



Impact Of Perioperative Pre-Visit On Obstetric/ Gynaecological Surgical Patients In University Of Port Harcourt Teaching Hospital, Rivers State, Nigeria.

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ABSTRACT

This study examined the impact of perioperative pre-visit on obstetric/gynaecological surgical patient in UPTH by operating room nurses in UPTH. Six (6) research questions and two hypothesis guided the study which adopted a descriptive survey design. The population of the study consisted of all 512 patients that were undergoing Obstetrics and Gynaecological surgery in University of Port Harcourt Teaching Hospitals out of which 225 were selected using probability sampling technique precisely the systematic sampling method. The instrument for Data Collection was a semi-structured questionnaire. Data was analyzed using frequency tables, simple percentages and mean. The result showed that, the extent of perioperative pre-visit/counselling by nurses was low while that of anaesthetists was high. The result showed that perioperative pre-visit had a high impact on the expectation of outcome of the surgery with a mean value of 1.74 while the impact was low on the cooperation of patients with nurses/surgical team in the theatre with a mean value of 1.29. The impact of perioperative pre-visit on the feelings of the respondents showed that more than half were anxious, some were relaxed while others were tensed. The effect of pre-operative information and education on patients' undergoing surgery showed that it makes them to know and understand what to do after surgery, it helps in allaying patient's tension and anxiety hence, easy cooperation of patients with the surgical team. Also, it aids in accelerating post-operative patient recovery. It was recommended that; perioperative nurses should ensure they visit their surgical patients in the ward for counselling before taking them to the theatre.

Keywords: Pre-visit, Surgery, Perioperative, Obstetrics, Impact

INTRODUCTION

Surgery is a word that induces a physical and psychological crisis in a patient as well as his/her family. This tends to be a general reaction of client's world whenever billed for surgery. Most clients approach surgical treatment with fear, anxiety and sometimes depression. This is because they do not know what to expect during and after surgery. Hence, it becomes important that they are pre-visited and counselled properly, this will help to ease their anxiety and tension, because the thought of been booked to surgery can trigger fear in the patients. The triggers of fear include but not limited to those of pains, anesthesia, equipment, deformity and death amongst others leaving the patient in nightmare therefore, the operating room nurse as well as the ward nurses have a duty of care towards the surgical patient to ensure adequate preoperative preparation physically, physiologically, psychologically, spiritually and otherwise to facilitate a positive post-operative outcome (Sara, 2020).

Almost all surgeries whether emergency or planned minor, moderate, or major results in some physical trauma in the patient, hence the need for conscientious preoperative visit which will help the client in the attainment of optimum psychological adjustment that would enhance satisfactory operative process. This will help reduce the possibility of irreversible post-operative complication. Also, anxiety in elevated level of stress emits chemicals such as adrenaline and cortisone which have serious long-term effect on the body, prolonged anxiety leads to decreased wound healing, decreased immune response, increased risk of infection and electrolyte disturbance. Other possible complications include but not limited to: Anxiety, Depression, Digestive problems, Headaches, Heart disease, Sleep problems, Weight gain, Memory and concentration impairment (McLaughlin, 2016).

Peri-operative pre- visit enhances good rapport between client and nurses. This develops through good communication skills, in so doing, patient is able to verbalize his/her fears, asking questions thereby receiving answers that clears misconceptions. This reduces patient's anxiety. A well-planned Peri-operative pre-visit enhance a good rapport between the operating room nurse and the patient. This happens as the nurse uses her communication skills in the interactive process, re-assuring and empathizing with the patient which leads the patient to cast their trust on the nurse, asking questions about the procedure and expressing their fears about the surgery. This gives the operating room nurse the opportunity to learn more about the patient, observe the patient's behavior directly before assuming responsibility for the care of the patient. The nurse achieves that by asking and responding to probing questions about the client. It creates a therapeutic nurse-client relationship between the client and the nurse (Meeker & Rotrock, 1999).

It is said to be observed that perioperative pre-visit by the operating room nurse is seldom carried out in most hospitals; for example, at the University of Port Harcourt Teaching Hospital (UPTH). In view of the above phenomenon the researcher investigated the impact of perioperative pre-visit on the hospitalized Gynecological surgical patients in "UPTH", Choba, Rivers State of Nigeria.

Research Questions

The study provided answers to the following research questions:

1. To what extent do peri-operative nurses in UPTH pre-visit/counsel their patients before surgery?
2. What is the impact of pre-visit on the patient's surgical outcome expectation /cooperation of patients with the surgical team in the theatre
3. How does Peri-operative pre-visit/counseling improve patient's cooperation during surgery?
4. Will the pre-operative visit by peri-operative nurse help in alleviating the fear and anxiety expressed by patient?

Ho: There is no significant relationship between perioperative pre-visit and the recovery process of the surgical patient.

METHODOLOGY

A descriptive survey design was used to carry out this study. The population of the study consists of all 512 patients that are undergoing Obstetrics and Gynecological surgery in University of Port Harcourt Teaching Hospital. An average of eight (8) Obstetric and Gynecological surgeries are done per day, and in an estimate of 64 days a total of 512 patients was attended to. The inclusion criteria include: patients that are booked for and have undergone Obstetrics and Gynecological surgery, that are stable and due for discharge. A sample size of 225 was selected using the systematic sampling technique with value of 'N'= 2 was used. Structured questionnaire and Hamilton Anxiety Rating Scale (HAM-A) was utilized to collect data from respondents. Direct interview, structured questionnaire and Hamilton Anxiety Rating Scale (HAM-A) will be administered to 240 respondents available in the ward (Hospitalized Gynecological, Post-natal and Surgical Patients) at the time of distribution and was collected. A total of 225 questionnaires were used for data analysis for pre- surgical patients. A total of 100 patients were used as control group, that is, not to be pre-visited/ counseled before surgery. A total of 125 patients were pre-visited/ counseled before surgery. Direct interview, structured questionnaire and Hamilton Anxiety Rating Scale were re-administered to all 225 post-surgical patients. Data was analyzed using percentage, mean, regression and analysis of variance.

RESULTS

Table 1: Pre-visit/counsel by Peri-operative Nurses (Criterion mean=1.50; N = 225)

SN	Items	\bar{X}	Std Dev	Decision
1	Been visited in the ward by a nurse from the theater	1.18	0.38	Low extent
2	Been visited before the surgery*	1.23	0.43	Low extent
3	Been visited after the surgery*	1.23	0.43	Low extent
4	Given explanation about the nature of things by the nurse who visited	1.13	0.34	Low extent
5	Understood the explanations given	1.12	0.33	Low extent
	Grand mean	1.14	0.35	Low extent

1-1.29 (Low extent), 1.29-1.49 (Moderate extent), 1.50-2.00 (High extent); *Multiple response

Table 1 shows the extent to which peri-operative nurses pre-visit/counsel their patients before surgery. The result showed that only 40 patients indicated that they were visited in their ward by peri-operative nurses, 35 patients were visited before the surgery while 11 were visited after the surgery. Only 30 indicated that they were given explanation but only 28 understood the explanations given. The grand mean score of 1.14 indicates that the extent to which peri-operative nurses pre-visit/counsel their patients was low.

Table 2: Impact of Peri-operative Pre-visit on the Gynecological Surgical Patient (N = 200, 100 pre-visited, 100 not visited)

Items	Pre-visited		Not-visited	
	Yes F(%)	No F(%)	Yes F(%)	No F(%)
Knows the expected outcome of the surgery	94(94.0)	6(6.0)	11(11.0)	89(89.0)
Found it easy to cooperate or follow instruction from the surgical team	97(97.0)	3(3.0)	88(88.0)	12(12.0)
Had complications after the surgery	10(10.0)	90(90.0)	4(4.00)	96(96.0)

Table 2 showed that more of the respondents who were pre-visited knew the expected outcome of the surgery, and found it easy to cooperate or follow instruction from the surgical team with a proportion of 94.0% and 97.0% respectively as against 11.0% and 88.0% of the non-visited respondents.

Table 3: Impact of pre-operative visit by peri-operative nurse in alleviating the anxiety expressed by patient

Anxiety severity	Pre-Visited	Not visited	Total
Mild	78(100)	0(0.0)	78(100)
Moderate	22(100)	0(0.0)	22(100)
Severe	0(0.0)	100(100)	100(100)
Total	100(50.0)	100(50.0)	200(100)

Table 3 showed the impact of pre-operative visit by peri-operative nurse in alleviating the anxiety expressed by patient. The result showed that as compared to the not visited patients, the pre-visited patients had mild to moderate anxiety level as against all (100%) those who were not visited expressing a severe anxiety level. Thus, pre-operative visit had an impact in alleviating the anxiety expressed by patients.

Table 4: Bivariate regression showing relationship between perioperative pre-visit and the anxiety severity in patients

Variable	Mean score	Bivariate analysis	
		B (95% CI)	p-value
Visitation status –ref not visited			
Pre-visited	2.04	0.40 – 1.314	.00*

*Significant

Table 5 showed the Bivariate regression on the relationship between perioperative pre-visit and the anxiety severity in patients. The result showed that there was a significant relationship (B (95% CI) = 0.40 – 1.314; $p < 0.05$). Thus the null hypothesis which stated that there is no significant relationship between perioperative pre-visit and the anxiety severity in patients was rejected.

Table 5: ANOVA result showing relationship between perioperative pre-visit and the recovery process of the surgical patients

Source of variance	Sum of Squares	df	Mean Square	F-value	p-value	Decision
Between Groups	5.780	1	5.780	20.922	.000*	Ho rejected
Within Groups	54.700	198	.276			Ha accepted
Total	60.480	199				

*Significant

Table 5 showed the ANOVA result of relationship between perioperative pre-visit and the recovery process of the surgical patients. The result showed that, there was a significant relationship [F(1,198) = 20.922, p<0.05]. Therefore, the null hypothesis was rejected and the alternate hypothesis accepted.

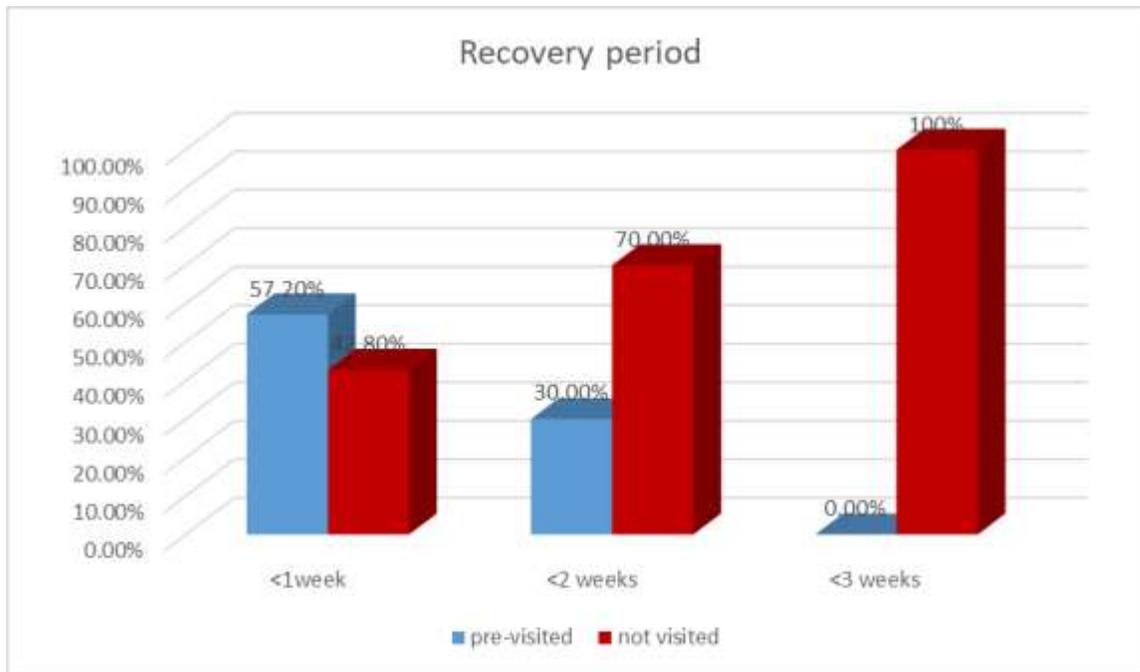


Fig 1: Bar chart showing percentage distribution of the recovery period of respondents

The result in Fig 4 showed the recovery period of the respondents both pre-visited and not-visited. It showed that, 57.2% vs 42.8% of visited and not visited respondents recovered <1 week. Thus, those who had pre-visit had shorter recovery period than the non-visited.

DISCUSSION OF FINDINGS

The result showed that, the extent to which perioperative nurses pre-visit/counsel their patients was low. This result is not surprising because such observations were made prior to the study which was the drive behind this study to ascertain the observations made with empirical evidence as shown in this study however, this finding is discouraging because it is unexpected. Having been taught that one of the most important duties/functions of the peri-operative nurse in the present dispensation of medico-legal challenges in health care delivery is peri-operative pre-visit and it should be implemented to reduce/prevent avoidable legal battles. Thus, the importance of pre-visit cannot be overemphasized. According to Meeker and Rotrock (1999), a well-planned peri-operative pre-visit enhances a good rapport between the operating room nurse and the patient, this happens as the client uses her communication skills in the interactive process, re-assuring and empathizing with the patient which leads the patient to cast their trust on the nurse, asking questions about the procedure and expressing their fears about the surgery. This gives the operating room nurse the opportunity to learn more about the patient, observe the patient's behavior directly before assuming responsibility for the care of the patient. The nurse achieves that by asking and responding to probing questions about the client. It creates a therapeutic nurse-client relationship.

Table 2 showed that more of the respondents who were pre-visited knew the expected outcome of the surgery and found it easy to cooperate or follow instruction from the surgical team with a proportion of 94.0% and 97.0% respectively as against 11.0% and 88.0% of the non-visited respondents. The result showed that as compared to the not visited patients, the pre-visited patients had mild to moderate anxiety

level as against all (100%) those who were not visited expressing a severe anxiety level. Thus, pre-operative visit had an impact in alleviating the anxiety expressed by patients. It is worthy of note that, peri-operative pre-visit enhances good rapport between client and nurses and this develops through good communication skills, in so doing, patient is able to verbalize his/her fears, asking questions thereby receiving answers that clears misconceptions, this reduces patient anxiety. National Institute of Mental Health (2013). acknowledged that anxiety in elevated level of stress emits chemicals such as adrenaline and cortisone which have serious long-term effect on the body, prolonged anxiety leads to decreased wound healing, decreased immune response, increased risk of infection and electrolyte disturbance, as such the operating room nurse as well as the ward nurses have a duty of care towards the surgical patient to ensure adequate preoperative preparation physically, physiologically, psychologically, spiritually and otherwise to facilitate a positive post-operative outcome.

The ways of improving cooperation between the patients and surgical nurses include: Nurses should be present before surgery, they should be more hospitable, be available to help at all times, be more friendly, nice, patient and tolerant, establish more cordial relationship, acting with more understanding, give room for dialogue between both parties, and nurses should be more caring. By implication, if the peri-operative nurses do their duty particularly in the aspect of pre-visit and counselling, it will help the surgical patients to know what and what is expected of them both before, during and after the surgical process thus, enhancing their cooperation for better outcome. It is also worthy of note that, there is always better ways of doing a thing, hence, the ways of improving the surgical patient's cooperation with the surgical team as provided with empirical evidence in this study should be held with utmost importance and incorporated by the nurses in their interaction with their patients for a better outcome.

The effect of pre-operative information and education on patients' undergoing surgery showed that it makes them to know and understand what to do after surgery. By implication, if peri-operative nurses are effective in carrying out their duty by visiting and counselling their patients before taking them to the theatre, they will have more understanding of what and what to expect and what to do after the surgery to enhance quick recovery. The finding of this study is in consonance with that of Tollefson et al. (2012) who demonstrated that when patients were informed about anticipated pain and some control given over the pain experienced, their apprehension was decreased and tolerated, they were discharged sooner thus, decreasing the length of their hospital stay, this is a sequel to patient education via pre-visit. This finding is in line with American Society of Peri-anaesthesia Nurses (2020), they established that when patients were pre informed about anticipated pain during/ after surgical procedure and some pain control measures given over the pain experienced, their apprehension was decreased and they were discharged sooner, this is a sequel of pre-visit/ pre-surgery education. Furthermore, stressing on the importance of pre-visit, the surgical patients experience anxiety, depression and fear no matter the nature of the surgery, further strengthening the assertion that patients need a nurse to be around them because they see them as a confidant. It is believed that patients welcome a nurse who visit them before surgery and assures them that they will be with them during surgery, and the patients respond well post operatively. He concluded that there is some evidence that patients would want to do with nursing support before, during and after surgery. The finding of this study is also in support of the assertion of Idusogie (2009) who noted in a classroom lecture presentation that, the operating room nurses need to present messages clearly and enthusiastically when asked questions, remember to use non clinical language and stop at intervals to assess the clients learning, providing positive feedback will help client learn and motivate them to be actively involved in the learning process. Adequate information will help to correct misconception, ease fear, and provide clear knowledge needed to prevent stress and anxiety.

CONCLUSION

Based on the findings of the study, it was concluded that the extent to which peri-operative nurses pre-visit/counsel their patients before surgery in UPTH was low and the impact of the peri-operative pre-visit was high on the patient's expectation of outcome of the surgery as it makes them have a positive expectation on the outcome, while the impact was low on the cooperation of patients with nurses/surgical

This study suggests that the nursing preoperative pre-visit/assessment/ education can be useful in identifying and defining patients' vulnerabilities and risk factors not just for surgery, but for the entire peri-operative care trajectory. The assumption that communication gaps exist was supported by the research findings. Communication of patient risk factors and vulnerabilities to the entire peri-operative team is critical for a successful transition through the peri-operative environment to occur. If patients' vulnerabilities or risks cannot be lessened, they need to at least be identified so they can be managed as they shift within the complexity of the peri-operative environment.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Peri-operative nurses should ensure they visit their surgical patients in the ward for counselling before taking them to the theatre.
2. The patients should be provided with the needed information and education before carrying out the surgical process.
3. The surgical team should also ensure they secure the cooperation of the patients before taking them to the theatre.
4. Peri-operative nurses should always ensure they portray friendly, nice, hospitable attitude towards their patients.
5. Peri-operative counselling should be done in such a way that the patients understand the information passed to them.
6. Clinician: Perioperative team members should focus on the preoperative assessment not just as a clearance for surgery, but also for managing the transitions of patient care throughout the perioperative experience.

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