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## SCIENTIFIC ARTICLE

# The practice of postanesthesia visits – a questionnaire study



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### KEYWORDS

Postanesthesia visit;  
Anesthesia;  
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### Abstract

**Background and objective:** Regular postanesthesia visits allow the detection of anesthesia related complications and increase patient satisfaction. Consequently, the performance of postanesthesia visits has been recommended after certain types of anesthesia. However, no data is available concerning the current practice of postanesthesia visits. Therefore, this study was designed to investigate quantity, organization, contents, significance and problems of postanesthesia visits in Germany.

**Methods:** For this prospective closed-design survey, a questionnaire, consisting of 13 questions, was designed and tested for objectivity, reliability and validity. Subsequently, 3955 registered anesthesiologists were contacted via email to answer this survey.

**Results:** Return rate was 31.4%; 958 questionnaires were included in the study. Only a small portion of patients was estimated to receive a postanesthesia visit (median: 20.0%). In hospitals with a specific postanesthesia visit service, this number was significantly higher (median: 65.0%,  $p < 0.001$ ) vs. no postanesthesia visit service. Postanesthesia visits usually lasted less than 5 minutes (60.0%), and were typically conducted on the day of surgery (48.0%), after regular working hours (55.0%). 38.0% of the respondents reported to detect perioperative complications intermittently during their visits. While 98.0% of all respondents believe that postanesthesia visits improve the quality of their own work, 86.0% of the participants complain a lack of time for this task.

**Conclusions:** Our survey indicates that current working conditions prevent a regular postanesthesia visit routine. Considering the high appreciation of postanesthesia visits by anesthesiologists, as well as the relevant incidence of postoperative complications detected during these visits, it seems desirable to consider organizational improvements for postanesthesia care.

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**PALAVRAS-CHAVE**

Visita pós-anestésica;  
Anestesia;  
Complicação;  
Questionário

**A prática de visitas pós-anestésicas – estudo de um questionário****Resumo**

*Justificativa e objetivo:* As visitas regulares pós-anestesia (VPA) permitem detectar complicações relacionadas à anestesia e aumentar a satisfação do paciente. Portanto, a realização de VPA foi recomendada após certos tipos de anestesia. Porém, não há dados disponíveis sobre a prática atual de VPA. Logo, este estudo foi projetado para investigar a quantidade, organização, conteúdo, significância e problemas da VPA na Alemanha.

*Método:* Para esta pesquisa de natureza fechada e prospectiva, um questionário com 13 perguntas foi criado e testado para identificar a objetividade, confiabilidade e validade. Posteriormente, 3.955 anesthesiologistas registrados foram contatados via e-mail para responder a essa pesquisa.

*Resultados:* A taxa de retorno foi de 31,4%; 958 questionários foram incluídos no estudo. Apenas uma pequena parte dos pacientes foi designada para receber uma VPA (mediana: 20,0%). Em hospitais com serviço específico de VPA, esse número foi significativamente maior (mediana: 65,0%,  $p < 0,001$ ) vs. ausência de serviço de VPA. As VPA normalmente duraram menos de 5 minutos (60,0%) e foram tipicamente conduzidas no dia da cirurgia (48,0%), após o turno normal de trabalho (55,0%). Dentre os que responderam o questionário, 38,0% relataram detectar complicações perioperatórias de forma intermitente durante as visitas. Enquanto 98,0% dos entrevistados acreditam que as VPA melhoram a qualidade de seu próprio trabalho, 86,0% se queixam de falta de tempo para essa tarefa.

*Conclusões:* Nossa pesquisa indica que as condições atuais de trabalho impedem a realização rotineira de VPA. Considerando a alta valorização das VPA por anesthesiologistas, bem como a incidência relevante de complicações no pós-operatório detectadas durante essas visitas, parece desejável considerar melhorias organizacionais para a assistência após a anestesia.

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**Introduction**

The idea and relevance of postanesthesia visits (PAVs) was mentioned as early as 1934, with the recommendation that anesthesiologists should visit their patients regularly in the first two days after surgery to obtain information about the patient's condition.<sup>1</sup> Yet, in today's anesthesia textbooks, this element of perioperative care is mostly neglected.<sup>2</sup> While there is extensive literature on potential complications and side effects of general and regional anesthesia, the performance of a personal visit to detect such complications appears to be forgotten practice.

Only due to the currently increasing demand for quality management, the importance of PAVs has in part been revived.<sup>3</sup> A small number of studies have demonstrated that the performance of PAVs may improve patient satisfaction<sup>4-6</sup> and physician recognition.<sup>7</sup> In an Indian study, patients who received a PAV were significantly more satisfied than those without a PAV.<sup>8</sup> Similar results were obtained in an Austrian study, showing that a single PAV may significantly increase patient satisfaction.<sup>9</sup> As the perfect time for PAVs, 12–24 h after anesthesia was suggested.<sup>10</sup> Multiple questionnaires have been implemented to determine patient satisfaction postoperatively (Fig. 1).<sup>11-13</sup> However, 'receiving information' and 'feeling safe' appear to be strong predictors of patient satisfaction.<sup>14</sup> Therefore, for the purpose of PAVs, face-to-face interviews may be more suitable than a questionnaire in determining patient satisfaction with

anesthesia.<sup>6</sup> To improve perioperative quality control, the implementation of an interdisciplinary postanesthesia service was suggested.<sup>5</sup>

The German Society of Anaesthesiology and Intensive Care Medicine (DGAI) guidelines for regional anesthesia in obstetrics specifically require a postanesthesia visit within 24 h.<sup>15</sup> For the recognition of intraoperative awareness, PAV questioning of the patient has been recommended.<sup>16</sup> Further, DGAI guidelines for the collaboration between surgeons and anesthesiologists explicitly indicate that the anesthesiologist is responsible for the detection and treatment of anesthesia related complications.<sup>17-20</sup> Similar guidelines have been published internationally: The American Society of Anesthesiologists explicitly define postanesthetic evaluation and therapy as the responsibility of an anesthesiologist.<sup>21</sup> The Royal College of Anaesthetists has published specific recommendations for post-anesthesia visits and defines patient groups that should be visited within 24 h.<sup>22</sup> Although both surgeons and anesthesiologists are required to inform each other about complications that might be attributable to the other specialty,<sup>17-20</sup> it appears likely that certain anesthesia related complications – like sensory and motor deficiencies after regional anesthesia – may remain unnoticed by non-anesthesiologists.

Currently, it is unknown how many patients receive postanesthesia care by means of PAVs. No data is available whether PAVs are performed, documented or valued by anesthesiologists. To shed light on this issue, we contacted 3955

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