

Preparation in adult patients for pre-operative condition: psychologically and emotionally.

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ABSTRACT

Background: In surgical procedure, preparation play on important role. Emotional and Psychological preparation are one of them [1]. However it varies in terms of its assessment, perception and delivery which may varies from person to person. It depends on the gender, age, socio - economical condition and previous experiences of hospitalization [2]. The patient should be encouraged to ask the questions. **Aim:** To review the effects of physiological and emotional preparation on Preoperative stage in adults undergoing elective surgery.

Method: We have searched reference lists of associate studies and contact various hospitals and doctors to share their experiences about this issue. We did not limit language, region, or religious and publication status.

Result: This study is mainly focus on reporting, assessment and perception. There is no clear conclusions could be reached quality of evidence is very low and unclear. Some of clear result is shown in detail.

KEYWORDS: Emotional and psychological preparation. Experiences of hospitalization, Preoperative stage, Publication status.

Introduction:

Talking about Pre-surgical assessments that began in mid-1980s when surgeons need to control some unanticipated complications. To overcome these complications during the surgery, psychological assessment is essential. This also prevents post-operative complications and improve the outcome of surgery.

Pre-operative psychological assessments depend on the types of surgery. This process begins with Pre-hospitalization interview. It includes both risk factors and areas of resilience depending upon patient's characteristics and psychologist's preference.

The total assessment and consideration of both patients' strengths and weaknesses and then making decision about whether to proceed or not. Patients and their relatives both may participate in recovery and should be known what to expect. Hence patient and health care providers are collective team. Pre-operative education plays very Import role. It gives patient the chance to express any anxieties and fears and allows health-care provider to explain which can help alleviate those anxieties.

Following are very important questions in this regard:

Characteristics of health-care provider's verbal and non-verbal behavior, the environment and anesthesia impact on preoperative stress, discontent and restlessness prior to surgery.

Discussion: If a person has difficulties regulating their emotions and quality of thoughts then they need special care and supervision making sure no underlying disorders and addressing such disorders if present. (**Chart-1**). But for healthy individual no such treatment is needed.

Everyone needs to learn that how to control emotions so our emotions don't control us. It is natural to feel comfortable with hospital environment and diseases but don't let it overcome thoughts. Hospital management need to look after for patients in time-pressured and emotionally charged environments. (**Table 1**). Patients feel scared about the disease like cancer, spinal, injuries, cardiac surgeries, covid-19 etc.

Patients' own believes about disease vary from person to person and disease to disease like in bariatric surgery breast are removed which reduces the risk of breast cancer and patients are psychologically disturbed related to body shape and sexual attraction function. One more example, Transplant patients may feel guilt and patient who have alcoholic liver failure use often feel they are unworthy of this gift. (**Table 2**).

Recommendation:

1. Thinking about undergoing surgery is traumatic and terrifying experience for many patients regardless its type take.
2. Anxiety before, during and after the surgery is really crucial to account for as it plays an important role in recovery.
3. Positive frame of mind towards surgery can decrease risk of complication and potentially fasten the recovery.
4. Helping and guiding the patient to maintain level of mental fitness.
5. Surgical patient may get admitted to the hospital one day before surgery and anesthesiologist visiting and evaluating trust with the patient may decrease pre-operative and post-operative anxiety [3].
6. Cranial electrotherapy stimulation (CES) is providing a non-pharmacological treatment that can relieve stress, anxiety and nervousness [3].
7. Uncontrolled hypertension is common reason for delayed surgery. Showing patient operation room a day before surgery, decrease stress and anxiety [4].
8. Intraoperative hypertension phenomenon is common in patients with history of hypertension [5].
9. Emotion-focused interventions target to enable patients to manage and rectify their emotions [8] (**Table 2**).
10. Showing operation there to a patient with hypertension decreases stress, blood pressure and heart rate at the time of operation. It decreases possibilities of postponing operation and may lead to better outcomes [9].

Conclusion

Major issue is to demonstrate the relationship of psychological measures to the outcomes of the surgery. There is lots of room for the research in this area. It is confirmed that psychological preparation for emergency surgery is more difficult and should be considered separately.

It is not possible to completely terminate all patients' anxiety during sort period of time and limited contact with unfamiliar patients. However, the main feature of modern surgical practice is to manage anxiety more effectively. Well-planed, deliberate and collective efforts should be taken.

Chart-1

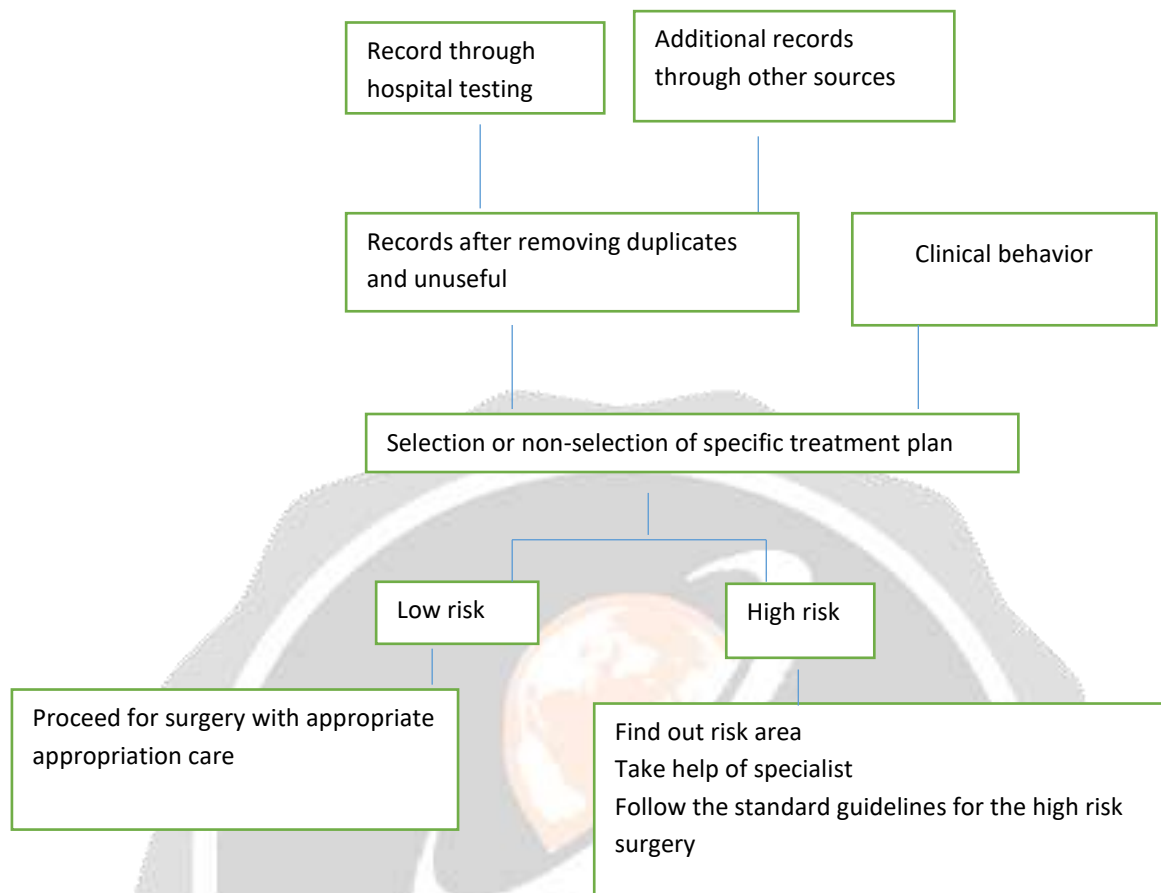


Table -1

Patient's part		Hospital's/doctor's part
1	Concerns	
	Share your concerns with your surgeon/doctor and clarify your all doubts	Informed patients tend to get less anxious, so clarify all doubts and answered all the questions.
2	Have a support group	
	When patient is in excited state and nervous it is best to keep family and Friend never for emotional support.	Allow family and friends to provide support. Hospital can arrange group of start including psychiatrist for emotional support
3	Introduction	
	Get every information regarding the procedure from reliable source and explain if your friends or family who could boost your confidence	Inform your patient about procedure, complication and preparation etc. It can be explained by photos and videos
4	Pack for hospital	
	Carry all important things with you so that you can have homely feelings at hospital. One can carry light music or back with you.	Allow and advice patients to stay with them. Nursing staff can also provide failure atmosphere hospital may provide essentials to patient

5	Relaxing therapy Allow and advice patient to stay with them. Nursing staff also can provide failure atmosphere hospital may provide essentials to patient	Loveable and friendly nursing staff, continue touch with patient personality modern equipment like TV, smart-phone, electronic games could be provided to the patient so he /she can feel homely
6	Food Healthy food, plenty of food are useful to prepare patient.	Hospital should provide and monitor food supply to patient especially along with medicine
7	Medicine and other requirements Check all medical requirements including blood, it gives a lot of confidence to patients.	Check all necessary medicines and other requirements and show the patient that everything good and perfect.

Table -2
Emotional information path ways

	Stage-1 Initial disclosure	Stage-2 Intermediate disclosure	Stage-3 Full disclosure
Initial clinical visit	Simple verbal information emotionally important.	Verbal/written problem focused on information.	Treatment care and recovery.
Day of surgery	Problem focused and emotional focused.	Problem and emotional focused information.	Verbally information focused on emotions and problems.
After the discharge	For home use information which is related to emotional things.	Verbal/ written problem and emotional focused instructions.	Verbal/written instruction focused on problem and emotions.

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