Nepal Orthopedic Association Journal
https://doi.org/10.59173/noaj.20241002d

Original Article

Preoperative Counseling Status of the Patient Undergoing Orthopedic Surgical Procedures at a Tertiary Care Center: A Descriptive Observational Study

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ABSTRACT

Introduction: Informed written consent acts as a legal and ethical document of proof of adequate pre-operative counseling and demands the effective participation of both surgeons and patients. However, studies suggest that there is inadequacy and lack of compliance while obtaining informed consent. This results in poor patient participation and ultimately affects the doctor-patient relationship. Hence, this study was conducted to assess the counseling status of patients undergoing surgeries in a tertiary care center in Nepal.

Methods: A hospital-based descriptive observational study was conducted at B & B Hospital, Gwarko, Lalitpur, Nepal, between December 1, 2023, and December 30, 2023. All patients who underwent orthopedic surgeries during the study period were included. Those who refused to take part in the study were excluded. A convenient sampling method was used. Data were obtained through interviews with selected patients. A structured questionnaire administered via Google form, was utilized for this purpose. The questionnaire included general questions related to the experience of pre-operative counseling. Descriptive statistics were used. Continuous data were reported as mean ± standard deviation and categorical data was reported as number (percentage).

Results: The study had a total of 100 respondents, with a mean age of 38.38 ±15.56 years. 65 (65%) were males and 35 (35%) were females. Out of 100, 95(95%) received pre-operative counseling. 19 (19%) did not receive counseling regarding anesthesia, and 99 (99%) did not sign the consent form by themselves.

Conclusion: Most patients received pre-operative counseling. However, they were not adequately informed regarding anesthesia. In addition, a large number of patients did not sign the consent form by themselves.

Keywords: Counseling, Doctor-Patient Relationship, Informed Consent

INTRODUCTION

Effective counseling provided by healthcare professionals plays a crucial role in the well-being of patients and in strengthening patients' trust in their doctors.[1] This is significant for patients awaiting surgical interventions, as they commonly experience worries and fears.[1] A detailed pre-operative counseling can also foster early mobilization and recovery among patients after surgery.[2] Therefore, pre-operative counseling should aim to dispel patients' fears, disclose information related to surgical procedures, and familiarize patients with the surgical environment.[3] However, various barriers, such as lack of interest, poor communication skills of the surgeons, and language differences can significantly affect the process of counseling.

Informed written consent acts as a legal and ethical document of proof of adequate pre-operative counseling.[4] It demands the effective participation of both surgeons and patients. The 2017 code of ethics by the Nepal Medical Council also stressed the importance of obtaining informed consent from the patient unless they are considered incompetent.[5] However, studies suggest that there is inadequacy and lack of compliance while obtaining informed consent.[6–8] In addition, direct involvement of the parents, guardian, or next of kin during the process of obtaining informed consent has also been predominant, especially in our part of the world.[9] This results in poor patient participation and ultimately affects the doctor-patient relationship. Hence, this study was conducted to assess the counseling status of patients undergoing surgeries in a tertiary care center in Nepal.

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METHODS

A hospital-based descriptive observational study was conducted at B & B Hospital, Gwarko, Lalitpur, Nepal, Between December 1, 2023, and December 30, 2023. The study was conducted following approval from the institutional review committee (IRC) of B & B Hospital. All patients who underwent orthopedic surgeries during the study period were included. Those who refused to take part in the study were excluded. A convenient sampling method was used.

Data were obtained through interviews with selected patients. A structured questionnaire administered via Google form, was utilized for this purpose. (Supplementary file #1) The questionnaire included general questions related to the

experience of pre-operative counseling, including “Did you receive preoperative counseling? And “Did you receive anesthesia counseling?” The consent form was a general hospital-based consent form without detailed information regarding the procedure. Regarding the professionals who were involved in providing information about the informed consent, all of them were surgeons directly involved in the patient care. However, nurses solely assisted patients and patient parties in signing the consent form.

Data were stored in Microsoft Excel Worksheet version 19 and SPSS version 16. Descriptive statistics were used. Continuous data were reported as mean ± standard deviation and categorical data was reported as number (percentage).

RESULTS

The study had a total of 100 respondents and their demographic details arepresented in Table 1. The mean age of the respondents was 38.38 ±15.56 years. The age distribution ranged from 8 to 84 years.

Table 1: Descriptive variables of respondents

Variables	n(%)
Sex	
Male	65 (65.0)
Female	35 (35.0)
The place where the consent was taken	
Emergency	51 (51.0)
OPD	39 (39.0)
Ward	10 (10.0)

Figure 1 shows the status of preoperative counseling among the respondents.

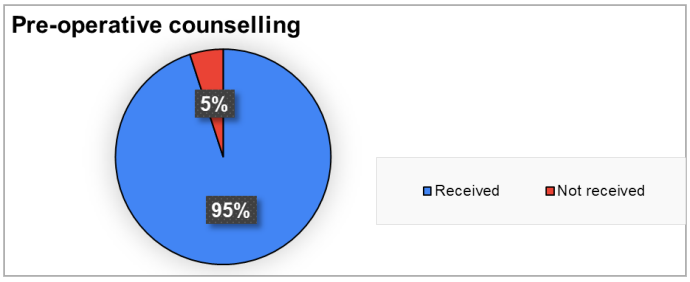

Fig 1: Pre-operative counseling status among patients undergoing surgical procedures

Figure 2 illustrates the status of pre-operative counseling regarding anesthesia and Figure 3 illustrates the status of who signed the informed consent.

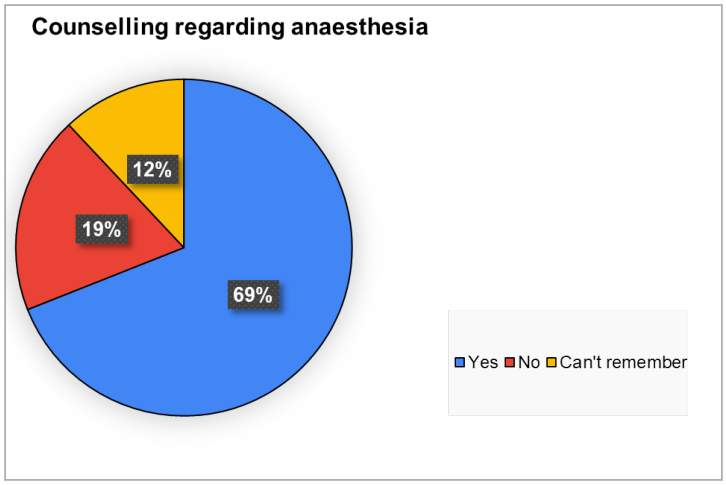

Fig. 2: Pre-operative counseling status regarding anesthesia

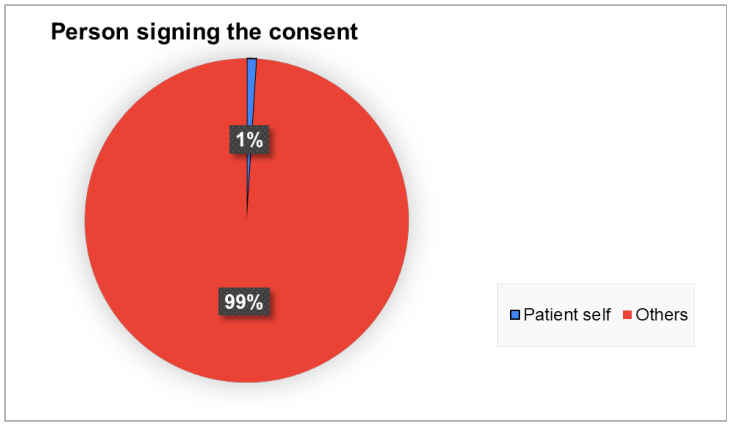

Fig 3: Percentage of respondents who signed the consent form

DISCUSSION

This study identified that a significant majority, comprising 95.0%, reported that they received preoperative counseling before their surgeries. The high percentage suggests a substantial adherence to providing information before undergoing surgical procedures. However, 5.0% of the respondents remained unaware of the procedure, indicating a gap in the informed decision-making process within healthcare settings. Similar to this finding, another study from Nepal also found that the majority of the respondents did not know who was going to perform the surgery, the alternatives to the planned treatment, the benefits of the surgery, or the outcome of non-treatment.[4] However, in an Ethiopian study, almost all (91.4%) of the patients had got their preoperative counseling. [9]

Regarding the status of anesthesia counseling, 69.0% of the patients reported being informed about the anesthesia, which is in contrast to studies in Nepal and India where 41.63% and 46.0% respectively were informed about the type of anesthesia. [4,9] Surgeons must collaborate with other healthcare professionals such as anesthesiologists, to ensure that patients are well informed about all relevant information related to surgery.

Even though the majority received preoperative counseling, a significant proportion (99.0%) of the total participants did not sign the consent form but rather signed by their relatives. Similar to this finding, studies from Pakistan and Ethiopia also found that 85.1%, 99.6%, and 96.2%, respectively did not sign the consent form by themselves.[8, 10, 11] According to the Nepal Medical Council, until and unless the patient is incompetent, informed consent should be obtained from the patient.[5] However, findings show a poor practice of not including the patient in their surgical decision-making. A study conducted in Nepal reported a slightly higher proportion, where 22.6% of the patients signed consent forms by themselves. [4] This still implies surgical informed consent obtained in our setting is not valid as the aim should be always higher. Our finding is comparable with the two studies from Addis Ebiba and Hawassa in Ethiopia where 99.6% and 96.2% of the patients respectively didn't sign the consent form. [8,12] In contrast, the majority of the respondents (89.1%) signed informed consent by themselves in Ethiopia. [13] The variation in results might be attributed to different sample sizes (442) and types of surgeries.

In our study, information regarding informed consent was provided by concerned surgeons in all cases. Contradicting this result, a study from Pakistan found that only 40.6% of the cases were informed by operating consultants. [10] Surprisingly, in Ethiopia, the majority 87.8% of the patients didn't even recognize the counselor. [14]

The study has a few limitations. Since it was conducted in a single private hospital within a fixed duration, the number of patients was smaller. It would be useful for follow-up studies to be conducted in semi-government and government hospitals. The higher patient flow and lower doctor-to-patient ratio in government hospitals, compared to private ones, may impact the quality of informed consent. This study did not consider the education level of the participants which might influence the understanding of the consent. This study did not evaluate the level of understanding of patients post-counseling.

CONCLUSION

Most patients received pre-operative counseling. However, they were not adequately informed regarding anesthesia. In addition, a large number of patients did not sign the consent form by themselves, which is the requirement of the regulating body of the country. Hence, there is a need to develop standards of practice for obtaining informed consent. Further studies can evaluate the quality of consent, including counseling about alternate treatment methods, possible risks and complications for both surgery and anesthesia and the level of understanding of patients post-counseling.

CONFLICT OF INTEREST

None

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