

## **Guided Imagery and Its Effects on Preoperative Anxiety, Postoperative Pain, and Patient Experience**

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**Introduction:** Surgery often results in increased levels of anxiety and postoperative pain. Post operative pain relief is typically treated with opioids. However, evidence shows that treatment with opioids alone is often insufficient to provide adequate levels of pain relief and can contribute to the growing opioid crisis. Alternative pain management strategies that combine narcotic medication with complementary therapies can improve comfort as well as decrease preoperative anxiety. Guided imagery (GI) is an evidence-based complementary therapy used to decrease postoperative pain that has been underutilized in ambulatory surgical centers. This study aimed to integrate GI as a pain management strategy.

**Identification of the Problem:** PICOT: In perioperative patients, how does guided imagery, compared with standard practice, affect preoperative anxiety, postoperative pain, and patient experience?

Databases: PubMed, CINAHL, Cochrane, and NIH.

**EPB Question/Purpose:** For non-urological outpatient surgical patients aged 18 and older, does implementing a post-operative voiding protocol reduce PACU length of stay?

A literature review via CINAHL identified eleven relevant articles, including studies on urinary retention following total joint and inguinal hernia surgeries, the use of tamsulosin for prevention and treatment, and a consensus statement from the American Urogynecological Society.

**Methods/Evidence:** In August 2024, GI was implemented in the preoperative setting of an ambulatory surgery center. Following implementation, all surgical patients were given the opportunity to participate in the project. During preop, participants completed the Perioperative Anxiety Scale-7 and Visual Analog Scale before and after use of GI. Following surgery, participants received standard postoperative care. After discharge, the participant's medical record was reviewed to assess opioid consumption in morphine milliequivalents, postoperative pain, and length of stay. The patient's experience was captured through a callback. A pre-study chart review was conducted for comparison.

**Significance of Findings/Outcomes:** Patients reported 4.15-point average anxiety reduction post-intervention. Opioid consumption reduced by nearly 4 morphine milliequivalents when preoperative pain was present. Discharge readiness time decreased, while participants reported an 80% satisfaction score, feeling that they received personalized care.

**Implications for perianesthesia nurses and future research:** Overall, GI effectively decreased preoperative anxiety and postoperative opioid consumption and increased patient satisfaction. It's a low-cost, non-invasive nurse-driven intervention that can be

implemented quickly. Recommendations are to include GI as a complementary therapy in outpatient surgical centers to support less reliance on opioids for pain management.