

^{1,2} Department of Nursing Science, Faculty of Nursing; Head: dr n. med. A. Chamienia,
Medical University of Gdansk

³ Department of Nursing Chair of Nursing Laboratory of Methodology and Nursing Work
Organisation; Head: dr n. med. A. Gaworska-Krzemińska Medical University of Gdansk

⁴ Department of Sociology Medicine and Social Pathology Medical University of Gdansk

WIOLETTA MĘDRZYCKA-DĄBROWSKA¹, ANNA MAŁECKA-DUBIELA²,
HALINA NOWAKOWSKA³, MAGDALENA LEMSKA⁴, KATARZYNA LEONIUK⁴

***Psychological aspects determining preparation of the elderly patient
to the surgery***

Every human being has his own hopes and beliefs associated with being ill and medical treatment - they are a part of his knowledge about the illness itself, and particularly about his illness. It is sort of emotional shock for the patient to feel pain - not only physical one but mental as well. It's associated with the diagnostic work-up and the act of revealing his own pain to other people.

The news about the necessity of surgery causes the loss of the feeling of safety. The surgery is the unknown and that's why in the preoperative period the mental preparation for it is often more important than the preparation of the body [1,2,3].

The aim of this study was to evaluate the anxiety level of the patients awaiting surgery.

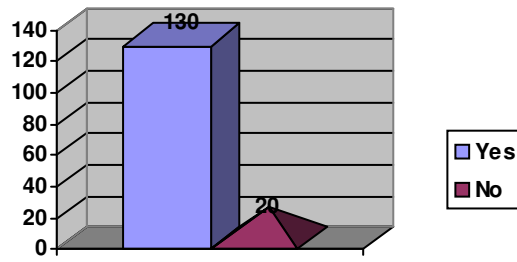
MATERIAL AND METHODS

The questionnaire of the author's design, anonymous and voluntary, was filled up by 150 patients of both sexes who were 65 years old or older. The survey was conducted in two university hospitals in Gdansk, a day before surgery, in the surgery ward. The patients were scheduled for surgery like laparotomy, splenectomy, thyroid resection.

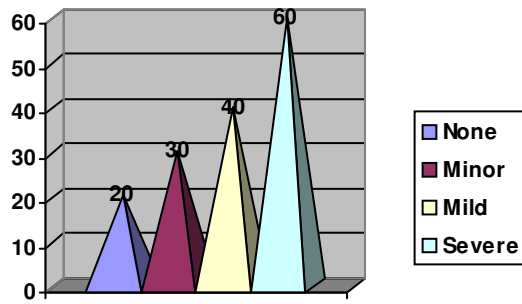
There were 150 aged patients enrolled into the study. 84% underwent elective surgery, 13% were operated as an emergency. 56% of patients had general anesthesia in, 39% regional anesthesia was employed and 4% underwent surgery with general - epidural anesthesia. There were 59% of patients between 65 and 75 years of age, 38% were aged between 76 and 84 years and 3% were older than 85.

RESULTS

Preoperative anxiety was present in 80% of patients (picture 1). There were 34 women (37,4%) and 57 men (51,8%). 63% of responders were college - educated, 8% had university degree, 26% completed only secondary school. The level of anxiety before surgery is presented in picture 2.



Pic.1. Are the patients afraid of anesthesia?



The level of fear, according to the patients' answers.

The elimination of anxiety in 50% of patients was [achieved](#) by the administration of anxiolytic, the level of anxiety was lowered in 34% of responders by the detailed explanations given by the medical staff; providing the patient with relaxed and calm environment eased the anxiety in 20% of patients, and in 6% of responders it was accomplished by enabling them to see their families. Table 1 shows what is feared most by the patients during surgery and anesthesia.

Tabela 1. What is feared most by the patients during surgery and anesthesia

Factors triggering fear	N	%
Coma after anesthesia	25	16,6
The feeling of lost control upon the situation	10	6,6
Intraoperative awareness	15	10
Nausea and vomiting	10	10
Postoperative pain	55	36,6
Difficulties in breathing	5	3,3
Difficulties in swallowing	3	2
Sore throat	5	3,3
Postoperative cold	4	2,6
Pain after venipuncture	5	3,3
Mutilation	13	8,6

DISCUSSION

Despite demographic, ethnic and personality differences, every patient is afraid of surgery, expressing his fear in the multitude of ways. Usually patients are afraid of postoperative pain, in the first place, followed by fears of staying in coma after surgery and intraoperative awareness.

It is a well-known fact that medical issues are given wide media coverage and it is the media that seem to play down the role of the anesthetic team [3]. One of the most important things in the perioperative period is to get in touch with the patient and gain his trust during preoperative anesthetic visit.

It is said the anesthesiologist during his visit, giving advice on how to behave after the surgery, may decrease the role of postoperative complications [1,4].

One of the most frequently occurring problems was anxiety. Men were more frequently afraid of the forthcoming surgery than the women. It doesn't tally with the studies of other authors [4,5]. Neither does the lack of correlation between the anxiety and the educational background [6]. Pharmacotherapy turned out to be the primary measure to have been taken to fight anxiety, though some detailed explanations given by the medical personal are not as important (30,8%). Studies indicate that the explanations may reduce the amount of anxiety even by 50%, the others argue that they don't play any role in reducing of preoperative [4]. It may be also concluded that previous anesthesia does not limit anxiety about the next one. It must be stressed out that the detailed explanations, given by the healthcare professionals did reduce perioperative level of anxiety by 34 %, with a key role of the anesthesiologist. The older the patient was, the longer the preanesthetic visit lasted, which is in agreement with other studies [4,6,7].

CONCLUSIONS

The results led to several conclusions:

1. Most of the patients expressed their concerns in relation to anaesthesia, focusing on experiencing pain, not waking up postoperatively, nausea and vomiting and awareness during anaesthesia.
2. These concerns are more pronounced in the elderly males than females.
3. Both psychological well-being and feeling of safety should be much improved.

LITERATURE

1. Jarosz M.: Psychologia lekarska. PZWL. Warszawa 1983.
2. Linda L. , Jeanine P.: Perioperative anesthesia issues in the elderly. Crit Care Clin 2003, 4, 110-112.
3. Jałowiecki P., Rudner R.: Ocena jakości postępowania anestezyjologicznego na podstawie opinii chorych o znieczuleniu. Okres przedoperacyjny. Anestezjologia Intensywna Terapia 2001, 33, 149-154.
4. Koplński A., Dyaczyńska-Herman A.: Niektóre psychologiczne i socjologiczne uwarunkowania przedoperacyjnego przygotowania chorych. Anestezjologia Intensywna Terapia 1996, 28, 127-131.
5. Koplński A., Dziurdzik P.: Rola niektórych czynników psychologicznych i socjologicznych u chorych w neurochirurgii – obserwacje własne. Anestezjologia Intensywna Terapia 1996, 28, 274.
6. Clifton P. J. M.: Expectations and experiences of anesthesia in a district general hospital. Anesthesia 1984, 39, 281-285.
7. Kłafka J. M., Roizner M. F.: Current understanding of patients' attitudes toward preparation for anesthesia; a review. Anesth Analg 1996, 83, 1314-1321.

SUMMARY

Every human being has his own hopes and beliefs associated with being ill and medical treatment-they are a part of his knowledge about the illness itself ,and particularly about his illness. It is sort of emotional shock for the patient to feel pain- not only physical but mental as well. It's associated with the diagnostic work-up and the act of revealing his own pain to other people. The news about the necessity of surgery causes the loss of the feeling of safety. The surgery is the unknown and that's why in the preoperative period the mental preparation for it is often more important than the preparation of the body [1,2,3].

The aim of this study was to evaluate the anxiety level of the patients awaiting surgery.

The results led to several conclusions:

Most of the patients expressed their concerns in relation to anaesthesia focusing on experiencing pain, not waking up postoperatively, nausea and vomiting and awareness during anaesthesia.

These concerns are more pronounced in the elderly males than females

Both psychological well-being and the feeling of safety should be much improved during perioperative period.