Le congrès
du 20 au 22 sept. 2023
Palais des congrès de Paris
anesthésie réanimation médecine périopératoire

An informative video for cesarean section: an intresting impact on anxiety and satisfaction

Abdelmoula M 1, Tergaouchi O 1, Ellouze Y 1, Marouane A 1, Maatoug F 1, Amouri N 1, Mziou E 2, Chaker F 3, Elleuch S 1, Kolsi K 1
1 Departement of anesthesia and intensive care, Hedi chaker hospital, Sfax Tunisia;2 Departement of preventive medecine, Salah Azaiz hospital, Tunis Tunisia;3 Departement of obstetrics, Hedi chaker hospital, Sfax Tunisia

Introduction

A well conducted information is the first step to a better medical management mainly in perioperative context. It is also proved to have an anxiolytic effect which improves patient's satsfaction. The technological development offered interesting tools to optimize this medical information.

METHODS

It was a **prospective simple blind controlled trial.** Women were randomized into 2 groups :"NE" group: informed by the standard used paper and "E" group: informed by adding the video. Group"E" saw the video just after Anesthesia Consultation (AC). This video was elaborated by anesthetic and obstetric team: anesthesiologist explains the SA and obstetrician explains the CS. These explanations were helped by photos and included techniques, precautions, possible complications and their management. The conversion to general anesthesia was the exclusion criteria. All patients had the same anesthetic and surgical course. **Pre** operative anxiety was evaluated by **Amsterdam Pain and Anxiety Scale (APAIS)** in 3 different times: before AC, after AC and just before surgery. **In Operating Room (OR),** anxiety was evaluated by a subjective scale (1: non anxious -4: very anxious) at vulnerable timings. **Satisfaction** was evaluated with subjective scale (1: not satisfied -4: very satisfied). We collected: the parturient prior knowledge about CS and SA, the source of this knowledge :"medical" (made by a medical professional) or "non medical" and post operative Visual Analogic Scale (VAS) levels in Post Operative Recovery Room (PORR). Statistics were performed by IBM SPSS Statistics 25: p<0.005=significance threshold

RESULTS

124 patients were enrolled: 62 per group. They had epidemiologic comparable parameters. The mean age of our patients was 27.43±3.21 years. 69.4% had prior medical information about CS with medical most common source (59,3%).77.4% had prior medical information about SA with medical most common source (60,4%).There was no significant difference between the 2 groups concerning their prior knowledge about CS (p=0.21) or SA(p=0.126).

1/*ANXIETY EVALUATION:

****Before AC:** 75% of all women had high anxiety level and the mean APAIS score in all patients was 12.96±3.68 (13.19±3.83 in "NE" group and 12.73±3.56 in "E" group (p=0.483)).

****For preoperative phase:** mean APAIS score decreased between the first and the third evaluation in group "E": (from 12,73±3,56to 8,56±2,86) and slightly increased in group "NE" (from 13,19±3,8 to 13,32 ±2,9) (Figure1).

****For in OR phase**: subjective anxiety score was significantly lower in group "E" in all vulnerable timings (Figure 2).

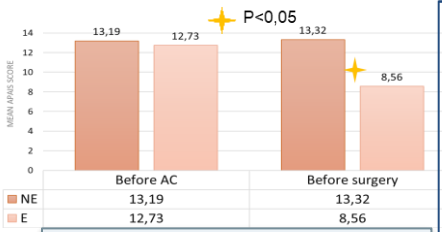

figure 1 : APAIS score in both groups before AC and before surgery

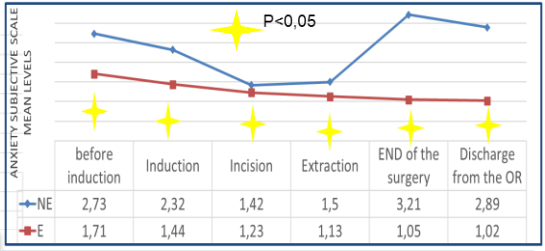

figure 2 : Anxiety subjective scale mean levels in the OR

2/*satisfaction evaluation: (Table1)

Satisfaction about	NE GROUP	E GROUP	P value
Anesthesia	22,9%	95,2%	0,001
Surgery	14,5%	91,9%	0,001

3/*VAS evaluation: (Table2)

	NE GROUP	E GROUP	P value
AT PORR ENTRY	6,00±1,2	5,27±1,03	$<10^{-3}$
10min	5,19±1,13	3,11±1,04	$<10^{-3}$
20min	5,35±1,06	3,60±1,22	$<10^{-3}$
30min	5,32±1,2	3,85±1,25	$<10^{-3}$
60min	5,68±1,19	3,89±1,13	$<10^{-3}$
120min	5,63±0,87	3,85±1,13	$<10^{-3}$
AT POOR DISCHARGE	4,29±0,82	3,32±1,05	$<10^{-3}$

Discussion and conclusions:

In our study, the use of a video to explain the operation and the anaesthesia helped to reduce perioperative anxiety and to improve satisfaction. These findings were similar to those of several studies(1). Many information tools were explored by clinicians aiming to look for the best informative method .The common outcome of their researches is the efficiency of technologically developed methods compared to classic standard ones(2,3). Further developed methods should be evaluated in improving medical information quality mainly with the emergence of artificial intelligence.

References

1.Renna MS, Metcalfe A, Ellard D, Davies D. A patient satisfaction survey investigating pre- and post-operative information provision in lower limb surgery. BMC Musculoskelet Disord. 16 nov 2020;21(1):754
2,Rajput SK, Tiwari T, Chaudhary AK. Effect of preoperative multimedia based video information on perioperative anxiety and hemodynamic stability in patients undergoing surgery under spinal anesthesia.J Family Med Prim Care 2021;10:237-42.,
3, Che Y.-J. et al.:Effects of an informational video about anesthesia; Med Sci Monit, 2020; 26: e920428