

A Prospective Study of Patients Experience and Satisfaction with General Anesthesia

Raveendra Ubaradka* and Nimin Mathew

Professor, Department of Anaesthesiology & Critical care, K.S.Hegde Medical academy, Mangalore - 575018, Karnataka, India

***Corresponding author**

Dr. Raveendra Ubaradka, Professor, Department of Anaesthesiology & Critical Care, K.S.Hegde Medical Academy, Mangalore - 575018, Karnataka, India. E-mail: raveendras@gmail.com.

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Introduction

As a clinical specialty, anesthesiology is neither diagnostic nor therapeutic in nature though it involves need for performance of various procedures on the patient and also administration of a wide range of drugs. The ultimate goal is to provide optimal conditions for the proposed surgery with utmost care to the Patient safety. Achieving this often in actual /potential unpleasant experience for patients.

Fear of surgery is often coupled with the fear of being unconscious during the surgery. General anesthesia (GA), though is expected to relieve surgical stress, can be physiologically stressful in the pre-operative period and the preoperative period.

The experience that a patient develops after undergoing general anesthesia (GA) is influenced by his or her background, knowledge about anesthesia, rapport established with anesthesiologist, operation theatre (OT) environment, pain associated with anesthetic procedures, peri-operative complications and post-operative care.

While the primary goal of anesthesia is to provide optimum surgical conditions without complications, patient safety and quality of care are of no less concern. A high quality anesthetic care results in better outcome leaving the patient with more pleasant and positive memories. An unpleasant experience can result in adverse consequences including delayed discharge and long term consequences.

Review of Literature

Dr. Amarjeet Singh et al, did a similar study in short stay surgical patients. He observed that elderly, females and uneducated patients suffered more unpleasant experiences during the recovery room stay and post-operative period than their counterparts. He concluded that anesthesiologists should get more and more intricate with the patient care during the pre-operative visit, patient preparation and subsequent postoperative care while actively getting out of perceived role of being restricted to immediate pre-operative and peri-operative care [1].

Hatem A Jlaal et al did a similar study in orthopedics surgery patients using a questionnaire. He opined that, a questionnaire for assessment of patient satisfaction should consist of multiple domains including

information provision and communication between patients and medical staff. They found that patient satisfaction with peri-operative care in their institution was generally high and the rate of severe, undesirable anesthetic effects was generally low. He also observed that there was no difference in the overall satisfaction of patients having general anesthesia or regional anesthesia; however patients were more satisfied with the provision of information before undergoing regional anesthesia [2].

Tomasz Gaszynski et al. did a study on patient satisfaction with anesthesia and pre-anesthetic information. He opined that, the patient's assessment of the quality of anesthetic services after surgery is determined by the range and quality of information provided by medical personnel during the pre-operative period. Information on potential risk of anesthesia related complications is less important for patients than alternative methods of anesthesia. Care facilities and equipment of operating rooms are found to be of relevance for patient assessment of the services provided [3].

Aim of the Study

To assess the patients experience and level of satisfaction after routine general anesthesia.

Materials and Methods

Study was done with patients scheduled for various elective surgeries under general anesthesia in K S Hegde Medical Academy, Mangalore, and Karnataka, India.

Study period: 3 months

Type of study: prospective structured interview based on a questionnaire.

Sample size: 100 patients

Inclusion Criteria:

1. Patients aged 18 to 60 years
2. ASA I & II

Exclusion Criteria:

1. Age more than 70 years
2. Previous exposure to general anesthesia
3. ASA III & IV
4. Emergency surgery
5. Requirement of post-operative ventilation
6. Anticipated difficult airway
7. Severe medical illness

8. Psychiatric illness
9. Inability to speak
10. Refusal to participate

Questionnaire (Bauer & Brice Questionnaire)

Demographic data:

1. Age/Sex
2. Education level: Illiterate / Undergraduate / Graduate /Post graduate
3. Proposed surgery
4. Mother tongue

Pre-anesthetic check up:

1. Did your anesthesiologist talk to you on the day prior to surgery? Yes/No
2. During the visit with the anesthesiologist before the surgery, were you able to discuss all the questions you wanted? (Fully satisfied/Moderately satisfied/Not satisfied)
3. Did you ask in specific about the following areas? Yes/No

If yes, fully satisfied/moderately satisfied/not satisfied

- Pain during surgery
 - Awareness during surgery
 - Your condition after recovery from anesthesia
 - Length of stay in the recovery room after the surgery
4. The information given to me by the anesthesiologist was understandable. (Fully satisfied/Moderately satisfied/Not satisfied)
 5. Information regarding possible side effects of general anesthesia: (fully satisfied/moderately satisfied/not satisfied)
 6. Instructions with regard to your regular medications and do's & dont's on the previous day of surgery: (fully satisfied /moderately satisfied / not satisfied)
 7. Waiting period during the anesthesiologist visit in the pre anesthesia clinic. (too long/acceptable/immediate)
 8. Were you involved in the decision making on the type of anesthesia? Yes/ No.

Experience in the Operating Room

1. OT surroundings (well organized/good/poorly organized)
2. Any problems/concerns in PACU? (Mild/Moderate/Severe)
 - Nausea
 - Vomiting
 - Thirst
 - Pain
 - Anxiety
 - Weakness
 - Breathlessness
 - Confusion
 - Shivering
 - Sore throat
3. How well were your needs in the PACU addressed by nursing assistants? (fully satisfied/moderately satisfied/not satisfied)
4. Would you prefer to have the same anesthesia in future if required? Yes/No
5. How satisfied are you with the care provided by the anesthesiologist? (fully satisfied/ moderately satisfied/not satisfied)
6. How would you rate the overall care at the facility? (fully satisfied/moderately satisfied/not satisfied)
7. Any suggestions or feedback you would like to give?

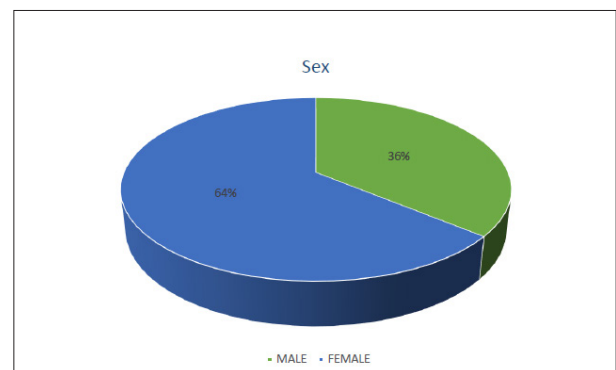
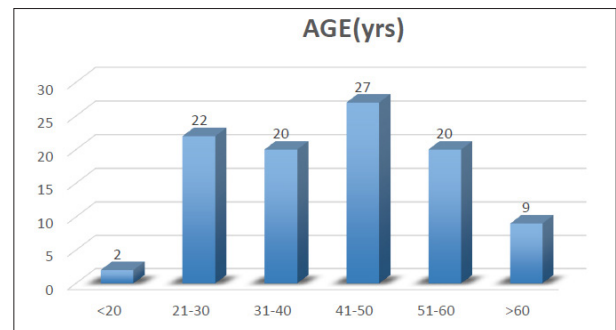
Post-operative Period

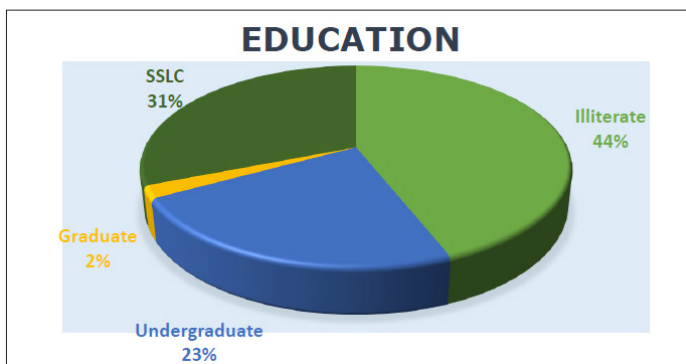
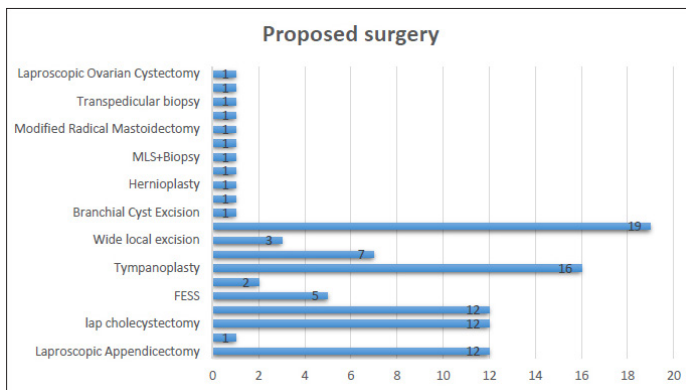
1. Pain relief (Fully satisfied/Moderately satisfied/Not satisfied)
2. Any problems or concerns in the PACU? (Mild/Moderate/Severe)
 - Nausea
 - Vomiting
 - Thirst
 - Pain
 - Anxiety
 - Weakness
 - Breathlessness
 - Confusion
 - Shivering
3. How well were your needs in PACU addressed by nursing assistants? (Fully satisfied / Moderately satisfied / Not satisfied)
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7. Any suggestions or feedback you would like to give?

Ethical Considerations: The study was done after obtaining clearance from institutional ethical committee. Informed written consent was obtained from all patients included in the study. No special interventions were required. Thus, there were no ethical issues.

Results

Data was analyzed with SPSS software version 16 and the following conclusions were made.





Out of 100 patients who completed the questionnaire, majority was middle - aged, educated females. Modified radical mastectomy was the most common surgical procedure. Problems were primarily reported in the post-operative period and were expressed clearly by middle aged males. None of the patients experienced any problems during the intra-operative period. Illiterate patients experienced more post-operative problems than their educated counterparts in the post-operative period. Educated patients preferred to have the same type of anesthesia, should they require anesthesia again. More than ninety percent patients felt they were not involved in the decision making of the type of anesthesia.

Discussion

Patient satisfaction is a complex multi-dimensional issue and is important aspect of quality of anesthetic care. The study was based on a self-designed questionnaire which included subjective and objective questions which the patient could easily answer without getting stressed. Regional, cultural, language, Educational, social and personal issues could have an impact on the patient satisfaction. Postoperative period is the most vulnerable period, from the patient's point of view [4].

Conclusion

Overall, majority of patients were satisfied with their anesthesia care. Post-operative care gives scope for improving patient satisfaction. Larger sample size could throw more light on the patient satisfaction following general anesthesia.

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