Abstract:
The preanesthesia informed consent document is regarded mainly as a legal prerequisite but patient autonomy in the authorization of a proposed intervention requires that the relevant information is provided in a suitable and useful way. The information needs of patients was determined in relation to demographic parameters. This study carried out to evaluate if the expected extent of information regarding anesthesia during the preanesthesia visit was dependent on group-specific variables. A total of 699 adult patients with forthcoming elective non-cardiac surgery were anonymously interviewed concerning their expectations and informational needs during the preanesthesia visit. The questionnaire contained 15 demographic variables, one being the question on health-related quality of life (HRQoL). The ASA classification was the only patient data assessed by the anesthesiologist after the consultation. In the second part of the questionnaire statements regarding the kind and extent of information (n = 10) as well as structural aspects of the preanesthesia visit (n = 5) could be rated using a four-step Likert scale. Point values from questions 1-10 were added to a sum score of need for information for each patient with 0 to ± 3 allotted for each question according to the direction of the question wording (i.e. more or less information desired) and the individual patient scores on the Likert scale. Variables associated with this score of need for information were assessed by regression.
analysis. Of the patients, 80.6% were classified as American Society of Anesthesiologists (ASA) physical status I and II. The HRQoL was rated fair or good by a total of 80%. On average patients were satisfied with the extent and the kind of information offered during the preanesthesia visit with a mean of the sum score of 0 (min. -10 and max. +10, SD ± 3.2). This applied to the written material to prepare for informed consent; however, the consultation was much more appreciated as a source of information. Of the patients, 278 wanted more information and 268 patients wanted less. Linear regression analysis determined education \( [p = 0.00018, 95\% \text{ CI: } 0.405 (0.194-0.615)] \), ASA physical status \( [(p = 0.047, 95\% \text{ CI: } - 0.558 (- 1.107 \text{ to } - 0.009)] \) and HRQoL \( [(p = 0.025, 95\% \text{ CI: } - 0.412 (- 0.771 \text{ to } - 0.053))] \) as being independently related to information needs, including perioperative processes as well as rare risks and complications. Interest in being educated about patient autonomy in end of life situations in the hospital was significantly correlated to the score \((p < 0.001, r = 0.143)\). The results of this study demonstrate for the first time in a German surgical cohort a wide acceptance of preoperative healthcare planning (77.4%). Demographic criteria can help to tailor pre-anesthetic information to individual patient needs. The explanatory power of these variables was, however, low. The relationship between self-assessed HRQoL and the demand for information underlines the necessity to adapt the amount and kind of information provided during the consultation to individual patients preferences.