Should patients be anaesthetised in a dedicated anaesthetic room? A survey of attitude of anaesthetists and patients in a district general hospital

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ABSTRACT
Ninety four percent of hospitals in the United Kingdom (UK) have anaesthetic rooms. However, they do not exist in hospitals in most Scandinavian countries, North America and Australia. Lately, the usefulness of the anaesthetic room has aroused debates among UK anaesthetists prompting several studies and publications. A survey of anaesthetists' attitudes to the use of an anaesthetic room in a district general hospital in the UK showed that 84% of them used the anaesthetic room for induction of anaesthesia for elective cases. Almost half the number would use the anaesthetic room for anaesthetic induction of high risk patients. This survey also showed sixty percent of patients preferred their induction of anaesthesia take place in the anaesthetic room. Previous anaesthetic experience did not influence this choice. Although anaesthetic rooms have been in use in the UK for decades, a robust argument for their continuous use is largely lacking from the literature. Issues relating to patient safety, medico legal liabilities and economic sense may lead to their disappearance in future. Adequate pre-operative preparation and education of the surgical patients may alter their preferential site for induction of anaesthesia.

Introduction
Luton and Dunstable Foundation Hospital NHS Trust is a 500 bed district general hospital serving a population of more than 300 000. The anaesthetic department provides anaesthetic cover for about 17 000 elective and emergency procedures a year. The anaesthetic workforce is between 40 and 42 and is made up of consultants, Trust anaesthetists and trainees (Specialist Registrars and Senior House Officers). There are nine operating theatres, one obstetric and one gynaecologic theatre.1 All the theatres have anaesthetic rooms. However the obstetric anaesthetic room is hardly used for induction of anaesthesia. Ninety four percent of UK hospitals have anaesthetic rooms. However, they do not exist in hospitals in most Scandinavian countries, North America and Australia.2,3 Lately, the usefulness of the anaesthetic room has aroused debates among UK anaesthetists prompting several studies and publications.2,4,5 Those in favour of the anaesthetic room argued that it reduces perioperative anxiety by shielding patients from the sights and sounds of the operating theatre. It provides a calm environment for the patient, the anaesthetist and for teaching the anaesthetic trainees. It is a suitable environment for establishing local anaesthetic procedures and for storing anaesthetic drugs and equipment. It allows for parents to support their children during induction. Finally, the anaesthetic room promotes operating list efficiency.6

Those who are against the continuous use of the anaesthetic room have pointed out the hazards of transferring the unconscious unmonitored patient from the anaesthetic room to the operating table.2 From the medico-legal point it is argued that loss of continuous anaesthetic monitoring and record is a huge disadvantage to the anaesthetist. In addition, availability of more quantitative help during crisis exists in the theatre compared to the anaesthetic room. Finally, the cash starved National Health Service (NHS) may find the cost of construction, maintenance of anaesthetic rooms and their equipment increasingly difficult to justify especially in new hospitals.3,4

Survey
With the above in mind the author decided to conduct a survey in 2006 to (a) find out the anaesthetists’ attitudes to the use of an anaesthetic room in Luton and Dunstable Hospital and (b) find out patients’ preferential site for induction of anaesthesia in the same hospital.

Two forms were designed for the survey (Box 1 and 2). The first was distributed to all anaesthetists in the hospital. The completed forms were collected after two weeks. Over the same period the second form was administered to 50 patients on the mornings of their operations. They were shown two pictures and asked where they would like to be put to sleep. Subsequently the places in the pictures were identified as the anaesthetic room and operating room respectively and the patients asked again for their preferred site for induction of anaesthesia.

Box 1: Survey form for anaesthetists
1. Where do you induce anaesthesia for elective cases?
2. What is the main reason for your preference?
3. Are there any other reasons?
4. How do you monitor your patient during transfer from anaesthetic room to the theatre?
5. Where do you induce patients you consider to be high risk?
6. If your answer to Q5 is different from Q1 above, please state the reason(s).
7. Where do you think anaesthetic drugs should be stored?
8. Will you give up the anaesthetic room if peace and quiet can be ensured in theatre?
9. If you are due for an operation where would you like to be anaesthetised?

The survey showed that 84% of anaesthetists in Luton and Dunstable Hospital perform induction of elective cases in the anaesthetic room. Thirty-nine per cent of them anaesthetise high risk patients in the anaesthetic room. See boxes 3 and 4 for reasons given. Fifty-five per cent are willing to give up the anaesthetic room if peace and quiet can be ensured in theatre. Sixty-five per cent of the consultant anaesthetists preferred to be anaesthetised in the anaesthetic room if having an operation. However, more than half of other cadre of anaesthetists do not care where they are anaesthetised. All anaesthetists in the hospital suspended monitoring briefly during transfer between anaesthetic room and theatre. Sixty-four per cent of them wanted anaesthetic drugs and equipment to be stored in the anaesthetic room.
Studies have shown that most patients are anxious in the perioperative period. However, the site of induction does not seem to contribute to this perioperative anxiety as there is no significant difference in the anxiety level between those induced in the anaesthetic room or the theatre. Furthermore, it has been shown that there is insignificant delay to the operation list for patients induced in the theatre especially with the anaesthetist working alone. With proper education of other theatre users a quiet environment for induction in theatre is achievable. In-theatre induction improves the understanding by other staff members of the conduct of anaesthesia. Also it affords greater availability of quantitative help in the event of a crisis. In-theatre induction means less equipment to check (and malfunction!). More importantly the need to duplicate expensive anaesthetic equipment is obviated. Finally, funds for building anaesthetic rooms and equipping them may be put to use in other pressing areas. Although anaesthetic rooms have been in use in the UK for decades, a robust argument for their continuous use is largely lacking from the literature. Issues relating to patient safety, medico legal liabilities and economic sense may lead to their disappearance in UK hospitals as is the practice in most Scandinavian countries, North America and Australia. Adequate pre-operative preparation and education of the surgical patients may alter their preferential site for induction of anaesthesia.

Box 2: Survey form for patients

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Age:</th>
<th>ASA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many previous operations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where would you prefer to be put to sleep?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Box 3: Reasons given for inducing elective cases in the anaesthetic room

- Routine practice (8)
- Privacy for patient (8)
- Too many distractions in theatre (6)
- Surgeons leave you alone (5)
- Where I can concentrate best (7)
- All equipment and drugs to hand (7)
- Quieter (5)
- Not my preference but it’s what I’m told to do (1)

Box 4: Reasons given for inducing high risk patients in theatre

- To avoid discontinuation of monitoring (12)
- To reduce need for transfer and repositioning of patient (9)
- So that surgery can start soon after induction (4)
- More space to get others in, in event of an emergency (2)

Number of responders giving similar reason in parenthesis

Box 5: Patients’ comments on site of induction

- The AR is less intimidating
- The theatre is scary
- You feel safer in the anaesthetic room
- More space in the theatre
- I would rather be asleep before getting into the theatre
- Anaesthetists are more comfortable in the anaesthetic room
- More equipment in the anaesthetic room

References:

1. Luton and Dunstable Foundation Hospital NHS Trust website.
2. Broom MA, Slater J, Ure DS. An observational study of practice during transfer of patients from anaesthetic room to operating theatre. Anaesthesia 2006;61:943–945.