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A number of countries have healthcare systems where access to elective surgery is constrained. The inevitable outcome is wait lists for surgery. The objective of this study is to report cross-sectional health data collected from a broad sample of patients awaiting elective surgery and shed light on potential non-surgical treatments to improve health.

Prospective cross-sectional survey of patients newly enrolled on the surgical wait list in the Vancouver Coastal Health region. Multivariate regression models were used to estimate the associations between patient characteristics and health, pain and depression.

Health status instruments were used to measure study participants' general health, pain, and depression immediately after they were enrolled on the wait list for one of the targeted elective surgeries.

A majority of patients reported some problems with pain or discomfort, and a large portion reported problems associated with anxiety or depression. Orthopedic patients were significantly more likely to report problems with mobility, usual activities and pain/discomfort. Neurosurgery patients were the most likely to report significant and severe depression.

The high rates of pain and depression not only have implications for patients' immediate health, but may also affect long-term surgical outcomes. This study draws attention to recognizing a wider array of morbidity, some potentially requiring non-surgical interventions, while patients wait for elective surgery. Policy options include re-examining the surgical triage system and expanding surgical capacity to match self-reported health ¹⁾.

A retrospective chart review was performed of all children with MMC followed in the British Columbia Children's Hospital (BCCH) Spinal Cord Clinic between 1971 and 2016. The incidence of new MMC cases and the long-term outcomes of MMC were compared between two 10-year cohorts. The first cohort comprised children born with MMC between 1971 and 1981, and the second cohort comprised children born with MMC between 1996 and 2006. RESULTS:

A total of 309 children with MMC were followed in the BCCH Spinal Cord Clinic between 1971 and 2016. There were 101 and 46 children with MMC in the two-time cohorts, respectively. Between the earlier and later cohorts, there was a significant difference in the following: MMC incidence [2.5/10,000 births vs 1.1/10,000 births, respectively ($p = 0.0002$)], mortality [18 vs 0% ($p = 0.0009$)], and the proportion of cases repaired in under 48 h [56 vs 98% ($p < 0.0001$)]. For surviving children, the proportion of children attending special classes was significantly different between the earlier and later cohorts [16 vs 46%, respectively ($p = 0.0002$)], whereas all other outcome measures, including the proportion with hydrocephalus, kyphoscoliosis, Chiari II surgery, bowel and bladder continence, recreation participation, obesity, and ambulation, were not significantly different. CONCLUSIONS:

In BC, the incidence of new cases of MMC has decreased between 1971 and 2016, while the probability of survival for these patients has increased. Despite earlier and more universal post-natal repair, long-term outcomes have not improved significantly over time. Future research should focus on developing ways of reducing disability and improving quality of life for MMC patients and their

families ²⁾.

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