Timing of postoperative information

Overview: It is common practice in day surgery units for medical staff to see patients in the postoperative period and not routinely follow up in the outpatient clinic. Patients are frequently told new information at this time and may retain little of it.

The importance of clear, memorable information for patients about their healthcare, especially regarding discharge, has been recognised in the NHS patient survey programme. The quality and quantity of postoperative clinical information have also been shown to be independent predictors of 30 day patient satisfaction in day surgery (Lemos et al. 2009).

Current advice: The Royal College of Anaesthetists' guidance on the provision of anaesthetic services for day surgery states that verbal information should always be reinforced with printed material, and alternative means of communication with patients including the internet and text messaging should be considered.

New evidence: A prospective randomised study of 302 patients aged 18-70 from Torbay hospital in Devon aimed to determine the extent to which general anaesthesia affects a patient's ability to recall new information in the postoperative period, and whether timing affects the ability of the patient to recall this information (Blandford et al. 2011).

Two hundred patients undergoing general anaesthesia for day surgery procedures were randomly allocated into two equal groups, 'early' and 'late'. Both groups were asked to undertake a simple memory test either in the early or late postoperative phase of their recovery. A list of five objects, with no medical significance e.g. banana, were verbally presented and recall of these objects was tested after 30 minutes. A control group of 100 patients who received no sedative medications performed the same test.

The early group was tested while in the recovery unit, once they were able to converse with the recovery nurse. The late group was given information 30 minutes after being discharged from the recovery unit and transferred to the secondary recovery ward area. A mean interval of 40 minutes separated the two groups. The control group was presented with the test as soon as practicable.

Statistically significant differences in recall ability were demonstrable between the three groups, the control group having the highest recall. In the 'early' group 23% of patients had total amnesia of any test information given. Only 1% of the 'late' group were unable to remember any information.

The authors recommend that day care patients be given new information postoperatively as close as possible to discharge, and supplemented, where possible, with written material.
Commentary: "For just the reasons illustrated here, the majority of day units will already be providing most discharge information shortly before the patient is due to leave hospital and supplementing this in writing. The main implication of this study is for surgeons, who often tell patients about important operative findings in the recovery room, as soon as they are awake. This study suggests that information given at this time will not be retained. With nurse-led discharge well-established, many patients will have left hospital before the operating session is complete and the surgeon has a second chance to talk to them.

"When important surgical information needs to be given to patients, surgeons should, where appropriate, convey this to the nursing staff (for example, in the operation note) so that it can be incorporated into the general discharge process or else ask the nurses not to let the patient leave until they can come and talk to them." - Ian Smith, Consultant Anaesthetist, University Hospital of North Staffordshire and President, British Association of Day Surgery.

"The results of the study by Blandford et al. are interesting but not surprising. As a patient, I consider that it is of the highest importance that information about the postoperative effects to be expected following a clinical procedure are given in a manner and at a time when the information can best be retained.

"I agree that the authors’ recommendation that patients be given verbal information as close to discharge as possible would be good practice.

"These are my personal views as a patient, not those of the The Royal College of Anaesthetists." - Irene Dalton, Chairman, Patient Liaison Group Royal College of Anaesthetists.

About this article: This article appeared in the April 2012 issue of the Eyes on Evidence newsletter. This free monthly newsletter from NICE Evidence outlines interesting new evidence and what it means for current practice. They do not constitute formal NICE guidance. The opinions of contributors do not necessarily reflect the views of NICE.

To receive the Eyes on Evidence e-bulletin, please complete the online registration form.