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Parental satisfaction with paediatric day-case ENT surgery

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Abstract

Day surgery is increasing to improve the efficient use of NHS resources and it is vital that the quality of patient care is not compromised. The Audit Commission has recommended that there should be a systematic appraisal of the patient's views to monitor quality of day care. A survey of parental satisfaction with paediatric day-case surgery provides valuable information for those providing day surgery. A specific area of dissatisfaction previously identified is inadequate pain control following discharge. It is also suggested that day surgery may incur higher costs for the general practitioner.

A retrospective study to investigate parental satisfaction with 100 paediatric otorhinolaryngology cases was performed. This study found 96 per cent of parents were happy with the treatment their child received, 89 per cent were satisfied with self-administered simple analgesia and no patients visited their general practitioner on the day following surgery. It is concluded that with careful selection and adequate support the degree of satisfaction with day surgery is high for a wide variety of procedures.

Key words: Ambulatory surgery; Patient satisfaction

Introduction

Elective day-case surgery has become an integral part of Otolaryngology practice. Non-residential surgery is less disruptive to the life of the patient and requires less psychological preparation, which is particularly important for the paediatric population. It has been shown that children benefit from services that take into account their special needs (Audit Commission, 1990). Selection of suitable procedures is vital: for example it has been shown that paediatric adenoidectomy which represents a large part of the caseload, can be safely performed on a day-case basis (Leighton *et al.*, 1993). Many studies have shown that adenotonsillectomy can be performed as a day procedure provided that a post-operative observation period of eight hours is possible (Yardley, 1995). With proper safeguards many ENT procedures can be safely carried out on a day-case basis (Benson-Mitchell *et al.*, 1996).

Patients must be systematically assessed in out-patients and shown to be both medically and socially suitable for day surgery. Careful patient selection is essential to decrease the likelihood of complications. There must be no history of chronic illness or sleep apnoea syndrome, residence must be within five miles of the unit, transport must be available and a designated responsible adult must be present for the first 24 hours. A designated Paediatic Day Surgery Unit is an efficient use of resources as costs are lower and it is easier to recruit and retain nursing staff. Patients must be discharged with adequate verbal and written information and adequate skilled nurses must be available in the post-operative period. The Audit Commission has identified the need to monitor patient satisfaction with surgery (Audit Commission, 1991). It is recommended that there should be a systematic appraisal of the patient's views of their treatment, not just the clinical outcome (Audit Commission, 1990). Field trials have shown that 80 per cent of patients were satisfied with day-case surgery and 83 per cent would recommend it to a friend. A specific area of dissatisfaction identified was inadequate post-operative analgesia (Audit Commission, 1991). It has been suggested that the savings of day care are merely transferred to the community budget, although there is little evidence for this (Audit Commission, 1990). The commission found 25 per cent of patients visit their general practitioner within one month of day surgery (Audit Commission, 1991).

The aim of this study was to establish the degree of parental satisfaction with day-case surgery for their children in a designated paediatric unit with particular reference to post-operative analgesia and impact on community health services.

Patients and methods

The parents or carers of 100 consecutive children who attended for elective ear, nose or throat surgery over a two-month period (April and May, 1996) at The Dolphin Day Unit of Mayday University

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TABLE I
PATIENT DETAILS

Type of operation	Number contacted	Number not contacted	Total
A+/−T+/−G	43	14	57
EUA ear/G	43	13	56
Myringoplasty	4	0	4
Mastoidectomy	1	0	1
Tongue tie	1	0	1
DL	3	1	4
Ossiculoplasty	1	0	1
Removal FB	3	1	4
Tympanotomy	1	0	1
Total	100	29	129

Hospital were retrospectively studied. The cases were all pre-selected as being suitable for day-case surgery as specified by the Royal College of Surgeons of England (1992). The Unit is a dedicated paediatric facility away from adults and the children are offered a pre-admission visit to familiarize themselves with the surroundings. Trained paediatric nurses staff the unit and verbal and written information is given routinely to the carer on discharge.

All patients undergoing adenoidectomy or tonsillectomy were observed for a minimum of six hours before discharge. All ENT day surgery lists are in the morning with the exception of one list for grommets only. The protocol for day case anaesthesia is closely followed and includes avoidance of pre-medication, application of local anaesthetic cream to injection sites and the use of short acting anaesthetic agents: most children are given Diclofenac suppositories but anti-emetics are not routinely given intra-operatively. At the pre-operation visit the parents are advised to have Ibuprofen syrup and Paracetamol elixir at home for the post-operative period. The suggested analgesic regime is ibuprofen syrup t.d.s. of Paracetamol elixir four hourly as required. The parents are also advised that the two analgesics may be used in conjunction if needed.

A standard telephone questionnaire was administered to the carer between six and 12 weeks after the child's surgery. Carers were asked if they had contacted their general practitioner after the operation, if they were happy with self-administered analgesia, if they were satisfied with the treatment they and their child had received and if they would opt for day surgery again for their child if it was indicated.

Results

Patients

There were 129 patients in the study group and data from 100 sets of carers was collected (29 were not contacted at the time of the study). The type of operation varied from EUA of ears to ossiculoplasty and is shown in Table I. The age range was one to 15 years (Figure 1).

Complications

In the study group there were two cases of secondary haemorrhage following tonsillectomy and one reactionary bleed; all the patients attended the Emergency Department and were admitted. Interestingly, four patients who had undergone tonsillectomy experienced post-operative bleeding at home but did not report it.

Calls to general practitioner

Eighty-one per cent had no need to call their GP in the two weeks following surgery and no one contacted their GP within 24 hours (Table II and Figure 2).

Analgesia

Eighty-nine per cent of parents were happy with self-administered, self-purchased analgesia (Figure 3). Of those who would have liked more, nine were cases of tonsillectomy, one tympanotomy and one case of ventilation tube insertion.

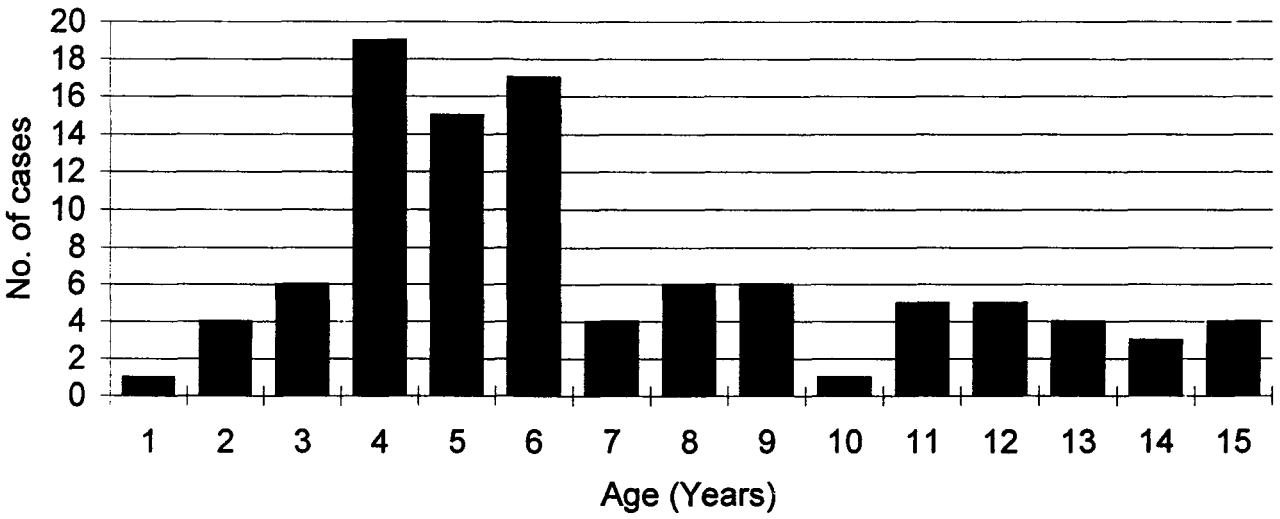

FIG. 1
Age distribution of cases studied.

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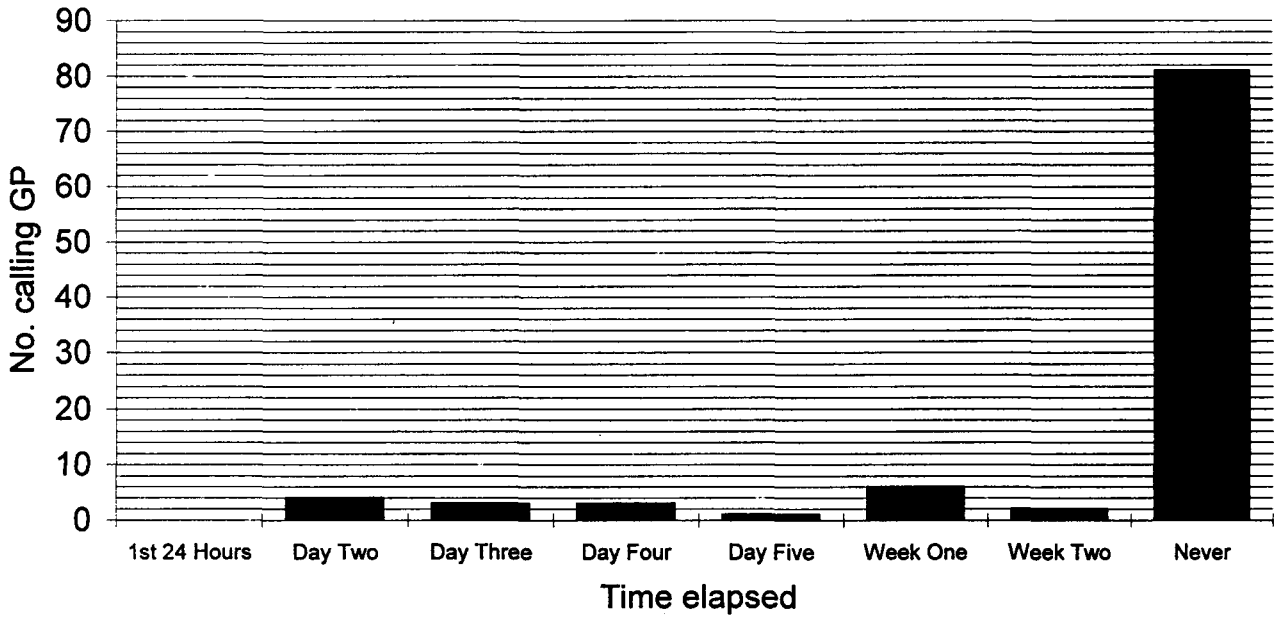

FIG. 2
Number of Post-operative calls to GP.

Satisfaction

Ninety-six per cent of carers were satisfied with the treatment their child had received (Figure 4). Eighty-seven per cent stated that, if given a choice they would opt for day surgery for their child again. Of the 13 per cent that would not, nine had undergone tonsillectomy, grommets alone and two adenoidectomy with grommet insertion (Figure 5).

Reasons for dissatisfaction

Specific reasons given for dissatisfaction were from three carers who reported that their child was vomiting on discharge, three who felt that their child had been 'rushed home' and one who had too many other children at home to give enough care to the post-operative child.

Discussion

It is necessary for us to cut health care costs in any way possible without exposing a patient to additional risks (Yardley, 1995) or compromising care (Audit Commission, 1992). Day case surgery can have significant economic benefits (Audit Commission, 1990), but this cost saving would be offset if it was to generate a large increase in community workload. Some additional costs are incurred, for example by community nurses, but studies have shown that these additional costs are small (Audit Commission, 1990). Our findings demonstrate that there was no increase in visits to the GP in the 24 hours following day surgery and this, therefore, represents no increase in work-load during the time that these patients would otherwise have been in hospital.

The majority of carers questioned were happy to administer analgesia at home not provided by the hospital; a finding which could potentially have a dramatic impact on the analgesia budget of a department.

TABLE II
CALLS TO GENERAL PRACTITIONER

Called GP within . . .	Number
1st 24 Hours	0
Day Two	4
Day Three	3
Day Four	3
Day Five	1
Week One	6
Week Two	2
Never	81
Total	100

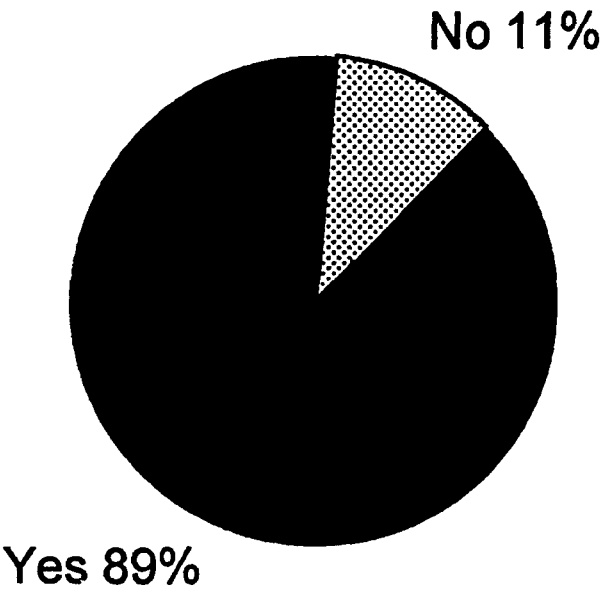

FIG. 3
Satisfied to self-administer analgesia?

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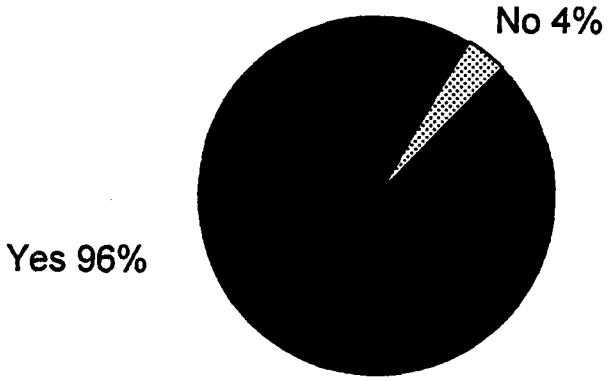

FIG. 4
Satisfied with overall care?

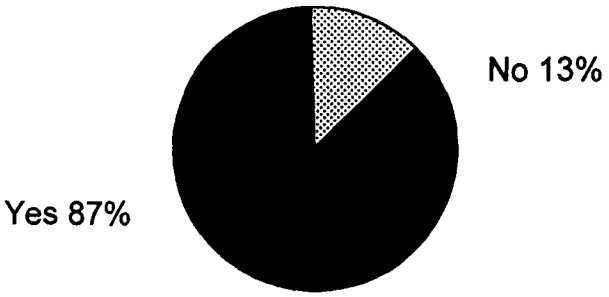

FIG. 5
Would you opt for daycase surgery for your child again?

Social considerations are also very important when planning day surgery. There must be a responsible adult available to transport the patient home and to supervise him/her in the first 24 hours post-operation. Transit time to the hospital should not exceed one hour and there must be a telephone available to call the hospital if needed. Social contraindications vary widely from area to area throughout the country. It is important to identify social factors, such as a large number of siblings, that have an impact on the post-operative management in the community; in retrospect this could have been identified pre-operatively in one of our cases.

Patient satisfaction with same-day discharge is an important factor when considering any change of policy. The Audit commission has recommended that the monitoring of patient's view should be ongoing (Audit Commission, 1992). In general surgery 80 per cent of patients express satisfaction with day surgery (Audit Commission, 1991). We conclude that parental satisfaction with day-case surgery for children is very high for a wide variety of ENT procedures.

We believe this information provides valuable information to those who are involved in planning and providing day services.

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