Introduction of a Patients Information Booklet

‘Preparing for Your Operation’

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SUMMARY: A patients information leaflet was introduced onto a female surgical/gynaecological ward to determine its acceptability and usefulness. By returning a questionnaire patients indicated that it was both desirable and valuable and should preferably be available before admission to hospital.

Aim

To investigate the value and acceptability of a patient information booklet.

Introduction

After reading an account of a questionnaire sent to patients and nurses and their remarkable ignorance and consequent apprehension about anaesthetics, one author (HBH) conceived the idea of a pre-anaesthetic information leaflet for patients in BMH Hannover. In consultation with a Ward Sister (AMTH) a pilot study was planned to include patients on a female surgical/gynaecological ward. It was decided that other information about the hospital admission should be included and not solely details of the anaesthetic.

Methods

A booklet (Appendix 1) was drafted out to include admission details and procedures, a description of ward routine, pre-operative visits and preparation, and an outline of the roles and responsibilities of the various doctors and staff. A short explanation of what to expect over the period of anaesthesia and recovery was also included. In conclusion some common areas of doubt were highlighted by question and answer. This booklet was handed to admissions over a period of two months. The majority of patients were being admitted for planned surgical or gynaecological operations, but there were a few emergencies and one or two patients who were treated conservatively, and had no operative procedure (e.g. back pain on traction, hyperemesis gravidarum with bed rest etc.). A questionnaire was appended (Appendix 2) and patients were requested to fill these in and make comments. The ward sister (AMTH) also interviewed as many patients as possible and noted their verbal comments.

Results

All but one of the 127 patients said that the notes were helpful. The one dissenter could speak no English (she was a Spanish-speaking Mexican). 124 found the medical details readily comprehensible; two of the three who did not, had language problems (one was the Spanish-speaker and one spoke only German). The latter had the pamphlet translated to her by her husband and found the parts that she could grasp useful and reassuring. In view of the number of German wives admitted to this hospital, we were agreeably surprised that the majority found the leaflet easily understood. 117 would have liked to have the booklet before admission. Of the 10 who preferred not to, three would have welcomed a choice or to have part of it. Reasons for these reservations are given in Table I.

It is interesting that fear was the commonest reason expressed for being reluctant to know what was going to happen in hospital and yet six people specifically mentioned that the leaflet had allayed their fears.

Suggestions were made as to the method of delivery; accompanying the admission slip was the favoured one. Others would prefer the booklet to be available in the out-patient department or medical centre.

Points that the readers felt had been omitted were illuminating (Table 2). It seems that communication was uppermost in patients’ minds, with most queries about visiting hours and telephone, but interest was expressed in more information about the surgical and anaesthetic procedure. It was gratifying that one lady wrote “I never knew just how much responsibility the anaesthetist had . . . I apologise to all anaesthetists for my ignorance”.

A subjective impression was certainly gained that patients asked questions more freely after this study and were reassured by the answers.
Conclusion

Other authors have indicated that patients information leaflets are generally well received and provide a useful reference base. The present study confirms this.

Table 1

<table>
<thead>
<tr>
<th>Objections to Booklet Before Admission</th>
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</thead>
<tbody>
<tr>
<td>Fear</td>
<td>3</td>
</tr>
<tr>
<td>Incomprehension</td>
<td>1</td>
</tr>
<tr>
<td>Many previous operations</td>
<td>1</td>
</tr>
<tr>
<td>No reason given</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Points Left Out</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting hours</td>
<td>3</td>
</tr>
<tr>
<td>Telephone numbers</td>
<td>2</td>
</tr>
<tr>
<td>Urine testing</td>
<td>2</td>
</tr>
<tr>
<td>Radios</td>
<td>1</td>
</tr>
<tr>
<td>Smoking</td>
<td>1</td>
</tr>
<tr>
<td>Daily routine and mealtimes</td>
<td>1</td>
</tr>
<tr>
<td>Explanation of:</td>
<td></td>
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<tr>
<td>Effects of anaesthetic</td>
<td>1</td>
</tr>
<tr>
<td>Tubes</td>
<td>1</td>
</tr>
<tr>
<td>Secretions</td>
<td>1</td>
</tr>
<tr>
<td>Blood tests</td>
<td>1</td>
</tr>
<tr>
<td>Weight</td>
<td>1</td>
</tr>
<tr>
<td>Procedure for complaining</td>
<td>1</td>
</tr>
</tbody>
</table>

Patients clearly indicated that the leaflet should be available before admission. This should be feasible for most admissions to a military hospital. Ideally one per patient (non-returnable) would be required; the cost of this is being investigated. Copies in the Medical Centre, Out-patient Department and wards, perhaps in protective covers, would also be desirable.

In view of the very small numbers of complete non-English speakers a foreign language version would not be necessary in bulk. A translation could perhaps be made available on the ward. A project for the future might be an illustrated childrens' version.

Acknowledgements

Thanks are due to the consultants who allowed us to question their patients and we would also like to acknowledge the help of the nursing staff on Families Ward, BMH Hannover who handed out leaflets and collected the questionnaires. The leaflet 'You and your anaesthetic' produced by the Association of Anaesthetists provided valuable inspiration.

REFERENCES

5. ASSOCIATION OF ANAESTHETISTS. You and your anaesthesia.

APPENDIX 1

PREPARING FOR YOUR OPERATION

This leaflet is intended to explain some of the details of your admission and stay in BMH Hannover, and we hope that it will be useful and answer some of the commoner questions asked.

If you have any other queries the Ward Sister or your Surgeon or Anaesthetist will be happy to help.

The leaflet is specifically aimed at people who are coming into hospital for an operation, but other patients may find it helpful too.

Admission

We ask you to come in for admission at 10.00 hrs. This is because there is a lot of work to be done behind the scenes to get ready for your operation, not because we want to keep you hanging about unnecessarily.

Please try to get here on time, but if you have real difficulty, or problems in doing so telephone the ward you are coming to and ask for advice.

Similarly if you cannot come in for any reason (Leaves Exercise etc) or if you are unwell (colds, chest infections etc) please ask your Medical centre to let us know, so that we can offer someone else your place.

Please bring or ask the medical centre to send all your medical documents. Bring all pills and medicines of any sort which you are currently taking.

Don't forget to bring enough kit for the length of time you may be in hospital; for example washing things, towels, change of nightwear, underclothes, civvies or uniform for when you are allowed up, and most important, something to do such as books, knitting, a model to make or whatever you think will occupy your time.

Remember you may have to stay in bed for a time, especially if it is an orthopaedic operation.

Visiting hours will be explained by your Ward Sister. It may not always be possible for your friends or family to visit very often if you live a long way from Hannover. Your Medical Centre will have details of any transport that may be available for them. If for some special reason your family are not able to come and visit at the proper time Sister may give permission for them to come to see you at some other time in the day provided this does not affect your treatment.

In the hospital you will meet the St John and Red Cross Welfare Officer who will be able to offer a library service and, for a small sum, handicrafts to help pass the time. Patients are always welcome in her department, but do tell Sister if you wish to visit it, in case you are needed for something. The Welfare Officer visits the Wards regularly, and is available to help with any welfare problems that may arise.
Do not bring your own car. Parking is in short supply, and it is illegal to drive within 24hrs of an anaesthetic. Even if you are in hospital for longer than this, you may still not be fit to drive for a time.

You will be asked to report to Reception. Please do so, and do not take a short cut straight to the Ward as this causes a great deal of confusion and inconvenience. The Staff at reception will admit you to the hospital strength, make up your notes and check that the Ward is expecting you.

The Ward

On arrival in the Ward you will meet the Sister or Nursing Officer in charge of the ward. Sister is an officer in Queen Alexandra's Royal Army Nursing Corps, and wears a grey and scarlet uniform with a white triangular cap. Male Nursing Officers are members of the Royal Army Medical Corps, and wear a white jacket with dark blue epaulettes over their uniform.

Sister has a team of trained nurses to help her look after you. QARANC nurses wear grey uniforms with red and grey belts. Staff Nurses wear red belts and have a frilly cap. RAMC nurses wear white jackets over their uniform with green or dark blue epaulettes. You will also meet the Patient Care Assistants who wear white dresses with a grey belt.

You will then be formally admitted to the ward, and there will be several forms to fill in.

There may be a blood sample to be taken for the laboratory, X-rays, or other special investigations which will have been ordered by your surgeon or anaesthetist. Nurse will also need to take your temperature, pulse and blood pressure, and weight.

If you are serving personnel you should be asked to read Standing Orders, as you would in any unit. While you are in hospital you are on the strength of the unit, and the Commanding Officer of the hospital is your CO. When you are discharged you will go back on to the strength of your own unit.

Two people will be coming to see you in the ward, the surgeon and the anaesthetist. The surgeon you may remember from the Out-patient Department. He will explain the operation to you, and may examine you again. He will also ask you to sign a form which gives your consent to the operation and the anaesthetic. Do read it carefully and ask if there is anything which you do not understand.

The other doctor who will want to examine you is the anaesthetist. The anaesthetist is a doctor who has specialised in anaesthetics after doing the usual training to be a doctor.

It is his/her job to assess your general condition, and order any special tests or drugs that may be needed. You should tell him about any drugs, pills or medicines you are taking and any allergies you may have. As well as examining you this time to make sure you are fit enough for an anaesthetic, he/she will also want to know if you have ever had an anaesthetic of any kind before, especially if it was an emergency, or you had any particular problems. In turn he/she will answer any questions you may have about your anaesthetic. The Recovery Ward Sister may also visit and explain about your waking up again in her department, which is part of the Operating Theatre.

Preparation

Some operations require special preparations. This will be organised by your ward sister on the surgeon's instructions.

The operation site will usually be shaved. This is because of the danger of infection which can be carried by even the finest downy hair.

Night sedation (sleeping tablets) may be ordered if you want it, as hospital is an unfamiliar and sometimes noisy place.

You are told not to have anything to eat or drink for a certain time before your operation. This is very important as vomiting is both unpleasant and dangerous for you, and we like to avoid it if we can.

The Operating Theatre is clean and sterile, and we do not take anything from elsewhere in the hospital into it, unless it is needed for the operation. This is because of the risk of bringing in infection.

This is why you will be asked to have a bath before the operation and put on only a special theatre gown and no underwear. As well as this, nylon materials in the theatre can cause static sparks which might be very dangerous, as there is a lot of oxygen about.

Sister will also check that you have removed false teeth if you wear them (we don’t want them to choke you while you are under the anaesthetic). You must also remove mascara (which can get into the eyes and cause inflammation and soreness), lipstick and nail varnish, as the anaesthetist needs to be able to see the colour of your skin to make sure that you are getting enough oxygen with your anaesthetic. Besides this you will have to remove contact lenses, wigs, glass eyes, hearing aids, spectacles, wooden legs and all jewellery. This is partly to prevent infection, and partly because metal objects in the theatre can cause static sparks which might start a fire.

If your wedding ring will not come off it must be safely covered up with special plaster.

The Anaesthetic and Operation

Before the operation and while you are in your own bed you will usually be given a sedative by injection or in tablet form. This is the premedication (pre-med) which is part of the anaesthetic. It will make you feel sleepy, and your mouth may get very dry.

Just before the operation the theatre porter will come to take you to the Operating Theatre. You will be asked to move from your bed to a special trolley. This is quite narrow and has sides so that you cannot roll over too far and fall off if you are very sleepy. One of the nurses will
always go with you to the Theatre, and stay with you until you are asleep.

You will be taken on the trolley to the Anaesthetic Room, which is in the Theatre, where the anaesthetist will give you an injection which will make you fall asleep. This is all you will know about your anaesthetic, but while the surgeon is operating the anaesthetist will be looking after you all the time, giving you the necessary drugs to keep you asleep, monitoring your heart and breathing and perhaps giving you fluid or blood transfusions if you need them.

After the operation you will wake up in the Recovery Ward where Sister will look after you until the anaesthetist is satisfied that you are ready to go back to your own ward. One of the nurses will then come to collect you and take you back to your bed. Some people do not remember this at all.

COMMON QUESTIONS ANSWERED

How long will I be in hospital?
A difficult one this, as we can only give a general idea until after the operation as all people are slightly different, and some recover faster than others.

Why do I need a bowel preparation?
Even if you are not having an operation on your gut it may be necessary to empty the bowel so that it is not likely to cause problems after the operation, because in some situations, depending on what is wrong with you it may stop working for a short time.

Also, in gynaecological and bladder operations it is very important to have everything as clean as possible.

Why is a mask sometimes used instead of an injection to induce anaesthesia?
Sometimes the anaesthetist needs to give extra oxygen, for instance if you have heart disease or are expecting a baby, and then you may be asked to hold the mask over your face as you go to sleep.

Why do some people have an oral pre-med?
This may be more suitable for children, people with certain allergies, or those who tend to be sick.

Why do I have to wear a name band?
Of course the ward staff know who you are, but the theatre may not, and if you are asleep you cannot tell them your name. This is one of the several precautions we take to make sure you are not mixed up with anyone else.

Why does the surgeon draw arrows on the operation site with marker pencil?
This is to make sure we don’t ever make a mistake with your operation or do the wrong side. You’ll find we check several times to make absolutely certain.

Suppose I wake up in the middle of my operation?
The anaesthetist will be with you all through the operation, keeping a very careful check on your progress. He will certainly not let you wake up until your operation is finished.

I’ve heard that people use bad language or reveal all their secrets in the Recovery Ward. Is this true?
No. It’s so rare we haven’t learnt any new words at all.

Staff in hospital generally try to explain things as they go along, but we cannot always guess what worries each patient may have. If there is anything you do not understand, or which puzzles or concerns you please ask, no matter how silly or unimportant it seems. Your stay in hospital will be much easier if you know what we are trying to do and why, and we know how you feel about it.

Finally, this leaflet is designed to help you. We would welcome suggestions on how it could be improved, so do tell us your views, and if there is anything else you would like to see included.

APPENDIX 2

PRE ANAESTHETIC NOTES QUESTIONNAIRE

To help us decide whether this leaflet is of any benefit or not, we would be very grateful if you would answer the following questions, and return them with the leaflet to Sister.

1) Have these notes been of any help to you? YES/NO
2) Could you understand all the medical details? YES/NO
3) Do you think it would be useful to send it to patients before they come into hospital? YES/NO
4) Are there any points you feel we have left out, or questions you would have liked answered? If so, please make a note of them in the space below.