Title: **SOME PATIENTS MAY DRINK OR DRIVE AFTER AMBULATORY SURGERY**

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Patients undergoing general anesthesia or sedation for ambulatory surgery are routinely instructed beforehand to provide an escort to accompany them home and to avoid operating a motor vehicle or drinking alcohol within 24 hours of their operations. But little is actually known about the post-procedural habits of ambulatory patients. A survey conducted over 18 years ago revealed that, within 24 hours of ambulatory surgery, 6% of survey respondents had ingested alcohol and 73% of those who owned a car drove it.[1] We sought to determine whether preoperative instructions were followed by patients who underwent ambulatory surgery in our hospital.

With the approval of our institutional review board, ambulatory patients ≥ 21 years who were scheduled to receive either sedation or general anesthesia were asked to participate in the study and agreed to fill out a survey at home 24 hours after their operations. The day before the operation, patients were reminded not to eat or drink anything after midnight and to provide an escort to take them home after discharge from the hospital. In the recovery room, patients were told not to handle heavy machinery, not to sign important documents, and not to drink alcohol within 24 to 48 hours of release. All patients were telephoned 48 hours after surgery and asked if their surveys had been completed and mailed. If not, patients were asked the questions contained in the survey over the phone.

Forty-five patients consented to participate in the study; 35 surveys were returned by mail and 2 surveys were completed by telephone (82% response rate). Eleven patients (30%) incorrectly followed instructions given perioperatively, among whom four claimed that they were not advised to refrain from driving or drinking within 48 hours of release. Despite initially being accompanied by an escort, two patients went home unaccompanied. Patients who either drank alcohol or drove within 24 hours after release are listed in the table. One patient who drove within 4 hours was also unaccompanied by an escort. No patients reported both drinking alcohol and driving within 24 hours of their procedures.

Patients Who Drank Alcohol or Drove a Car within 24 Hrs of Surgery

Hrs after surgery	Drank Alcohol n (%)*	Drove Car n (%)*
0-4	1 (3)	3 (8)
5-9		1 (3)
9-13	2 (5)	1 (3)
14-24		2 (5)

* Expressed as a percent of all patients who completed the survey.

The patient who drank alcohol within 4 hours of the procedure also smoked marijuana within 9-13 hours.

Our study highlights the importance of using drugs with short half-lives for ambulatory surgery and of emphasizing instructions for the safe behavior of patients afterwards. Future studies are needed to determine the interaction of drugs used for sedation or anesthesia with popularly used recreational drugs and with alcohol.

1. Br Med J 4:573-576, 1972

Title: PRE-OPERATIVE CONCERNS OF PARENTS WHOSE CHILDREN ARE ADMITTED THRU THE AMBULATORY SURGICAL UNIT

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Introduction: The pre-operative patient interview is not only important to every patient, but also to the parents of a pediatric patient. The patient and the family need to gain confidence and comfort from the anesthesiologist while he at the same time must elicit important historical and clinical details. Pediatric parents are concerned about what may happen to their child while undergoing surgery and anesthesia in their absence. Allaying their concerns in an efficient manner requires definite knowledge of the importance and types of parental fears or misconceptions. We conducted a three part study to elucidate and rank parental concerns in a major pediatric institution.

Methods: After approval of the institutional review board was obtained, 94 parents (or guardians) whose children were to undergo general anesthesia were asked to participate in this study. The parents were asked to voluntarily complete a questionnaire several days prior to surgery and before being interviewed by the anesthesiologist in the ambulatory surgical unit. Parents completed demographic data followed by writing down, in their own words, their chief concern about their child's upcoming anesthetic (a total of 120 concerns were obtained). The parents were then asked to rank a list of 10 concerns from 1-10 (or rank as 0 if it was not a concern) from a previously prepared list. The results were grouped by category and analyzed using the Kruskal-Wallis procedure to identify any association between concerns and demographics.

Results:

Ranking of Denovo Parental Concerns (N=120)

1. What are the risks or possible complications? 48%
   death 14/58
   anesthetic overdose 7/58
2. Will there be long-term after-effects? 11%
3. What anesthetic will be used? 7%
4. How long until the anesthetic wears off? 6%
5. Will I see the anethesiologist before surgery? 4%

Results From a Prepared List of Concerns
Ranked From Greatest to Least by the Parents

1. Fear of not waking up after surgery@#
2. Having child receive blood#
3. Having post-op pain
4. Having child get sick post-operatively*
5. Not being in the operating room with the child
6. Having child in a room full of strangers*
7. Having child stuck with a needle
8. Meeting the anesthesiologist for the first time on the day of surgery
9. Having a mask placed over child's face
10. Not feeding child after midnight

Note. @=response differs depending on child age, $p<0.05$; #=response differs depending on parental education, $p<0.05$; *=response differs depending on parental age, $p<0.05$.

Discussion: The overwhelming concern of parents centered around the possibility of an anesthetic complication, namely the fear of death and the fear of an anesthetic overdose. It is interesting that parental age and education, and child age signficantly influence responses, perhaps necessitating a selective interview approach.