

Césarienne

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An informative video for cesarean section: an interesting impact on anxiety and satisfaction

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Position du problème et objectif(s) de l'étude:

Improving the quality of medical management is a perpetual concern. This management begins with an explicit information.

In this study, we aimed to evaluate perioperative anxiety and satisfaction of patients through two informative methods: classic paper only versus adding a video sequence. We also compared post operative Visual Analogic Scale (VAS) levels. We targeted parturient women scheduled for Cesarean Section (SC) under Spinal Anesthesia (SA).

Matériel et méthodes:

It was a prospective controlled trial. Women were randomized into 2 groups: "NE": informed by the paper and "E": informed by adding the video. Group "E" saw the video just after Anesthesia Consultation (AC). The video was elaborated by an anesthetic and obstetric team explaining the SA and the CS. These explanations were helped by photos and included techniques, precautions, possible complications and their management. Anxiety was evaluated by Amsterdam Pain and Anxiety Scale (APAIS) in 3 times of the preoperative phase: before AC, after AC and just before surgery. In the operating Room (OR), anxiety was evaluated by a subjective scale (from 1 to 4). Satisfaction was evaluated with a subjective scale (from 1 to 4). In addition to epidemiologic data, we collected: the parturient prior knowledge about CS and SA and VAS levels in Post Operative Recovery Room (PORR). Statistics were performed by IBM SPSS Statistics 25: $p < 0.005$ = significance threshold.

Résultats & Discussion:

124 patients were enrolled: 62 per group. There was no significant difference between the 2 groups concerning their prior knowledge about CS ($p = 0.21$) or SA ($p = 0.126$). Before AC, 75% of all women had high anxiety level. The mean APAIS score in all patients was 12.96 ± 3.68 (13.19 ± 3.83 in "NE" group and 12.73 ± 3.56 in "E" group ($p = 0.483$)). The first cause of pre operative anxiety was the lack of information about anesthesia and surgery together (58.9%). The lack of information about only anesthesia came second (28.2%). APAIS score decreased between the first and the third evaluation in group "E": (from 12.73 ± 3.56 to 8.56 ± 2.86) and slightly increased in group "NE" (from 13.19 ± 3.8 to 13.32 ± 2.9). Subjective anxiety score was significantly lower in group "E" in all vulnerable timings (Figure). *Satisfaction: *About anesthesia: 95.2% in group "E" versus 22.9% in group "NE" ($p < 0.001$) *About surgery: 91.9% in group "E" versus 14.5% in group "NE" ($p < 0.001$). *VAS levels were significantly lower in "E" group (Table)

Conclusion:

In our study, the use of a video to explain the operation and the anaesthesia helped to reduce perioperative anxiety and to improve satisfaction. These findings were similar to those of several studies (1).

Many information tools were explored by clinicians aiming to look for the best informative method. The common outcome of their researches is the efficiency of technologically developed methods compared

to classic standard ones(2,3).

Further developed methods should be evaluated in improving medical information quality mainly with the emergence of artificial intelligence.

Références bibliographiques:

1.Renna MS, Metcalfe A, Ellard D, Davies D. A patient satisfaction survey investigating pre- and post-operative information provision in lower limb surgery. BMC Musculoskelet Disord. 16 nov 2020;21(1):754 2,Rajput SK, Tiwari T, Chaudhary AK. Effect of preoperative multimedia based video information on perioperative anxiety and hemodynamic stability in patients undergoing surgery under spinal anesthesia.J Family Med Prim Care 2021;10:237-42., 3, Che Y.-J. et al.:Effects of an informational video about anesthesia; Med Sci Monit, 2020; 26: e920428

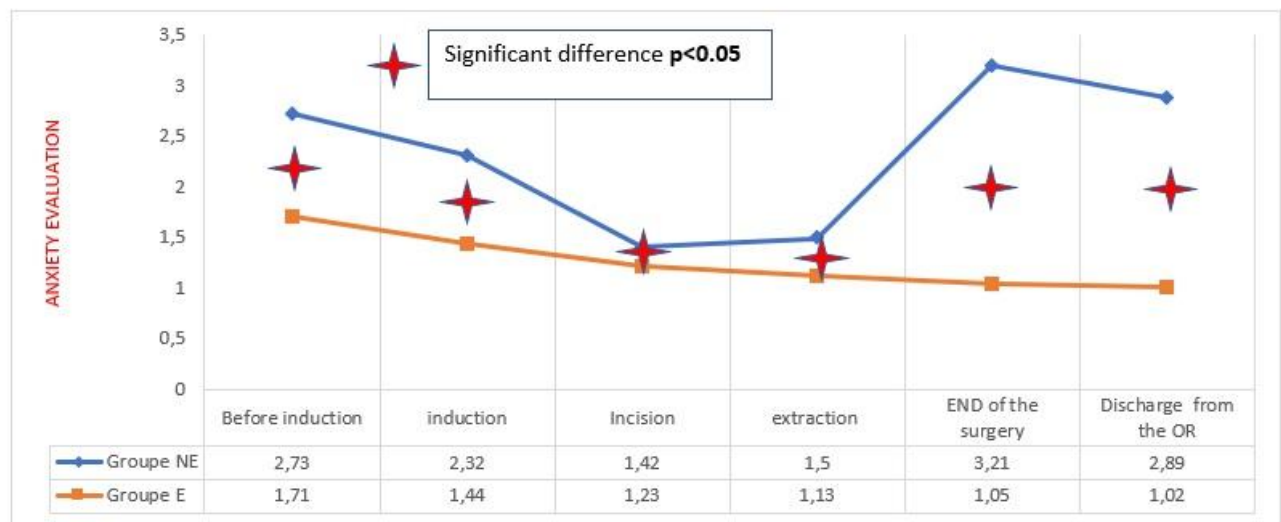


FIGURE:Anxiety levels in OR

VAS SCORE			
	NE	E	p
Entry to PORR	5,00 ± 1,2	3,27 ± 1,03	<10-3
10 min	5,19±1,13	3,11±1,04	<10-3
20 min	5,35±1,06	3,60 ± 1,22	<10-3
30 min	5,32 ± 1,2	3,85 ± 1,25	<10-3
60 min	5,48 ± 1,19	3,49±1,13	<10-3
120 min	5,63 ± 0,87	3,85 ± 1,13	<10-3
PORR discharge	4,19 ± 0,82	3,32 ± 1,05	<10-3

Table:VAS mean levels in PORR

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