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*ORIGINAL ARTICLE*

# Use of anaesthetic rooms in obstetric anaesthesia; a postal survey of obstetric anaesthetists and departments in the United Kingdom

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**Background:** Use of anaesthetic rooms has been much discussed in the UK in recent years, but attitudes and practices of obstetric anaesthetists regarding their use for caesarean section have never been sought.
**Method:** A postal survey was conducted to discover the extent of use of anaesthetic rooms *versus* operating theatre for induction of anaesthesia and reasons for using or not using them. Questionnaires regarding individual practices were sent to 400 randomly selected members of the Obstetric Anaesthetists' Association (~25% of UK membership). Questionnaires regarding departmental policies were sent to 100 "clinicians responsible for surveys" (approximately 38% of departments providing obstetric anaesthesia in the UK).
**Results:** For elective caesarean section, 70% of individual clinicians *never* used an anaesthetic room, 9% rarely, 5% usually, 9% for all regional anaesthetics and 6% always. For emergency caesarean section the corresponding figures were 83%, 5%, 5%, 3% and 2% respectively. Use of the anaesthetic room was independent of the seniority of anaesthetists. In 68% of departments it was standard practice or policy to induce all anaesthetics for caesarean section in the operating room. Conversely, only 1% of departments had a policy to induce all anaesthetics in the anaesthetic room. Patient safety was the usual reason given for anaesthetising in the operating room.
**Conclusion:** The majority of obstetric anaesthetists have abandoned the use of anaesthetic induction rooms, the main reason being patient safety. For the same reason, two-thirds of departments providing obstetric anaesthesia consider induction of anaesthesia in the operating room their standard practice.
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*Keywords*: Anaesthetic room; Induction room; Obstetric anaesthesia; Survey

## INTRODUCTION

Separate rooms for induction of anaesthesia were mentioned in the literature soon after anaesthesia was introduced into medical practice.[1] They became known as "anaesthetic rooms" in the United Kingdom, where their use was well established by the end of the 19th century, in the belief that being anaesthetised in the anaesthetic room would save the patient from the sight of things that would be shocking and distressing.[2] For nearly 100 years publications and directives dealt only with design features,[3] whilst the risks and benefits of anaesthetic rooms, and their very *raison d'être*, were not subjected to scientific scrutiny until late in the 20th century. In 1989, a randomised controlled trial examined patients' anxiety when anaesthesia was induced either in the anaesthetic room or in theatre.[4] Contrary to traditional belief, patients' anxiety was not dependent on the place of induction. In 1990 a legal comment was published after a mishap, describing the traditional way of disconnecting patients from oxygen supply and monitoring, and transferring them from one room to another, and from bed to operating table, as "clumsy and ill-conceived."[5]

Caesarean section was frequently quoted as a reason to anaesthetise in the operating room in two surveys conducted in 1964 and 1991 at meetings of the Association

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of Anaesthetists of Great Britain and Ireland.[3,6] Obstetric anaesthetists' opinions, however, have never been sought. We therefore decided to survey the current practice and opinions of obstetric anaesthetists in the UK and to establish whether anaesthetic departments have developed policies or standard practices concerning the use of anaesthetic rooms in obstetric anaesthesia.

## METHODS

The Obstetric Anaesthetists' Association (OAA) provided an address list of all its UK members (approximately 1600). Of these 400 were chosen by computer generated random numbers (LabView, version 5.1, National Instruments, Austin, Texas, USA) to receive a questionnaire regarding their individual practice. Consultants were asked to indicate their seniority (in post <5 years, 5–10 years, 10–20 years, and >20 years; these limits were chosen to obtain sub-groups of similar size). The consultant sub-groups, as well as trainees and non consultant career grades (NCCG) were initially analysed separately in order to detect trends in opinion and practice. Statistical comparison was by $\chi^2$ test.

The OAA also provided a list of the 265 clinicians who had accepted the responsibility to respond on behalf of their department to OAA-approved surveys regarding departmental issues (i.e. one clinician per obstetric anaesthetic unit). Of these, 100 (38%) were randomly selected (as above) to receive an entirely separate questionnaire, mailed separately, regarding departmental policies. These clinicians were not excluded from coincidentally receiving the questionnaire regarding individual practice, since one questionnaire clearly asked about departmental policies, the other about individual practice and opinion. Both questionnaires are shown in the Appendices A and B.

## RESULTS

### (A) Survey of individual clinicians

A total of 252 (63%) of the individual questionnaires were returned: 194 from consultants (five of which were left blank, due to retirement or change of clinical interests), 42 from trainees (41 specialist registrars and one locum senior house officer) and 16 from NCCGs. Amongst the consultants 54 were in post <5 years, 40 for 5–10 years, 44 for 10–20 years and 39 for >20 years. Twelve consultants did not state their years in post and were therefore not included in the consultant subgroups, but were included in the "all consultants" group and in the pooled results of all respondents. Not all respondents marked all the relevant sections, thus, the percentages do not always add up to 100%. Numbers in percent are rounded to the nearest whole number.

### Use of the anaesthetic room

The use of the anaesthetic room by different categories of staff is shown in Fig. 1 for elective caesarean section and in Fig. 2 for emergencies. The majority never used the anaesthetic room. There was no significant difference between the four sub-groups of seniority, nor were the responses from trainees and NCCGs significantly different from those of the consultants.

### Reasons

Most respondents stated more than one reason for anaesthetising in the operating room (Fig. 3). *Patient safety* and *to save time in urgent cases* were the most commonly quoted reasons. Reasons for using the anaesthetic room were rarely stated, consistent with the fact that 79% of anaesthetists never or rarely use one.

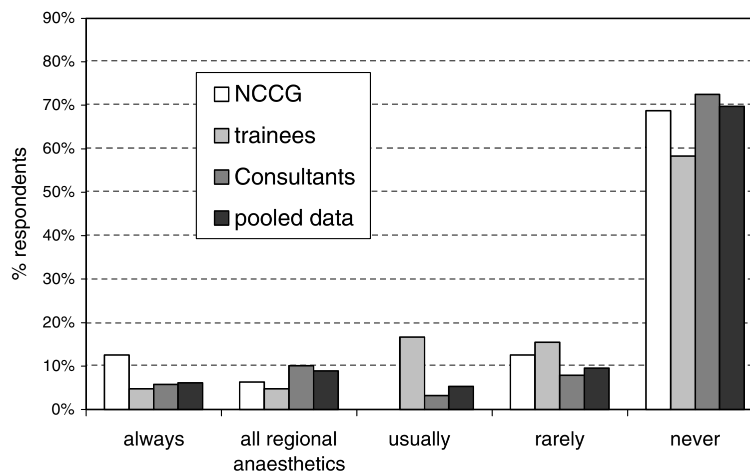


**Fig. 1** Use of the anaesthetic room for elective caesarean section by different grades of anaesthetist (NCCG: non-consultant career grade).

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