Optimizing Pre & Post Surgical Education

Chairperson: Karen Huyck, MD, PhD, MPH, FACOEM

Tuesday, March 28th, 2023

1:20-2pm

Why Pre-Op Patient Education Is Important in the Recovery Process

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Education- History

Centuries of minimal education throughout the world

Late 18-19th centuries mass education began a slow growth

Wealthy had the means and the power

20th Century changes

Child Labor Laws

College the goal for majority

Post education for some

What happens to most of society post traditional education

Life

Surgery

Physician - Says you need a procedure
Patient- Let's get it done- pain is unbearable
Schedule
- Surgery
- Prescreening requirements
- Additional screening

Growing concerns:
- Overall prolonged surgical process
- Multiple comorbidities
- Socioeconomic status
- Non home discharge

Patient population for Total Joint Replacement is younger - 57 % younger than 65
Demand more for their money yet there is gap between desire for surgery and results they get

Hospitalization LOS

Variables

- Length of Surgery
- Comorbidities
- Psychological wellbeing
- Knowledge of Procedure

Optional-Preop Classes 20% of surgical patients participate

No data as to patient outcomes who viewed on-line education

Most nurses and physical therapists know who went to class

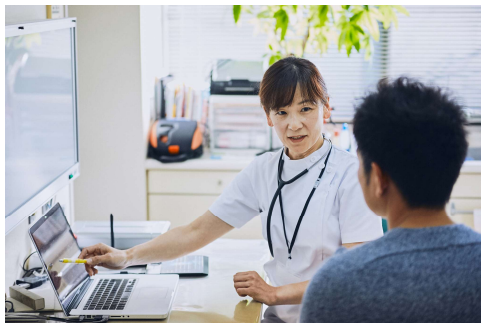
Preoperative Education for Patients

Overall evidence supports preoperative education is effective in improving postoperative outcomes and reduces costs

- Preoperative education is a core component of Enhanced Recovery After Surgery (ERAS) Fast Track
- Aim to empower patients and their families to undertake positive health actions and support autonomous decision making
- Education provides patients with health-related information, teaching them skills aimed at reducing discomfort and complications and offering psychological support

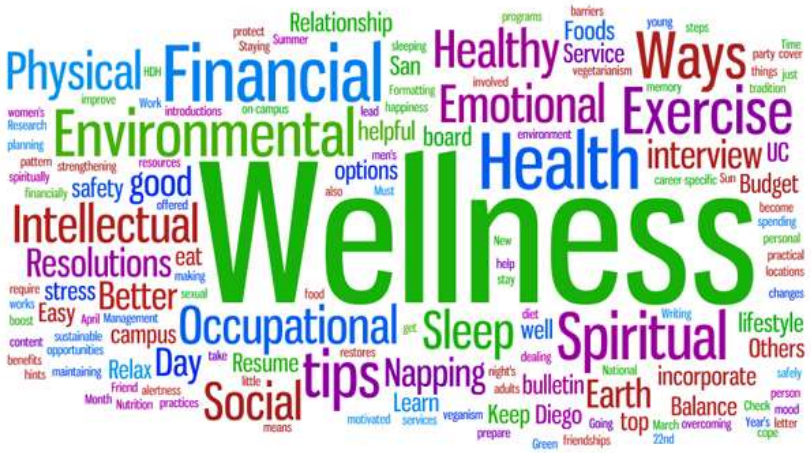
Multimodal Approach to Education

- In-person classes encouraged to bring support person
- Online classes should enhance in person class
  now online substitutes for in person class
- Video recordings of all surgical processes and aspects of care and treatment
- Handouts – prepared by hospital and or physician
- Contact person available for private issues to be discussed



Topics for Discussion with patient

- Comorbidities
- Psych social
- Nutrition
- Addiction
- Pain management
- Physical Therapy
- Post operative complications
- Specific education for type of surgery



Preop Education Preparation

Lack of preparation reported by patients

Knowledge deficit regarding

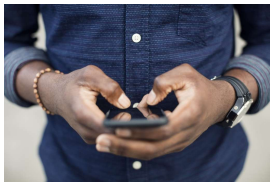
- Falls ER readmission within 30 days
- Unprepared for limitations
- Not able to do daily tasks

Preparation

- Reduces anxiety
- Preparedness for surgery
- Enhanced pain control post-op
- Reduction in length of stay

Satisfaction Post OP

- 20% of patient population S/P TKR not satisfied due to unmatched expectations of functionality and surgeon
- 80% of patient population happy?
- Psycho-educative prehabilitation optimizes surgical outcomes is relatively novel in spinal fusion surgery as well as other types of surgery and like most rehabilitation treatments, they are rarely well specified
- We must do a better job encouraging patients to be proactive in their education process.
- Of course, I can't get them to see the importance of memorizing one phone number for emergencies so…



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Tee Up for Surgery

Ken Larsen, DMin, PhD, ABMP

Teachable Moments in Pre-Post Surgical Care

New England Baptist Hospital

Teachable Moments in Surgical Care

Behavioral Management started in Pre-Screening two weeks prior to their surgery

High Risk patients followed day of surgery in pre-operative area and in post-anesthesia surgical unit

Continued on the nursing floor in coordination with the clinical team

TEE UP for SURGERY

Behavioral Management Checklist

Dr. Ken Larsen

Reason for Referral	[ ]	**Assess Readiness For Surgery** Specific concern: or, check off respective boxes below
Substance Modifying Plan is Required	[ ]	**Suboxone Taper & Discontinuance Planning** NEBH policy requires stopping Suboxone 3 days prior to surgery. Requires collateral work with Suboxone provider.
	[ ]	**EtOH Management and In-Patient Detox if necessary** NEBH policy requires 10 days alcohol free prior to surgery
	[ ]	**Narcotic Taper & Management Planning** Includes street drugs, prescribed drugs, before surgery & after discharge
	[ ]	**Smoke Cessation Planning & Treatment** Some surgeons require patients stop smoking 2 weeks prior to surgery
Behavioral Management Plan is Required to Prepare for Surgery	[ ]	**Pain Management** Non-pharmacologic Approaches for Pain Management to augment medications & increase Self Care Skills
	[ ]	**Needle Phobia Interventional Treatment**
	[ ]	**Anxiety related to Anesthesia, Surgery, Pain**
	[ ]	**Depression effecting Motivation & Rehab**
	[ ]	**Cognitive Issues may effect Surgical Outcomes** e.g., Dementia, History of Delirium, Chronic Brain Injury
	[ ]	**Anger Problems / Affect Dysregulation**
	[ ]	**Patient on multiple Psychotropic Medications**
	[ ]	**History of Post Op Delirium**

All these areas are Opportunities for Teachable Moments

Teachable Moments in Surgical Care

Take Away Points:

- Seeing the patient pre-op is always preferable
- Help patient reestablish a relationship to their body
- Anxiety & Pain are great motivators for teaching
- Smoke cessation key in certain circumstances
- Delirium risk in elders was a constant opportunity
- Alcohol risk assessment & withdrawal management
- Psychotropic medication review key to compliance
- Surgery often opened a window to soul work