

Recovery After Same-Day Surgery in Patients Receiving General Anesthesia: A Cohort Study Using the Quality of Recovery-40 Questionnaire

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Background: *The contemporary rise in the number of elective procedures performed in same-day surgery (SDS) requires that health care professionals increase their knowledge of patient satisfaction and recovery, including patient-assessed quality of life. This study investigates the quality of recovery (QoR) of anesthetized SDS patients.*

Methods: *Data from SDS patients were collected from hospital records at T1 (the morning before operation), T2 (day 1 postsurgery), and T3 (day 4 postsurgery). The QoR-40 and three questions that addressed tiredness, hoarseness, and thirst were used to measure health status at T2 and T3.*

Results: *QoR-40 mean score at T2 was 175 (SD = 17.5; n = 328) and T3 was 181 (SD = 16.6; n = 340). QoR improved significantly from T2 to T3 as did tiredness, hoarseness, and thirst. Patients who underwent throat, nose, or ear surgery had the lowest mean score at T3, whereas gynecology patients had the highest mean score at the same time point. Stepwise multiple linear regression analysis found the main predictor of QoR to be tiredness at T2, needing assistance with daily activities, preoperative education, not being discharged home, length of anesthesia, self-assessed mental health at T1, and hoarseness at T2 ($R^2 = 0.469$).*

Conclusions: *SDS patients needing assistance with daily activities, self-assessed in compromised mental health, who have undergone a lengthy anesthesia, and have not been discharged home need information, education, and special follow-up care.*

Keywords: *anesthesia recovery, day surgery, quality indicators, ambulatory surgery.*

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Conflict of interest: None to report.

Authors' contributions: All the authors contributed to the design of the study. TB, MTA, KA, and LBA collected data, HS performed the statistical analysis, and all authors contributed to the interpretation of the analysis and to the draft of the manuscript. All authors read and approved the final manuscript.

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SAME-DAY SURGERY (SDS) is defined as a planned surgical procedure for patients who return home the same day.¹ It has become standard practice for patients scheduled for elective surgery,²⁻⁴ is considered the treatment of choice for a wide range of cases, and is safe and cost effective in relevant procedures.^{2,4-7} At the National University Hospital in Iceland, where the present study took place, 47.2% of all elective surgeries are defined as SDS.⁸

Patient-assessed quality of life is one of the principal end points after SDS, with well-being and satisfaction of patients postdischarge recognized as important quality indicators.⁹⁻¹¹ The increased focus on patient-oriented outcomes, such as frequency of SDS-related return visits and postdischarge symptoms,^{2,12} comes at a time when advances in anesthesia care have significantly decreased the incidence of mortality and major morbidity.¹³ Postdischarge symptoms are however numerous, including pain, postoperative nausea and vomiting, drowsiness, fatigue and tiredness, sore throat, and sleep disturbances.¹⁴⁻²⁰ Although the symptoms are seldom life threatening, they can be unpleasant and distressing, lengthen the time of recovery and resumption of normal activity.¹⁶ Postoperative nursing surveillance is short, however, indicating that the patients are increasingly asked to manage their symptoms alone or rely on relatives or friends. This trend may cause anxiety and discomfort among patients and caregivers about the management of care.^{21,22} Perianesthesia nurses play an important advocacy role in preventing harm to patients.²³ They should have the means to detect patients who need specific follow-up after SDS and provide them with resources needed. The quality of recovery-40 (QoR-40) instrument¹⁷ was developed and validated to evaluate the health status of patients after anesthesia and surgery and has been identified as the best-suited instrument for measuring postoperative recovery after SDS.²⁴ The most reliable way of improving postdischarge care is to audit and review outcomes and patient satisfaction on a continuous basis during the immediate postoperative and the postdischarge period.⁴

Aim of Study

The purpose of the study was to investigate the recovery of SDS patients as measured by QoR-40.

The aims were to assess associations with surgery and anesthesia, social situation, patient education, self-assessed preoperative and postoperative health and background variables, and detect predictors of QoR on day 4 postsurgery.

Methods

Sample and Setting

This observational cohort study took place at the National University Hospital, the largest hospital in Iceland with 649 beds as of 2012 and 6,605 SDSs performed in the same year. Patients 18 years and older who were scheduled for SDS under general anesthesia 3 days in advance were offered participation in the present study. Exclusion criteria were staying overnight at the hospital, readmission, not being able to read and write Icelandic, and the compromised ability to answer the study questionnaire as a result of impaired vision or hearing or other issues such as dementia or retardation as judged by the attending anesthesia nurse. Power analyses revealed that 405 patients were needed for the study (given a power [beta] of 0.8, effect size of 0.3, and alpha level at 0.05) and descriptive statistical tests.

Data Collection and Measures

Data collection started on November 1, 2012 and finished on March 1, 2013, with 631 patients recruited into the study. Data were collected from hospital records after the surgery (on gender, American Society of Anesthesiologists [ASA] classification, body mass index [BMI], smoking, type and duration of anesthesia and surgery, and type of surgery according to surgical subspecialty) and from patients themselves with three different questionnaires administered at three time points: questionnaire 1 on the morning before the surgery (T1), questionnaire 2 on day 1 (T2) postsurgery, and questionnaire 3 on day 4 (T3) postsurgery. Questionnaire 1 contained two questions that asked about assessment of physical and mental health. Responses ranged from very good (1) to very bad (5). Questionnaire 2 contained QoR-40 with added questions about tiredness, hoarseness, and thirst; and questionnaire 3 contained all questions asked at T1 and T2 as well as questions about background information, patient education, and hospital discharge. The QoR-40 is a 40-item questionnaire

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