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Summary of studies into adult patients' perceptions of day surgery

Mark Mitchell

Department of Nursing, University of Salford, Peel House, Albert Street, Eccles, Manchester M30 0NN, UK

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Table 1

Source	Sample	Purpose	Type of preparation	Measures	Findings
Avis [1]	22 Patients undergoing GA/LA for hernia repair	To evaluate patients' perception of choice day surgery	Normal ward routine	Tape recording of formal nursing and medical interaction, non-participant observation, field notes in OPD, tape-recorded interview of patient in own home	All the patients allowed their choices to be decided for them by health professionals. Patients considered themselves as the professional's 'work object' which left little room for participation in the decision making process. Themes—'being told' and 'going in to get it fixed'
Augustin et al. [2]	41 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate the effectiveness of music in reducing preoperative anxiety	Random allocation to one of two conditions—routine care for control group and routine care plus 15–20 min listening to a choice of audio-taped music	Self-rating of anxiety both before and after routine care and music; also physiological measures, i.e. systolic and diastolic blood pressure, heart rate and respirations	Patients who received music therapy had significantly lower heart rates immediately prior to surgery than the control group. The experimental group also had a significant decrease in all four physiological variables between the pre and post-test. Concludes that routine care plus a choice of audio-taped music can help to reduce pre-operative anxiety
Baskerville et al. [3]	119 Patients undergoing LA for hernia repair	To evaluate the effects of a pre-operative audio-cassette tape	Audio-cassette tape of treatment and recovery; duration 20 min	Questionnaire designed by author to evaluate audio-tape	56% Listened more than twice. 75% listened with spouse. 90% found information adequate. 5% wanted more information. 98% said they benefited from the audio-taped information.
Birch et al. [4]	124 Patients undergoing LA for GU and general surgery	To evaluate patient anxiety levels	Questionnaire on admission; 64 patients had cystoscopy and 60 patients (control group) had general surgery	Questionnaire self-rating scale of anxiety plus visual analogue scale for anxiety	Patients more anxious prior to cystoscopy under LA especially female patients (although no statistical significance), younger patients and those undergoing the procedure for the first time. Anxiety not as high in the week prior to surgery.
Brich et al. [5]	86 Patients undergoing IV sedation and LA for genitio-scrotal surgery	To assess patient attitudes and extent of morbidity in first 24 with use on anxiolytic	Given anxiolytic, walked to theatre and positioned self on operating table; questionnaire given on discharge	Questionnaire 33-item Yes/No responses concerning discomfort during the procedure, social arrangements and morbidity. 2 weeks later interview via telephone or face-to-face in OPD regarding wound problems and walk-in surgery	98% of patients did not mind walking to theatre. 50% complained of post-operative pain. 47% returned home alone. 13% drove a car the same day. 19% contacted their GP in the first 1–2 weeks

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Bottrill et al. [6]	114 Patients undergoing GA/LA for gynaecological surgery	To evaluate a one-stop-shop for suitability for surgery	Offered day surgery, assessed and given a date for surgery on the same day	Patients returned via post National Audit Office patient satisfaction questionnaire	92% Satisfied with the information, 3% less than wanted and 5% more than wanted. Nurses most helpful in explaining operation. Using nurses to assess patients reduced junior doctors workload
Bruinfield et al. [7]	30 Patients undergoing GA for laparoscopic surgery and 29 unit nurses	To identify teaching content important in day surgery	Satisfaction questionnaire given on discharge for return via post in 2 weeks; nurses also completed questionnaire within same period	Both sets of questionnaires asked for perceptions of pre-operative teaching	Patients ranked procedural information (explaining the order of events) top and nurses psychological support top (dealing with worries, concerns, etc.). Teaching priorities therefore conflicted. Patients preferred teaching to take place prior to admission although some nurses thought some should take place on the day. Addressing patients' concerns and teaching prior to the day of surgery crucial to day surgery patients
Buttery et al. [8]	100 Patients undergoing a GA for a variety of surgical procedures	To assess patient satisfaction and post-operative morbidity	Satisfaction questionnaire given on discharge for return via post	Questionnaire contained ten simple items concerning waiting time for appointment, level of pain, nausea and vomiting and recovery rate	95% Overall satisfaction. Main problems lack of information as to their likely post-operative state, lack of privacy, waiting time in the day surgery facility too long and post-operative morbidity. Only 3% required contact with their GP
Caldwell [9]	69 Patients undergoing a GA/LA for variety of surgical procedures	To assess if patients who have a high preference for information experience less anxiety than patients with a low preference information	Questionnaire given prior to operation on day of surgery; questionnaire 20/30 min to complete	Self ratings of anxiety, level of information required and ways of coping	Day surgery was seen to be very anxiety provoking for all patients. Patients with a high preference for information had lower levels of anxiety pre-operatively than low preference for information patients. Teaching only essential information to low preference patients may avoid increasing anxiety still further. Determining what level is required by whom is very difficult

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Chung et al. [10]	1027 Patients undergoing GA/LA for a variety of surgical procedures	To assess post-operative morbidity	Telephone interview by nurses 24 h following surgery	Interview to gauge pain, nausea/vomiting, drowsiness, headache, fever, bleeding and satisfaction with anaesthesia, i.e. excellent, good or poor	LA accounted for 63% of dissatisfied patients. Recommends further study for pain relief in surgery utilising LA
Clyne et al. [11]	130 Patients undergoing GA/LA for varicose vein surgery	To critical analyse day surgery outcomes	Satisfaction with treatment questionnaire sent immediately following surgery	Ten-item questionnaire requiring Yes/No answers concerning pain, nausea/vomiting, need of other health professionals and recovery time	75% Were satisfied with returning home the same day. 88% thought their veins had improved with Surgery. 52% stayed off work >1 week. 50% required pain relief and 22 % experienced nausea/vomiting the day after surgery
Cozarelli [12]	112 Patients undergoing GA for the termination of pregnancy	To explore the relationship between personality traits and psychological adjustment	Questionnaires completed 1 h prior to surgery, 30 min after surgery and 3 weeks later	Prior to surgery self ratings of self-esteem, optimism, locus of control, self-efficacy and depression; after the surgery self ratings of depression and mood. 3 weeks later self ratings of depression and mood	Self-efficacy was significantly related to high self-esteem. Correlation's among self-esteem, optimism, perceived control and initial depression were moderately high and were all related to better post-abortion adjustment. Increased feeling of self-esteem is one of the most important personality traits as this influenced self-efficacy which in turn permitted successful coping
De Jesus et al. [13]	148 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate clinical outcomes and satisfaction with care	Questionnaire on admission prior to surgery; questionnaire sent 4/7 day following operation for return via post	Pre-operative questionnaire concerning amount of verbal and written information received; second questionnaire concerning morbidity, recovery times and help required	An increase in information provision is required for some (not all) patients. Information seen as crucial to day surgery patients. Single most common suggestion was for clear, specific information on how to deal with possible complications. Telephone follow-up service required. Information provision main factor in influencing clinical outcome and satisfaction with care

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Donoghue et al. [14]	31 Patients undergoing GA for gynaecological laparoscopic surgery	To assess post-operative morbidity, novice versus experienced patients, quality of data from telephone versus personal interview and quality of data	Random allocation to one of three interview conditions: (i) 1 week by personal interview and again at 3 weeks by telephone; (ii) 3 weeks by personal interview; and (iii) 3 weeks by telephone	All home interviews 30–60 min utilising: (i) 12-item demographic questionnaire, recovery process and medication; and (ii) semi-structured interview to describe experience; follow-up telephone interview factual 5 min talk concerning recovery; telephone interview at 3 weeks semi-structured	70% Received help from 1 or more adults. 29% received help from 1 or more younger people. Many reported unanticipated experiences i.e. severity and duration of pain was not expected, extent of disability, disruption to their work and home lives and the need for physical/emotional support afterwards. Few contacted any community service. Little difference between information gained at 1 and 3 weeks. Personal interviews gave richer data. Therapeutic and post-operative information required
Donoghue et al. [15]	21 Male patients undergoing LA for cystoscopy	To assess morbidity, novice versus experienced patients, patients' perceptions and satisfaction	Random allocation to one of two interview conditions—3/6 days and 21/24 days post-operatively	Semi-structured tape recorded interviews; 20–50 min duration	Majority were satisfied with the information received. However, there was a lack of information when unexpected situation arose. Opportunity to discuss recovery should be available. Ways to ensure consistency of information should be explored
Domar et al. [16]	42 Patients undergoing LA for the removal of skin cancers	To identify if less pain and anxiety is experienced in patients who have undergone a pre-operative programme of relaxation	Random allocation to one of two conditions—control group (20 min per day quiet reading), experimental group relaxation tape and relaxation instructions; 26 days prior to surgery mean experimental time	Ratings ≈ 26 days prior to operation—demographic details, blood pressure, pulse, self-rating of anxiety and symptoms experienced; diary of relaxation kept by patient; patients telephoned each week to ensure compliance; day of admission pulse, blood pressure, respirations and self-rating of anxiety and symptoms experienced; following surgery amount of LA noted, surgeon assessed anxiety level; patient self-rating of pain and anxiety	No significant difference between the two groups. Once the surgical procedure had begun the patients reported that it was difficult to utilise the relaxation techniques previously learnt. However, the experimental group reported their highest level of anxiety prior to entering the research study and that the guided relaxation had reduced their anxiety several days prior to surgery. The control groups experienced their highest level of anxiety on the day of surgery and afterwards

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Edwards et al. [17]	40 Patients undergoing GA for diagnostic laparoscopy (DL) and 40 patients undergoing GA for laparoscopic sterilisation (LS)	To evaluate the effectiveness of pain relief following laparoscopic surgery	Random allocation to one of four conditions—DL, DL plus NSAID, LS and LS plus a NSAID	Post-operative time taken to open eyes and to state name and address; self rating of pain once immediately on ward, at 1 h and before discharge; level of analgesia required noted and also questioned about discomfort on discharge; questionnaire given for return via post concerning morbidity in first 48 h	Significantly greater level of pain experienced by laparoscopic sterilisation in comparison with diagnostic laparoscopy at 1 h post-operatively. No significant difference at 24 h. Pain limited activity for both groups 24 h after the operation. Incidence of morbidity at 24 h was high although no difference between the four groups. NSAID made no significant difference to the level of pain experienced. 70% still preferred discharge on same day
Fenton-Lee et al. [18]	463 Patients undergoing GA/LA for a variety of surgical procedures	To assess patient acceptability of day care and outcomes following surgery	Questionnaire given on discharge; liaison sister to visit	NHS questionnaire concerning experience of surgery; wound assessed at 1, 7 and 30 day post-operatively by liaison sister; audit repeated 6 months later	Analysis of two audits reveals pain to be a problem. Written information supported by the visits from the liaison sister well received as 86% of patients satisfied. Wound complication rates were reduced when senior registrars operated and also when dedicated units were utilised
Firth [19]	813 Patients undergoing GA/LA for general and orthopaedic surgery	To evaluate pain management following discharge	Questionnaire given on discharge for return via post after 48 h	Questionnaire contained 16-items requiring all Yes/No answers concerning level and management of pain	63% stated that they were not made aware prior to surgery of the possible pain and 87% had not purchased medicines for pain relief. 51% were not given advice about pain management and 22% were unable to sleep on the first night. 31% only achieved partial or no relief with prescribed/recommended analgesia. Better written information required

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Frisch et al. [20]	23 Patients undergoing GA for either carpal tunnel release arthroscopy, tubal ligation or dupuytren's release, and 22 helpers	To obtain a picture of patients' and helpers' experience of recovery at home	Separate questionnaires for patient and helper given on discharge for completion and return via post after 1, 2 and 7 days post-operatively; telephone calls on days 2 and 7; one of the 16 pairs (patient or their helper) contacted after 3 months	Questionnaire concerned morbidity, anxiety on a 9-point visual analogue scale, degree of pain on a 6-point visual analogue scale and level of activity; telephone on day 1, 2 and 7 to remind subjects to complete questionnaire and enquire about recovery progress; telephone call at 3 months to ask about resumption of normal activities	86% reported one or more symptom after 24 h and 82% at 48 h. Most frequent complaint weakness and fatigue. Pain worst on first day for 40% of patients. Tubal ligation patients reported greater morbidity. Day of surgery most anxious period for 56% of patients and 32% of helpers. More than 30% required assistance from their helper i.e. dressing, bathing, etc. Three themes emerged from the telephone calls: (i) problems of morbidity; (ii) need for helpers' presence; and (iii) previous surgical experience gave realistic expectations. Helper' reports generally matched patients'. After 3 months 10% still experiencing difficulty with usual activities. Recommends better teaching concerning pain management, recovery rates and greater emphasis upon generally education
Gaberson [21]	46 Patients undergoing GA/LA for a variety of surgical procedures	To investigate the effects of humorous and musical distraction on anxiety levels	20 Min after admission random allocation to one of three conditions: (i) musical auditory distraction; (ii) humorous auditory distraction; (iii) no auditory distraction; all tapes 20 min duration	Self-reported rating of anxiety immediately following auditory distraction	No significant differences were found between the anxiety level of the three groups. Suggests that an element of choice be used in future researched studies on distraction
Gamotis et al. [22]	84 Patients undergoing day surgery and 99 patients undergoing in-patient surgery	To compare satisfaction with surgical care between in-patients and out-patients	In-patients completed questionnaire while in hospital and day case patients returned questionnaire via post	Self-reported ratings of satisfaction on questionnaire which examined three areas: (i) technical-professional relationship; (ii) education relationship; (iii) trusting relationship	Out-patients were significantly more satisfied with their nursing care. In-patients were least satisfied with the instructions given by the nurses. Significantly higher trusting relationship rating given by female in-patients

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Ghosh et al. [23]	557 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate satisfaction with care and level of contact with community services during the first 48 h.	Patients given questionnaire on discharge for return via post	Self-reported ratings of satisfaction which examined out-patients service, admission procedure, day surgery unit, quality of information, pain management and recovery	70% Satisfied with information provision. Main postoperative problem was pain management. 2.5% had to contact the hospital within 24 h, 4.3% their GP within 48 h and 1.4% their district nurse. Patients main concerns regarding their care were lack of information, lack of privacy, pain and waiting in the day surgery unit. Recommends staggered arrival times
Goldmann et al. [24]	52 Patients undergoing GA for various gynaecological procedures	To assess the effectiveness of information provision and hypnosis on pre and post-operative anxiety	Information provided by anaesthetist then 8 min structured interview to test knowledge provided by the anaesthetist; patients then randomly allocation to one of two conditions: (i) short general discussion; (ii) 3 min of hypnosis	Self-reported ratings of anxiety following information provision from anaesthetist then again following testing of knowledge and discussion or hypnosis	36% Reported no knowledge of their operation, 21% poor, 15% some and 26% a fair to good level of knowledge. 29% describe talk with anaesthetist as poor, 30% fair, 32% good and 9% excellent. 47% were dissatisfied with the explanation of anaesthetic procedures although 38% were happy. No significant difference in anxiety between groups prior to surgery although significant mean score difference for hypnotised group on one anxiety measure
Guilbert et al. [25]	100 Patients undergoing LA for the termination of pregnancy	To evaluate satisfaction with care at a family planning clinic	1 h After operation prior to discharge questionnaire completed	Self-reported ratings of social support, physical and emotional health, experiences during surgical procedure, adequacy of preparation, expectations and satisfaction with health care staff	56% Were very satisfaction with the surgical procedure and 31% moderately. Satisfaction was high for accompanied women. Preparation was the most important predictor of satisfaction. Wider mode of information provision recommended

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Gupta et al. [26]	290 Patients undergoing GA/LA for a variety a surgical procedures	To evaluate patient satisfaction with the anaesthetic care	Short questionnaire on admission and then one prior to discharge	First questionnaire contained 10-items requiring Yes/No responses concerning transport, anxiety and information; second questionnaire contained ten-items requiring Yes/No responses concerning transport, anxiety, social support, morbidity and satisfaction with care	62% Were anxious about their operation. 50% wanted an anxiolytic. 4% drove home. Commonest complaint (20%) was unrelieved pain. Low incidence of complications when local or regional anaesthesia used. 32% went home unaccompanied by an adult. 25% were alone during the first 24 h and 8% alone during the first 24 h without an adult to look after the children. Recommends greater emphasis on relieving anxiety and information provision
Harju [27]	70 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate the satisfaction of patients following surgery	3 Months after discharge questionnaire sent for return via post	Questionnaire contained four items—expectations prior to surgery, did treatment correspond with expectations, evaluation of treatment and further suggestions	96% Would undergo day surgery again. Care considered very good by 56–62%, good by 31–40% and satisfactory by 1–6%. Suggested by patients that waiting time to admission date be reduced if their problem prevented them from working and more operations within each surgical speciality be available
Hawkshaw [28]	1008 Patients undergoing GA/LA for a variety of surgical procedures	To determine the level of satisfaction with care	24 h After surgery patients telephoned and questionnaire completed	Questionnaire contained several items relating to post-operative morbidity, information provision and general satisfaction with care	Satisfaction with pain relief—22% excellent, 44% good, 9% fair and 5% poor. 26% were not satisfied with the information received. Patients required more information regarding the degree and duration of surgical disability. The survey was viewed by many patients as a valuable part of their care. Recommends the use of telephone follow-up service to evaluate satisfaction with care

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Icenhour [29]	150 Patients undergoing GA/LA for a variety of surgical procedures	To determine the level of satisfaction with care	30–35 Min interview after surgery at the time of discharge	Questionnaire evaluated nurses' emotional support, doctors emotional support, staff willingness to listen and understand, and sufficient time with staff	96% Were very satisfied with care. Discharge information better when relative present immediately prior to discharge. Information provision seen by some patients as difficult to understand and/or assimilate because of the rapid patient turnover Overall 97% of patients demonstrated a preference for day surgery. Patients holding more negative feelings concerning their recovery did experience a slower recovery. Increased anxiety and lower mood also correlated with a slower recovery. Indices used significant predictors of psychological and physical recovery from surgery. Surgeon's rating of anxiety and recovery prospects correlated well with patients' ratings. Patients who are more anxious pre-operatively are prone to more complications following day surgery
Jamison et al. [30]	40 Patients undergoing GA for laparoscopic surgery	To determine preference for day care and assess recovery rate	Booked for day surgery then provided with an information booklet by the surgeon; pre-operative questionnaire pack sent out via post prior to admission for completion on the eve of surgery; post-operative questionnaire pack given on discharge for return via post	Pre-operative questionnaire pack—ratings of mood, fears and concerns, outcome expectancy, anxiety and symptoms checklist; post-operative questionnaire pack—ratings on pain and discomfort, weakness, disorientation, anxiety, depression, irritability and misgivings; this questionnaire to be completed for the first 3 post-operative days; a brief telephone interview conducted after 1 month; surgeon's rating of anxiety and recovery prospects	Indices used significant predictors of psychological and physical recovery from surgery. Surgeon's rating of anxiety and recovery prospects correlated well with patients' ratings. Patients who are more anxious pre-operatively are prone to more complications following day surgery
Kelly [31]	103 Patients undergoing GA/LA for a variety of surgical procedures	To assess compliance with instructions, community service utilisation and post-operative morbidity	1 Week after surgery patients sent a satisfaction questionnaire for return via post	Questionnaire contained 11-items requiring mainly a Yes/No response and related to transport home, social support, pain and its management and contact with GP	Main problem first night drowsiness (43%) and headache (39%). 7% drove cars either home from the hospital or later that night. 5% had to visit their GP within the first week. Patients took between 1–6 or more days to resume normal routine

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Kempe et al. [32]	60 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate the effects of two methods of pre-operative preparation on anxiety levels	Prior to admission patients randomly divided into one of two conditions: (i) telephone call eve of surgery, written and verbal information the day of surgery, follow-up telephone call day after surgery; or (ii) normal ward routine; following admission all subjects completed anxiety questionnaire	Questionnaire contained a brief self-reported rating of anxiety	Group that received telephone calls and written information were significantly less anxious. Asserts that the patient's with lower levels of post-operative anxiety will be more satisfied with care. More research studies required to examine anxiety at differing times
Kennedy [33]	70 Patients undergoing GA/LA for a variety of surgical procedures	To identify problems following surgery and the use of community services	Questionnaire sent out following discharge for return via post	Questionnaire contained two items: (i) did you need to contact the hospital/GP; (ii) if so for what reason	First night 29% slept less well than usual, 6% very poorly and 6% hardly at all. 93% had no post-operative morbidity problems. 7% contacted the hospital during first three post-operative days and 7% their GP regarding pain, bleeding and wound care. Only small workload therefore placed upon community services
King [34]	332 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate satisfaction with care and the health care environment	Questionnaire given on discharge for return via post	Questionnaire contained items relating to: (i) information provision; (ii) evaluation of the environment; (iii) evaluation of the staff; and (vi) help required from community services	30% Did not receive any written information. 90% were satisfied with the environment. 97% satisfied with discharge information. 5% had to contact community services within the first 24 h regarding pain, bleeding and wound care
Kleinbeck et al. [35]	19 Patients undergoing laparoscopic cholecystectomy	To establish patient's definition of recovery and the experience of recovery	Telephone interview 2nd day after surgery and 4/5th day after surgery; 20/40 min duration	Semi-structured tape-recorded interview concerned present physical ability/inability, problem management, expectations and concerns	All patients were discharged within 24 h of surgery. Patients felt vulnerable going home. Recovery was defined by patients as no symptoms and back to usual activities. One theme 'toward a usual self' with 2 patterns—progressive activity and self-management. Majority of patients (80%) felt 80% recovered by day 4/5. Much trial and error recovery because of lack of relevant information i.e. information adapted to recovery in the home. Telephone follow-up calls recommended

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Lewin et al. [36]	250 Patients in 1st audit and 287 in re-audit; patients undergoing GA/LA for a variety of surgical procedures	To establish the effectiveness of post-operative pain management	Telephone questionnaire conducted 48–72 h following discharge	Questionnaire contained eight-items requiring mainly Yes/No answers and concerned level of pain in first 24 h, management, contact with GP/hospital, satisfaction with management and information provision	Standards for pain management set and 90% of patients achieved the standard although only 43% happy with prescribed analgesia. Gynaecological patients experienced most dissatisfaction. Only 70% of patients received information concerning pain management. Recommends pre-packed analgesia, improved pain management information to accompany the analgesia packs and encouragement to use on-call telephone service
Lisko [37]	Four patients undergoing GA for laparoscopic gynaecological surgery	To determine if well informed patients are better equipped to care for themselves upon discharge	Pre-test prior to viewing of 8 min video-tape concerning self-management of care followed by a post-test;	Pre and post-test identical; seven questions all relating to self-management of care	No significant differences were established on the pre and post-test although the patients gave favourable comments. A larger study using a control group was recommended
MacAndie et al. [38]	101 Patients undergoing GA for ENT surgery and 59 GP's	To establish patient and GP satisfaction with day surgery	GP's sent questionnaire if their workload was affected by day surgery and ENT day surgery; telephone interview of patients following their discharge	GP questionnaire concerning workload associated with day surgery and ENT day surgery plus general comments; patient telephone interview contained eight-items requiring Yes/No response and concerned pain management, GP contact and information provision	37% Of GP's had no ENT patient consultations and 73% said present analgesia sufficient. 90% thought telephone help line would reduce consultations and that patients should remain hospital responsibility for 48 h. 70% of patients preferred day surgery. 16% considered pain relief poor following discharge. 20% stated discharge information excellent and 50% good. Patients though day surgery was minor surgery and were surprised at walking to theatre. Recommends improving information provision, analgesia provision sick leave cert. Provision and telephone help line

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Mackenzie [39]	164 Patients undergoing GA for a variety of surgical procedures	To identify anxious patients and their level of anxiety	First brief questionnaire at the time of booking and second questionnaire prior to surgery on the day of operation	First questionnaire contained four-items all relating to previous anaesthetic experience; second questionnaire contained two self-ratings of anxiety; nurse ratings of patients anxiety	Anxiety ratings on admission were higher than on the day of booking. Female patients, patients undergoing oral surgery, patients having their first anaesthetic and patients with previous unpleasant experiences of anaesthesia were more anxious. Main cause of anxiety was the operation, anaesthetic, both or neither. 19% wanted an anxiolytic. Nurses' reporting of anxiety level correlated well with the patient's rating. High anxiety at booking strongly indicated those most anxious on the day of operation and needing most help
Male [40]	118 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate the need for pre-medication in day surgery	Questionnaire on admission, in the anaesthetic room then again prior to discharge; nursing staff completed brief questionnaire	Patients questionnaires were visual analogue measures of anxiety; nurse questionnaire a three point anxiety scale	Anxiety greatest in anaesthetic room. Female patients and patients undergoing local anaesthesia had higher self-rating scores. Nurses rating of anxiety correlated poorly. 14% of patients would have preferred an anxiolytic
Markland et al. [41]	31 Patients undergoing GA for a variety of surgical procedures	To determine the effectiveness of guided relaxation prior to anaesthesia	Questionnaire on admission and again in the anaesthetic room; 40 min prior to anaesthesia random allocation to one of three conditions—tape-recorded relaxation, tape-recorded short story (relaxation-control) and hospital radio; each tape 21.5 min; physiological rating, anaesthetic measures and difficulty of induction	Self-rating of anxiety questionnaire on admission and again in the anaesthetic room; physiological measures—pulse and blood pressure; anaesthetic measures—amount of induction agent required, time taken for induction and maintenance dose required; anaesthetist's rating of difficulty of anaesthesia on a visual analogue scale	The relaxation tape group had lower self-ratings of anxiety, required less time to be induced and required a lower maintenance dose. However, this type of distraction may only help the patient who is highly anxious on admission. The attention-control group also required less time to be induced and required a lower maintenance dose. It is therefore possible that some patients may benefit from distraction per se and not simply relaxation treatment. However, there were no differences in the anaesthetists' ratings of difficulty of maintenance of anaesthesia between the attention-control group and the no-treatment group

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Marquardt et al. [42]	203 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate the effectiveness of pre-packed take-home analgesia	Telephone questionnaire conducted 48–72 h following discharge	Questionnaire contained nine-item requiring mainly Yes/No answers and concerned level of pain in first 24 h, management, contact with GP/hospital, satisfaction with management, information provision and side-effects of drugs	50% Gained only partial relief from their pain. 57% did not receive any information regarding pain management. 7.4% experienced sleep disturbance as a result of pain. 1.5% had to contact their GP regarding pain management. Pre-packed take-home analgesia, varied according to the operation type, may help to establish more effective pain management
Mealy et al. [43]	53 Patients undergoing GA/LA for a variety of surgical procedures	To gauge the effectiveness of a β -blocker (propranolol 10 mg) on anxiety levels	Random allocation to one to two groups prior to admission β -blocker eve of surgery or placebo eve of surgery; questionnaire on discharge and again after 24 h	Self-ratings of anxiety, pain and satisfaction prior to discharge then again 24 h later for return via post; physiological measures—blood pressure and pulse on admission then 2 and 4 h post-operatively	Mean blood pressure lower in β -blocker group prior to operation. Anxiety rating lower at time of discharge in β -blocker group. Recommends use of β -blocker agent for effective reduction of anxiety in day surgery
Michaels et al. [44]	17 Matched pairs of patients undergoing GA for inguinal hernia repair	To compare day case s. in-patient satisfaction with hernia repair	3–6 months Following operation a single page questionnaire sent out for return via post	Brief questionnaire concerning waiting list time, morbidity, use of community services, recovery time and satisfaction	Day surgery patients had a significantly shorter waiting list time. Mean in-patient stay 3 nights. No difference in recovery times as both groups returned to work after approx. 5 weeks. Day case patients had to contact their GP. more times and had complications not known to the hospital. 74% preferred in-patient surgery. Changes to work practices may be required for day surgery to be effective
Mitchell [45]	150 Patients undergoing a GA for gynaecological surgery	To establish a possible link between locus of control and desired level of information	Patient questionnaire 0.5/1 h prior to anaesthesia	First questionnaire concerned self-ratings of locus of control and second questionnaire 14-items concerning preferred level of preparatory information	No correlation established between locus of control and information requirements. Patients' fears were the anaesthetic, being unconscious and possible pain. Recommends differing levels of information sent to patient prior to the day of surgery and greater social support on the day of operation

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Nkyekyer [46]	100 Patients undergoing IV sedation for gynaecological laparoscopic surgery	To establish satisfaction, morbidity and methods of improvement of care	Questionnaire provided 2 weeks after operation at follow-up hospital visit	Questionnaire concerned information provision, treatment, pain, recovery time and morbidity	29% Required more information. 34% found the wait prior to surgery too long. 60% saw unconscious patients and of these 36% were made more anxious by this. 14% experienced pain during the procedure. 47% did not feel well enough to be sent home. 52% would have preferred an overnight stay. Problems within the first 24 h—abdominal pain (45%), shoulder pain (26%) and vomiting (22%). 5 days was average number to return to normal
Nyamathi et al. [47]	41 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate the effect anxiety may have upon patients' cognitive abilities	Two questionnaires 2 h prior to anaesthesia	Questionnaires consisted of a self-rating of anxiety and a critical thinking test with 100-items relating to their human reasoning abilities	25% Had high pre-operative anxiety scores. 70% of patients with high anxiety also had a low critical thinking performance and of the patients with low anxiety scores, 55% had a low critical thinking performance and of the patients with low anxiety scores, 55% had a low critical thinking performance. High anxiety patients will therefore have difficulty comprehending information and instructions. Gynaecological patients had significantly higher anxiety scores.

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
O'Connor et al. [48]	448 Patients undergoing GA/LA for a variety of surgical procedures	To assess patient satisfaction with care	Given a questionnaire on discharge for return via post in 1 week	Questionnaire (5 pages) concerning waiting list time, information provision, rating of standard of care, discharge instructions, recovery and role of carer	Mean waiting list time 1 month. Only 13% received written information while 89% received verbal information. 45% reported their experience as less worrying than expected and 42% said it was about the same as expected. 12% would have preferred an overnight stay. 46% spent 2/4 hours in the ward following their procedure. 2% of patients drove home. 23% received a telephone follow-up call. 62% had a carer for 1 day or less and 20% for 1/2 days. Problems—11% had to wait too long from admission to anaesthesia, 11% lack of post-operative feedback of results, 8% lack of information on what to expect during recovery
Oberle et al. [49]	294 Patients undergoing GA/LA for a variety of surgical procedures	To determine patient information requirements and if these were being met	Telephone interview of the 4th post-operative day	Questionnaire concerned post-operative morbidity ratings on a five-point scale, problem-solving actions undertaken, information requirements and expectations	Mean pain scores were moderate to high on the day of operation. Most expected pain but were surprised by the intensity. 36% reported trouble dressing themselves. A large number were dissatisfied with the timing of information provision, i.e. day of surgery. 25% received little or no information and many wanted more detailed written information for home use. Only 30% stated that their expectations were met. Day surgery was viewed as minor surgery. Patients have differing information requirements

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Otte [50]	Eight patients under-going GA for ENT surgery	To examine patients' experiences and views of care	Letter sent following discharge requesting volunteers; \approx 3 weeks after operation interviewed at home	Semi-structured tape recorded interview where patients were encouraged to reflect on their experience, discuss feelings, observations, expectations and involvement in the decision making process. 35/45 min duration	Four constructs emerged—importance of planning, fear of unknown, improving the service and value of day surgery. Patients were all unprepared in terms of information provision and educational support. Anxiety was increased while waiting in the ward for surgery. Lack of time was seen as a major communication problem Recommendations—increased level of information, staggered admission times, increased continuity of care with the day unit, increase communication with community services and a change of culture within the hospital, i.e. promotion of empowerment
Parsons et al. [51]	19 Patients undergoing GA for a variety of surgical procedures	To identify nursing behaviours perceived as caring	Prior to discharge patients were given a questionnaire to complete	Questionnaire concerned identification (in own words) of caring nursing behaviours then ranking the order of caring nursing behaviours from a given list of 63 caring behaviours	Caring behaviours ranked and placed into categories. Categories in rank order: (i) nurses know what they are doing; (ii) nurses treat the patient as an individual, (iii) nurses make patient feel as an individual, that they are there if needed; and (iv) nurses give patient full attention when they are with them. Top 3 individual caring behaviours—reassuring presence, verbal reassurance or expression of concern and attention to physical comfort
Philip [52]	1511 Patients undergoing GA/LA for a variety of surgical procedures	To evaluate patient satisfaction with care	Brief questionnaire sent out on a postcard following discharge	Questionnaire contained five-items requiring mainly Yes/No responses and concerned morbidity, experience of anaesthesia, recovery rate and general satisfaction	73% Experienced nausea in the first 24 h and 92% vomiting. The highest reported problems of morbidity related to laparoscopy. 38% of patients were able to return to their normal activities the following day and the remaining 62% took 3.2/2 days to recover. Recommends greater use of postal satisfaction questionnaires

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Pineault et al. [53]	182 Patients undergoing GA for hernia repair, tubal ligation or meniscectomy	To compare day surgery and in-patient surgery in terms of patients satisfaction and clinical outcome	Random assignment to day or in-patient surgery; first interview at home 7 days after surgery; telephone interview 1 and 3 months after surgery	Home interview concerned satisfaction, morbidity and personal cost; telephone interviews utilised the same format; data concerning hospital and medical costs	54% Of day surgery patients thought their stay was too short as opposed to 21% of in-patients. No significant difference in complications or morbidity. Costs were significantly higher with in-patients for tubal ligation and hernia but not for meniscectomy. 50% would undergo day surgery again
Pollock et al. [54]	100 Patients prior to surgery and 426 following surgery; all were undergoing GA/LA for a variety of surgical procedures	To evaluate patient satisfaction with nursing care	Normal ward routine	Pre-operative questionnaire concerning the checks made and information provided; the post-operative questionnaire concerned their experience of surgery and the first 2 weeks of recovery	87% Were satisfied with day surgery. 10% said that their home circumstances were not checked in detail prior to admission. Following admission 20% had to wait >3 h for their operation. Patients given the least information were the most dissatisfied. 66% were given no written information about their operation. 16% left the hospital with questions unanswered. 33% were on their own at home in the first 24 h. 50% stated that they were still in pain 1 week after the operation and 56% had no written information concerning pain management
Ratcliffe et al. [55]	65 Patients undergoing gynaecological laparoscopic surgery	To evaluate the effectiveness of drug combinations on morbidity and patient satisfaction	Oral pre-medication; post-operative rating at 30 min, 1 h and then hourly until discharge; anaesthetic ratings; patient questionnaire given on discharge for return via post	Post operative ratings of nausea and vomiting, abdominal pain and shoulder tip pain; visual analogue scale for pain rating; anaesthetic rating, i.e. drugs, dose, duration, time to wake and time to discharge; patient questionnaire concerned morbidity ratings for first 3 days	Pain became worse once at home and 75% required analgesia. After 3 days 71% not back to normal, 72% abdominal pain, 31% should pain and 12% drowsiness, headache, sore throat. Concludes that laparoscopic surgery still has considerable post-operative morbidity although only 8% said they would have preferred an overnight stay

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Read [56]	211 Patients undergoing GA/LA for a variety a surgical procedures	To determine the level of patient satisfaction	2/3 weeks Following surgery patient sent questionnaire for return via post	Questionnaire contain open and closed questions on all aspects of care plus an overall satisfaction rating	47% Rated their experience as excellent. Most were satisfied because of minimal disruption, no overnight stay and convenience. 88% stated that information received was adequate although 43% wanted more information. 24% reported problems following discharge, i.e. pain, nausea and vomiting. The main problem related to the period of waiting following admission
RSC & East Anglian (1995) RHA [57]	1073 Patients undergoing GA/LA for a variety of surgical procedures	To determine patient expectations prior to surgery	Questionnaire sent to patient with admission details prior to surgery	Questionnaire concerned information provision, assessment, expectations and social arrangements	Only 53% had pre-assessment check. Only 11% perceived a choice between day surgery and in-patient surgery. 66% did not receive information covering whole process of day surgery. 67% were satisfied with the information. 35% wanted partner to be involved in discussion. 20% were unable to state accurately their surgical procedure. 40% were unable to state level of expected pain. 22% were anxious about anaesthetic and 18% the operation. 31% were admitted within 1 month. Conclusion pre-operative information often inadequate
	361 Of the above patients	To determine patient experiences following surgery	Questionnaire sent to patient 3 weeks after surgery	Questionnaire concerned morbidity, recovery at home and general satisfaction	75% were satisfied with day surgery. 64% experienced little or no pain in first 24 h, 10% a great deal. 20% experienced more severe pain than expected. More than a third required a great deal of support from helpers at home. 20% of carers required time off work. 48% utilised one community health service. Main sources of dissatisfaction car parking, boredom, effects of anaesthetic, lack of privacy, length of stay, pain control and discharge warning

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Rudkin et al. [58]	826 Patients undergoing GA/LA for a variety of surgical procedures	To review possible differences in patient outcome between three facilities	Data collected by staff during admission period then 24 h later by telephone interview	Recordings of patient information, operation, anaesthesia, waiting time, recovery time and discharge; telephone questionnaire concerning opinions of information provision anaesthesia, surgery, waiting times and overall management of care	Mean waiting time in dedicated facility 102.8 minutes and in-patient mixed recovery 144.8 min. 2.7% thought the dedicated facility wait too long and 10.2% the mixed in-patient recovery too long. Information from the dedicated unit concerning anaesthesia, surgery and general day surgery information all evaluated better than the mixed in-patient facility. Concludes that cost and efficiency savings can be made from the use of dedicated units
Sigurdardottir [59]	72 Patients undergoing GA/LA for a variety of surgical procedures	To compare satisfaction with care between two facilities	Questionnaire sent 2 weeks after surgery for return via post	Satisfaction questionnaire contained 25-items divided into three sections relating to nurses' technical ability, teaching ability and inter-personal skills; five-point rating scale for each item plus room for brief comments	The majority of patients were satisfied with their care. Patients were least satisfied with the educational or teaching sub-scale. Little written information was provided. More emphasis required on written information and good instruction

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Singleton et al. [60]	33 Patients undergoing GA for laparoscopic cholecystectomy	To investigate the suitability of day case cholecystectomy	Pre-operative home visit; ratings of post-operative morbidity by staff; telephone questionnaire on first day and 2 weeks; follow-up visits by district nurse (DN)	Pre-operative home screening visit by DN; pain score on verbal analogue scale four times in recovery area, once on ward again prior to discharge; morbidity rating on a four-point scale. Visit on 1st post-operative night by DN—wound and morbidity information recorded; similar DN visit on following day; telephone questionnaire 1st day recorded satisfaction with care and morbidity; telephone questionnaire after 2 weeks recorded use of community services, morbidity, need for carers and recovery times	79% Were happy to have day surgery because of convenience, comfort and privacy. 21% would have preferred 1 night in hospital. Mean time to sit out of bed 43 min and mean time ready for discharge 272 min. 42% required IV analgesia during immediate recovery, the others oral analgesia. 73% also required additional IV antiemetics. Nausea remained a problem on day 1 for 30% and day 2 for 15%. Mobilising from the bed day 1–21%, day 2–79% and day 3–94%. Returning to normal activities day 7–15%, day 15–85% and day 20–94%. 42% required the help of a carer. District nurses visited 3.3 occasions on average. 21% contacted GP in first 2 weeks for wound care advice or analgesia. 79% rated management as very satisfactory and 15% as satisfactory
Stephenson [61]	28 Patients undergoing GA for orthopaedic surgery	To determine a criteria for discharge from day surgery	Questionnaire given during admission for completion every 0.5 h post-operatively during hospital stay and for the first 24 h at home	Self-rating questionnaire on a ten-point scale for alertness, energetic, headache, clearheadedness, quick-witted, pain and anxiety; room was also available for brief comments; questionnaire given on discharge concerning behaviour in first 24 h on a ten-point scale	No patient was fully alert after 30 min. 57% experienced drowsiness in first 24 h. 21% experienced headache in the immediate post-operative period and 35% following discharge. 50% were aware of reduced cognitive abilities during first 24 h. 37% experienced lack of co-ordination. 43% were only moderately active on the 2nd day. 64% took analgesia at home. From the data and literature an essential/desirable discharge criteria was established concerning mental state, mobility, pain, eating, elimination, information and social factors

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Thatcher [62]	Four patients undergoing GA for orthopaedic and general surgery	To investigate patients' experiences following discharge	Interviewed 2/4 days following surgery	Open-ended discussion in the patients home	Pain was a problem for all patients. Pain was expected but when analgesia did not bring relieve it was difficult to cope. One patient had to pay for analgesia so refused to have the prescription. Three patients anticipated nausea and vomiting but found it distressing. The media created anxiety about having a GA. All required help from carers and all resumed normal activities too quickly. Regaining autonomy was a crucial factor in their recovery. More information required regarding pain management and recovery process. One day surgery not one day recovery needs to be strongly emphasised
Vogelsang [63]	37 Patients undergoing GA for a variety of surgical procedures	To determine impact of continued contact with a familiar nurse during admission	Interviewed in pre-admission the random allocation to 1 of 2 groups on admission: (i) continued contact with pre-admission nurse or (ii) normal ward routine; telephone interview 3/5 days later by pre-admission nurse	Initial interview demographic data; continued contact group 5/10 min pre-operatively and 60/85 min post-operatively; telephone interview asked three questions concerning discharged time and a rating on five-point scale for satisfaction with nursing care	75% in continued contact group were ready to go home when discharged and 45% in control group. Nursing care was reported as excellent by 80% in continued contact group and by 40% in control group. Recommends continued contact will improve patient satisfaction with care and ease transition through the various phases of treatment

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Wedderburn et al. [64]	89 Patients undergoing GA/LA for hernia repair, varicose vein surgery or vasectomy	To evaluate patient satisfaction and establish the level of community service involvement	Patients divided into 2 groups: (i) out-patient appointment usually given; and (ii) no out-patient appointment usually given; questionnaire given on arrival for return via post in 2 weeks; telephone contact or visit by district nurse within 72 h	Questionnaire contained three-items requiring mainly Yes/No responses: (i) out-patient appointment not required; (ii) morbidity problems; and (iii) any continuing problems requiring an out-patient appointments	Of 84 patients not given out-patient appointment 60% stated that they would not have benefited from the hospital visit. 24% experienced minor problems which settled within 2 weeks and 19% visited their GP at least once (pain and wound problems). Only 7% of patients were satisfied with no routine hospital follow-up. Recommends good written information, routine telephone contact with first 24 h and option to have follow-up hospital visit
Wicklin et al. [65]	91 Patients undergoing GA/LA for a variety of surgical procedures	To compare the effects of two slightly differing video-tapes preparations on the level of anxiety	In pre-admission 1 week prior to surgery randomly allocated to one of three groups for pre-operative preparation: (i) factual video then anxiety rating; (ii) anxiety rating then factual video; and (iii) anxiety rating then personal video	Self-rating of anxiety questionnaire either before or after one viewing; factual video nurse describes various pre and post operative procedures; personal video a patient's eye view of the various pre and post operative procedures; both video-tapes contained the same information	No significant difference was established between the groups. Gender was the only significant result. Females rated themselves as more anxious than the males although this may have resulted from gender reporting differences. Some patients refused to take part in the study and they may have been the more anxious. One viewing of the video may also have been an insufficient number
Wilkinson et al. [66]	520 Patients undergoing GA for a variety of surgical procedures	To assess post-operative morbidity	Given questionnaire on discharge for return via post 48 h later	Questionnaire concerned presence of nausea, vomiting, sleepiness, pain, headache, sore throat, recovery rate and possible contact with GP	Mean anaesthetic time was 18 min (ranged 3/90 min). 55% reported one or more symptoms on returning home—38% pain, 30% sleepiness, 11% nausea. 60% of women and 38% of males affected. Study showed that females undergoing relatively long surgery had higher morbidity rates, i.e. 84% undergoing laparoscopic sterilisation reported symptoms. Improved methods of pain relief recommended. 9% contacted their GP

Table 1 (Continued)

Source	Sample	Purpose	Type of preparation	Measures	Findings
Willis et al. [67]	244 Patients undergoing GA/LA for a variety of surgical procedures	To ascertain patient satisfaction and the level of community service involvement	Questionnaire sent 2 weeks after discharge for return via post	Questionnaire concerned presence of nausea, vomiting, sleepiness, pain, headache, sore throat, recovery rate and possible contact with GP	79% stated they were satisfied with treatment. Significant correlation between receiving written information and satisfaction rate. 30% experienced a fair amount of pain in first 24 h, 9% a great deal. 64% required analgesia. 21% required help from carers. 10% of carers took an average of 3 days off work and 7% loss earnings. 43% required one or more community services although 13% of these were unplanned. Recommends improved information provision, improved pain management and a telephone advice service to avoid unplanned visits to GP

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