



ORIGINAL

Patient perspectives of noise during minimal sedation procedures

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ABSTRACT

Aim: To evaluate patient perspectives on the amount of noise, idle chatter, and staff communication during minimal sedation procedures.

Methods: A ten-question survey was given to 120 consecutive patients to evaluate perceptions about the amount of noise, idle chatter, and communication during the procedure.

Results: Survey results demonstrated 77.5 % of respondents enjoyed talking with the staff during the procedure with 75.5 % stated it helped them relax, and 85 % of patients felt the side conversations did not prevent them from receiving proper care.

Conclusion: Communication between patient and surgeon or patient and nurse can decrease anxiety and can optimize the patient's experience during the procedure.

Key words: surgery communication, operating room noise, patient surgeon communication, "awake" procedures, minimal sedation procedures.

INTRODUCTION

In recent years, there has been a trend to utilize less sedating anesthetic. The adverse effects of general anesthesia have been well documented and additional adverse effects are still being investigated (1-4). This has led many physicians to utilize regional and local anesthetics for many procedures (5-7) that previously had required general anesthesia. Additionally, new evidence is being presented that shows decreases in cost, post-anesthetic morbidity, and length of hospital stay (6) in patients who receive locoregional anesthesia compared with general anesthesia (5).

As surgeons alter their anesthetic approach, they must become more conscious of their operative environment. The use of background music in the operating room has been around for decades. It has been used to create a more soothing environment for the operating room staff (8), to help quell patient anxiety (9), or to provide a diversion from the ambient background noise (10). Most operating room staff enjoys music being played during the operative case (11).

The conversation during surgery, while common to members of the operating room team, is foreign to most patients. In fact, the banter that occurs between the surgeon and other members of the operating room team, may lead some patients to question the surgeons focus. A recent article in the Winnipeg Free Press (12), referenced this very phenomenon of "idle chatter". The surgeon and scrub tech were discussing a recent sporting event, while the patient was under local anesthetic. This led the patient to question the surgeon's concentration and made the patient feel very uncomfortable. The patient subsequently filed a complaint about this surgeon with the College of Physicians and Surgeons of British Columbia, even though the surgery was successful and mistake free.

As healthcare continues to evolve into a more patient-centered experience, surgeons must evaluate the amount of idle chatter in the OR. This study evaluates the patient's perspective on the amount of noise, idle chatter, and staff communication during an awake procedure. It is the hope of this study to assist the operating room staff in maximizing the patient experience in order to provide optimal patient-centered care.

METHODS

A ten-question survey was given to 10 consecutive patients at 12 surgery centers. The questionnaire consisted of questions relating to appropriateness of conversation, use of music, patient preferences on conversation or music played, as well as patients' beliefs on the amount of noise in the operating room. Additionally, patients were given space to write in any other comments.

The patients were given an addressed and stamped envelope to return their survey results, with the direction to return the survey within 24 hours. The patients were explicitly told their surgeons and clinics would be blinded of their responses, as the questionnaire was sent to a central location, independent of the clinic. The survey was numbered for tracking purposes, but the reviewers were blinded to the patient's identity. The returned surveys were input into an Excel spreadsheet, and kept in a central location.

RESULTS

Of the 120 surveys that were given to the patients, 48 were returned for a response rate of 40 %. None of the patients felt that the operating room staff side conversations prevented them from caring for the patient. A large majority of the patients (93.8 %) thought that the conversation between the operating room staff was appropriate. Additionally, only 4.08 % thought a silent operating room

would have been better, with more than three quarters of patients stating their intraoperative conversation with the surgeon helped them relax and a similar number of patients (77.55 %) stating they enjoyed their conversation. Table 1 shows the individual responses to the survey.

DISCUSSION

The above results show that patients are generally understanding of the utilization of music in the operating theatre. Previous studies have documented the benefits of music in limiting patient anxiety during the procedure and even decreasing the amount of local anesthetic required (13). Music has also been shown to improve surgeon performance and increase the speed and accuracy of specific tasks (14).

While the above data show the importance of music to the operating surgeon, the other members of the surgical team (anesthesia, nursing staff) may not be so appreciative of the music. Many anesthesiologists believe that music in the OR interferes with their effectiveness. In a study by Hawksworth et al (15), looking at anesthesiologists' perception of music in the OR, 26 % felt the music reduced their vigilance and impaired their communication, while 11.5 % felt music distracted them from their alarms. Even more interesting was a majority of anesthesiologist surveyed, 51 %, stated music was distracting when complications occurred during anesthesia.

TABLE I

SURVEY QUESTIONS AND RESULTS IN PERCENTAGES

QUESTION	YES	NO	DON'T REMEMBER	NOT APPLICABLE
Did you enjoy conversing with your surgeon/nurse during your surgery?	77.55	2.04	16.33	4.08
Was music or radio being played during your surgery?	69.39	2.04	28.57	0
Did anyone ask if you wanted music or radio played or what type of music you would like played	53.06	28.57	18.37	0
Was the music of radio helpful to relax during your surgery?	65.31	4.08	20.41	10.2
Was the surgeon/nurse attentive your needs during surgery?	93.99	2.04	4.08	0
Would silence be better in the operating room?	4.08	81.63	6.12	8.16
Did the surgeon talk to you during the surgery?	81.63	2.04	16.33	0
Did the conversation help to relax you?	75.51	4.08	8.16	12.24
Before or after the operation, was the conversation between staff members (nurse to nurse, doctor to nurse) appropriate	93.88	2.04	4.08	0
Did you feel that their side conversations prevented them from caring for you?	0	85.71	8.16	6.12

In this study, the patients were awake and the procedure was done under local anesthesia. This allowed surgeon-patient communication during the procedure. Our results show that three-quarters of all study participants thought that communication with their surgeon helped alleviate their anxiety. This shows the important role the surgeon plays in the patients emotional response to surgery. Donchin and Katz (16) analyzed the psychological effects of wakefulness during a surgical operation. They measured the patient's anxiety and found that the most anxiety producing events occurred when the operating room staff was talking about the patient.

The previous study (16) demonstrates the great importance surgeon-patient communication has on overall patient psychological response. It is our belief that encouraging statements during the operation ("things are going great", "we are progressing nicely") can greatly enhance the patient's overall operative experience. Much is made in today's medical school curriculum about physicians having good "bedside manner". It is our strong opinion that a good bedside manner should not cease at the operating room doors. This is even more important during an awake surgical procedure, as the patient is already under a great deal of anxiety from the procedure itself.

One of the most important things that our study exposed is the recall ability of our patients. In fact, 81 % of patients remembered the surgeon talking with them during their procedure and over 75 % of patients felt the conversation helped them relax during the procedure. This shows the importance of communicating calming words during the procedure to the patient, even when we may believe them to be falling on deaf ears. The reality is our patients hear them and remember them.

The patient is the center of everything we do as physicians, and the patient should carry that feeling during the entire operating process. Idle chatter can be very disruptive and may be harmful to the patient in the long run. Most patients have heightened perceptions during the surgical experience, and a bad memory of an event could be the catalyst to an actual complaint in the future. Whereas a good experience may quell future bumps in the road.

CONCLUSION

The above study shows that most patients understand and even appreciate background music in the operating room theatre. There is nothing wrong with silence in the operating

room, and as surgeons, it is paramount that our patient's care is the center of all we do. Music in the OR during an awake procedure has its place, but only at the patient's request, and the music should be tailored toward that patients preferences. Lastly, patients benefit greatly from calming words during the surgery, and this can help alleviate some of their anxiety during the procedure. All surgeons performing awake procedures should utilize the same "bedside manner" during the procedure as they would during a clinic visit.

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