The Importance of Post-Op Communication with Patients on Healing

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Summary
The psychological well being of patients is important in the immediate post-operative period. This appraisal reinforces the need for psychological support post-operatively to reduce pain, discomfort and anxiety. Post-op communication with the health care provider moderates pain allows for early intervention with complications and gives much consolation and comfort to patients.

Keywords
Analgesics; Anxiety; Communication; Nursing; Out-patients; Post-op; Pain

Introduction
It is customary after a general anesthetic for patients to be accommodated in the Intensive Care Unit (ICU) at hospitals, until the anesthesiologist deems total recovery is expected, safe and should have no complications. Post-op care is relegated to nursing staff, usually with written instructions as to analgesic and other medication [1]. But frequently with day-care outpatients, most operations are completed and recovery is the same day and professional patient dismissal allows rapid return to their homes. This is becoming more prevalent in hospitals, but many private practices and surgical theatres and facilities, [like those providing ear-nose-and-throat (ENT), oral, dental, periodontal, dento-alveolar, maxilla facial and/ or dermatological or gynecological] are regularly providing invasive surgical procedures [2]. The vast majority of these patients, after brief recovery periods in the facility, are sent home with post-op instructions and medications. Anecdotal reports about personal comfort after surgical procedures, is notoriously varied with patients recording minor discomfort, to excessive pain and suffering [3]. While biological reactions will inevitably occur after any invasive surgery, patient care and post-op nursing has a profound impact on patient stress, anxiety, personal discomfort and suffering and most importantly personal perception of pain [4]. While many established post-op nursing protocols cover specifics of care for targeted hospital procedures, the importance of post-op communication for outpatients in private practice and many day clinics is scant. [1, 4]

Aim
This appraisal deconstructs a report [5] which shows clearly how a nursing modification, notably a post operative telephonic communication by health care providers, moderates patients’ post-op reactions.

Focus is directed to this research report [5] This was a classical piece of post-op nursing research which reported on the effects of communication, by post-op phone calls on patients who experienced periodontal surgeries. The cohort consisted of over one hundred procedures. The groups were very similar, in that they were matched by age and gender and had the identical management, pre-operative preparations and similar surgical periodontal surgeries. All were given identical post-operative instructions and prescriptions for use of mouthwash and the same type of analgesics. Antibiotics were not prescribed. The major variable introduced was that half the patients [Group A: n=59] were not contacted within twenty four hours post-operatively. The other half [Group B n=59] of the cohort were contacted by telephone calls within 24 hours after the operation. One week after the periodontal operation all the patients [A and B] returned for post-op management and care (removal of sutures and/or periodontal pack used on all the subjects), and at that time, a questionnaire was completed. The number of analgesic pills consumed or left from the prescriptions, were recorded, as well as...
the intensity of pain, with any anxiety and discomfort experienced on a visual/verbal analogue scale.

The health care workers asked the same searching questions. Any abnormal report like ongoing bleeding, an uncontrolled continual swelling, and oral hyper-pyrexia would act as a red flag, demand immediate reaction and warrant an immediate recall. No negative findings were discovered or recorded. Accordingly the health care workers inquired about any bleeding, pain, anxiety, discomfort, swelling, body temperature, compliance with obtaining the mouth wash and analgesics pills, with instructions to eat a soft diet at regular meal times, and to clean by brushing areas not included in the surgery. The callers were instructed to reassure the patient, by offering comforting consolation; they were to inform the patient that whatever the patient reported was within the normal expected reaction and that return to health would start immediately. The callers were asked to respond positively with information and understanding to any questions raised by the patients.

Pain and analgesics used were significantly decreased in group A (P < 0.001) compared to group B. A significant positive correlation was found between pain and pills used in the groups combined (r = 0.79, P < 0.001 PC + NC), and in the groups separately (r = 0.50, P < 0.001 PC; r = 0.41, P < 0.01 NC).

The results showed no difference in use of mouth wash (0.02% chlorhexidine), but a significant increase (p<0.001 Student-t) in the number of pills consumed or ordered by group A [those who were not contacted]. Conversely the group B [those who did have telephonic communication from the health care workers], experienced much less pain, anxiety and discomfort and consumed far less analgesic pills. Healing in both groups was uneventful [5].

Discussion

Periodontal surgery is notorious for inducing jaw pain. The same analgesic was prescribed for the whole cohort; this allowed for a valid comparison between the two groups. The same experiment would probably yield identical results using any analgesic. In this report the work was done under similar conditions using a standardized protocol of operation. The major variable, a standardized post –op telephone communication, asked the same questions and was limited in time to five minutes. The phone calls potentiate the inner subjective psychological consolation and pain control in the patient [6]. There is an element of the ‘placebo effect’ in this but it is not exactly the same as verbal potentiating with drugs. No sham drugs were involved, and while the surgeries produce real pain, proper analgesics were prescribed [7]. The results reveals that the psychological comfort and consolation derived from reassurance of being able to report the pain was important in mollifying the perception of pain, and reduces the number of pills consumed. This policy proves effective because fewer pills are consumed, and significantly fewer patients order extra pills. The implication is important, as should post-op communication be adopted as a principle which dictates policy, nationally the savings from the reduction of costs of analgesics would be enormous. Early communication also provides an early warning system which will ensure appropriate action can be taken to avoid serious morbidity.

Concluding remarks

It is a good nursing policy to call patients after any invasive procedure to provide psychological support to reduce pain and suffering, and to be able to detect and post operative complications early. Postoperative communication between healthcare providers and patients significantly reduces pain perception and number of analgesics used for relief.

Statement by author

The author has no conflicts of interest to declare.

References


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