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Regional Anesthesia: Patients Want Information But Most Will Leave Anesthetic Choice To Their Doctors

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Introduction: Shared decision-making (SDM) is a patient-centered decision-making process that empowers patients to engage as active partners in preference-sensitive healthcare decisions.¹ SDM is a national priority under the Affordable Care Act.² Regional anesthesia for procedures and postoperative pain management meets the definition of a preference-sensitive decision when there is more than one medically appropriate option. We conducted a patient needs assessment prior to introducing SDM into the pre-anesthesia clinic.

Methods: We surveyed patients who were likely to be offered a choice of regional anesthesia for their procedure or postoperative pain management. The survey asked about their desire for information, tested their anesthesia knowledge, and asked if their doctors should decide which anesthesia choice was best for them. Patients were classified as active, collaborative or passive in their preference for sharing treatment decisions with their healthcare professional (control preferences).³ Patient groups were compared with Fisher's exact test.

Results: Respondents (n=196, 59% response rate) were adults (65 ± 14 yrs), 49% female, 72% had some education beyond high school and half had regional anesthesia previously. Most respondents had active (29%) or collaborative (46%) control preferences. Most (86%) agreed that it is important to discuss anesthesia and postoperative pain management choices during the pre-anesthesia clinic visit. Half would like to receive written information about regional anesthesia during the visit. Patient knowledge about regional anesthesia was generally low, but was higher among patients who had experienced regional anesthesia in the past. Nearly 60% of experienced patients compared to only 22% of inexperienced patients knew that regional anesthesia numbs part of the body (p<0.001). Patients with prior experience with regional anesthesia were more likely than others to correctly identify at least one benefit or at least one major risk of regional anesthesia (40% vs 12%, p<0.001).

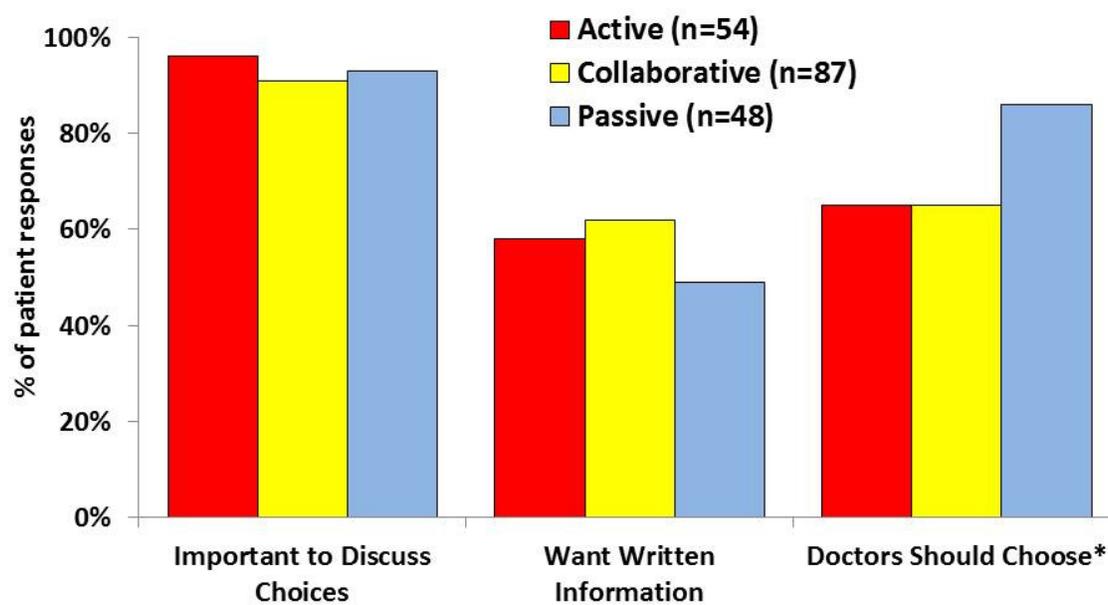
While most agreed that their anesthesiologist and surgeon should choose the anesthesia and postoperative pain management that is best for them, patients with active or collaborative control preferences were less likely (65%) than passive patients (86%) to cede choices to their physicians (Figure, p=0.048). One in five (20%) patients with active control preferences did not agree that these anesthetic choices should be made by their physicians and 13% of collaborative patients disagreed, as did 9% of passive patients. There was no difference on the issue of choice between patients who had previously experienced regional anesthesia and those who had not.

Conclusions: Patients expressed a clear desire for information about anesthesia choices even though they appeared to be relatively passive in their decision-making regarding their own anesthetic choice. The low level of knowledge about regional anesthesia may be a factor in apparent patient anesthesia decisional passivity. A follow-up survey will assess whether providing anesthesia decision aids and engaging patients in shared decision-making results in changes in patient attitudes toward engagement in preference-sensitive anesthesia choices. Transitions to the perioperative surgical home model of care should consider engaging patients in anesthetic discussions when regional anesthesia is an option.

1. Charles C. Soc Sci Med 1997, 681
2. Public Law 111-148. March 23, 2010
3. Degner LF. Can J of Nurs Res 1997, 21

Figure 1

Regional Anesthesia: Patients Want Information but Not Choice



*p = 0.048 between groups

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