

Effect of pre-operative counseling on post-operative outcomes at the time of minor gynecologic surgery: A randomized control study

Priscilla T. Ting, DO¹, Jason Hoppe, DO¹, Michael E. Krew, MD¹

1. Aultman Hospital Ob-Gyn Residency Program, Canton, OH, USA

Abstract

BACKGROUND: Being healthy is not only the absence of disease, but also well-being in terms of the physical, emotional, and social state. There is a delicate balance between the psychological and physiological state. This is especially apparent when patients undergo surgery. Surgery can cause anxiety, fear, and depression. These emotions are brought on by many factors including being in an unfamiliar environment, fear of pain, loss of control and independence, and anxiety over the possibility of a bad outcome. It is important for healthcare providers to improve this experience to consider the patient as a whole person.

Physicians, mid-level providers and office staff conventionally complete pre-operative counseling. It is important to approach this in a standardized and comprehensive way that allows patients and family members to obtain general information on the scheduled procedure as well as address frequent questions and concerns.

Unpreparedness on the part of the patient, fears related to surgery and the outcome are often looked over by healthcare providers due to lack of time available to counsel a patient. The purpose of this study is to explore the application of a standardized informational pre-operative video and assess its effectiveness as a teaching tool through a post-operative questionnaire.

As access to knowledge increases with advancements in technology, patients are demanding more knowledge of the operative process. It is important to find an acceptable and efficient way to provide this information.

PURPOSE: The objective of this study was to determine whether implementing standardized, media-driven preoperative education improves postoperative satisfaction in the short-term follow up period among patients undergoing minor gynecologic surgery.

DESIGN: A single-blind randomized control study with a parallel group design. Ethical approval was obtained through the Project Review Committee to ensure that it was ethical to randomize and allocate participants to the intervention group. The project was deemed to be Institutional Review Board exempt and was overseen by a faculty mentor. During the study, appropriate confidentiality was maintained. Only healthcare providers involved in the specific research had access to patient information. Patients were identified and data was gathered with the help of clinical staff at My Community Health Clinic and Stark Women's Center.

Patients included women between the ages of 18 and 80 years old at MCHC and Stark Women's Center undergoing elective minor gynecological surgery including hysteroscopy, dilation and curettage, Myosure polypectomy, Novasure endometrial

ablation, and bilateral tubal ligation.

Participants were allocated to the experimental or control group. Initially, the goal was that fifty people would be allocated to the control group and fifty would be allocated to the experimental group. We anticipated that a potential issue might be recruitment of these individuals; however, this was a reasonable goal. At the conclusion of the study, 19 people were allocated to the control group and 20 people were allocated to the experimental group.

The experimental group received a standardized pre-operative counseling video that was specific to whichever procedure they were to undergo while the control group received traditional pre-operative counseling by a physician. Both groups were given the opportunity to ask questions and all concerns were addressed within the two groups by the physician performing the pre-operative evaluation.

RESULTS AND RECOMMENDATIONS: There was a statistically significant difference in the overall satisfaction post-operatively between the two groups based on 1/8 of the subjective outcomes that were evaluated. When asked “How pleased were you with your overall level of service” and comparing the traditional to the media driven pre-operative counseling groups, it was found that there was a statistically significant higher satisfaction in the media driven group.

There was a statistically significant difference between traditional and media driven counseling when looking strictly at the p-value. The P-value was 0.025. As the findings were statistically significant, the T value was -2.024 and the degree of freedom was 37.

In addition, the overall trend was that there was a trend towards higher satisfaction in 5/8 of the parameters evaluated.

Based on the findings in this study, we would recommend the following. (1) We would recommend a standardized system for counseling patients preoperatively. The benefits of having a standardized system would be to ensure that all major points of counseling would be covered. (2) Additionally, as a patient may learn best through different modalities of teaching, it would be reasonable to provide standardized counseling which includes pictorial references and the opportunity for teaching back on for the patient. By implementing this type of change, it would allow the counseling to be more effective and therefore improve patient satisfaction. (3) In future studies, it would be interesting to expand the study to include more participants to further demonstrate the utility of media driven pre-operative counseling.