



## Ophthalmic Surgical Patients: What Additional Information Do They Require Before Surgery?

*Les patients de chirurgie ophtalmique: Quels autres renseignements ont-ils besoin avant chirurgie?*

F. O. Olatunji\*, A. A. Ayanniyi

### ABSTRACT

**BACKGROUND:** It has been observed that often, post-operative eye patients still ask questions expected to have been addressed in the pre-operative routine clinic information.

**OBJECTIVE:** To find out additional information that ophthalmic surgical patients require before surgery.

**METHODS:** A survey of 103 post-operative ophthalmic patients was carried out using an interviewer administered semi-structured questionnaire at three different hospitals in Kwara State of Nigeria between July 2005 and September 2006. Information sought included age, sex, ethnicity, and the type of eye surgery the patients had. Patients were to indicate what other information apart from those that had been given (routine information in the clinic) they would like to have had prior to surgery.

**RESULTS:** One hundred and three patients consisting of 63 males and 40 females with an age range of 20 to 99 years were surveyed. Additional information required by the patients included duration of surgery 49 (47.6%), duration of hospital stay after surgery 70 (69%), and major complications of surgery 38 (36.9%). One patient each wanted information on period of convalescence at home before resuming work, authentic (written) cost of surgery, causes of the disease and chances of recurrence of the disease.

**CONCLUSION:** Ophthalmic surgical patients require further information apart from routine clinic information on their surgeries. The need to improve on the present way of information transfer to the prospective ophthalmic surgical patients is underscored. *WAJM* 2009; 28(4): 249–252.

**Keywords:** Ophthalmic surgery, information, counseling unit, patient.

### RÉSUMÉ

**CONTEXTE:** Il a été observé que, souvent, les patients post-opératoires oeil poser encore des questions devraient avoir été traités dans le pré-opératoires d'information clinique de routine.

**OBJECTIF:** obtenir des informations supplémentaires que nécessitent les patients en chirurgie ophtalmologique avant l'intervention.

**MÉTHODES:** Une enquête de 103 post-opératoire des patients ophtalmiques a été réalisée avec un intervieweur questionnaire semi-structuré dans trois hôpitaux différents de l'Etat de Kwara au Nigeria, entre Juillet 2005 et Septembre 2006. Informations recherchées, mentionnons l'âge, le sexe, l'ethnicité, et le type de chirurgie de l'œil par les patients. Les patients devaient indiquer quelles autres informations en dehors de celles qui avaient été donné (informations de routine à la clinique) qu'ils aimeraient avoir eu avant l'intervention.

**RÉSULTATS:** Cent trois patients composé de 63 hommes et 40 femmes dont l'âge varie de 20 à 99 ans ont été interrogés. Informations supplémentaires requises par les patients inclus durée de l'intervention 49 (47,6%), la durée du séjour à l'hôpital après une intervention chirurgicale 70 (69%), et des complications majeures de chirurgie 38 (36,9%). Une patiente recherche des informations sur chaque période de convalescence à la maison avant la reprise du travail, authentique (écrit) le coût de la chirurgie, les causes de la maladie et les chances de réapparition de la maladie.

**CONCLUSION:** les patients en chirurgie ophtalmique besoin de renseignements supplémentaires dehors de l'information clinique de routine sur leurs cabinets. La nécessité d'améliorer la méthode actuelle de transfert d'information pour les patients de chirurgie ophtalmique prospective est soulignée. *WAJM* 2009; 28(4): 249–252.

**Mots clés:** Chirurgie ophtalmologique, information, service de conseils, patient.

Department of Ophthalmology, University of Ilorin Teaching Hospital, Ilorin, Kwara State, Nigeria.

*Correspondence:* Dr FO Olatunji, Department of Ophthalmology, University of Ilorin Teaching Hospital, PMB 1459, Ilorin, Kwara State, Nigeria. Phone +2348033912863. Email: [drfolatunji@yahoo.co.uk](mailto:drfolatunji@yahoo.co.uk)

## INTRODUCTION

Any surgical procedure is a significant event in the life of most patients; more importantly, an ophthalmic procedure. Patients often experience anxiety prior to surgery, but this is not often expressed to the health care providers.<sup>1,2</sup> The attending health care provider is duty-bound to provide information to patients about their illness and treatment options. Such information will allay the fears of the patients and educate them about any misconceptions they may have about their surgery.<sup>3</sup> However, in a busy clinic where large numbers of patients need to be seen by the Doctor/Nurses, there may be no time to answer individual patient's questions as desired by these patients. The busy nature of eye clinics as well as absence of designated counseling units across the eye care facilities makes it almost impossible for prospective surgical patients to get some information they consider very vital to them before surgery. Counseling helps the patients to understand the mode of treatment, the length of hospital stay, the cost of treatment and disease prognosis.<sup>4</sup>

The concept of informed consent is an attempt to explain medical procedure to patients before surgery. However, how informed are the patients? Pre-operation consent forms have been criticized of not giving enough information to enlighten the patient well-enough.<sup>1</sup> In a survey of 150 patients admitted to a surgical ward of University of Port Harcourt Teaching Hospital, Nigeria, Jebbin and Adotey found that 23% did not know their diagnosis, while 65% and 75%, did not know the possible complications of their surgery and anaesthesia respectively.<sup>5</sup> In a similar study among 100 patients at surgical wards of Korle Bu Teaching Hospital Ghana, 24% did not know their diagnosis, 36% were not told of what operation they would have prior to the surgery, while 87% did not know about the possible complications of their surgery.<sup>6</sup> Most time, only critical information tailored toward the requirements of informed consent is supplied. This paucity of information may not necessarily be intentional as the ophthalmic doctor has to function in various capacities and also needs to

judiciously apportion his time. This essentially underscores the need for patient counseling units, in eye care facilities.<sup>7</sup>

It has been observed that often post-operative eye patients still ask some pertinent questions that could help them in taking major decisions such as undergoing surgery despite routine pre-operative clinic information. This underscores the need to include certain information during routine clinic counseling prior to ophthalmic surgery. This paper aims to find out what additional information ophthalmic patients would like to have during the routine pre-operative clinic counseling.

## SUBJECTS, MATERIALS, AND METHODS

This was a prospective study carried out on 103 consenting patients between July 2005 and September 2006 at three different hospitals in Kwara State of Nigeria. The hospitals were: the University of Ilorin Teaching Hospital (UITH), Ilorin; Comprehensive Health centre, Esie and Kwara State Specialist Hospital, Offa. Regular weekly ophthalmic clinics were conducted at Offa and Esie by the ophthalmic team from UITH. The patients were normal hospital patients who attended an outpatient clinic at their various stated health facilities and were subsequently booked for surgery in that facility. Only the patients who had regional (retrobulbar) anesthesia were included in the study. Excluded from the study were patients who had general anaesthesia, those who refused consent, those who had language barrier and children.

The instrument of the study was an interviewer- administered close ended (multiple choice) semi-structured questionnaire. The patients were interviewed individually on the first day after the surgery. The same interviewer administered the questionnaire.. The questionnaire was administered after surgery to give the patients a complete experience of peri-operative periods and place them in position to know additional information they would have wanted apart from routine clinic information prior to their surgery.

Information sought included age, sex, ethnicity, and the type of surgery they had. Also, the questionnaire probed into additional information that patients would like to know and might have not been included during routine clinic pre-operative counseling. These included: duration of surgery, duration of hospital stay after surgery, possible major complications of surgery. The patients were also allowed to include other additional information not included in the questionnaire that they would like to have had prior to surgery.

The questionnaire was earlier pre tested on post-operative patients in UITH and amended as necessary for a proper interpretation of the interviewer and understanding of respondents. The data was collated and analysed using Statistical Package for the Social Scientist version 12.0.1 (SPSS 12.0.1). The chi square test was employed and statistical significant difference taken at  $P < 0.05$ .

## RESULTS

One hundred and three patients were included in the study consisting of 63 (61.2%) males and 40 (38.8%) females with a male to female ratio of 1.6:1. The age range was from 20 to 99 years with a mean of 61.5 years. All the patients were Nigerians,, Yoruba, 91 (88.3%) patients; Nupe, 3 (2.9%) and Igbo, 2 (1.9%). The surgical procedures carried out are shown in Table 1.

Apart from the routine clinic information to obtain informed consent prior to surgery, significant additional information listed in the questionnaire that patients would like to be included during routine clinic information, duration of surgery, 49(47.6%), duration of hospital stay after surgery, 70(69%) possible major complications of surgery 38 (36.9%). Others were four patients (3.8%) that wanted additional information apart from those listed in the questionnaire. These include one (1.0%) patient each who wanted information on period of convalescence at home before returning to work, authentic (written) cost of surgery, causes of the disease and chances of recurrence of the disease. The additional information patient would have wanted to know prior to surgery is summarized in Table 2.

## DISCUSSION

Often, the busy nature of eye clinics as well as absence of designated counseling units across the eye care facilities makes it almost impossible for prospective surgical patients to get adequate information they consider vital to them before surgery. It is not uncommon to hear post-operative ophthalmic patients asking pertinent questions that ought to have been addressed before surgery especially in the routine clinic information.

Obviously, the low ratio of ophthalmic personnel to patients, inadequate/inefficient lower cadre manpower in eye care services, and lack of patient counseling unit in our eye care facilities contribute to insufficient information render to prospective ophthalmic surgical patients. Most time, ophthalmic doctors have to function in various capacities including, as counselors to the patients.<sup>8</sup> Furthermore, patients often prefer ophthalmic doctors to make pronouncement on all matters involving their care. These demands on the consulting time of the doctors imply that the information to be made available to the patients has to be salient and essential to obtaining informed consent. There is always time constraint in attending to patients as they would have loved... Most patients may not be informed on eye health, as eye health care personnel may assume. It is the right of the patient to access information concerning his eye health but, more importantly, it is the duty of eye care personnel to make information available to the patient more especially when requested for..

It is remarkable that a significant number of the studied post operative patients would have loved to be briefed about the duration of their surgery and hospital stay after surgery ahead of time. Although, it may be difficult to give the exact duration of a planned surgery and the duration of hospital stay after surgery ahead of time as the same procedure may not have the same course/outcome in same or different patient,,an average duration can be given to patients ahead of the procedure. The request of 38 patients to have information on the possible major complications of surgery

is remarkable, as it is expected to be part of requirements for informed consent. It could be possible that this was waived especially if it was considered to be capable of having adverse impact on the patients and heightening their anxiety depending on their psychological state as assessed by the ophthalmic team.<sup>9</sup> This notwithstanding, efforts should be made to adequately inform the patients since it is an ethical requirement. The patient is believed to give informed consent having comprehended the nature of the proposed treatment, associated risks and benefits, other available treatment options, and the consequences of declining treatment.<sup>10</sup> However, studies have shown that patients are not always adequately informed.<sup>5,6</sup>

The eye care personnel need to give additional information outside routine clinic information as indicated by the patients who wanted information on period of convalescence at home before resuming work, causes of the disease, and chances of recurrence of the disease. The information on period of convalescence at home before returning to work may be important for patients/escort to make necessary arrangement in his/her place of work.

The cost of each available surgery in eye care facility can be printed out and made available to prospective surgical patients to save the eye care personnel the trouble of having to write the cost of surgery for every patient. Also, this will formalise the cost of surgical procedure pending the time of obtaining receipt that are only issued after payment for hospital services. It can also serve the patients who intend to present the cost implication of the surgery to their potential sponsors.

## Recommendations

Eye care facilities should have pamphlets or electronic formats containing summaries of each eye disease requiring surgery. This should contain information on the causes/risk factors of the condition, clinical features, routine investigations, available treatment options, complications/risk, benefits, and salient information on surgery and peri-operative period. Health information can also be provided

using a video or CD played on television sets either in the waiting room during clinic visits and/ or on the wards. Counseling units that can be manned by trained counselor should be in place in eye care facilities. These should provide detail routine information on each surgical condition and provide simple answers to patients' questions.

## Conclusion

Ophthalmic surgical patients require more information apart from the routine information being currently given before their surgeries. Inclusion of information on duration of surgery, duration of hospital stay after surgery, the major complications of surgery, period of convalescence at home before returning to work and authentic (written) cost of surgery, chances of recurrence of the disease and causes of the disease are highlighted. There is a need to improve on the current method of information transfer to the prospective ophthalmic surgical patients.

## ACKNOWLEDGEMENT

Thanks to all patients who participated in the study and the ophthalmic team that managed them.

## REFERENCES

1. McGaw CD, Hanna WJ. Knowledge and fears of anaesthesia and surgery. The Jamaican perspective. *West Indian Med J.* 1998; **47**: 64–7.
2. Shafer A, Fish MP, Gregg KM, Seavello J, Kosek P. Preoperative anxiety and fear: a comparison of assessments by patients and anesthesia and surgery residents. *Anesth Analg.* 1996; **83**: 1285–91.
3. Oliveria, Regina de Souza Carvalho de Salles Temporini; Edméa R. Kara José; Newton et al. Perceptions of patients about cataract. Clinics. (Online). 2005; **60**: 455–460. (cited) 2006–12–17.
4. Vision 2020. Site news: *Monthly newsletter of vision 2020 e-resources* 2006; **3**: 1.
5. Jebbin NJ, Adotey JM. Informed consent: How Informed are Patients? *Nig. J Med* 2004; **13**: 148–151.
6. Clegg-Lampety JNA. An audit of aspect of informed consent and pain relief in general surgical units of Korle Bu Teaching Hospital. *Ghana Medical Journal* 2005; **39**: 63–67.

7. Lewallen S, Courtright P. Increasing uptake of eye services by women. *Community Eye Health Journal* 2006; **19**: 59–60.
8. Ayanniyi AA, Adeboye A, Ademola-Popoola DS. Ophthalmology training in Nigeria: The trainee ophthalmologists' perspective. *Nig. Postgrad. Med. J.* 2007; **14**: 94–98.
9. Kyle J, Smith JAR, Johnson DH. *Pye's Surgical Handicraft*. 1992; 22<sup>nd</sup> edition Oxford; Butterworths-Heinemann Ltd.: 1–9.
10. McCormack D, Deroy D, Mulcahy D, Walsh M. Informed consent: Patients' comprehension of orthopaedic terminology. *J R Coll Surg Edin* 1997; **42**: 33–35.