complications, and shorten hospital stays. Telemedicine and remote monitoring technologies must be considered the most significant advancements. Telemedicine offers virtual follow-up visits, reducing hospital readmissions for regular examinations<sup>[1,2]</sup>. This lowers the danger of nosocomial infections and encourages patients to return home for rehabilitation. Safe video conferencing on virtual platforms enables surgeons to monitor wound healing, listen to patients' concerns, and change treatment plans without the need for in-person consultations<sup>[3]</sup>. Communication takes place in real-time. Another significant breakthrough is remote monitoring, which uses wearable devices and implanted sensors to track vital indicators, including heart rate, oxygen saturation, blood pressure, and temperature<sup>[4]</sup>. These devices frequently communicate information to healthcare specialists, allowing them to act in the early stages of surgical problems like as infection, blood clots, and arrhythmias. Smart bandages, for example, have sensors built in that detect changes in wound temperature and moisture, warning of infections even in their early stages<sup>[5]</sup>. Tissue perfusion and real-time monitoring of wound healing via implanted devices give rapid input on a patient's healing progress<sup>[6]</sup>.

The use of artificial intelligence in remote monitoring systems improves postoperative care by using machine learning algorithms to analyze patient data and identify potential problems

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from massive volumes of information<sup>[7]</sup>. Early intervention by healthcare personnel may avoid bad outcomes and lower the likelihood of readmission. Predictive analytics driven by AI may detect aberrant changes in vital signs that might otherwise go undetected on a traditional follow-up plan<sup>[8]</sup>.

The technologies mentioned above also help with postoperative healing through Enhanced Recovery After Surgery (ERAS) procedures. ERAS protocols attempt to reduce surgical stress and promote speedier recovery by using a variety of measures, including appropriate pain management, nutrition, and movement<sup>[9]</sup>. Telemedicine and remote monitoring assist adherence to these procedures since patients are reminded of their adherence to these protocols regularly and their progress is tracked for beneficial changes<sup>[10]</sup>. Such platforms will be able to track whether patients are meeting critical recovery milestones, such as moving soon after surgery or following a specified physical therapy schedule. This time-bound feedback loop helps to achieve the aims of ERAS by keeping patients on pace for a smooth recovery, lowering durations of stay, and minimizing complications<sup>[11]</sup>. These technologies make it easier to educate patients and include them in treatment and care programs. Patients will be able to access specifically produced instructional materials, follow recovery measures, and communicate with healthcare staff via mobile apps and online portals. Patients may, therefore, be given a far larger degree of autonomy, which reduces anxiety owing to increasing involvement and responsibility in their treatment<sup>[12]</sup>.

Telemedicine and remote monitoring will become integral components of postoperative treatment, gaining traction in the future<sup>[13]</sup>. This may indicate that healing paths will become more personalized and precise. Telemedicine and remote monitoring are transforming people's perspectives on postoperative treatment, mostly by improving safety, lowering healthcare costs, and increasing overall patient satisfaction.

## **Ethical approval**

Not applicable.

## Consent

Not applicable.

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## **Author contribution**

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The authors declare no conflicts of interest.

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Not applicable.

#### **Provenance and peer review**

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#### References

[1] Gayathri R, Ramani P, Veeraraghavan VP. Longitudinal study on salivary IL-6 trajectories in postoperative OSCC patients after chemotherapy and radiotherapy. J Stomatol Oral Maxillofac Surg 2024;125:101909.

- [2] Lam SS, Show PL, Peter AP, et al. Detection methods of COVID-19 to build resilience for environmental changes in the community. Urban Govern 2023;3:330–6.
- [3] Mahoney MF. Telehealth, telemedicine, and related technologic platforms: current practice and response to the COVID-19 pandemic. JWOCN 2020;47:439–44.
- [4] Lv Z, Li Y. Wearable sensors for vital signs measurement: a survey. JSAN 2022;11:19.
- [5] Tran MT, Kumar A, Sachan A, et al. Emerging strategies based on sensors for chronic wound monitoring and management. Chemosensors 2022; 10:311.
- [6] Short WD, Olutoye OO, Padon BW, et al. Advances in non-invasive biosensing measures to monitor wound healing progression. Front Bioeng Biotechnol 2022;10:952198.
- [7] Maheshwari K, Cywinski JB, Papay F, et al. Artificial intelligence for perioperative medicine: perioperative intelligence. Anesth Analg 2023; 136:637–45.
- [8] Visco V, Izzo C, Mancusi C, et al. Artificial intelligence in hypertension management: an ace up your sleeve. J Cardiovasc Dev Dis 2023; 10:74.
- [9] Stenberg E, dos Reis Falcao LF, O'Kane M, et al. Guidelines for perioperative care in bariatric surgery: enhanced recovery after surgery (ERAS) society recommendations: a 2021 update. World J Surg 2022;46:729–51.
- [10] El-Rashidy N, El-Sappagh S, Islam SR, et al. Mobile health in remote patient monitoring for chronic diseases: principles, trends, and challenges. Diagnostics 2021;11:607.
- [11] Jabarulla MY, Lee HN. A blockchain and artificial intelligencebased, patient-centric healthcare system for combating the COVID-19 pandemic: opportunities and applications. Healthcare 2021;9: 1019.
- [12] Steindal SA, Nes AA, Godskesen TE, et al. Advantages and challenges of using telehealth for home-based palliative care: systematic mixed studies review. J Med Internet Res 2023;25:e43684.
- [13] Wal P, Wal A, Verma N, *et al.* Internet of medical things-the future of healthcare. Open Public Health J 2022;15:1-9.