

Attitude of patients attending the surgical clinic towards a day surgical unit

Abdul-Wahed N. Meshikhes, MBChB (Dublin), FRCSI, Mohammed A. Mubarek, MBBS.

ABSTRACT

Objectives: To establish awareness and attitude of patients attending the general surgical clinic in Dammam Central Hospital, Dammam, Eastern Province towards a day surgery unit. Also, to establish the reasons for their preference to have surgery performed as inpatients or in the day surgery unit.

Methods: Some 100 consecutive patients attending the surgical clinic of a single consultant surgeon at Dammam Central Hospital were surveyed. Patients who can neither read nor write were excluded. They were asked to answer a simple questionnaire on day surgery and their preference to have their minor operations under general anesthesia performed as a day surgery procedure or as an inpatient.

Results: There were 64 males and 36 females of various professions. Ninety-four patients aged 15-45 years. Thirty-two patients gave the correct definition of day surgery while 38 patients did not know, and had never heard of the term and 30 patients gave wrong definitions. Only 30

patients preferred their surgery to be conducted as day surgery. Forty-five of 70 patients (64%) who preferred inpatient care felt they would be receiving better care in hospital and 16 (23%) felt happier to be looked after by their surgeon in the first few postoperative days to avoid complications. Nine females of the 70 patients who preferred inpatient surgery (13%) felt that hospital is a better place for rest after surgery and to get a way from husband, children and housework.

Conclusion: The majority of our patients are unaware of the safety and services provided by a day surgical unit. Major work is needed to educate patients attending our clinics about the advantages of day surgery with the aim of improving their attitude towards it.

Keywords: Day surgical unit, attitude, survey.

Saudi Medical Journal 2000; Vol. 21 (12): 1161-1163

A day surgical case is a patient who is admitted for an operation on a planned, non-resident basis and who requires facilities for recovery.¹ This of course excludes minor cases conducted under local anesthesia and minor operative procedures conducted in the accident and emergency department. Applying this definition, day case surgery is believed to be suitable for approximately 50% of patients undergoing elective surgical procedures.² It has major advantages of minimal disturbance incurred to patient personal life,³ cost-effectiveness,^{4,7} decreased incidence of hospital-acquired infection,⁸ psychological benefits especially to children^{8,9} and allowance of a high volume of low-risk surgery to be

performed.¹⁰ For all these advantages, day surgery is steadily gaining popularity in the western world.^{10,11} However, this is not matched by similar enthusiasm in the Kingdom of Saudi Arabia in general and our hospital in particular. Over the years, the authors have sensed reluctance of many patients attending our surgical clinic to undergo surgical procedures in the day surgical unit in our hospital. Therefore, we conducted a pilot study surveying patients attending our surgical outpatient clinic to find out if they are aware of the day surgery unit, their attitude towards it and the reasons for their preference to have surgery as inpatients in the wards or in the day surgery unit.

From the Department of Surgery, Dammam Central Hospital, Dammam, Kingdom of Saudi Arabia.

Received 4th June 2000. Accepted for publication in final form 4th September 2000.

Address correspondence and reprint request to: Dr. A. Meshikhes, PO Box 18418, Qatif 31911, Kingdom of Saudi Arabia. Fax No. +966 (3) 8551019. E-mail: meshikhes@doctor.com

استفتاء حول جراحة اليوم الواحد

العمر: ضع علامة (✓) في المربع المقابل لعمرك

<input type="checkbox"/>	١٥-٣٠ سنة
<input type="checkbox"/>	٣١-٤٥ سنة
<input type="checkbox"/>	٤٦-٦٠ سنة
<input type="checkbox"/>	٦٠-٧٥ سنة
<input type="checkbox"/>	أكبر من ٧٥ سنة

الجنس: ذكر انثى

المهنة:

١. هل أجريت لك عملية سابقة؟ لا نعم

٢. إذا كانت الإجابة نعم فهل كانت العملية في جراحة اليوم الواحد؟ لا نعم

٣. ما مفهومك لجراحة اليوم الواحد؟

٤. لو احتجت لعملية جراحية صغرى تحت التخدير الكلي (العام) هل تفضل:

(أ). الإقامة بالمستشفى لأكثر من يوم.

أو:

(ب). جراحة اليوم الواحد.

٤. اذكر أسباب اختيارك (أ) أو (ب) ؟

Figure 1 - The questionnaire used in the survey (in Arabic).

Methods. One hundred and three consecutive patients attending the general surgical clinic of a single consultant surgeon at Dammam Central Hospital, Dammam were surveyed in November and December 1999. They were asked to answer a simple questionnaire (Figure 1) on their understanding of a day surgical unit and their preference to have their operations as a day surgical procedure or as an inpatient and the reason for their choice. The questionnaire also covered age, sex, and previous surgical intervention in a day surgery unit or as an inpatient. Patients who can neither read nor write were excluded. The answers were then gathered and

Table 1 - Reasons for favoring day surgery.

Reason	Number of patients	Percentage (%)
Psychologically better	8	26.5
Hate hospital	8	26.5
Not necessary to stay in hospital	8	26.5
Family and house commitment	6	20.5
TOTAL	30	100

analyzed. There were 3 sheets incompletely filled and therefore excluded, leaving 100 answers for analysis.

Results. There were 64 males and 36 females of various professions; office clerks (28), housewives (22), students (19), teachers (12), soldiers (6), nurses (4) and others e.g. driver, electrician, technician etc (12). Age distribution: 15-30 years (54), 31-45 years (40), 46-60 years (5) and one 61-75 years. Fifty-five patients have had inpatient surgical treatment but none of the surveyed patients has had any procedure in the day surgery unit. Thirty-two patients gave correct definitions. Thirty-eight patients did not know and had never heard of day surgery and 30 patients gave wrong definitions. Of the 30 patients who gave wrong definitions, 15 thought it was any minor operation performed under local anesthesia, 10 thought it was emergency operations performed on the same day of admission and 5 thought day surgery to be a high technology operating room. Only 30 patients preferred their surgery to be conducted as day surgery. The reasons for their preferences are shown in Table 1. Seventy patients preferred their surgery to be performed on an inpatient bases; their reasoning is shown in Table 2. Analysis of the 32 patients who correctly defined day surgical procedures revealed 10 housewives, 10 office clerks, 5 students, 3 teachers and 4 other minor jobs e.g. electrician, technician, driver etc. Only 12 patients (37.5%) (4 housewives, 2 clerks, 2 students, 2 teachers and 2 others) have chosen day surgery. Twenty of those 32 patients (62.5%) preferred inpatient procedures despite their full knowledge of day surgery care; 12 (40%) have chosen inpatient treatment for better care and observation and 8 (26.5%) to avoid anesthesia and postoperative complications.

Discussion. This small pilot study covers a wide spectrum of ages and professions of both sexes. It indicates that the majority of our patients are unaware of the services provided by a day surgery unit; some have never heard of the term. Only 37% of the

Table 2 - Reasons for favoring inpatient surgery over day surgery.

Reason	Number of patients	Percentage (%)
Better observation and care inside hospital	45	64
To avoid early postoperative complications	16	23
Rest in hospital after surgery	6	9
To get away from husband and children	3	4
TOTAL	70	100

surveyed patients knew what day surgical unit meant and surprisingly more than one third (35%) of those surveyed did not know or have a vague idea of day surgery. Only 30% of the surveyed patients favoured the day surgery unit for their proposed surgery. Of these patients, more than half (53%) felt that there was a lot to gain psychologically by convalescing at home and felt 'no need to stay in hospital after a minor operation and to leave beds free for those who really need them'. They, however, rightly requested provision of assurances and mechanisms for self-referral if there is any problem in the early postoperative days. Although this accounted for a small number of patients (16% of the overall number of patients surveyed), this is promising and should be utilized to persuade more patients towards favoring day surgical procedures based on these arguments. Six housewives preferred day surgery so as to go back to their children as early as possible. On the other hand, 9 female patients preferred inpatient care to get away from children, husband or housework.

A large majority of patients (70%) have chosen inpatient surgery mainly because of fear and lack of confidence in the safety of a day surgery unit. There was a general feeling that by staying in hospital, better care and observation can be provided. Some patients even felt that postoperative and anesthetic complications can be readily recognized and treated in hospital. Despite their knowledge of a day surgery service, only 12 of 32 patients (37.5%) favored day surgery while the majority favored inpatient treatment. This is somewhat worrying to see patients who are aware of day surgical services and have full knowledge of it still prefer inpatient treatment. It is most likely that it is these patients that form the major obstacles to promotion of the day surgery unit. To promote day surgery, patients' confidence must be won. This can be achieved by operating a fully equipped service including anesthesia and recovery, provision of trained qualified staff and creation of a mechanism by which patient have easy access to medical care in the event of complications even out of hours. This should be coined by education of patients regarding the services and safety of a day surgery unit. Another important factor to promote day surgery is its acceptance by doctors themselves. The concept of a day surgery unit can also be promoted and introduced to general practitioners (GPs) in the Primary Health Care Centers in the

Kingdom. Once patients' confidence is won, more and more patients can be recruited for day surgical care. This indeed will reduce the incidence of hospital-acquired infection,⁸ will allow more cases to be carried out¹⁰ and will alleviate pressure on already overstretched resources especially in the Ministry of Health hospitals. This study, although small, calls for better patient education regarding day surgery as a lot of work is needed to be carried out to change patients attitude and mentality towards day case surgery.

In conclusion, the majority of our patients are not fully aware of the safety and services provided by a day surgery unit. Major work is urgently needed to promote day surgery by educating, building confidence and improving the attitude of patients attending our clinics towards a day surgery unit.

References

1. Kingsworth A. Day case surgery. In: Mann CV, Russell RCG, Williams NS, editors. *Bailey and Love's Short Practice of Surgery*. London: Chapman and Hall Medical; 1995. p. 1011-1120.
2. Royal College of Surgeons England Commission on the provision of surgical services. *Guidelines for day case surgery*, revised edition. London: Royal College of Surgeons of England; 1992.
3. Voyles CR, Berch BR. Selection criteria for laparoscopic cholecystectomy in an ambulatory care setting. *Surg Endosc* 1997; 11: 1145-1146.
4. Audit Commission. *A shortcut to better services: day surgery in England and Wales*. London: HMSO; 1990.
5. Sadler GP, Richards H, Watkins G, Foster ME. Day-case paediatric surgery: the only choice. *Ann R Coll Surg Engl* 1992; 74: 130-133.
6. Arrugi ME, Davis CJ, Arkusch A, Nagan RF. In selected patients outpatient laparoscopic cholecystectomy is safe and significantly reduces hospitalization charges. *Surg Laparosc Endosc* 1991; 1: 240-245.
7. Zegarra RF II, Saba AK, Peschaiera JL. Outpatient laparoscopic cholecystectomy: Safe and cost effective? *Surg Laparosc Endosc* 1997; 7: 487-490.
8. Caldmore AA, Robinowitz R. Outpatient orchidopexy. *J Urol* 1982; 127: 286-288.
9. Campbell IR, Scaife JM, Johnstone JMS. Psychological effects of day case surgery compared with in-patient surgery. *Arch Dis Child* 1988; 63: 415-417.
10. Cole BO, Hislop WS. A grading system in day surgery: effective utilization of theatre time. *J R Coll Surg Edinb* 1998; 43: 87-88.
11. Fleisher LA, Yee K, Lillemoe KD, Talamini MA, Yeo CJ, Heath R et al. Is outpatient laparoscopic cholecystectomy safe and cost effective? A model to study transition of care. *Anesthesiology* 1999; 90: 1746-1755.