Preoperative Education and Anxiety Before Office-Based Urology Anesthesia

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Abstract

Physicians have performed surgeries for many decades in various settings, and these surgeries can offer different benefits to the patients and the providers. Conversely, anxiety has been a great concern due to the perception of the patients irrespective of the benefits gained from the office-based environment. This study has a crucial target for evaluating the impacts that preoperative education can offer on the perception of patients regarding anxiety before they may undergo office-based anaesthesia for urology procedures.

Introduction

Anxiety is among the comprehensive responses to stress, which is present in patients scheduled for office-based anaesthesia and surgery. The surgery is carried out in the private office of the physician, which is never accredited by the state or the national organization as the ambulatory centre for surgery or as the hospital. The practice is not a modern concept, even if it has undergone significant expansion (Parveen, 2016). The assessment of the presence of anxiety, as well as quantifying it, becomes a challenge with pain.

Background

With the diminishing reimbursement of healthcare and the growing demand of consumers, a significant portion of the healthcare delivery shifts from the in-patient environments to the outpatient facilities and to the offices of the physicians. Office-based procedures are also called the Wild West of healthcare, and they continue to advance at a high pace, with around 12 million procedures carried out annually (Yoo et al., 2015). The office-based environs provide improved access together with the convenience of the providers and the patients. Office-based practices are also cost-effective compared to various practice settings. Moreover, office-based practices are never subjected to similar state, local, and even federal regulations in comparison to hospitals or centres of ambulatory surgery.

Conceptual Framework

People still observe that procedures carried out in the offices increase in variety as well as complexity. In most cases, the patients have high comorbidities, and the office personnel is always unprepared to handle the complications (Taneja & Shah, 2017). Moreover, the office procedures catch the attention of the public due to the highly publicized malpractices, fatalities and claims.

Purpose Of The Study

This project intends to discuss the effects of pre-operative education on the perception of patients concerning anxiety before they undergo office-based anaesthesia for urology procedures. Various literature has depicted that office-based settings are suitable for the satisfaction of patients since they provide the same safety (Guo, 2015). In that case, such an environment is highly convenient as well as advantageous to both the parties involved in performing the urology surgeries.

Research Questions

The researcher will seek to identify the following questions:

1. How does pre-operative education, compared with no pre-operative education, affect patients' perception of anxiety within 24 hours of surgery in adult patients undergoing office-based urology procedures?
2. What are the scholarly projects designed to investigate further the effects of pre-operative education on patients' perception of anxiety before undergoing office-based anaesthesia for urology procedures?

Literature Review

The literature review was carried out using the OVID, Cumulative Index to Nursing and Allied Health Literature (CINAHL), as well as the Public Medline (PubMed) along with the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) and Wilmington Library.

The increasing demand for cutting the expenses for health insurance carriers has resulted in the preference for affordable surgery for elective procedures. The patients appreciate it since they can assist in cutting the health expenses that could have been incurred, such as the use of the IT systems. In such situations, the most significant barrier in the study was the challenge of assessing the information of the patients due to the lack of the IT System (Guo, 2015). The only facility that was available in the hospital was the charts, which created a significant challenge in obtaining the information of the patients, the pertinent labs, and the diagnostics. The STAI was used as the golden

standard since it indicated consistent results in various populations as well as ethnic groups when assessing anxiety. It was also available in different languages. Most of the patients who await office-based anaesthesia and surgery could experience high levels of preoperative anxiety.

Offering education to the patients together with the members of their families is among the critical aspects of nursing care. The fundamental purpose of preoperative education is to prepare the patient for the operation and prepare them for the expected results after the surgery. Thus, the preoperative knowledge may be extensive since it allows the patients to feel in control and even have an understanding of the surgery (Parveen, 2016). In that case, preoperative education is essential in reducing the risk of postoperative complications.

Moreover, it allows an individual to have an active role in the process of their recovery. For that matter, preoperative teaching needs to take place over a prolonged period to give the patient the opportunity to ask questions and even ensure the assimilation of the information (Simeone et al., 2017).

Methods

The researcher will identify the research population during the first interview with the urologist. The eligibility criteria will involve all healthy adult patients with two groups of eighty patients. The first group will receive the preoperative instructions on the morning of surgery, while the second group will receive the preoperative education given by a nurse anaesthetist at night and in the morning before the surgery using The Amsterdam Preoperative Anxiety and Information Scale (APAIS). The scholar will conduct the measurements of the anxiety before the surgery and before the discharge for both groups.

Results

Amusingly, the most significant concern of these patients awaiting the urology procedures was fear of the end, followed by the fear of the unknown. It was clear that the patients suffered needlessly because of insufficient preoperative preparation as well as the lack of information concerning the postoperative course (Taneja & Shah, 2017). Office-based anaesthesia providers should analyze the nature of the procedure and its appropriateness for the ambulatory environment. It calls for consideration of the anticipated duration of the procedures as well as the complexity. Thus, preoperative education on the perception of the patients concerning anxiety before they undergo office-based anaesthesia for urology procedures will assist them in being courageous.

Interpretation Of Findings

The study on preoperative teaching offered a surgical patient pertinent information regarding the surgical process. It also offered the expected sensations and the probable results (Bettelli & Solca, 2017). Moreover, preoperative education served as a way of providing the appropriate reassurances to the patient through therapeutic communication. In such situations, the nurse could respond to the patients in a manner favourable to the mental and physical health of the patient. This kind of approach could assist in calming the patient and facing the situation positively.

The study's limitations were that the time allocated for the research was not sufficient for the patients postoperatively. The limitations also emerged from the restrictions in the organizational routine, which were never feasible for carrying out the study. It was also never possible to apply the control group with the pre-anaesthetic visit in current research for ethical reasons related to the safety of the patient. Nevertheless, one investigator was tasked with collecting information about the patient to limit bias.

The Implication For Further Research

Thus, the impact for the advanced practice is that preoperative education provides some potential to decrease the anxiety of the patients. The patients called the night before the surgery were thankful and were at ease during their operation (Simeone et al., 2017). Office-based anaesthesia providers should analyze the nature of the procedure and its appropriateness for the ambulatory environment. It also involves considering the anticipated duration of the procedures as well as the complexity. Thus, preoperative education on the perception of the patients concerning anxiety before they undergo office-based anaesthesia for urology procedures will assist them in being courageous.

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