

Questionnaire-Based Study On Post Anaesthesia Visits In Tertiary Hospital

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Abstract:

Background In recent years, significant advancements in anesthesiology have led to better healthcare services and a reduction in surgical complications.¹ While much research has been conducted on the practical application of anesthesia, little attention has been given to patient satisfaction.² According to recent reports, only 22% of anesthesiologists provide post-anesthesia visits on a daily or weekly basis. However, studies show that hospitals that offer post-anesthesia visits tend to have higher patient numbers, indicating the importance of this service. Anesthesiologists who do not perform post-anesthesia visits often cite reasons such as lack of time, patient dismissal, or lack of interest.³ But by providing this service, anesthesiologists can improve patient satisfaction and ensure that patients receive the best possible care. I selected this study to investigate the reasons for the lack of post-operative visits

Materials and Methods: In this study, a questionnaire of 11 questions was sent via email to consultant anaesthetists and anaesthesia post graduates of different medical colleges across India, after obtaining consent from the participants. These questions were prepared on a google form. The questionnaire was sent to 10 anaesthesiologists who have validated it and the Cronbach's alpha for the questionnaire is 0.82.

Results: The practice of PAVs among anesthesiologists was assessed and observed that 57.3% of the anesthesiologists do not practice PAVs, and 42.6% reported that they perform PAVs. The majority of the anesthesiologists who do not practice PAVs reported that lack of time the most common reason for not performing PAVs regularly (80.4%) followed by long distances to the patients to be covered (19.6%), patients already discharged (18.6%) extensive search (17.5%) and others (13.4%).

Conclusion: It is observed that most anesthesiologists do not practice PAVs. However, post-anesthesia visits by anesthesiologists are highly appreciated, and they play an essential role in detecting postoperative complications.

Key Word: Post-operative anesthesia visit, Surgeon satisfaction, Post-operative complications of anesthesia.

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I. Introduction

In recent years, significant advancements in anesthesiology have led to better healthcare services and a reduction in surgical complications. While much research has been conducted on the practical application of anesthesia, little attention has been given to patient satisfaction. According to recent reports, only 22% of anesthesiologists provide post-anesthesia visits on a daily or weekly basis. However, studies show that hospitals that offer post-anesthesia visits tend to have higher patient numbers, indicating the importance of this service. Anesthesiologists who do not perform post-anesthesia visits often cite reasons such as lack of time, patient dismissal, or lack of interest. But by providing this service, anesthesiologists can improve patient satisfaction and ensure that patients receive the best possible care

II. Material And Methods

This study was conducted among consultant anaesthesiologists and anaesthesia postgraduate students of different tertiary care teaching hospitals across India, by using a questionnaire of 11 questions. These questions were prepared on a google form and sent by e-mail to the participants, after obtaining consent from the participants.

Study Design: cross-sectional study

Study Location: This was a tertiary care teaching hospital-based study done in the departments of anaesthesiology, across India.

Study Duration: July 2024 to September 2024.

Sample size: 74

Sample size calculation: . Data was collected by the principal investigator using a pre-designed semi-structured questionnaire. Data was analyzed by using SPSS version 23. Data was presented in frequencies and proportions. The chi-square test was used as a test of significance

$$n = z^2 * p(1-p) / l^2$$
$$n = (1.76)^2 * 68(100-68) / (10^2)$$
$$n = 68$$

Subjects & selection method: The study population was drawn from consultant anaesthesiologists and anaesthesia postgraduate students of different tertiary care teaching hospital across India.

Inclusion criteria:

1. Practicing anaesthesiologists and anaesthesia postgraduate students of tertiary care teaching hospitals.

Exclusion criteria:

1. Doctors who are not practicing anaesthesiology
2. Participants who did not give consent.

Procedure methodology

After written informed consent was obtained, a well-designed questionnaire was used to collect the data from the participants. The questionnaire was formulated to assess the awareness on effect of anaesthetic agents on personnel and the environment amongst anaesthetists. The questionnaire also included socio-demographic characteristics such as age, gender, and years of experience. Knowledge was drawn from the option entry made by the participants.

Statistical analysis

The response obtained was be coded and entered on Microsoft excel version. After data editing and data cleaning it was be transferred to IBM licensed SPSS statistics version 23.0. Descriptive statistics was used to determine the frequency and percentages. Mean, standard deviation and standard error were be calculated and other variables, wherever required. Chi square chart was be used to assess the difference in significance among the qualitative variables.

III. Result

Out of the total participants, 36 were males and 32 were females.

Chart no 1: Gender distribution

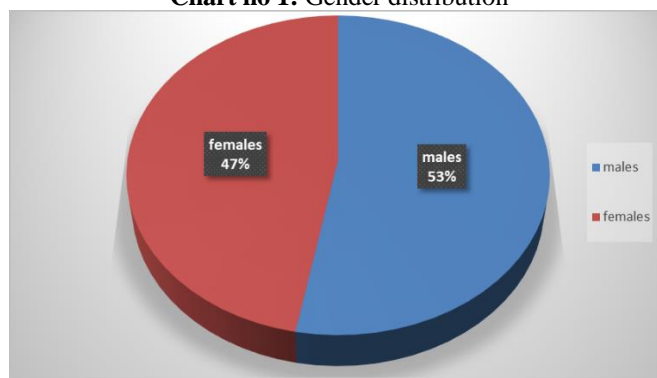


Table no 1: Experience details of participants (n=68)

Experience (in years)	Frequency	Percentages
< 5	33	48.5
5-10	22	32.3
>10	13	19.1

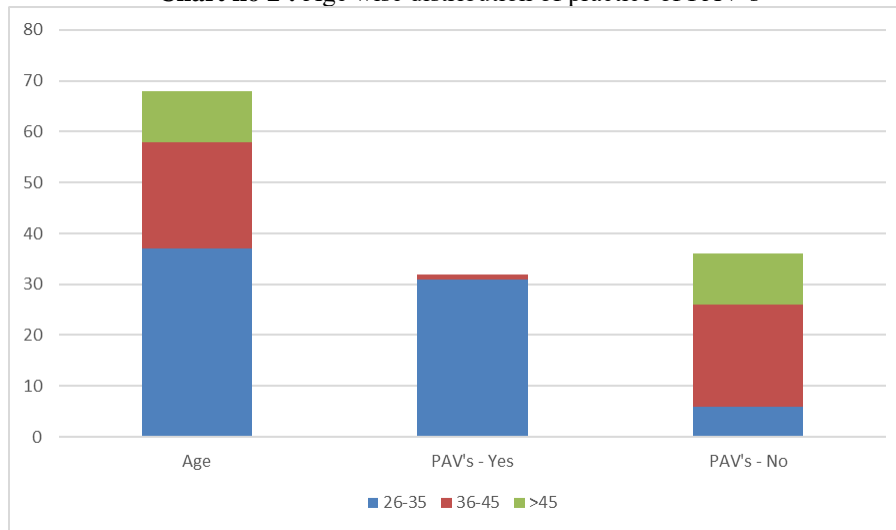
The majority of study participants (48.5%) had less than 5 years of experience in anaesthesiology, while 32.3% had 5-10 yrs of experience and 19.1% had >10 yrs experience

Table no 2. Practise of PAV's – Age wise

Variable	No:	Practising PAV's	
		Yes	No
Age			
26-35	37(54.4%)	28	9
36-45	21(26.4%)	1	20
>45	10(14.7%)	0	10
Total	68	29	39

Out of the total participants only 42.6% were practicing post anaesthesia visits (PAV's)

Chart no 2 : Age wise distribution of practice of PAV's

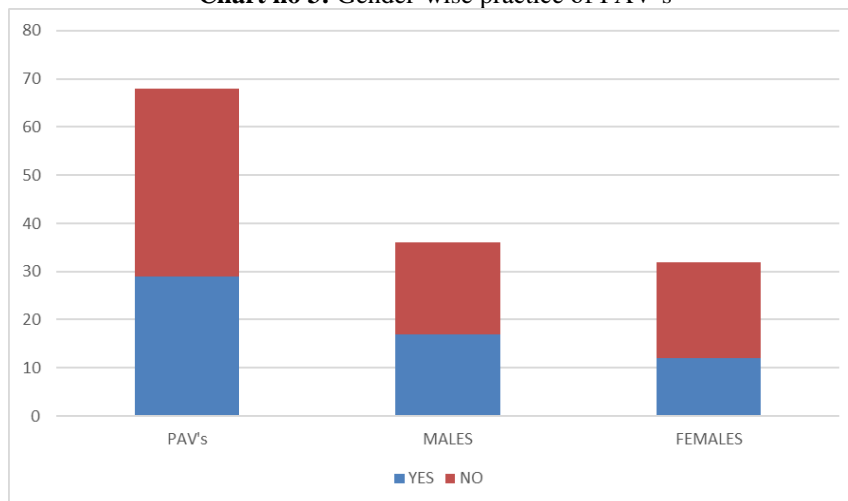


The majority of participants practicing pav's were in the age group of 26-35 yrs

Table no 3: Practise of PAV's – Gender wise

PAV's	MALES	FEMALES	TOTAL
YES	17(47.2%)	12(37.5%)	29(42.6%)
NO	19(52.7%)	20(62.5%)	39(57.3%)
TOTAL	36	32	68

Chart no 3: Gender-wise practice of PAV's



47.2% of males were practicing PAV's compared to 37.5% females practicing PAV's

The average age of the participants was 30.94±2.98 years. 36(52.9%) were males and 32(47.1%) were females. Most of them were junior residents (58.8%) followed by consultants. 83.8% of anesthesiologists were working in the private sector and 16.2% working in the government sector. The majority of the anesthesiologists who do not practice PAVs reported that lack of time the most common reason for not performing PAVs regularly (80.4%) followed by long distances to the patients to be covered (19.6%), patients already discharged (18.6%) extensive search (17.5%) and others (13.4%).

IV. Discussion

Post-anesthesia visits are conducted in clinical settings and hospitals post working hours of the anesthetist within a timeline of 5 minutes. Although the anesthetist agrees that these visits increase the identification of complications postoperatively, this seems to be an overburden on their schedules. American Society of Anesthesiology has defined the act of post-operative visits by anesthesiologists as a great responsibility that needs to be addressed. Royal College of Anesthetists also defines the responsibilities of anesthesiologists in their literature wherein emphasis has been given to planning the visits within the first 24 hours of an operative procedure. It has also elaborated that non-coordination between the surgeons and the anesthesiologist as the complications which are noticed by the anesthesiologist are not communicated with the surgeons

V. Conclusion

It is observed that most anesthesiologists do not practice PAVs. However, post-anesthesia visits by anesthesiologists are highly appreciated, and they play an essential role in detecting postoperative complications. Therefore, it would be desirable to consider organizational improvements for post-anesthesia care.

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