

Benefits of Preoperative Education for Adult Elective Surgery Patients



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More than 60% of elective surgery procedures in the United States were being performed as outpatient procedures as of 2001.¹ Health experts predicted then that this percentage would increase to nearly 75% during the following decade.¹ Outpatient surgery has become increasingly prevalent for many reasons, including improved surgical instruments, less invasive surgical techniques, a team approach to preparing a person for surgery, recuperation in the home environment, and the need to reduce health care expenses.²

In 2008, more than 22 million surgeries were performed in more than 5,000 ambulatory surgery centers (ASCs) in the United States.³ With thousands of patients having elective surgery on a daily basis, it is essential that ambulatory surgery patients be informed of the surgical patient process. As noted by Costa,

Evidence shows that patients suffer needlessly due to inadequate preoperative preparation and lack of information regarding their postoperative course as indicated by reports of unexpected pain, fatigue, and the inability to care for oneself.^{1(p2)}

Preoperative teaching provides the surgical patient with pertinent information concerning the surgical process and the intended surgical procedure, as well as anticipated patient behaviors (eg, anxiety, fear); expected sensations; and probable outcomes.⁴ Preoperative teaching also serves as a way to offer appropriate reassurances to the patient via therapeutic communication.⁴ In therapeutic communication, the nurse seeks a response from the patient that is favorable to the patient's mental and

physical health.⁵ The therapeutic approach to communication can help the patient to be calm and face the situation in a positive way.⁵

Although research has revealed the benefits of preoperative education for surgical patients—such as decreased lengths of stay, reduced requests for postoperative pain medication, and increased patient and family member satisfaction with the surgical process—it has proven difficult for nurse managers in ambulatory surgery facilities to develop a formal preoperative teaching protocol that is effective and can be accomplished in a timely manner.⁶ Because preoperative education can affect patient outcomes, however, it is important that a well-designed preoperative educational program be at the core of an adult ambulatory patient's surgical experience.

ABSTRACT

Patient education is a major concern for perioperative nurses in an ambulatory surgery setting. It has proven difficult to develop formal preoperative teaching programs in this environment, but research has shown that preoperative education can improve patient outcomes and satisfaction with the surgical experience.

Typical patient education consists of pamphlets that are given to the patient before surgery and verbal instructions from the physicians and nurses on the day of surgery. Ideally, preoperative patient education should begin in the surgeon's office, continue through preadmission testing, and be completed at admission. Having a well-designed preoperative education program enables perioperative nurses in ambulatory surgery centers to provide a thoughtful approach to perioperative teaching in a limited time.

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DYNAMICS

One aspect of today’s health care climate is an increasing prevalence of managed care models. A managed care plan is a type of health insurance plan that allows the client to select options of care (eg, health maintenance organizations [HMOs], preferred provider organizations [PPOs]).⁷ These plans offer more flexibility and benefits to their clients who pay a monthly fee no matter how many times they visit a physician, or pay a copayment but no monthly fee.⁷ The theory behind managed care models is to facilitate the administration of patient care services to members of a participating group (eg, HMO group) through physicians, hospitals, and other health care providers via predetermined agreements. With the managed care plan, the client belongs to a network of physicians and specialists that are covered under the plan. Some managed care plans offer their programs from a network of hospitals and medical groups, and many employers now offer a managed care program for their employees.⁷

An outcome of the increase in managed care models has been a shift in the location of elective surgical procedures from inpatient to outpatient settings.⁴ The repositioning of elective surgery procedures to the outpatient setting has challenged perioperative nurses in ASCs to implement preoperative educational programs that provide patients and their family members with the essential preoperative teaching in a reduced time frame.⁴

Typical patient education comes from the verbal instructions by the physicians and nurses during brief meetings on the day of surgery, leading to the perioperative nurse’s expectations that patients are prepared for their surgical experience and for self-care after discharge. This is not always the case. Many times patients appear to understand what the nurse is explaining about the ambulatory patient process, pain management, and postoperative care, but in reality, the anxiety they are experiencing prevents them from totally

comprehending what is being explained.

Providing basic information about the ambulatory surgical patient process is vital to the plan of care.⁸ By communicating effectively with the adult ambulatory surgical patient, the perioperative nurse increases the likelihood that the surgical experience will have positive outcomes.⁹

For communication of preoperative information to be effective, the information should be available in many forms.¹⁰ Because patients have different learning styles, the perioperative nurse should individualize the preoperative teaching plan to accommodate a particular patient’s learning need or style.

Determining an individual’s learning style—such as visual, auditory, or hands-on—can be difficult for the perioperative nurse who has limited time for the teaching process. By being direct, the nurse can simply ask the patient how he or she learns best and develop a plan from there. This will give the nurse important information concerning any limitations in the patient’s learning ability. The personalization of the teaching plan will assist in achieving a positive surgical experience for

both the patient and the nurse.

Patients also have different coping styles. That is, they prefer to receive different amounts of information. Matching preparatory information with the individual’s coping style is vital in terms of reducing anxiety and stress for the ambulatory surgical patient.¹¹ By knowing what coping method is used by the patient (ie, whether the patient prefers a lot of detailed information or a little general information), the perioperative nurse can determine a plan that offers the patient the amount of information that he or she needs to make informed decisions and be prepared for the ambulatory surgery experience.

TYPES OF PREOPERATIVE EDUCATION

Ambulatory surgery programs can use a variety of formats to decrease patient anxiety preoperatively, to assess patient and family member

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learning needs, and to individualize information to ensure a smooth perioperative process.⁸ The most common form of patient instruction is information pamphlets, which are given to patients before surgery to prepare them for their upcoming procedure.¹² Other forms of patient education include videos; structured instruction, which may include specific agenda items to be taught during an allotted time frame with return demonstration; and web site programs that explain procedures or specific information about ambulatory surgery using pretests and post-tests to evaluate the effectiveness of the program. According to Brumfield, Kee, and Johnson,

Knowing what is expected of them is an essential component for ambulatory surgery patients who need to know what they should be doing and when they should be doing it so they will have a way to determine if their progress is normal. . . . Having the information early allows patients time to plan, consider alternatives for postoperative care, cognitively rehearse events and thus allay anxiety, and identify and ask questions important to their situations.^{13(p7)}

The standard preoperative instructional method provides the patient with direction for necessary requirements or actions. This method is useful for improving patients' knowledge of the surgical patient process and their ability to perform and comply with preoperative requirements and postoperative recovery. Nursing research has indicated that preoperative teaching can significantly affect patients' outcomes, especially if the teaching is individualized and includes patients' perceptions of the ambulatory surgical experience.¹⁴

Many teaching plans omit the patient's perceptions of the surgical patient process. If preoperative nurses are to develop and implement individualized teaching plans for the ambulatory surgical patient, however, these

perceptions of ambulatory surgery need to be explored and identified.¹

To understand the patient's perceptions of the ambulatory surgery process, a questionnaire could be developed and used during the preoperative admission process; the patient would answer questions relating to what he or she anticipates about the surgical process, surgical procedure, and postoperative experience. Many times, what the patient perceives is expected of him or her or what the patient perceives is going to occur during the process is different from the nurse's expectations. For perioperative professionals, identifying how the patient views the surgical process is vital to a positive experience.

EDUCATION PROGRAMS

Despite the fact that it is well-documented in the literature that preoperative education lessens the patient's anxiety about and fear of the surgical experience, little has been done to develop and implement preoperative education programs for adult ambulatory surgical patients.^{6,9,10,13} Studies assessing structured preoperative teaching programs have determined that the teaching program has proven to be beneficial when provided before the surgical experience.¹¹ Therefore, it is important for perioperative nurses to keep in mind that pre-admission education on the surgical process should be individually tailored to assist patients in achieving optimal outcomes, especially if the teaching is given before the actual day of surgery.

As the number of ambulatory surgeries increases, setting aside specific time for teaching is difficult. It is, therefore, imperative that preoperative teaching occur before admission and, ideally, should begin when the initial decision to undergo the elective surgery is made at the physician's office. According to Brumfield, one study conducted in an ASC attached to a 200-bed hospital system revealed that most patients felt that they should be taught about the

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ambulatory experience before admission, even though nurses preferred the education to be given on admission to the surgery center.¹³

Most local ASCs or same-day surgery units where I have worked provide the teaching on the day of surgery. In one local facility, when the patients went for preoperative testing, brief preoperative teaching was provided by the nurse at the ambulatory surgery unit. In another facility, the nurse practitioner for the anesthesia group taught about what the patient could expect from the anesthesia that would be administered during the surgical procedure. The remainder of the preoperative teaching was given on the day of surgery by the admitting perioperative nurse.

In both instances, there were gaps in the patient teaching experience. In the facility in which the nurse practitioner interviewed the patient before the surgical experience, there could be a collaborative effort with the ambulatory nursing staff that would include day-of-surgery teaching at that time as well. As stated by Bernier,

This type of restructured surgical care presents a challenge for providing preoperative teaching in a reduced time frame and for knowing what kind of information will be most useful to patients and family members responsible for postoperative care activities at home.^{4(p1)}

The educational process ideally should begin in the surgeon's office with the surgeon or a designated nurse educator providing pertinent information (eg, important telephone numbers, appointment information, required preadmission tests, surgery procedure instructions, discharge instructions) to the patient. The educational process should continue through preadmission testing and be completed on admission to the

ambulatory surgery unit on the day of surgery. Offering a preoperative program to ambulatory surgical patients that is free of charge and affords the patient a chance to meet the team members, ask questions, and get immediate feedback, leads to a more positive surgical experience.

Developing a preoperative educational program that improves patient understanding and provides more information about the surgical patient process could alleviate much of the patient's anxiety and fear that may occur during the ambulatory surgical experience. Roark acknowledges, "Being well-informed about what to expect from surgery can relieve anxiety, increase patient satisfaction, and even reduce recovery time."^{10(p1)}

As reported by Costa, during the past 25 years, research has reliably revealed the effectiveness of prepared preoperative educational programs in diminishing patients' anxiety, altering unfavorable attitudes, influencing postoperative recovery, and attributing to positive patient outcomes.¹ Implementing a preoperative education class, which could be included as part of the preadmission testing, would allow the perioperative nurse to assess and screen patients

before surgery as well as educate them about the surgical process. Having a focused plan assists the perioperative nurse in providing a well-thought-out approach to preoperative teaching in a limited amount of time. The preoperative class should incorporate a variety of learning tools, including lecture, discussion, demonstration, and active participation and should encourage the patient to take an active role in his or her health status and recovery. AORN encourages ASCs to use the Perioperative Nursing Data Set (PNDS) in developing a structured teaching plan for ambulatory surgical patients.²

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CONCLUSION

A well-designed preoperative education program should include the learning needs of patients from the time they first hear they need surgery to instruction and preparation for home care after surgery.⁴ The program also should take the patient's perceptions into account, as noted by Costa:

If nurses are to design meaningful interventions for the care of ambulatory surgery patients and develop strategies to ease their entrance to the hospital and their transition to home and the community, patients' perceptions of ambulatory surgery need to be identified.^{1(p1)}

The adult ambulatory surgical patient expects that the perioperative nurse will provide information about what he or she can expect before, during, and after the ambulatory surgical experience.¹⁵ Ideally, this information will be given to match the individual's learning and coping styles (ie, how they learn most effectively and how much and what kind of information they prefer to be given about the surgical process).

The concept of preoperative education can have many implications from a prepared program with specified content, approaches, and measurable outcomes, to an informal method that takes into account the patient's perceptions, beliefs, learning styles, and organizational constraints.¹⁶ According to Fitzpatrick and Hyde,

By focusing on structuring preoperative education programs, organizations might be able to achieve positive outcomes as evidenced in the literature, and achieve some standardization in the delivery of this aspect of care.^{16(p257)}

Careful planning, teamwork, and feedback from patients will lead to successful implementation of a preoperative educational program that is a valuable teaching opportunity for staff members and a valued experience by ambulatory patients and their family members. — **AORN** —

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