

Content available at: https://www.ipinnovative.com/open-access-journals

Indian Journal of Clinical Anaesthesia

Journal homepage: www.ijca.in



Short Communication

Preoperative patient information about anaesthesia: A prospective analysis

Reena Ravindra Kadni^{1,*}, Priya P¹, Anusha Raj¹

¹Dept. of Anaesthesia, Bangalore Baptist Hospital, Bengaluru, Karnataka, India



ARTICLE INFO

Article history:
Received 23-05-2020
Accepted 16-06-2020
Available online 25-11-2020

© This is an open access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/) which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

1. Introduction

High-quality patient information regarding Anaesthesia is a clear requirement for collaborative decision making and building trustworthy relationship between doctor and the patient. It is the duty of the Anaesthesiologist to provide written and verbal information in an easily comprehensible and accessible form. Patients vary in the amount of information they want and can understand based on their literacy level. But it is very important for patients to be involved in the discussion about the relative benefits and risks in their anaesthesia management. ¹

2. Methodology and Results

A prospective analysis was done on 100 patients who met the inclusion criteria in a tertiary care hospital. The inclusion criteria were the literacy level of patients (ability to read, write and understand English or regional language) who received anaesthesia for an elective procedure. The exclusion criteria were children, old age patients with dementia for surgery, patients who are unable to comprehend the information, and the patients posted for emergency surgeries.

The patients were interviewed either preoperatively in the operation theatre or postoperatively in the ward. The assessment was done regarding their knowledge of

E-mail address: docreena1@gmail.com (R. R. Kadni).

anaesthetic care, explained to them at the Pre-Anaesthetic Clinic (PAC) visit. They were subjected to a pretested brief questionnaire (Appendix 1) which was not validated. The questionnaire was related to the type of Anaesthesia they might receive or received, whether the possible benefits or risks involved was explained, whether the written information was shown to them, and were asked to read it.

We found that 100% of the patients knew about the type of anaesthesia they would receive, even though 80% of the patients said that neither they were asked to read the document nor shown by the anaesthetist. 23% of the patients were not explained about the advantages of anaesthesia and 30% of the patients were not explained the risks associated with anaesthesia. [Figure 1]

3. Discussion

Simple written information of Anaesthesia services to the patient will carry higher value as it instigates the patients to ask doubts from their point of view which may be significant in view of medico-legal aspect. In our survey, we found 80% were not shown nor asked to read the written information available.

In a survey done earlier, only 15% of their study patients had information about Anaesthesia risks mentioned in the consent form, and patients with higher education had better knowledge regarding anaesthesia. Whereas in our study, we had better results as 70% of patients knew the risks associated with Anaesthesia. Another study observed that

^{*} Corresponding author.

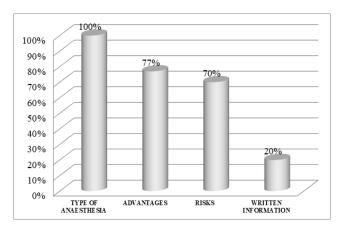


Fig. 1: Patient information of anaesthesia

48% of their patients had no idea of Anaesthesia and 90% did not know the complications. 4

The common reasons for the failure to deliver the information can be due to inadequate time given by anaesthetist to the patients at PAC visit for disclosure of information, failure to deliver the written information leaflets and reading of the consent by the patient without supervision, no interaction of the patients with the anaesthetists after the primary PAC and may be the patient didn't have a PAC visit and comes on the day of surgery for admission.⁴

India being a multilinguistic country, lack of knowledge of patient's language can be a barrier. A recent Quality improvement Scotland (QIS) review recommends that all patients are provided an information leaflet regarding their anaesthetic care that is easily understood and to be available in different possible languages. Anaesthesiologist should make sure that the information is in comprehendible format.

Awareness about anaesthesia can be improved by providing exact and detailed information to the patients. ⁵ 95% of the patients wanted to meet the Anaesthesiologist before surgery and 97% wanted to know about possible Anaesthesia complications in another study. ⁶ If possible, a multimedia video presentation and use of social media for the display of anaesthesia procedures in the PAC waiting area can relieve their anxiety and play a crucial role in preparing the patients to receive anaesthesia. ⁴

It was found in another survey that patient satisfaction was high in those who received preoperative information about the type of anaesthesia compared those who did not receive such information (72.7% versus 60.8%). A document regarding the patient's medical problems which may attribute to the risk associated with anaesthesia duly attested by the anaesthetist can be given to the patient, which may help them or their relatives to understand the patient's concerns.

Written information needs to be printed on anaesthesia record where the patient can read, understand, and give written consent. Patients also need to be encouraged to ask their doubts. It is better that the patient information leaflet or a video presentation in different languages is formulated and given to patients before their visit to the PAC clinic. Anaesthesia information should be given prior to elective surgery, though at times of emergency surgeries it might be difficult to explain in detail. The amount of information should be aimed to help patients to make an informed decision. Patient information leaflets or videos are an important source but should not replace the discussion with the patients.

The limitation of the study was not analysing the degree of patient satisfaction and exclusion of illiterate patients.

4. Conclusion

It is the Anaesthesiologist responsibility to provide their patients with relevant and appropriate verbal and written information to allow a collaborative approach to decision making about anaesthesia. The barriers in communication must be identified and suitable creative alternatives like video presentations must be incorporated. A verbal and written information with consent carries higher weightage medicolegally and better patient satisfaction. For what is documented proves its done.

5. Appendix 1

What is the type of Anaesthesia you will receive or have received: General Anaesthesia/ Spinal or Epidural Anaesthesia or regional blocks/ combinations

Possible benefits or risks explained: Yes/No

Was written information about Anaesthesia shown to you before surgery: Yes/ No

Were you asked to read it before giving your consent for Anaesthesia: Yes/ No

6. Conflict of Interest

None.

References

- White LA. Patient Information about Anaesthesia. In: John RC, Carol JP, editors. Raising the standards; A compendium of audit recipes for Continuous Quality Improvement in Anaesthesia. Scotland: Royal College of Anaesthetists; 2012. Available from: http://www.rcoa.ac.uk.
- NHS Quality Improvement Scotland. Anaesthesia National Overview Follow up Report. NHS QIS, Edinburgh 2010. Available from: http://www.healthcareimprovementscotland.org/previous_resources/ performance_review/anaesthesia_follow-up_reports.aspx.
- Naithani U, Purohit D, Bajaj P. Public awareness about Anaesthesia and Anaesthesiologist: A survey. *Indian J Anaesth*. 2007;51:420.
- Marulasiddappa V, Nethra HN. A survey on awareness about the role of anesthesia and anesthesiologists among the patients undergoing surgeries in a tertiary care teaching women and children hospital. *Anesth: Essays Res.* 2017;11(1):144–50. doi:10.4103/0259-1162.186595.
- Lee JJ. Public awareness about the speciality of Anaesthesiology and the role of Anaesthesiologist: a national survey. *Korean J Anesthesiol*. 2014;66(1):12–7.

- Budiman M, Izaham A, Manap NA, Zainudin K, Kamaruzaman E, Masdar A, et al. The patient's understanding on the status and role of anaesthesiologists. Clin Ter. 2015;166(6):227–35. doi:10.7417/CT.2015.1892..
- Endale GG, Vidya N. Measurement of patient satisfaction with preoperative anaesthetic evaluation. *Patient Relat Outcome Meas*. 2014;5:105–110.
- Yentis SM, Hartle AJ, Barker IR, Barker P, Bogod DG, Clutton-Brock TH. AAGBI: Consent for anaesthesia 2017. *Anaesth*. 2017;72(1):93– 105. doi:10.1111/anae.13762.
- Sardesai A, French J, Amit P. Patient consent for peripheral nerve blocks. National guidelines. RA-UK.2015. Available from: www.rauk.org.

Author biography

Reena Ravindra Kadni, Consultant

Priya P, Consultant

Anusha Raj, Post Graduate

Cite this article: Kadni RR, Priya P, Raj A. Preoperative patient information about anaesthesia: A prospective analysis. *Indian J Clin Anaesth* 2020;7(4):726-728.