



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 12, Issue, 10, pp. 59804-59806, October, 2022

<https://doi.org/10.37118/ijdr.22396.10.2022>



RESEARCH ARTICLE

OPEN ACCESS

PREANESTHETIC ASSESSMENT: STUDY ON THE INFLUENCE OF PREOPERATIVE APPROACH ON PATIENT SATISFACTION DURING THE COVID-19 PANDEMIC

Erika A. M. Moreira*¹, Suellen L. Pagano², Michelle M. Ribeiro³ and João M. Santos¹

¹Department of Anesthesiology, Unimed Vitória Hospital, Vitória, Espírito Santo, Brazil

²Department of Anesthesiology, Federal University of Espírito Santo, Vitória, Espírito Santo, Brasil

³Department of Anesthesiology, Hospital Evangélico, Vitória, Espírito Santo, Brasil

ARTICLE INFO

Article History:

Received 11th September, 2022

Received in revised form

29th September, 2022

Accepted 17th October, 2022

Published online 30th October, 2022

Key Words:

Stress, Covid-19, Anxiety,
Preoperative Evaluation.

*Corresponding author:

Erika A. M. Moreira

ABSTRACT

Anesthesiology provides absence or relief from pain and other sensations to patients who need to undergo medical procedure and who have been expanding their field of action not only intraoperatively, but also pre- and post operatively. Recently, the pre-anesthetic office was implemented as a mandatory item for surgeries to be performed, however during the COVID-19 pandemic, such meetings were difficult or needed to be held online. The present research evaluated the degree of satisfaction with the anesthesia office of a sample of the population undergoing a surgical procedure, verifying the importance of the anesthesiologist and the trust of the community after contact with this professional regarding the clarification of doubts and reduction of anxiety symptoms. Pre-anesthetic evaluation has been shown to reduce anxiety and doubts about the anesthetic procedure and this prior contact with the specialist was considered relevant by the patients.

Copyright © 2022, Erika A. M. Moreira et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Erika A. M. Moreira, Suellen L. Pagano, Michelle M. Ribeiro and João M. Santos. 2022. "Preanesthetic assessment: study on the influence of preoperative approach on patient satisfaction during the covid-19 pandemic", *International Journal of Development Research*, 12, (10), 59804-59806.

INTRODUCTION

Anesthesiology is the specialty that studies and provides the absence or relief of pain⁶ and other sensations to patients who need to undergo medical procedures and who have been expanding their area of expertise everyday, from the pre to the post operative period, providing out patient care for pre-anesthetic valuation and assuming a fundamental post-surgical role in patient follow-up, including in intensive care units¹⁰. Although the specialty has existed for many years, the vast majority of the population is unaware of the need to go to their office when they know that they will be undergoing a surgical procedure⁹, in addition to being unaware of the work of the anesthesiologist. Recently, the pre-anesthesia office was implemented as a mandatory item for surgeries to be performed, however, with the emergence of the COVID-19 sanitary crisis showed that it could be precious to ensure continuity of care in conditions of crisis^{4,10}. Telehealth this developing in anaesthesia in the whole perioperative period and began to embroider a population with high levels of anxiety^{3,10}. Based on this, the present study evaluated the change in the opinion of this population after contact and clarification by an anesthesiologist and verified whether this impact was positive or negative for them.

MATERIAL AND METHODS

A question naire was made available to patients after the pre-anesthetic consultation through the online platform Google Forms (Appendix I) inquiring about their degree of satisfaction, whether the assessment is considered necessary, whether there was any guidance that they did not know about, among others. The total of our sample was 41 people, due to the pandemic and all of them signed the Informed Consent Form. The inclusion criterion was age between 30 and 70 years, regardless of gender and ethnicity, with or without comorbidities, literate and with communication skills as well as lucidity and who has been evaluated by an anesthesiologist in the preoperative period. The research was submitted and approved by the Research Ethics Committee of Hospital Unimed Vitória. The data obtained were analyzed by our research team and Google Forms statistical analysis was used.

RESULTS

We obtained a sample of 41 participants so far, and of the total sample, 57.9 % participants were unaware of the meaning of the pre-anesthetic evaluation, while 39.5 % claimed to know and 10.4 % perhaps. 86.8% reported having received pre-anesthetic guidance

(clarification of doubts, explanation of the procedure, time offasting, medications uspension) and 13.2 % didnot, 10.4 % did not want to giveanopinon. Of the participants, 76.3 % received pre-anesthetic guidance from the anesthesiologist, 23.7 % received guidance from other specialists. The data show that 84.2% did not have comorbidities such as diabetes, hypertension or heart disease, while 15.8 % did. As for previous surgery, 55.3% of participants had ready under gonesurgeries with pre-anesthetic evaluation and 44.7 % did not have access to the consultation. Importantly, 78.9 % knew the role of an anesthesiologist, but 21.1 % is still unaware of it. 94.7 % considered the preoperative contact with the anesthesiologist important, but 5.3 % didnotagree. Interestingly, 18.4 % reported anxiety symptoms before surgery (nausea, tachycardia, diarrhea.) and after contact with the anesthesiologist, these symptoms decreased in 71.5 % of patients who under went pre-anesthetic consultation., 78.9 % had no complications aftersurgery (nausea, vomiting, post-traumatic stress, irritability) while 21.1 % had them.

DISCUSSION

Patients under going invasive and/or surgical procedures have a high prevalence of anxiety and depression⁸. When identifying patients with high levels of anxiety or depression, we must consider the use of adequate and continuous psychological support in the pre- and postoperative period, making it possible to prevent the development of other psychological disorders that require differentiated pharmacological intervention. Both the level and the prevalence of anxiety were significantly reduced, comparing the groups that attended the pre-anesthetic consultation with those that did not. Among the many established advantages of pre-anesthetic evaluation are the decrease in morbidity and the increase in the quality of the anesthetic-surgical procedure^{1,2}. When performed before the surgery, the pre-anesthetic evaluation so promotes a reduction in the cancellation of surgeries⁵ and the costs arising from complementary exams and specialized consultations requested in the preoperative period⁷.

CONCLUSIONS

Pre-anesthetic evaluation reduced anxiety levels and any doubts about the surgical procedure of patients in this study. We emphasize the importance of the patient's prior contact with the anesthesiologist, although the pre-anesthetic consultation is not so publicized and performed, and it can be seen from the results that 57.9% of the participants were unaware of the meaning of the pre-anesthetic evaluation. A large portion still receives exclusive guidance from the surgeon or other specialist. Most of the procedures were performed in a private service and when the consultation was carried out, this prior contact with the anesthesiologist was considered important by 94.7% of the patients.

Financing: The present work was developed with its own resources.

Interest Conflicts: The authors declare that they have no conflicts of interest with the subject discussed.

REFERENCES

- Bisinotto FMB, Pedrini Jr M, Alves AAR, et al. (2007). Implementation of the Pre-Anesthetic Evaluation Service in a University Hospital. Difficulties and Results, *Rev Bras Anesthesiol*; 57: 2: 167-176 <https://doi.org/10.1590/S0034-70942007000200005>
- Carneiro AF, Mathias Last; Junior AR, Morais NS, Gozzani JL, Miranda A P. (2009). "Evaluation of anxiety and depression in the preoperative period in patients undergoing invasive cardiac procedures" *Rev. Bras. Anesthesiol*, 59(4):431-438. doi:10.1590/s0034-70942009000400005
- Ceruti C, Carry PY, Ferrier C, Friggeri A, Piriou V. 2020. Télémédecine, télé consultation en médecine opératoire [Telehealth in peroperative medicine]. *Prat Anesth Reanim*; 24(5): 243-249. doi:10.1016/j.pratan.2020.08.001
- Faddoul A, de la Jonquière C. L'anesthésie au temps du COVID [Anaesthesia during COVID-19 epidemic]. 2020. *Prat Anesth Reanim.*, 24(4):181-185. doi:10.1016/j.pratan.2020.07.010
- Farasatkish R, Aghdaii N, Azarfarin R, Yazdanian F. 2009. Can preoperative anesthesia consultation clinic help to reduce operating room cancellation rate of cardiac surgery on the day of surgery?. *Middle East J Anaesthesiol.*;20(1):93-96.
- Issa, M R N; Isoni, NFC; Soares, AM; Fernandes, M L. 2011. Pre-anesthetic evaluation and cost reduction in pre-operative preparation. *Rev. Bras. Anesthesiol*; 61(1):65-71. doi:10.1016/S0034-7094(11)70007-1
- Magalhães Filho LL, Segurado A, Marcolino JA, Mathias LA. 2006. Impacto da avaliação pré-anestésica sobre a ansiedade e a depressão dos pacientes cirúrgicos com câncer [Impact of preanesthetic evaluation on anxiety and depression in cancer patients undergoing surgery.]. *Rev Bras Anesthesiol.*, 56(2):126-136. doi:10.1590/s0034-70942006000200004
- Meletti, JFA, Costa, E A V, Beltrami, AO, Hayashida, MN, Foschi, Giuliano 2010. Impact of the pre-anesthetic evaluation clinic on the degree of anxiety and preoperative depression. *Medical Perspectives* [on line], 21(2), 5-9
- Schwartzman, UP, Baptist, KT, Duarte, LT, et al. 2011. Anesthetic complications in Plastic Surgery and the importance of pre-anesthetic consultation as a safety tool. *Rev. Bras. Cir. Plastic*; 26(2): 221-7 doi: 10.1590/S1983-51752011000200007
- Tylee MJ, Rubenfeld GD, Wijjeyundera D, Sklar MC, Hussain S, Adhikari NKJ. 2020. Anesthesiologist to Patient Communication: A Systematic Review. *JAMA Netw Open.*, 3(11): e2023503. doi:10.1001/jamanetworkopen.2020.23503

APPENDIX I - QUESTIONNAIRE

- Did you receive preoperative guidance? (RELATED THE DOUBTS, explained the procedure..)
 - Yea
 - No
- If yes, did you receive preoperative guidance from which doctor?
 - Surgeon
 - Anesthesiologist
- Do you have any illnesses? (diabetes, hypertension, heart disease.)
 - Yea
 - No
- Did the anesthesiologist guide you about the surgery and its comorbidity?
 - Yea
 - No
- Which hospital did you perform the surgery in?
 - Public
 - Private
- Do you know what an anesthesiologist is?
 - Yea
 - No
- What is the role of the anesthesiologist?
 - perform the surgery
 - Close the surgery and follow the post-operative period
 - takes care of surgical risk, monitors vital signs during surgery and control of pain and post-operation complications
 - I can't give my opinion
- Did you consider the preoperative contact with the anesthesiologist pertinent?
 - Yea
 - No

9) After the preoperative anesthetic consultation, did you feel safer to perform the surgery?

Yea

No

10) Did you have anxiety symptoms before surgery? (Nausea, tachycardia, diarrhea.)

Yea

No

11) Did these anxiety symptoms reduce after contact with the anesthesiologist?

Yea

No

12) Did you have any complications after surgery? (nausea, insomnia, post-traumatic stress)

Yea

No
