Effectiveness of Pre-Surgery Video in Reducing Anxiety in Daystay Surgical Patients

Introduction

- The prospect of surgery provokes great anxiety in most people and research suggests anxiety levels are greatest when the individual is least informed.⁶
- Growing emphasis on shortened hospitalization and athome recovery limits the amount of time preadmission nurses have to psychologically prepare and educate patients for surgery.
- A robust preoperative teaching plan for patients undergoing Daystay surgical procedures is central to patient comfort, decreased patient anxiety and better patient outcomes.

Objective

The purpose of this study is to determine if adding a preprocedure on-line educational video to the standard preoperative teaching phone call will decrease patient anxiety in first-time Daystay surgical patients.

Methods

- This study is a randomized clinical trial.
- Eligible patients were first-time surgery patients, without a diagnosis of cancer, undergoing Daystay surgery.
- Patients were randomly assigned to one of two groups:
 - •*Control Group*: pre-operative education via a presurgery phone call;
 - •*Video Group*: pre-operative education via phone call and view a BMC-produced on-line video describing what they would experience during Daystay surgery.
- Patients were administered a Visual Analog Scale (VAS) to measure their level of anxiety at (1) baseline, (2) after video viewing & phone call, or standard (phone call) education, and (3) immediately prior to surgery.

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Results

- 126 subjects were randomized
- One patient assigned to the video group was later deemed ineligible because of prior surgery.
- Eight subjects (all assigned to the video group) dropped out.
- The remaining 118 patients (55 video subjects and 63 controls) were analyzed.
- Anxiety VAS scores for the Video Group remained relatively stable throughout the three time periods, while those in the Control Group significantly increased (worsened) from baseline to pre-surgery (p=0.02).
- Changes in Anxiety VAS scores were more pronounced in males than females, with transgender patients falling in between. However, small numbers preclude formal statistical comparison by sex.



- females.



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Conclusions

• Video instruction prior to admission may help decrease presurgery anxiety.

• Video education may be more effective in males than

• Providing an on-line video was found to be an effective adjunct for patient education.

References

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