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Impact of Preoperative Anaesthetic Evaluation on Patient Perception and Satisfaction: Insights from a Tertiary Healthcare Institution.

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Abstract

Preoperative anaesthetic evaluation (PAC) is a vital part of surgical care aimed at assessing patient fitness, reducing perioperative risks, and improving patient understanding and satisfaction. This study evaluates patient perception and satisfaction with PAC services in a tertiary care teaching hospital. A cross-sectional observational study was conducted on 70 patients undergoing elective surgeries. Patients above 18 years of age who attended PAC and gave informed consent were included. Data were collected using a structured questionnaire covering demographics, type of surgery and anaesthesia, PAC experience, and satisfaction levels. Descriptive statistics were used to analyze data, and satisfaction was assessed using a 5-point Likert scale. The majority of patients were aged between 21–30 years (31.4%) and 52.9% were male. Most underwent minor surgery (61.4%) under general anaesthesia (55.7%). Overall, 72.9% of patients reported high satisfaction with the PAC. History taking and physical examination were performed in over 94% of cases. However, only 27.1% received fasting instructions, and awareness regarding postoperative nausea and analgesia was suboptimal. While overall satisfaction with PAC was high, communication gaps in postoperative care and fasting guidance remain. Improving standardized counselling protocols can enhance perioperative patient experience.

Keywords: Preoperative anaesthetic evaluation, patient satisfaction, perioperative care.

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INTRODUCTION

Preoperative anaesthetic evaluation plays a pivotal role in ensuring patient safety and optimizing surgical outcomes [1]. Conducted typically during the pre-anaesthetic checkout (PAC), this evaluation assesses a patient's medical history, physical status, and readiness for anaesthesia. Beyond its clinical importance, the PAC also significantly influences patient perceptions, confidence, and satisfaction regarding their upcoming surgical experience. With increasing emphasis on patient-centered care, understanding how patients perceive the preoperative anaesthetic interaction becomes crucial in enhancing healthcare quality [2-4].

In tertiary healthcare institutions, where high surgical volumes and complex cases are common, effective preoperative communication and evaluation help alleviate anxiety, clarify expectations, and foster trust [5]. The anaesthesiologist's role has evolved beyond technical expertise to include being a communicator and educator. However, patient satisfaction with the PAC process is often underexplored, particularly in resource-constrained settings [6]. Evaluating this satisfaction offers valuable insights into service quality, patient awareness, and areas needing improvement. This study aims to assess the impact of preoperative anaesthetic evaluation on patient perception and satisfaction, identifying key determinants of positive patient experiences and informing policy improvements in perioperative care within tertiary care setups [7, 8].

METHODOLOGY

This cross-sectional observational study was conducted at the Department of Anaesthesiology. Patients scheduled for elective surgeries under general or regional anaesthesia were included in the study after obtaining written informed consent. Ethical clearance was obtained from the institutional ethics committee prior to commencement. Adult patients aged 18 years and above, who underwent a preoperative anaesthetic checkout (PAC), were enrolled using a convenient sampling method. Patients with cognitive impairments, communication barriers, or emergency surgeries were excluded to ensure accurate assessment of perceptions and satisfaction.

Data were collected using a pre-validated, structured questionnaire administered to patients post-PAC and prior to surgery. The questionnaire consisted of items covering demographic data, awareness of anaesthesia and anaesthesiologist's role, clarity of communication during PAC, satisfaction with the explanation of risks and procedures, and overall experience of the PAC process. Responses were recorded using a five-point Likert scale ranging from "very dissatisfied" to "very satisfied." The questionnaires were administered by trained research assistants to ensure standardization and avoid interviewer bias.

Collected data were entered into Microsoft Excel and analyzed using SPSS version 23. Descriptive statistics were used to summarize demographic variables and satisfaction scores. Associations between satisfaction levels and demographic or clinical variables were analyzed using Chi-square tests and independent t-tests, wherever applicable. A p-value of less than 0.05 was considered statistically significant. The findings were presented in tabular and graphical formats to highlight trends in patient perception and areas for improvement in the PAC services.

RESULTS

Table 1: Baseline Demographic Characteristics (n = 70)

Parameter	Category	Number of Patients	Percentage (%)
Age Group (Years)	≤ 20	6	8.6
	21 – 30	22	31.4
	31 – 40	17	24.3
	41 – 50	13	18.6
	51 – 60	10	14.3
	> 60	2	2.8
Sex	Male	37	52.9
	Female	33	47.1

Table 2: Perioperative Profile of Patients (n = 70)

Parameter	Category	Number of Patients	Percentage (%)
Education Status	Primary	13	18.6
	Secondary	17	24.3
	Higher Secondary	19	27.1
	Graduate	17	24.3
	Post-Graduate	4	5.7
Type of Surgery	Major	27	38.6
	Minor	43	61.4
Type of Anaesthesia	General Anaesthesia	39	55.7
	Spinal Anaesthesia (SAB)	12	17.1
	Epidural + SAB	9	12.9
	Local + Sedation	6	8.6
	TIVA	2	2.9
	MAC	2	2.9
Number of PAC Visits	One	14	20.0
	Two	36	51.4
	Three or More	20	28.6

Table 3: Patient Perception and Satisfaction with PAC (n = 70)

Parameter	Category	Percentage (%)
Overall Satisfaction with PAC	Strongly Agree	72.9
	Agree	22.9
	Undecided	4.2
	Disagree / Strongly Disagree	0.0
Key Quality Indicators (RCOA Benchmarks)	Seen by Anaesthetist Preoperatively	77.1
	Anaesthetist Introduced Themselves	85.7
	History Taken	97.1
	Physical Exam Done	94.3
	Fasting Instructions Explained	27.1
	Aware of Type of Anaesthesia	94.3
	Aware of Anaesthetic Complications	81.4
	Aware of Postoperative Analgesia	51.4
	Aware of PONV Management	27.1

DISCUSSION

This study aimed to evaluate the impact of preoperative anaesthetic evaluation on patient perception and satisfaction in a tertiary care hospital setting. Based on the results obtained from 70 patients, it is evident that the pre-anaesthetic checkup (PAC) significantly influenced patient understanding, comfort, and satisfaction regarding their upcoming surgery and anaesthesia [9].

The demographic profile revealed that the majority of patients were young to middle-aged adults, with the highest proportion (31.4%) in the 21–30 years age group. There was a fairly equal gender distribution, with a slight male predominance (52.9%). Educational background varied, with most patients having completed at least secondary education, suggesting a moderate-to-high literacy level that may positively influence comprehension of medical instructions during PAC [10].

In terms of clinical characteristics, 61.4% of the patients underwent minor surgical procedures, and 55.7% received general anaesthesia. A significant number (51.4%) had two PAC visits, which may reflect the institutional protocol to ensure thorough assessment and clearance. The frequency of multiple PAC visits could also indicate either case complexity or the need for optimization prior to surgery. This follow-up approach likely contributed to the high rates of history taking (97.1%) and physical examination (94.3%) recorded during the PAC, aligning with best practice guidelines [11].

The findings show that 72.9% of patients strongly agreed and 22.9% agreed that they were satisfied with the PAC process, indicating an overall high satisfaction rate. This reflects positively on the communication, professionalism, and efficiency of the anaesthesia team. However, some gaps were noted in specific domains of patient education. For example, while 94.3% were aware of the type of anaesthesia planned, only 27.1% had received proper fasting instructions, and merely 27.1% were informed about postoperative nausea and vomiting (PONV) management. These results highlight a need for structured and uniform preoperative counselling protocols, especially on aspects often underestimated in clinical discussion.

The Royal College of Anaesthetists (RCOA) recommends 100% compliance in areas like anaesthetist-patient interaction, explanation of fasting instructions, and education about postoperative care. In our study, although most indicators such as anaesthetist self-introduction (85.7%) and communication about complications (81.4%) were relatively high, they still fall short of the ideal benchmarks. These findings underline areas for targeted improvement.

The high overall satisfaction could be attributed to effective communication, reassurance, and the perception of being thoroughly evaluated before surgery. Nonetheless, the lesser emphasis on postoperative care education suggests that patients may still face unanticipated challenges postoperatively, affecting long-term satisfaction and recovery.

CONCLUSION

In conclusion, while the study confirms that preoperative anaesthetic evaluation is an essential component of surgical preparation that significantly enhances patient satisfaction, it also underscores the need for improvement in certain educational and counselling aspects. Standardizing PAC practices to include clear, consistent communication about fasting guidelines and postoperative symptoms can further elevate the quality of perioperative care. Future studies should also evaluate how these perceptions impact surgical outcomes, compliance, and anxiety levels to formulate a more patient-centered approach in anaesthesia practice.

REFERENCES

- [1] Klub R, al-Qaddah N. Analysis of patients' anesthesia experience at the royal jordanian rehabilitation center : a survey of anesthetic practice. *Journal of the Royal Medical Services*. 2004;11(1):59-62.
- [2] Key W, Swart M. RCOA Chapter 2. Guidelines for the Provision of Anaesthesia Services for Preoperative Assessment and Preparation. 2019. Downloaded from: file:///C:/Users/HP/Downloads/GPAS-2019-02-PREOP.pdf
- [3] Gupta A, Gupta N. Patient's experiences and satisfaction with preanesthesia services: A prospective audit. *J Anaesthesiol Clin Pharmacol*. 2011;27(4):511-15.
- [4] Gebremedhn EG, Chekol WB, Amberbir WD, Flatie TD. Patient satisfaction with anaesthesia services and associated factors at the University of Gondar Hospital, 2013: a cross-sectional study. *BMC research notes*. 2015;8(1):1-9.
- [5] Cooray TC. Audit to evaluate the patients view, regarding the preoperative visit of the patients by the anaesthetist. *Sri Lankan Journal of Anaesthesiology*. 2011;19(1):39-42.
- [6] Longnecker DE, Mackey SC, Newman MF, Sandberg WS, Zapol WM. Overview of Preoperative Assessment and Management *Anesthesiology*, 3e | Access Anesthesiology | McGraw-Hill Medical. In: *Anesthesiology*, Third Edition. New York. 2018.
- [7] Vyhunthan G, Aeshana de Silva NG. Audit to evaluate preoperative visit to patient by anaesthetist. *Sri Lankan Journal of Anaesthesiology*. 2012;20(2):88-91.
- [8] Greenberg CC, Regenbogen SE, Studdert DM, et al. Patterns of communication breakdowns resulting in injury to surgical patients. *Journal of the American College of Surgeons* 2007; 204: 533-40.
- [9] Rushforth H, Burge D, Mullee M, et al. Nurse-led paediatric pre-operative assessment: an equivalence study. *Paediatric Nursing*. 2006; 18: 23-9.
- [10] Lee A, Lum ME. Measuring anaesthetic outcomes. *Anaesth Intensive Care*. 1996;24(6):685-93.
- [11] Hepner LD, Bader MA, Hurwitz S, Gustafson M, Tsen CL. Patient satisfaction with preoperative assessment in a preoperative assessment testing clinic. *Anesth Analg*. 2004;98:1099-1105.