

AWARENESS OF SURGICAL PROCEDURES IN SOLDIERS AND THEIR FAMILIES

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ABSTRACT

Objective: To check the awareness of surgical procedures in the soldiers and their families

Study Design: Cross-sectional questionnaire-based study.

Place and Duration of Study: Combined Military Hospital Lahore Pakistan, from Aug 2016 to Mar 2017.

Methodology: Patients were selected purposely from different wards. A questionnaire was devised and it was circulated among the house officers who got them filled during their ward rounds by interviewing the patients. Inclusive criteria included the Patient who were pre-operative, who were on elective operation list.

Results: Mean age of the patient was 50.5 ± 10 years. Patients ranged from 18 to 84 years. Majority of the patients were uneducated. Mean duration of the stay of the patient at the hospital was 8.5 ± 2 days. 28.5% of the patients did not about the disease. 36.5% of the patients did not know the name of the surgeon who was operating. 46.5% of the patients did not know the specialty of the surgeon. 46.5% of the patients did know the surgical intervention required. 49% of the patients were not told about the surgical intervention required. 84% of the patients did not know the complications of the surgery. Despite all, 97.5% of the patients were satisfied with the care given to them.

Conclusion: The patients were not adequately aware of the information that they need to have for the operation they were being operated. It is the right of the patient to know benefits and risks of the treatment he or she is going to get. Similarly, it is the duty of the doctor to deliver the adequate information, which is clear and understandable to him/her as it the matter of the life of the patient.

Keywords: Awareness, Patients, Surgical procedures.

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INTRODUCTION

Can a doctor satisfy a patient without making sure the patient knows what is going to happen with him? Can he be cured? Will he come back from the operation table? Or can he say no to the operation? A questionnaire was devised and a survey conducted to see how much aware the patient is before undergoing a surgical intervention? Rights of the patients have become an integral element of current health care practice. In a study done in Saudia Arabia it was recommended that the rights of the patients can only be implemented if a certain level of information is provided to the patient¹.

Patient's rights needs measures to be enforced effectively². In a study done in coastal south india, the most common source of information for

the patients is the attending doctor. Patient's rights in this study were not dependent on sex, socioeconomic and education of the patient. Hence to make certain of informed decisions and improved health care services patients need to know about their rights³. Regarding patients health, they should be involved in the course of decision making so better outcome of patient could be achieved⁴. As the doctor is the one who has the knowledge, skill and all the expertise, the patients rely on the opinion of the doctor⁵.

METHODOLOGY

A sample of 200 was calculated. Formula used was $n = z^2p(1-p)/d^2$ with following values: z (Z score) = 1.96, p (Standard deviation) = 50%, and $d = 5\%$. Patients were selected purposely from different surgical wards. A questionnaire was devised in which almost all questions required a yes/no answer and a pilot study was done on 20 patients. After correcting the performa, it was circulated among the house

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officers who got them filled during their ward rounds by interviewing the patients. Consent was taken before interviewing the patient. Inclusive criteria included the patients who were pre-operative, who were on elective operation list, who were elder than 16 years and who were either soldiers or their families. Exclusion criteria included the patients who were post operative, who were younger than 16 years, who were being operated on emergency operation list and who were either officer or family member of an officer. Data was collected and uploaded on SPSS 20.0 for further analysis.

RESULTS

Sixty four percent of the patients were male, 36% were female. Mean age of the patient was

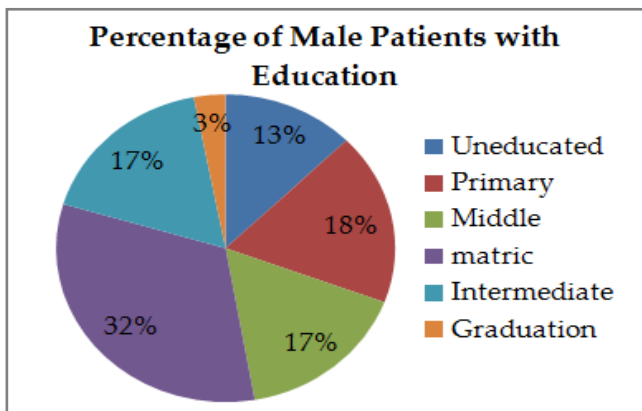


Figure-1: Educational status of male patients.

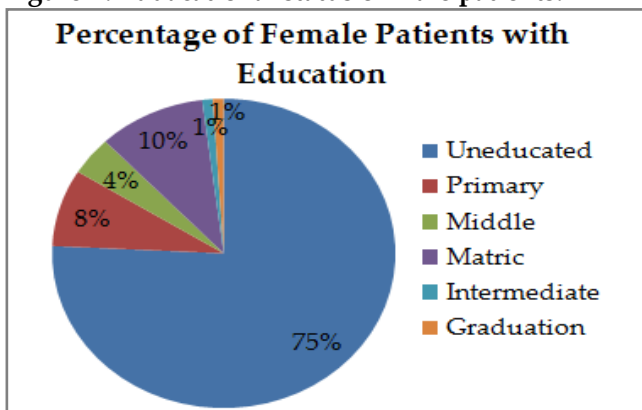


Figure-2: Educational status of female patients.

50.5 ± 10 years. Patients ranged from 18 to 84 years. Majority of the patients were uneducated. Maximum education a patient had was till 14th grade (figure-1 & 2). Mean duration of the stay of

the patient at the hospital was 8.5 ± 2 days. 70.5% of the patients did not know of the disease before coming to the hospital. 74.5% of the patients were told about the disease in the hospital. Still 28.5% of the patients did not about the disease during survey. 36.5% of the patients did not know the name of the surgeon who was operating. 46.5% of the patients did not know the specialty of the surgeon. 46.5% of the patients did know the surgical intervention required. 49% of the patients were not told about the surgical intervention required. 84% of the patients did not know the complications of the surgery. 84% of the patients did not know of the complications of the surgery. Despite all 97.5% of the patients were satisfied with the care given to them (table).

Table: Awareness of surgical procedure according to gender.

Awareness of	Male n%	Female n%
Name of the surgeon	155 (77)	45 (33)
Surgical intervention	100 (50)	100 (50)
Complications of the surgery	40 (20)	20 (10)

DISCUSSION

Sixty four percent of the patients were male, 36% were female. Mean age of the patient was 50 years. Patients ranged from 18 to 84 years. Majority of the patients were uneducated. Maximum education a patient had was till 14th grade. Mean duration of the stay of the patient at the hospital was 8 days. 70.5% of the patients did not know of the disease before coming to the hospital. 74.5% of the patients were told about the disease by the health professional in the hospital. Still 28.5% of the patients did not about the disease during survey. 36.5% of the patients did not know the name of the surgeon who was going to operate. 44.5% of the patients did not know the specialty of the surgeon. 46.5% of the patients did know the surgical intervention required. 49% of the patients were not told about the surgical procedure the patient going to undergo by the health professional. 84% of the patients did not know the complications of the surgery. 84% of the patients were not told about the

complications of the surgery by the surgeon. Despite all 97.5% of the patients were satisfied with the care given to them.

According to Daley, awareness and satisfaction of the patient depends upon age, sex and education level of the patient⁶. In our study Level of education in both sexes was following: In males 18% has done primary, 17% studied till middle, 32% has done matric, 17% had completed intermediate, 3% had done graduation and 13% were uneducated. Whereas 75% females were uneducated, 8% has done primary, 4% studied till middle, 10% had matric, 1% had completed intermediate and 1% did graduation. Literacy rate is shown in the graphs below.

Comparison of awareness between male and females is shown in the table below. 23% of the females did not know the name of the surgeon, whereas 77% of the females did not know the surgeon who was operating. 50% of the male patients knew the surgical intervention required but only 41% of female patients were aware of the surgical procedure to be done. 20% of the males knew the complications of the surgery whereas 10% of the female patients had knowledge about the complications of the surgery. Females had low literacy rate as compared to male and were less informed about the surgery to be done.

20.5% of the patients were young, 43% of the patients were in middle age group and remaining 36.5% of the patients were old. Comparison of awareness of surgical procedures in different age groups is shown in following table.

Awareness is decreasing with increased age group. If we talk about old population, 53.4% knew the surgeon who will operate, 39.7% was aware of the surgical intervention to be done and 13.7% knew the complications of the surgery. Compared to young age group, young population knew the name of surgeon (82.9%), surgical intervention (58.5%) and complications of surgery (19.5%). Overall awareness decreases with increase age groups in our study.

In a study done in Malaysia by Yousuf 85% of the patients had sufficient knowledge about

their disease and the treatment they are going to undergo. Patients were practically told about their disease. However, only 45% of the patients were told about their treatment options⁷.

In a study done in Lithuania, 80% of the patients were informed by the physicians about their diagnosis and 80% of the patients understood the information about diagnosis. In our study 74.5% of the patients were told about the disease but only 71.5% of patients understood the information. In study of Lithuania 99% of the physicians told about the complications of the treatment and only 50% of the patients understood about the complications. In our study 16% of the patients were told about the complications of the surgery and 16% understood the complications. Satisfaction and knowledge may not match. This tells us that patients are submissive and they have very low level of awareness about the law of patient's rights which includes rights to information and quality service. The old patients and respondents who have the lowest education level were the ones who have least information during their visits to a medical institution⁸.

Patients who have done their graduation are keener to know about their treatment and more actively ask their doctor. In our study 100% of the patients who have done their graduation knew the name of the doctor, 100% knew their disease, 75% of the patients knew the surgical intervention and 50% knew the complications of the surgery.

Quality of Health service can be determined by the satisfaction of the Patients. How much the patient is satisfied, we can get to know by the expression of the patients about the information he has about his disease, the communication he has with the health service providers⁹⁻¹³. Hence, it is the duty of the doctor to provide the essential information to the patient about the disease and the surgery he is going to undergo as it is the right of the patient. Patient should be told all the treatment options and their benefits and side effects clearly in all possible manners. It should

be ensured that the patient has understood all the information so the patient is satisfied with the surgery he is going to have and what could be the final result¹⁴⁻¹⁸.

CONCLUSION

The patients were not adequately aware of the information that they need to have for the operation they were being operated. It is the right of the patient to know benefits and risks of the treatment he or she is going to get. Similarly, it is the duty of the doctor to deliver the adequate information, which is clear and understandable to him/her as it the matter of the life of the patient.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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