



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



Original article

Patient's satisfaction after outpatient forefoot surgery: Study of 619 cases



A. Mouton^{a,*}, V. Le Strat^a, D. Medevielle^a, Y. Kerroumi^a, W. Graff^a, the French association of foot surgery (AFCP)^b

^a Groupe hospitalier Diaconesses Croix Saint-Simon, 12-18, rue du Sergent-Bauchat, 75012 Paris, France

^b Clinique du Parc, 155, boulevard Stalingrad, 69006 Lyon, France

ARTICLE INFO

Article history:

Received 11 May 2015

Accepted 21 June 2015

Keywords:

Outpatient surgery

Hallux

ABSTRACT

Introduction: The number of outpatient surgical procedures performed in France on the forefoot has grown rapidly in recent years.

Objectives: The goal of this study was to evaluate experience and satisfaction of patients undergoing outpatient foot surgery using a telephone questionnaire developed for this purpose.

Material and methods: In 2012 and 2013, every patient who was admitted to the day surgery unit at our hospital for an open procedure on their forefoot was called the morning after the procedure. A nurse went through the 14-item questionnaire with the patient. The same perioperative protocol, written instructions and treatment were used for all patients.

Results: Six hundred nineteen patients were included. The questionnaire response rate was 89% ($n = 540$). Isolated hallux valgus surgery was performed on 319 patients (61%); 107 patients (20%) underwent hallux valgus surgery with lateral metatarsal osteotomy; 57 patients (10.5%) underwent first metatarsophalangeal fusion and 47 patients (8.5%) underwent a procedure on the lateral rays only. In the postoperative phase, 65% reported having satisfactory sleep quality, 32% had experienced nausea, 16% had experienced vomiting and 17% had experienced bleeding. Eighty percent of patients experienced pain ($VAS \geq 1$); 80% of these patients had their pain relieved by the prescribed treatment and 4% had not taken it. Nearly all the patients (99%) were satisfied with the outpatient care; the overall satisfaction score was 9.4 out of 10. There was a significant relationship between the type of procedure and vomiting, pain, bleeding and fever.

Discussion: Outpatient care is becoming more common in response to economic challenges. The development of outpatient foot surgery appears to have satisfied the vast majority of operated patients. However, adjustments should be made to improve their tolerance to the pain management protocol. Although the logistics of performing follow-up call can be complicated, the patients appreciate receiving this call the next day. The call also seems to reassure both the patients and care providers.

Level of evidence: IV.

© 2015 Elsevier Masson SAS. All rights reserved.

1. Introduction

In France, outpatient or day surgery is defined as a scheduled surgery that is performed under conditions where the safety of an operating room is mandatory. The method of anaesthesia varies but the postoperative monitoring allows the patient to be discharged on the same day as the procedure, without increased risk. The goal is to reduce the cost of the surgical procedure by reducing the amount

of time spent at the hospital [1]. The incentives will continue to grow, helping to drive further develop this approach to care [2,3]. Forefoot surgery is already performed as an outpatient procedure in multiple healthcare facilities in France [4]. But it is only feasible in a secure context combining good preoperative preparation with impeccable postoperative supportive measures [5].

Our facility has been providing outpatient care since 2000. We have been systematically calling all patients who are admitted to the day surgery unit (DSU) on the day before and the day after their procedure. Calling them the day after allows us to review the postoperative instructions and to ask them to answer a questionnaire. The answers and comments are recorded in a computer program.

* Corresponding author.

E-mail address: amouton@hopital-dcss.org (A. Mouton).

The primary objective of this study was to evaluate the satisfaction of patients who underwent forefoot surgery in an outpatient basis by analysing the answers to this questionnaire. The secondary objective was to establish a correlation between the type of surgery performed and these answers.

2. Patients and methods

This was a retrospective evaluation of a continuous series of patients who were operated on the forefoot during an outpatient procedure at our DSU in 2012 and 2013.

2.1. Inclusion criteria

The preoperative selection of eligible patients for an outpatient procedure was made during the surgical consultation and then confirmed during the anaesthesia consultation. Selection took into consideration the patient's psychosocial status, their willingness to be hospitalized or not, and the criteria set out by the French Society of Anaesthesia and Intensive Care [6]. The pathology being treated was not grounds for exclusion. Only patients admitted to the DSU could participate in this study. Patients who underwent outpatient surgical procedure in the other surgery departments were not included as this approach is only used in the DSU. Any patient who did not answer the follow-up phone call was excluded.

2.2. Types of forefoot procedures

The patients were separated into four groups based on the type of surgical procedure performed on the hallux and lateral rays. Group 1 included patients who had hallux valgus surgery only performed. Group 2 included patients who underwent hallux valgus surgery with Weil-type metatarsal osteotomy or realignment. Group 3 included patients who underwent first metatarsophalangeal joint fusion. Group 4 included patients who underwent bone or soft tissue surgery on the lateral rays only.

2.3. Type of anaesthesia and pain management protocol

The anaesthesia consisted of light sedation that allowed a peroneal nerve block with lidocaine and ankle block of three superficial nerves with ropivacaine to be instilled under ultrasonography guidance. Only open surgical procedures of the forefoot were performed by one of the four surgeons in the department. When the patient returned to the ward after the procedure, the DSU nurses reminded them of the postoperative instructions and the course of action over the subsequent 8 days. Sequential visits by the anaesthesiologist and the surgeon provided a second and third reminder of the instructions. The DSU discharge decision was made jointly by the surgeon and anaesthesiologist after the peroneal nerve block was removed.

The discharge file given to the patient consisted of a treatment prescription that always included Ketoprofen LP 100 or prednisone 20 mg, omeprazole 20 mg, two Class II analgesic agents combining paracetamol – codeine or paracetamol – opium – caffeine with tramadol LP 50 or nefopam to take with sugar [7–10]. The combination of analgesic agents was selected based on known tolerance to the proposed molecules. All the drugs were prescribed for 8 days, except for prednisone (3 days). To prevent the development of complex regional pain syndrome, 1 g of vitamin C daily was prescribed by 45 days [11]. A set of written instructions repeated the ones given verbally: pain management, rest, oedema control, etc. Phone numbers with multiple extensions and availabilities made it possible for the operated patient to call the hospital 24 hours a day.

Table 1

Answers for all patients who answered at least one questionnaire item.

	Yes	No	N/R
Did you sleep well?	331	202	7
Did you experience nausea?	172	356	12
Did you experience vomiting?	82	451	7
Did you experience a fever?	4	524	12
Did you have any bleeding?	93	434	13
Did you get any headaches?	26	497	17
Did you feel any pain?	431	106	3
Did you call your doctor?	18	512	10
Did you call the emergency room?	16	492	9
Were you satisfied with the discharge instructions that you received?	531	3	6
Were you satisfied with the care provided at the DSU?	528	3	9
Was your pain relieved by the prescribed treatment?	427	44	69
Did you take the medications?	484	14	42

N/R: no response.

2.4. Evaluation

The day after the procedure, patients received a call from the same nurse who called them before the surgery. A standardized questionnaire developed by the nurses and surgical team was administered to the patient; the answers were directly recorded in a software program created by the hospital's IT department. This questionnaire evaluated patient's satisfaction on a scale of 1 to 10 and required them to answer 13 other questions (Table 1).

2.5. Analysis methods

Qualitative variables were compared with the Chi² test; Cramer's V was used to carry out a bivariate analysis between the type of procedure and the answers to each questionnaire item. The null hypothesis was that the type of procedure and each questionnaire item were independent. Rejecting this null hypothesis meant that the variable in question was affected by the type of procedure. The significance threshold was set at a *P*-value of less than 0.05. The statistical analysis was performed with SPSS software.

3. Results

Six hundred and nineteen patients were admitted to the DSU for forefoot surgery in 2012 and 2013. Five hundred and forty of them (89%) answered the call on the day after surgery. The studied population consisted of 27 men and 513 women (95% women). Group 1 had 319 patients (61%), group 2 had 107 patients (20%), group 3 had 57 patients (10.5%), and group 4 had 47 patients (8.5%).

The analgesia treatment was not taken by 14 patients (2.5%). Among the 44 patients whose pain was not relieved by the analgesia treatment, 12 had not taken the prescribed treatment and 7 said they had not experienced any pain. Ninety-nine percent of patients were satisfied with their care in the DSU; the mean satisfaction score was 9.4 out of 10, with a standard deviation of 0.7 (Table 2). Three patients said they were not satisfied with their care at the DSU (Fig. 1). One patient was dissatisfied because of pain and the

Table 2

Pain as a function of the type of procedure.

	Yes (%)	No (%)	N/R (%)
Group 1	268 (81.5)	60 (18.2)	1 (0.3)
Group 2	86 (80.4)	20 (18.7)	1 (0.9)
Group 3	49 (86.0)	8 (14.0)	0 (0.0)
Group 4	28 (59.6)	18 (38.3)	1 (2.1)

Download English Version:

<https://daneshyari.com/en/article/4080906>

Download Persian Version:

<https://daneshyari.com/article/4080906>

[Daneshyari.com](https://daneshyari.com)