

Urology day care surgery: a patient satisfaction survey

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One hundred and ninety-five urology patients were given questionnaires to assess the quality of day care surgery – 96 responded. Analysis shows overall satisfaction with the day care urology service. Seventy-five per cent of patients would recommend a friend to have a similar procedure in the Day Surgery Unit (DSU). However, the survey has revealed that the quality of preoperative information needs improvement. A significant proportion of patients found car parking facilities on site inadequate. Primary care services were used by a fair number of patients. Each year more urology patients are treated through day care. This rise in number is anticipated to continue, particularly in the light of the changing NHS. However, the powers concerned must not forget that patients should have an opportunity to comment on the quality of service, and this paper highlights this aspect significantly.

Key words: Urology, day care

Introduction

Day care surgery is being utilized more frequently than ever before in urology. Although it is undoubtedly cost-effective, we must consider the patient's viewpoint in order to assess the quality of service. We therefore surveyed a group of patients selected randomly.

Method

During the period August to December 1992, 195 patients were asked to complete a questionnaire. This was handed to them with a stamped, addressed envelope at the time of discharge from the Day Surgery Unit (DSU). Each was asked to return the completed questionnaire within 3 weeks. The age distribution of patients responding to the questionnaire is shown in Figure 1.

All patients were referred to the DSU after initial assessment by the surgeon. General practitioners were notified. No initial investigations were done unless it was felt necessary. When patients arrived at the DSU, a nurse assessed them, and a questionnaire (relating to medical history) was completed by the patient. If required, an anaesthetist would also assess the patient. After under-

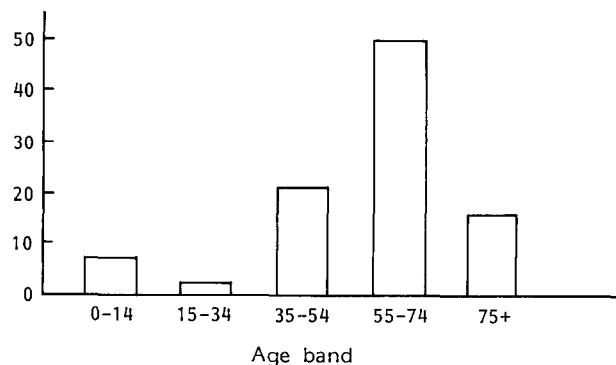


Figure 1. Age distribution of patients responding to questionnaire.

going surgery, patients were recovered and then discharged with appropriate instructions, and support services arranged where necessary.

A wide range of procedures, all under general anaesthetic, were performed on the 195 respondents. Paediatric operations included orchidopexy, circumcision, and herniotomy for congenital hydrocoele. Adult procedures included circumcision, vasectomy, excision of intrascrotal lumps, e.g. epididymal cysts, testicular biopsy, varicocelectomy, cystoscopies (including hydrodistension, perurethral diathermy, bladder biopsy, etc.), urethrotomy and urethral dilatation. It is noteworthy that the study was not extended to patients attending the flexible cystoscopy clinic.

Accepted: November 1993

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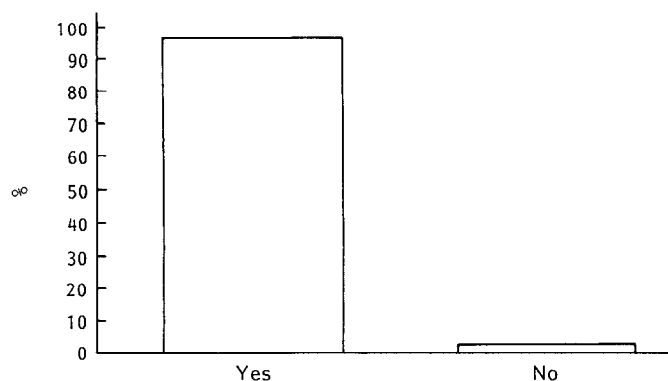


Figure 2. Was the written information received adequate?

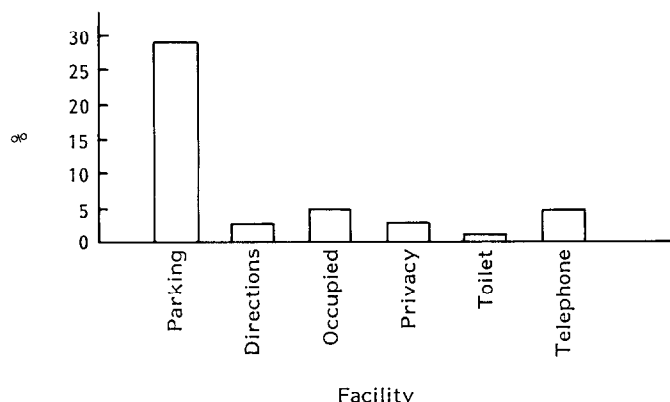


Figure 3. Respondents' dissatisfaction with facilities.

Results

Preoperative information

Eighty-one per cent of the patients received a written explanation before coming to the DSU. Of the remainder, 76% received some form of explanation before coming to hospital. Eighty-nine per cent of patients found the information given was adequate or more. Therefore, a high percentage of patients received adequate information even before attending the DSU (see Figure 2). Significantly, however, 7% of patients found the information less than they would have wanted. Also, 8% of patients did not actually understand the explanations as much as they should have. Obviously there is room for improvement as far as communication is concerned.

It was shown that everyone involved in the DSU participated in the communication, and patients found the surgeon to be the most helpful person explaining the procedure.

Evaluation of environment (see Figure 3)

Twenty-eight per cent found car parking facilities inadequate. It must be remembered that a significant proportion of patients involved were elderly and infirm.

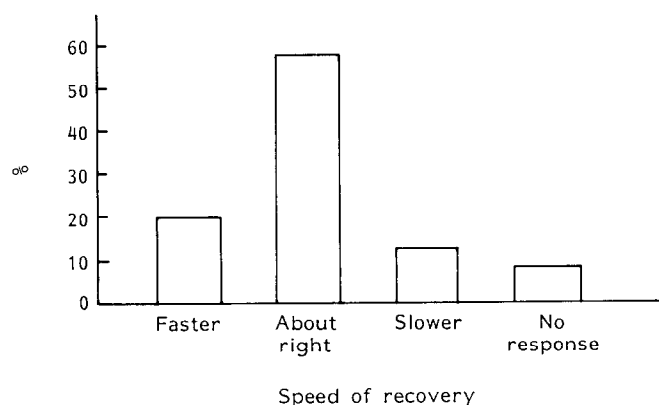


Figure 4. Respondents' perception of speed of recovery.

Obviously an operation under a general anaesthetic considerably compromises their physical ability in the immediate postoperative period; therefore, good car parking facilities close to the DSU are absolutely vital to carry out an efficient day care service.

Evaluation of recovery

Most patients did not require bed rest, although 11% were actually bed-bound for 1-3 days. The majority could do most daily activities from the first postoperative day. It is noteworthy that although 78% of patients perceived their speed of recovery to be 'about right' or 'faster', 13% thought recovery to be slower than anticipated (see Figure 4). This situation does leave scope for improvement. It is felt that better communication may improve matters, although the age range of the patients involved is responsible to some extent for their slow recovery.

Recommendation

Seventy-five per cent of patients would be prepared to recommend a friend to have a similar procedure in the DSU. Eleven per cent would advise having the procedure done as an inpatient, and a further 9% were not sure (see Figure 5).

Use of support services

A wide variety of support services were available after discharge from the DSU (see Figure 6).

District nurse: Thirty-four per cent of patients used the services of the District Nurse; the majority of which were routine general anaesthetic checks, in accordance with the Trust policy for postoperative care of DSU patients.

General practitioner: Thirty-two per cent of patients saw their GP after a DSU procedure. Having not had any feedback from our GPs, it is possibly fair to assume no major complication has resulted.

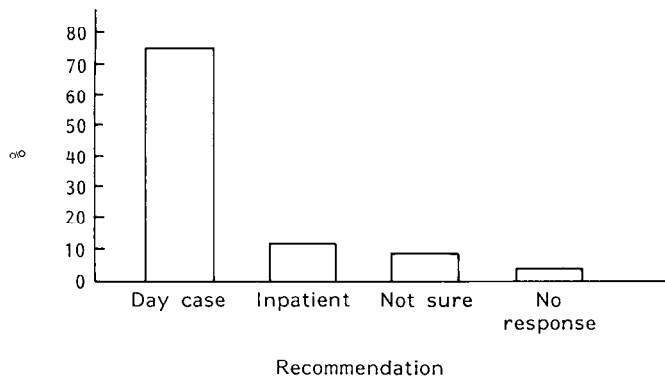


Figure 5. Type of admission respondents would recommend to a friend having a similar procedure.

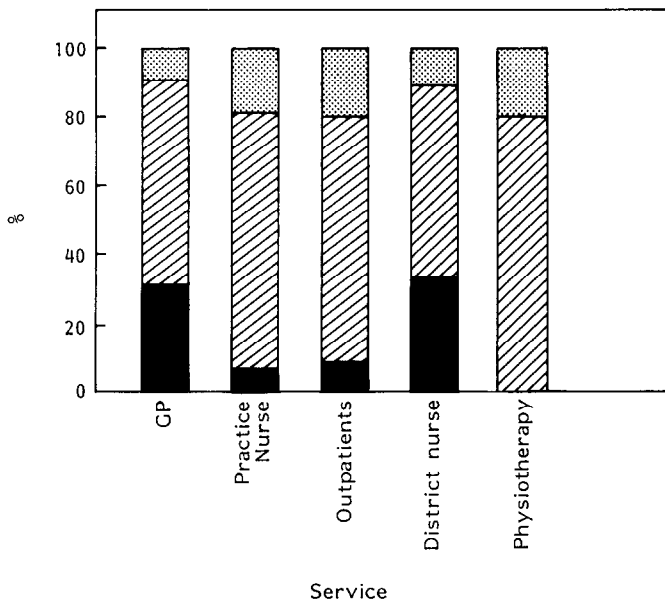


Figure 6. Services used after surgery. ■ No response; ▨ no; ■ yes.

Practice nurse: Seven per cent of patients sought help from their Practice Nurse.

Discussion

Undoubtedly urology day care surgery performed at this hospital, mostly under general anaesthesia, is being received favourably by most of the patients surveyed. This paper shows that communication between patients and the hospital has been quite satisfactory, although clearly there is scope for improvement. Better communication between the hospital, GPs and District Nurses will improve matters immensely. In addition, increasing the consultant profile and promoting dedicated nursing in the DSU will help towards improvement in communication.

Along with improvement in communication, support services such as those of the District Nurse and General Practitioner need to be enhanced and readily available. All these measures will lead towards better performance in day care surgery.

Acknowledgements

The authors wish to extend their thanks to the following: Mr D Baxter-Smith, Consultant Surgeon; Mrs S Thorp, Medical Secretary; Mrs C Mountford, Surgical Business Manager and her department; the staff of the All Day Surgery Unit; and Mrs G McIntyre, Medical Audit Assistant.

Further reading

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