Patients Education And Orientation To Preanesthesia Evaluation Clinic

M Seraj, M Al Khalaf, M Said Maani Takrouri

Citation

M Seraj, M Al Khalaf, M Said Maani Takrouri. *Patients Education And Orientation To Preanesthesia Evaluation Clinic*. The Internet Journal of Health. 2006 Volume 6 Number 1.

Abstract

Cost-effective preoperative evaluation can be approached from a variety of methods, educational strategies, and use of data to modify clinical practice. This article describes the proposed organizational and clinical changes in the process of preoperative evaluations at the military hospital in Riyadh. It aims to draw the attention to the potential to educate the patient regarding anesthesia education and getting a face to face interview between the patient and anesthesiologist in a quiet environment of medical clinic. The information from the literature was translated into Arabic to handle patients.

INTRODUCTION

In the literature, many reports indicated the advantage of having pre-anesthesia clinics to reduce the cost and improve patient, surgeon, and anesthesiologist satisfaction. By reducing the rate of cancellation and reducing the cost of investigations and help patient' selection for day of surgery the services perform efficiently. The opportunity allows direct contact with the patient to give him/her educational materials [1]. A resent study in KSA showed that: Anesthesia and anesthesiologists are not well perceived by the patients. It is worse with those patients who are deprived from education or poor or those who come from undeveloped areas. An effort should be done to listen and talk to this special group so they could have better consent and sharing the choice of anesthesia techniques and risk managements [2,3,4]. Face to face interview in a quiet surrounding of a preanesthesia clinic would create professional bonding with the patient and his anesthesiologist

Recent articles [4] showed the major titles which should be covered in such clinic including the item of patient consent and education. This includes:

- Definition of preoperative anesthesia clinic.
- The benefit of preoperative anesthesia clinic.
- Description of typical visit to the clinic.
- Introducing to the anesthesiologist, and the deferent types of anesthesia, anesthesia safety, the

reasons for health inquiry and paperwork and documentation by the anesthesiologist during your visit, previous health and current medications and the physical examination and necessary tests and investigations and instruction concerning anesthesia precautions. The Arabic text explaining this information is published with pictorial demonstrations.

THE PREOPERATIVE EVALUATION

Preoperative evaluation clinic (PEC) aims at:

- 1. Minimize expensive delays and cancellations on the "day-of-surgery";
- 2. Properly evaluate and optimize patient health status;
- 3. Facilitate the planning of anesthesia and perioperative care
- 4. Reduce patient anxiety through education.
- 5. Obtain informed consent.

Cost-effectiveness and good quality of patient care increase patient satisfaction and decreased costs.

PEC is a positive investment for the future and value in hospital management and hospital quality enhancement. The PEC can become a recognized center for establishing a

standard of efficient clinical services, decreased costs, and for increased patient/surgeon satisfaction.[1,6]

The classical operational goals adopted for Stanford University Hospital's PEC [6] are summarized below:

- to improve the patient's perception of the preoperative evaluation experience by increasing personalized patient care, comfort, and convenience;
- 2. to provide a centralized site for preoperative evaluation;
- 3. to institute an anesthesia scheduling system and proper patient admission;
- 4. to ensure the presence of an anesthesiologist onsite when patients are present;
- to ensure the availability of medical records and surgical notes at the time of the preoperative evaluation;
- 6. to decrease logistical shuffling of patients to multiple hospital service areas;
- to integrate and coordinate services by means of on-site admitting/registration, insurance authorization, and on-site laboratory and EKG facilities;
- to improve education of patients and families about the elements of their surgical procedure and the proposed anesthesia, including postoperative pain control options;
- 9. to ensure and coordinate cost-effective ordering of preoperative laboratory and diagnostic studies;
- to provide a medical consultation service for evaluation of medically complex inpatients and outpatients;
- 11. to decrease cancellations and delays of operative procedures on the "day-of-surgery";
- to enlist the skills of a registered nurse practitioner to assist in preoperative evaluations and patient/family education;
- 13. to develop protocols, policies, and clinical pathways; (15) to perform quality assurance reviews;

- 14. to maximize efficiency in operating room function and turnover time by coordinating all preoperative information into one location (the PEC);
- 15. to enhance patient and surgeon satisfaction.

Stanford's experience may be suitable to USA and to a university hospital, but other PFC may modify these universal goals to their particular need and environments. The existing clinic is functioning according the document distributed to patients in Arabic language and the following text show the content

MINISTRY OF DEFENCE & AVIATION RIYADH MILITARY HOSPITAL DEPARTMENT OF ANAESTHESIA AND INTENSIVE CARE PREOPERATIVE ANAESTHESIA CLINIC

Location: Riyadh Military Hospital Building 80, Ground Floor PO Box 7897, Riyadh 11159 Saudi Arabia.

Room: 25

Contact Phone: + +966 1 477 7714 ext 7518

Days & Hours: Saturday – Wednesday, 08:00 - 16:00

Our clinic provides comprehensive pre-operative patient evaluations, information and patient education regarding anaesthesia services provided in our hospital. The Consultant Anesthetist will clinically examine and request diagnostic testing and pre-admission services for patients scheduled for a surgical procedure.

At the Riyadh Military Hospital Clinics, we consider you a vital part of your health care team. Our doctors and staff want you to have the best and safest experience possible.

Please inform the pre-operative anesthetist about all important and relevant information regarding your health, history of previous diseases, family history, history of drugs taking, previous surgical and anesthesia procedures and complications. Please do not hesitate to ask any questions about anesthesia.

To prepare you for your upcoming procedure, your doctor will ask you all pertinent ant important questions. He/she has to collect all relevant information that make his/her work safer and effective. This will take 15 minutes or more. He/she will help you understand the logical choice of anesthesia selected particularly for you and let you know what to expect on the pre and post operative days.

CONCLUSION

The new endeavor facing tremendous acceptance from patients but it is to early to report on long term results and outcome of this clinic. But it is good step in the correct direction.

Figure 1

Figure 1: The outside of general outpatient unit where Preanesthesia Evaluation Clinic Is located at the MH Riyadh



Figure 2

Figure 2: The admission desk and Preanesthesia Evaluation Clinic



Figure 3

Figure 3: Consultant anaesthesiologist [MK] interviewing a surgical patient in the presence of registered nurse



Figure 4

Figure 4: Physical examination in the clinic before doing the necessary tests and further investigation



Figure 5



Figure 6

Figure 5: Questionnaire to be filled by the patient at PEC. [Arabic] (6) Direction for Arab patients regarding choice of anaesthesia's complete booklet in Arabic include all needed information about the clinic visit.

| الأستة نم لا | |
|--|----|
| 5 5 | |
| ا هل كلت تحت المعالجة الطبية في التكرة الأخيرة؟ | 1 |
| هل تكتاول أدوية حالواً؟ ومكن بدأت اسكنداسها؟ | 2 |
| هل أجريت ك عمليات سابقاً؟ | 3 |
| هل أفك حامل؟ (بالسبة النساء) | 4 |
| هل حدث شئ معك بسبب الكندير السابق؟ | 5 |
| هل حدثت معك مضاعفات صوب نكل الدم سابقاً؟ | 6 |
| هل كعالتي من مرض عضلي وضعف بالعضلات؟ | 7 |
| هل أصوب أحد أثاريك بهذا المرض العضائي؟ | 8 |
| هل أصيت بأمراش كليية ؟ ارتقاع في ضغط الدم؟ | 9 |
| هل أصيت بأمراض في الرنتين ومجرى التقلس؟ | 10 |
| هل أصيت بالكهاب الكيد النوروسي أفواع (أ، ب ،ج) | 11 |
| هل أصبوت بأمراض في الكلي؟ | 12 |
| الله أصبت بداء السكري؟ | 13 |
| هل أصبيت بأمراض الغدد؟ | 14 |
| هل أصيت يأية أمراش عصيرية؟ | 15 |
| هل تأخذ علاجا تفسواً للاكتاب؟ | 16 |
| هل لدوك أمراض بالجهاز اليوكلي العظمي؟ | 17 |
| هل لديك أمراض الدم أو الكفائر؟ | 18 |
| هل لديك حساسية لبعض الأدوية أو الأطعمة؟ | 19 |
| هل کنفن؟ کم عدد السجائر پرمواً؟ | 20 |
| هل تستعمل أجيزة السمع؟ | 21 |
| هل أستانك طهومية؟ إذا كانت غير طهومية الرجاء ذكر اللوع : | 22 |
| قك صناعي طوي؟ فك صناعي سنلي؟ فكون ؟ كاج؟ | |

Figure 7

Figure 6: Direction for Arab patients regarding choice of anaesthesia's complete booklet in Arabic include all needed information about the clinic visit.

الإرشادات والتوضيحات للمريض قبل التخدير

حضرة أخي المريض العزيز / وأختى المريضة العزيزة

نجرى العمليات الجراحية يطريقة اقتظامية يومياً لعدة أغراض هامة بحياة المريض. ويعتبر طب التقدير وم مسلولا عن إيقاف الإحساس بالألم فحسب ، بل يستمر عمله في مراتبة وعلاج وظائف الأعضاء المهمة أثقاء وبعد العملية، بجانب إلمامه بكل الأمراض المتحقة بحاله المريض.

1. التخدير العام:

يؤدي الكدير الشامل إلى تقدان الوعي والإدراك ويقف الإحساس والشعور بالألم في جموع أجزاء الجسم ، يحدث تجد تفسك في الفكرة ما يون مياشرة الكدير والقهائه في وضع هادئ ساكن يشيه حالة القوم العموى. ويكم الكدير بعد إعطاء العقاتور الكحضورية وبعد ذلك يكم كليوب الكسمية الهوائية لحماية الرنقين من عواقب ومخاطر خروج محكويات المعدة واستشاعها. حسب نوخ الكدير الشامل يكم كأمون عملية كلفس المريض عبر جهاز الكلفس الاصطفاعي أو وسكدر الكدير بواسطة الكفدير الطبعي المريض / الدريضة

2. التغير الموضعي ، الناهي

وزدي التخدير الناحي إلى إز الة الشعور والإحساس بالأثم في جزء معون من الجمس ، مثل كغدير المنطورة العضدية ، من أجل عمليات الذراع وكذلك التخدير التطني أو الناحي (خارج أو داخل الأم الجانوة بالعمود التقري) وهناك نوع من التخدير يعني المريض من التثهر من المعاناة بالأثم وكذلك بعدة نشرة العملية فوسكطيع المريض التحرك بسهولة ويسر.

3. مزيج من التخدير الشامل والموضعي / الناهي

غي بعض العالات يقم اغتيار هذا النوع من التغدير الأغراض معين منها نوع العملية / مدة العملية / مكان العملية أوما يحكاجه المريض من عناية طبية بعدة فترة العملية.

4. التخدير المهدى للأعصاب

يطهى هذا الفوع من حكن مواد مهدئة تشط في حالات الجراحة الهومية وحالات الجراحية الصمغرى والتي يتم بإنن الله عوده المريض إلى منزله في نفس يوم الجراحة.

CORRESPONDENCE TO

Mohamed A. Seraj MB BCh DA FRCA (I). Professor of Anesthesiology Director Department of Anesthesia & Intensive Care Riyadh Military Hospital Building 80, Ground Floor PO Box 7897, Riyadh 11159 Saudi Arabia.

References

- 1. Fischer, S. P. Development and Effectiveness of an Anesthesia Preoperative Evaluation Clinic in a Teaching Hospital [Special Article]. Anesthesiology: 1996; 85(1):196-206
- 2. Jumana Baaj, Mohammad Said Maani Takrouri, Badeah M. Hussein, Hassan al Ayyaf: How Much Surgical Patients At The King Khalid University Hospital (KKUH) Know About Their Anesthesia And Anesthesiologists?. The Internet Journal of Health. 2005. Volume 4 Number 2 3. Baaj J, Takrouri MS, Hussein BM, Al Ayyaf H. Saudi patients' knowledge and attitude toward anesthesia and anesthesiologists--A prospective cross-sectional interview questionnaire. Middle East J Anesthesiol. 2006;18(4):679-91 4. Takrouri MS. The Saudi patient's autonomy, decision sharing and litigation malpractice claims in anesthesia. Middle East J Anesthesiol. 2006;18(4):673-7.
- 5. Una Srejic, Olivier C. Wenker: Preoperative Anesthesia Clinic. The Internet Journal of Health. 2002. Volume 2 Number 2
- 6. Fischer, S. P. Cost-effective Preoperative Evaluation and Testing. Chest. 1999;115:96S-100S

Author Information

Mohamed A. Seraj, MB BCh DA FRCA (I).

Professor of Anesthesiology , Director, Department of Anesthesia & Intensive Care, Military Hospital, Ministry Of Defence & Aviation

Maizar Al Khalaf, M.D., A.B.A.

Consultant, Department of Anesthesia & Intensive Care, Military Hospital, Ministry Of Defence & Aviation

Mohamad Said Maani Takrouri, MB. ChB. FRCA (I)

Professor, Department of Anesthesia, King Fahad Medical City