

PRE- AND POSTOPERATIVE MINOR DISCOMFORTS

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SUMMARY

One hundred female patients were interviewed on the days preceding and following the operation of gynaecological examination under a standard form of general anaesthesia, followed by cautery of the uterine cervix. Certain physical and psychological discomforts were revealed. Particular complaints concerned the pre-operative preparation and catheterization, the tedium of the waiting period, and the disturbance associated with being placed next to ill patients. These are discussed with the object of reducing them to a minimum and thereby making the patient's stay in hospital no more unpleasant than it has to be.

There is an increasing realization that during a stay in hospital the patient is subjected to several minor discomforts and irritations. At the same time, there is an increased willingness to attempt to effect improvements. For example, visiting hours have recently been extended, and more frequent visiting is common. Permission for parents to visit, and even stay with, their children in hospital is granted more freely than hitherto.

It was decided to investigate the possibilities of eliminating some of the physical discomforts which patients may suffer before and after operation, in particular those not directly associated with the operative procedure. The investigation was not concerned with emotional disturbances.

MATERIAL

One hundred female patients, whose ages ranged from 16 to 70 years, were interviewed on the days preceding and following operation. They were questioned about the procedures (other than the operation) which had been found most unpleasant. The operation in all patients was that of gynaecological examination under anaesthesia, followed by cautery of the uterine cervix. The anaesthetic technique consisted of induction with thiopentone, followed by nitrous oxide, oxygen and halothane administered from a facepiece. No muscle relaxant was employed. This operation was chosen deliberately since the after effects are slight and other discomforts, that may escape unnoticed in connection with a more severe operation, are relatively

more obvious. The author visited each patient before operation and explained in detail the exact procedure that would take place on the day of operation. Each patient was visited again twenty-four hours after operation and she was asked to reply to six standardized questions. The questions and the patients' replies were as follows:

(1) Each patient was asked to state her impressions of the anaesthetic side of the procedure.

This was, in general, found to be much less unpleasant than the patients expected, despite the fact that each patient had been told exactly what would take place.

(2) Patients were asked to state what were found to be the most unpleasant factors (or procedures or events) which occurred on the day of operation.

They agreed unanimously that the early pre-operative insertion of the urethral catheter, and the necessity of retaining it for several hours, was uncomfortable and unpleasant. As a result of this finding the practice has been abandoned and all patients are now catheterized in the operating theatre whilst unconscious.

A second complaint concerned the length and tedium of the waiting period, which was often from 8 a.m. to 4 or even 5 p.m. As in most hospitals, there is a tendency for the major operative procedures to be carried out first, so that patients who are to undergo minor procedures may frequently have to wait many hours.

It was aptly put by one of the patients: "There was I with my catheter, cap and gown at 8.30 a.m.

and eventually operated upon at 5 p.m.!" It must be agreed that a wait of this length is very tedious but there seems at present no ready solution (a point understood by most patients).

An attempt was made to lessen this discomfort by allowing all patients who were due for operation after 2.30 p.m. to drink a cup of tea not later than 9.30 a.m. This concession was greatly appreciated.

Another common complaint referred to the embarrassment of the preparation for operation, in particular the shaving of the appropriate area. At present no solution is available.

(3) This question concerned the effect of the pre-anaesthetic medication, which consisted of pethidine 50 mg with atropine 0.8 mg given subcutaneously 45 minutes before operation.

The majority (79 per cent) thought it was helpful but a small proportion expressed disappointment at not going to sleep after this injection. The author is convinced after many years experience, that personal contact with pleasant and cheerful nurses, and with an anaesthetist who is prepared to make an unhurried pre-operative visit, is vastly superior to any known drug (or combination of drugs) in alleviating patients' fears and anxieties.

(4) The patients were asked for their comments upon the anaesthetic room.

The unanimous response was highly gratifying. It was praised by all as being bright, cheerful and pleasant. A number of patients remarked upon how much better it was being put to sleep in the anaesthetic room than on the operating table; an astonishing remark after fifteen years of anaesthetic specialization! All were very grateful for the privacy of the anaesthetic room, but one patient noticed that the doors leading to the theatre were open, thus exposing her to the sights and sounds which it is one of the functions of the anaesthetic room to avoid.

(5) Patients were then asked to describe the most unpleasant memory of the return to consciousness.

The commonest complaint was of headache, which occurred in 15 per cent. Seven per cent of the patients complained of sore throat. This was probably due to a combination of oral dryness and the minor trauma associated with the use of an oropharyngeal airway. In all patients it disappeared within a matter of 12 hours or so. Naturally

the great feeling of relief that the procedure has been safely undergone tends to overshadow other discomforts. Persistent questioning, however, revealed that in some patients (6 per cent) the neck muscles were painful. This was due, in the author's opinion, to excessive extension of the head, either by hand or by mechanical means, with the object of obtaining a clear airway.

(6) Each patient was asked to describe her feelings on the first postoperative night.

Eighty-five per cent slept well with or without a simple analgesic (Tab. Codeine Co.). Eight per cent were sick. The remaining seven per cent were unable to sleep because they found themselves situated next to patients who had undergone major operative procedures. These latter patients were often restless and in pain, and required continuous attention from the nursing staff during the night, with the associated switching on and off of lights for inspection purposes. This unsatisfactory juxtaposition has now been remedied, and patients having minor procedures are now separated from those undergoing major procedures.

In addition to the questionnaire, each patient was asked to state her own personal impressions of the whole procedure. The general impression appeared to be that it was not unpleasant but suggestions were put forward concerning improvements, which would avoid unpleasant memories and which could be instituted with a little co-operation.

The complaints are summarized as follows:

- (a) Objection to the passage of the catheter in the ward: This practice has now been abandoned.
- (b) The embarrassment of preparation for pelvic procedures. No solution has been found.
- (c) The long wait before operation. No complete solution has been found. It is of interest to note that, on the whole, patients did not desire to know the approximate time of operation, preferring to remain in ignorance lest they should suffer a great increase in apprehension as the expected time approached.
- (d) Close proximity of patients having minor operations with those undergoing major procedures; this has now been remedied.

Patients were full of praise for the care and kindness shown by the medical and nursing staff. A most gratifying comment from those undergoing their first operative procedure was that they would be far less worried should a return visit prove necessary.

DISCUSSION

A vast bibliography has accumulated in recent years in anaesthetic and other journals illustrating the enormous advances in anaesthesia, and the attention given to reducing the mortality and morbidity associated with general anaesthetic procedures.

Very little attention has been paid, however, to the incidental discomforts of operation and anaesthesia. There has instead been an implicit tendency to regard as inevitable the minor associated physical and psychical discomforts.

Crampton (1934) emphasized nearly thirty years ago the importance of the personal and kindly approach of the anaesthetist. Modern drugs, unthought of at that time, have not diminished the value of the pre-operative visit, in which the patient can be "put in the picture", and his or her natural anxieties allayed.

An editorial in this journal (1960) drew attention to the minor sequelae of anaesthesia, and was followed by the report of an investigation by Edmonds-Seal and Eve (1962). They investigated a series of 513 patients who underwent a wide variety of operations so that the results of their series are not strictly comparable with those obtained in the present series in which a standard operation was carried out under standardized conditions. It is interesting to note, however, that they also had patients who complained of discomfort in jaw and neck following non-endotracheal anaesthesia and they too ascribed it to forceful holding up of the jaw.

The absence of backache as a specific complaint is perhaps surprising in view of previous reports of the frequency of this symptom following use of the lithotomy position (Schleyer-Saunders, 1954; Edmonds-Seal and Eve, 1962). One must presume that when it did occur it was minimal and not thought worthy of special mention. Apart from the usual care in placing the patient in position, no special precautions were taken to avoid this complication.

The most outstanding impression gained from this investigation into an admittedly minor procedure is that worthwhile improvements for the patient could be gained by the application of thoughtfulness and common sense. These gains were easily obtained and involved no extra work (or expense) on the part of the nursing or medical staff.

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ENNUIS MINEURS ET DÉSAGRÈMENTS PRÉ-ET POSTOPÉRATOIRES

SOMMAIRE

L'auteur a interrogé 100 patientes (femmes) au cours des jours précédant et suivant un examen gynécologique — toujours le même — suivi de cautérisation du col de l'utérus sous anesthésie générale. Les patientes lui révélèrent alors certains désagréments physiques ou psychologiques. Les plaintes se rapportaient aux préparatifs de l'intervention et au sondage ainsi qu'à l'ennui de la période d'attente et à l'émotion causée par le voisinage de patientes malades. L'auteur discute ces récriminations afin que l'on puisse les réduire au minimum évitant ainsi de rendre le séjour des patientes à l'hôpital encore plus désagréable qu'il l'est inévitablement.

KLEINE PRÄ- UND POSTOPERATIVE UNANNEHMlichkeiten

ZUSAMMENFASSUNG

100 Patientinnen, bei denen unter einer üblichen Allgemeinnarkose eine gynäkologische Untersuchung mit nachfolgender Kauterisation der cervix uteri durchgeführt wurde, wurden am Tage vor und am Tage nach der Operation befragt. Dabei ergaben sich bestimmte körperliche und psychische Unannehmlichkeiten. Es wurde besonders über die präoperative Vorbereitung und Katheterisierung, die Langeweile der Wartezeit und über das Unbehagen, in unmittelbarer Nähe von kranken Patientinnen zu liegen, geklagt. Diese Klagen werden diskutiert mit der Absicht, sie auf ein Minimum zu reduzieren und den Krankenhausaufenthalt des Patienten nicht unangenehmer als unbedingt notwendig zu machen.