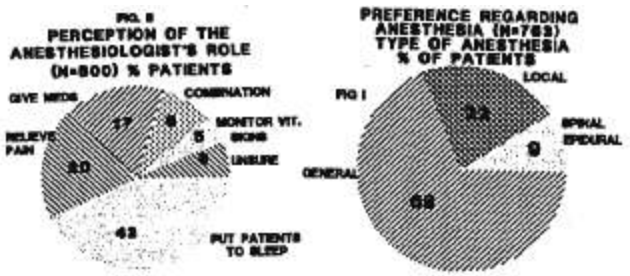
TITLE: Anesthesia: A Survey of 800 Patients' Knowledge, Attitudes and Concerns.

AUTHORS: K. Shevde, M.D., G. Panagopoulos, PhD.
AFFILIATION: Department of Anesthesiology, Maimonides Medical Center, Brooklyn, NY 11219

The present study was undertaken to identify patients' knowledge, attitudes and concerns regarding anesthetic management in order to improve the anesthesiologist's preoperative visit and further enhance his/her effectiveness in patient care. Patient population consisted of 800 consenting adults undergoing elective surgery in a large metropolitan tertiary care hospital. Three hundred and three males and 497 females with mean age 52 years and mean education 12 years completed a 34 item survey consisting of open-ended and Likert-type questions on their knowledge and concerns relating to anesthesia.

Results indicated that patients' perception of the anesthesiologist's training and role closely approximated objective standards. The majority of patients perceived accurately his/her role to be putting the patient to sleep (43%), relieving pain (20%), administering medications (17%), or a combination of the above (9%). Only 5% indicated that his/her role involved monitoring vital signs and maintaining normal hemodynamics. Patients rated their anesthesiologist as equally important as their medical doctor in their total perioperative care and significantly less important than their surgeon. The majority of patients preferred 1) general to local anesthesia and 2) not to choose their own anesthesiologist. Most significant preoperative concerns regarding the anesthesiologist focused on his/her experience, qualifications and absence from the OR. Concerns regarding the patient included inability to wake up postoperatively, experiencing pain, and becoming paralyzed. Issues of least concern included disclosure of personal matters under anesthesia, experiencing impaired judgment and clarity of thought postoperatively and being asleep or bedridden for a prolonged period of time. These results appear to be instrumental in structuring the anesthesiologist-patient relationship. We feel that these concerns must be addressed during the preop visit to maximize patient care. Additionally, future efforts directed at increasing our exposure to the general public should lead to increased patient confidence in the anesthesiologist.



A1006

TITLE : VENOUS THROMBOSIS AFTER CENTRAL VENOUS CATHETERIZATION VIA THE AXILLARY VEIN (AV)

AUTHORS : C. Martin M.D., J.P. Auffray M.D., A. El Sayed Hassan M.D., P. Saux M.D., F. Gouin M.D.
AFFILIATION : Anes. Dept. University of Marseille. Hôpital Sainte Marguerite 13009 Marseille, France

Entry into the thoracic circulation via the AV is an alternative technique to subclavian, internal or external jugular vein puncture (1). Catheter-induced thrombosis of the cannulated vein is a major complication of prolonged central venous catheterization (2). This risk is not documented for the AV. The present study was designed to prospectively evaluate the risk of veno-occlusive thrombus formation using two different catheters made of blood-compatible materials.

This prospective study included 60 patients (after informed consent from a close relative, and institutional approval). They all underwent central venous catheterization via the AV and were randomly assigned into two groups. In group 1, 31 patients (27 men, 4 women, 52 ± 4 hears) were catheterized with a 2-mm external-diameter silicone catheter (Vygon Nutricath® S 2181-20). In group 2, 29 patients (22 men, 7 women, 56 ± 5 years) were catheterized with a 2-mm external-diameter polyurethane catheter (Plastimed ® Endoflex 1566-20). In group 1, cannulation time was 16 ± 2.4 min. Punctures of the axillary artery occurred in 13 % per cent of cases and no delayed complication was noted. In group 2, cannulation time was 15.3 ± 2.8 min and there were 17 % of arterial punctures with no delayed complication (NS/group 1). During cannulation, patients were carefully followed up for clinical signs of venous thrombosis (pain in the arm, swelling, collateral veins). Upon removal of catethers, each patient had bilateral phlebographic control of the superior cava system. The 2 groups were similar with regard to the use of heparin, vasoactive drugs, incidence of collapse and blood platelet count. No patient in group 1 and 1 patient in group 2 developed clinical signs of venous thrombosis. Phlebographic control showed an incidence of thrombosis of the AV of 16 % in group 1 (1 complete and 4 partial thrombosis) and 6.8 % (NS) in group 2 (1 complete and 1 partial thrombosis). Overall incidence of thrombosis for the 60 patients was 11.6 %.

Choice of the AV as a site for central venous catheterization is accompanied by a low level of mural veno-occlusive thrombosis. Thus AV appears to be as safe as other previously used venous routes (2).

References
1. Cardiovasc. Res. 1 : 297-300, 1967.
2. Ann. Surg. 194 : 779-783, 1981.