ANXIETIES OF OPHTHALMIC SURGICAL PATIENTS ABOUT OPHTHALMIC SURGERY

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ABSTRACT

Background: Surgical patients often experience anxieties about undergoing surgery, but this is not often expressed to the attending health care providers. Anxieties may constitute a barrier to the uptake of ophthalmic services.

Aim. To find out the anxieties that ophthalmic surgical patients have about undergoing surgery and offer suggestions on ways to allay such fears.

Methods: A survey of 103 patients was carried out between July 2005 and September 2006 on the first day after their ophthalmic procedure at 3 different hospitals in Kwara State of Nigeria. The patients were asked to fill a questionnaire indicating the fears they had prior to surgery. Among those listed were: fear of the pain of surgery, fear of complications of surgery which may result in permanent blindness and fear that their eye ball would be removed from the socket to be operated upon and then re-implanted. They were also requested to report any other fears that they had but which were not listed.

Result. Out of the 103 patients 35 expressed fears, 52 had no fear, while the fears of 17 had been allayed. Twenty-eight (27.1%) patients expressed fear of the pain of surgery, 26 (25.2%) feared that their eyeball would be removed from the socket, operated upon and then replaced, and 27 (26.2%) feared major complications of surgery. The difference between the various categories of fear was not statistically significant ($P = 0.850$ and $Chi^2 = 0.32$).

Conclusion: Fear of pain of surgery and complications of surgery were the most common anxieties of the ophthalmic surgical patients in this study. Some of them held erroneous view about the processes of ophthalmic surgical procedure.

Key words: patients' anxieties, barrier, ophthalmic surgery uptake

INTRODUCTION

Many reports have shown that fear is one of the reasons for poor cataract surgery uptake worldwide.[1,2] The fear of surgery and fear of surgical outcome are the most common.[3] Apart from these genuine fears, the situation in Africa is made worse by fears born out of ignorance of the processes involved in ophthalmic surgical operations and misconceptions about the causes of eye ailments.[4] Worse still, these fears abound in patients who remain in their domains and do not come to the hospitals to be counseled/educated about their misconceptions. All these constitute barriers to the uptake of ophthalmic services and may be some of the reasons why the cataract surgical rate in Africa is the lowest worldwide.[5] Surgical patients usually experience anxieties but this is not often expressed to the attending health care providers.

This paper aims to find out the anxieties of ophthalmic surgical patients about their surgery and offer suggestions on ways of overcoming this barrier to ophthalmic surgery uptake.

METHODS

Using an interviewer administered semi-structured questionnaire, a cross-sectional survey of 103 consenting patients was carried out between July 2005 and September 2006. Each patient was interviewed on the first day after ophthalmic surgery. The study was conducted at 3 hospitals in Kwara State of Nigeria – University of Ilorin Teaching Hospital, Ilorin (UITH); Comprehensive Health Centre, Esie; and Kwara State Specialist Hospital, Offa. The same ophthalmic team worked in all the hospitals and the same interviewer administered the questionnaire during the study period. All the patients had retro bulbar anaesthesia.

Information was sought on age, sex, ethnicity, and the type of surgery the patients were preparing to undergo. The patients were asked to indicate the fears they had prior to surgery, among those listed in the questionnaire. These were: fear of pain of surgery, fear of complications of surgery which may result in permanent blindness and fear that their eye ball would be removed from the socket to be operated upon and

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then re-implanted. They were also requested to report any other fears that they had prior to surgery but which were not included in the questionnaire.

The questionnaire had earlier been pre-tested on postoperative patients in UITH and amended as necessary for proper interpretation by the interviewer and the understanding of the respondents. The data was collected and analysed using SPSS 11.0. The test of significance was performed using the chi square (x^2) test. The statistical significant difference was taken at $p<0.05$ Excluded from the study were: Patients who had general anaesthesia, patients who refused to consent, patients who have communication barrier and children less than 15 years old.

RESULT

One hundred and three patients were included in the study consisting of 63 males (61.2%) and 40 females (38.8%). The age range was 20 years to 99 years, with a mean of 61.5 years. All the patients were Nigerians; 91 (88.3%) were Yoruba, 3 (2.9%) were Nupe and 2 (1.9%) were Igbo.

The surgical procedures carried out were extra-capsular cataract extraction (ECCE) with posterior chamber intraocular lens (PCIOL) implantation in 88 patients (85.3%), trabeculectomy in 10 patients (9.7%), intracapsular cataract extraction (ICCE) and a combined procedure of ECCE, PCIOL implantation and trabeculectomy in 1 patient each (1.0%). Other procedures were posterior capsulotomy, secondary anterior chamber intraocular lens (ACIOL) implantation and remnants of lens cortical matter washout in one patient each (1.0%).

The fears expressed were: pain of surgery, 28 (27.1%); fear that eyeball would be removed from the socket, operated upon and then replaced, 26 (25.2%); and major complications of surgery, 27 (26.2%) (table 1). The patients did not express any other type of fears apart from those listed in the questionnaire. The tests of significance between the different categories of fear was $P = 0.850$ and $chi^2 = 0.32$.

Out of the 103 patients, 35 expressed various categories of fear, 52 had no fear at all, while 17 patients had had their fears allayed. Out of the patients who expressed fears, 9 had only one category of fear – 6 had fear of pain of surgery and 3 had fear of complications of surgery. Twenty patients expressed all the 3 categories of fear while 6 patients had a combination of 2 categories of fear consisting of 4 patients whose fears were those of eye removal during surgery and complications of surgery resulting in permanent loss of vision, and 2 patients who had the fears of pain of surgery and eye removal during surgery (table 1).

The seventeen patients (16.5%) whose fears were allayed consisted of 6 patients (5.8%) who had just had a previous surgery in one eye, 5 patients (4.8%) who claimed to have faith in God and therefore would be satisfied with whatever the surgical outcome might be, 3 patients (2.9%) who had had a similar surgery sometime before, 2 patients (1.9%) who had confidence in the quality of service usually delivered by the medical personnel of UITH, and one patient (1%) who know many patients who had had successful ophthalmic surgeries in the eye department of UITH

Table 1. Categories of fear expressed by ophthalmic surgical patients

Fear category combinations	No. of fears expressed and their categories			Total no. of patients	
	Psurg	Comp	EyeRem	No.	%
Single	6	3	0	9	25.7
All 3	20	20	20	20	57.2
2 categories					
Eye Rem + Comp	0	4	4	4	11.4
Psurg + Eye Rem	2	0	2	2	5.7
Psurg + Comp	0	0	0	0	0.0
Totals	28	27	26	35	100

Key: Comp = complications of surgery; Eye Rem = removal of eye ball during surgery; Psurg = pain of surgery

DISCUSSION

Some of the fears of the patients in this study were genuine while others were born out of ignorance of the process of ophthalmic surgery. Fear of pain was the most frequently expressed fear in 28 patients (27.1%), followed by the fear of complications of surgery in 27 patients (26.2%) and fear of eye removal during surgery in 26 patients (25.2%); the difference between them is however not statistically signification ($p= 0.850$). Similar anxieties have been reported in other studies,[4] in which the cataract patients' most important fears were those of dying after surgery in 55.1%, becoming blind from complications of surgery in 40.8%, and pain during surgery in 8.2% of those who expressed fear. In another study,[6] surgical patients similarly identified pain during and after surgery as their worst fear. The belief by ophthalmic surgery patients that their eyeball will be removed from the socket, operated upon and then re-implanted was so widespread among the patients that some specifically asked their doctors to confirm the veracity of such beliefs. One of the patients revealed that the source of that belief was a traditional coucher to whom she had presented before coming to the hospital. An earlier report has shown that many cataract patients harbour many erroneous beliefs about the causes of cataract and its treatment.[6] In one study,[7] the prevalence of preoperative fear for surgery was found to be higher in young (<40 years old) and educated patients. The level of education of the patients was not assessed in this study and there were only 13 patients who were <40 years. This is due to the fact that cataract and glaucoma

that form the bulk of the diagnosis for surgical intervention are diseases that occur mainly in individuals older than 40 years. Another study[8] found a higher prevalence of fear in female patients and those who have had a previous bad experience during surgery, as well as greater anxiety during the waiting period before surgery. A study by Mark et al.[9] showed that the most important information patients want to know about their surgery are the common risks, who the surgeon will be, the surgical technique as well as recovery time.

The fears of 3 of our patients were allayed through interaction with patients who had had successful surgery. The positive effects of peer groups on prospective surgical patients have been reported by O'Malley et al.[10] Conversely, poor surgical outcome can have negative impact on the prospective patient. This emphasizes the need for training and retraining of surgeons and close supervision of trainee surgeons. A patient's confidence in the surgeon that will perform his/her surgery has been documented as an anxiety-relieving factor.[9] This fact was confirmed in the case of 3 of the patients in this study, and it points to the need for surgeons to meet their patients prior to surgery. Such a meeting will afford the patient the opportunity to ask questions on the planned surgery and help to allay his/her fears.

The revelation of the source of misinformation that eyeballs are removed before being operated upon by one patient indicates that the effect of unorthodox ophthalmic practice, apart from its toll on the sight of patients, has a negative impact on their beliefs and perceptions and consequently, their acceptance of orthodox surgical procedures. It is up to the orthodox medical practitioners to correct this impression by intensifying efforts to educate the patients. Health facilities should have counseling units which patients will routinely pass through in the course of their preoperative preparations. The main duties of the staff of these units will be to educate the patients on the planned surgery. Video and other audiovisual records of the planned surgery should be provided for the patients to watch while waiting to see the doctor preoperatively in the clinic or while on admission. This may have the added advantage of alleviating the boredom experienced by patients while waiting, sometimes for quite a long period, to see the doctor. This long waiting period in itself has been documented as one of the reasons for down rating the quality of services in our health facility.[11] Moreover, such audiovisual provision has been documented to be effective in patient education.[12]

CONCLUSION

The fears of pain of surgery and complications of surgery were the most common anxieties identified by the ophthalmic surgical patients in this study. Some held erroneous views about the processes involved in ophthalmic surgical procedure which unnecessarily added to their fears. There is a need for orthodox ophthalmic practitioners to properly educate their patients in order to allay their fears.

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