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Opinion

Need for Preoperative Information in Patients Undergoing Surgery in the Otorhinolaryngology Department

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Abstract

Aim: To determine the information needs of patients in the preoperative period attending the otorhinolaryngology service at the National Hospital Arzobispo Loayza in Lima, Peru.

Methods: This is a descriptive, cross-sectional study involving 127 surgical patients from the otorhinolaryngology service. A questionnaire was used to assess patients' information demands and their knowledge regarding their right to decide on surgery; it included questions related to the description of the surgical technique, complications, and risks associated with the surgery. A non-probabilistic convenience sample was used, and data analysis was conducted using SPSS version 25. The chi-square test was employed to evaluate the correlation between variables.

Results: A total of 127 patients participated, with more than 75% wanting more information about their condition and surgical treatment. 90% expressed a desire for an explanation of how the surgery would be performed, while 85% needed to know about common complications. Additionally, 20% preferred to ignore information about the possibility of death. Young adults and those with higher education demanded more information ($p<0.05$). No significant differences were found regarding sex, except in the need to know the risk of death due to surgery, which favored females ($p<0.05$).

Conclusions: Most patients require detailed information during the preoperative evaluation, especially among young adults and those with higher education. Physicians must provide sufficient, clear information with realistic expectations, respecting the patient's autonomy in decision-making.

Keywords: Patient care, information services, informed consent.

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Abreviaturas:
Contenido

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Informed consent is a medical act aimed at empowering the patient with clear, sufficient, and up-to-date information regarding the diagnosis, its complications and treatment alternatives (both medical and surgical), weighing the advantages and disadvantages, as well as the prognosis of the disease. In this sense, informed consent should not only be considered a legal document aimed at obtaining the patient's signature, but also as an effective communication process, an exchange of information, and informed

decision-making.[1] Medical-assistance activities must be supported by informed consent that, from the standpoint of ethics and jurisprudence, respects the autonomy and dignity of the patient.

During the second half of the 20th century, the need arose to create codes and laws for the protection of individuals. These include the Nuremberg Code, the Declaration of Human Rights, the Declaration of Helsinki, and the Belmont Report, all of which contributed to the implementation of informed consent in clinical practice and research.[2] In 1979, Tom Beauchamp and James Childress from Georgetown University published the first edition of the book "Principles of Biomedical Ethics." The four principles they formulated were: autonomy, beneficence, non-maleficence, and justice. Among these, autonomy serves as a basic paradigm and is referred to as "informed consent."

Today, it is important to recognize that the doctor-patient relationship has shifted from a paternalistic bond, where the physician held a supreme level of authority, respect, and acceptance regarding their recommendations, to a more horizontal relationship, sometimes unstable and problematic, between the professional's competence and the patient's rights to consciously, responsibly, and freely choose, becoming an active participant in their health care.[6,7] Thus, health systems and professionals must acknowledge patients' rights to receive medical and/or surgical information, enabling them to choose what is best for themselves while respecting their autonomy, to ensure their wishes are honored. (González W.R. *Bioethical and Legal Dimensions of Informed Consent in Health Care Practice in Colombia.* (Master's Thesis). Colombia, Universidad del Bosque, 2022. (Accessed 05/02/23) Retrieved from: http://hdl.handle.net/20.500.12495/8898.)

The act of providing information prior to surgical procedures can involve various tools, such as verbal and written information and audio or video presentations, among others, which can be used individually or in combination during different phases of patient preparation for surgery. This aims to raise patient awareness about the importance of receiving effective informed consent, ensuring respect for their rights from both an ethical and legal framework.[11] (Cubas Vilchez G. Y. *Informed Consent and Patients' Right to Health at the Marino Molina Scippa Hospital Lima-2020.* (Bachelor's Thesis). Peru: Private University of the North, 2023. (Accessed 10/02/23). Retrieved from: https://hdl.handle.net/11537/33469.)

We believe that preoperative medical information provided in the informed consent process offers considerable advantages in terms of time and costs for healthcare, such as faster postoperative recovery, reduced postoperative complications, and decreased patient anxiety. The research aims to determine the preoperative information needs of selected patients undergoing elective surgery in the otorhinolaryngology service at the National Hospital Arzobispo Loayza during the year 2019.

Methods

The research design was non-experimental and descriptive. The study population consisted of patients scheduled for elective surgery in the otorhinolaryngology service at the National Hospital Arzobispo Loayza from June to November 2019. Inclusion criteria were established: patients scheduled for elective surgery aged 18 years or older, with properly signed informed consent. Exclusion criteria included patients with neuro-psychiatric conditions, those with literacy limitations, patients requiring participation from other surgical specialties (urology, vascular surgery, thoracic surgery, etc.), and individuals undergoing emergency surgery. A non-probabilistic convenience sample was employed, consisting of 127 patients who met the inclusion criteria.

Data collection was performed using a questionnaire on information demands and patients' knowledge regarding their right to decide on surgery, developed by Lozano et al. It includes questions about the surgical technique, as well as the complications and risks associated with the surgery. The questionnaire comprises three dimensions and has a total reliability of 0.93. Additionally, sociodemographic characteristics were recorded. The research received approval from the Ethics Committee of the Faculty of Medicine at the National University of San Marcos (Act No. 19-055) and the Ethics and Research Committee of the National Hospital Arzobispo Loayza (Certificate 013-2019).

For data analysis, SPSS version 25 was used, along with MS Word and MS Excel for the database. The results include descriptive and bivariate analysis. For quantitative variables, the mean and standard deviation were used, as well as absolute and relative frequencies for qualitative variables. The chi-square test of independence was used to evaluate the correlation between variables, with a theoretical level of statistical significance set at 0.05.

Results

Regarding sociodemographic data, 52% of the patients were male, with an average age of 44.3 years (± 16.5 years). The levels of higher education and secondary education were each 41.7% (Table 1).

Table 1. Sociodemographic Information of Patients			
Variables	**Levels**	**n**	**%**
Gender	Female	61	48
	Male	66	52
Age (years)	Mean	44.3	
	Standard Deviation	16.5	
	Young Adult (18 to 29	32	25.2
	Older adult (60 or more)	70	55.1
	Adulto mayor (60 a más)	25	19.7
Level of education	Primary	21	16.5
	Secondary	53	41.7
	Higher Education	53	41.7
Muestra n=127.			

More than 65.4% of the patients reported the need to know each of the evaluated variables. Among these, the need to understand "the description of how the operation is performed," "the most severe complications that may arise during this type of surgery," "the most common complications that usually occur during this type of surgery," "figures and images that show how the operation is performed and what scars it may leave," and "alternative treatments to avoid surgery" stood out. The alternatives with the highest desire to ignore the information or the unwillingness to know were "the possible risk of death due to the surgery" and "the possible need to change the type of surgery during the operation," with 28% and 24%, respectively (Table 2).

Table 2 Need for preoperative information				
Before undergoing surgery, what aspects would you like to know?	**¿Do you want to know the information?**	**The information is indifferent to mee**	**I want to ignore the information**	**I don't know if I want to know**
A description of how the operation is performed.	116 (91.3%)	2 (1.6%)	3 (2.4%)	6 (4.7%)
Figures and images that show how the operation is performed and what scars it may leave.	102 (80.3%)	12 (9.4%)	8 (6.3%)	5 (3.9%)
The possible risk of death due to the surgery.	94 (74%)	5 (3.9%)	19 (15%)	9 (7.1%)
The most common complications that usually occur during this type of surgery.	109 (85.8%)	4 (3.1%)	9 (7.1%)	5 (3.9%)
The most severe complications that may arise during this type of surgery.	111 (87.4%)	4 (3.1%)	9 (7.1%)	3 (2.4%)
Alternative treatments to avoid surgery.	102 (80.3%)	8 (6.3%)	9 (7.1%)	8 (6.3%)
The possible need to undergo a similar surgery again.	98 (77.2%)	8 (6.3%)	14 (11%)	7 (5.5%)
The possible need to change the type of surgery during the operation.	83 (65.4%)	20 (15.7%)	17 (13.4%)	7 (5.5%)
Sample n=127				

According to the bivariate analysis, patient responses were analyzed in two groups: those who "want to know" the information and those who "do not want to know." The second group includes those who do not want to know, find it indifferent, or prefer to ignore the information. Regarding sex and information needs, it was found that a greater number of women "want to know the risk of death due to the surgery" (p=0.049), as well as the "possible need to undergo a similar surgery again" (p=0.037), compared to men (Table 3).

Table 3. Relationship between the need for preoperative information and the sex of patients

Do you want to know the answer to the following question?	Patient Choice	Sex		*p* value
		Male	Female	
		n (%)	n (%)	
A description of how the operation is performed.	No	7 (6)	4 (3)	0.418
	Si	59 (46)	57 (45)	
Figures and pictures that show how the operation is performed and what scars it may leave.	No	16 (13)	09 (7)	0.179
	Si	50 (39)	52 (41)	
Possible risk of death from the operation.	No	22 (17)	11 (9)	0.049*
	Si	44 (35)	50 (39)	
The most serious complications that can arise during this type of operation.	No	11 (9)	07 (6)	0.402
	Si	55 (43)	54 (43)	
The most serious complications that can arise during this type of operation.	No	8 (6)	8 (6)	0.866
	Si	58 (46)	53 (42)	
Alternative treatments to avoid the operation.	No	13 (10)	12 (9)	0.997
	Si	53 (42)	49 (39)	
The possible need to perform such an operation again.	No	20 16%	9 7%	0.037*
	Si	46 (36)	52 (41)	
Possible need to change the type of surgery during the same operation.	No	26 (20)	18 (14)	0.242
	Si	40 (31)	43 (34)	

Patient's choice: YES (wants to know), NO (does not want to know or is indifferent), Sample n=127
(*) Significant: p≤ 0.05 Chi-square test of independence

According to the correlation analysis between the need for information and the age groups, a statistical association was observed in favor of young adults, who wish to know the following: an explanation with "figures and images showing how the operation is performed and what scars it may leave" (p=0.040), "the most frequent complications that usually arise during this type of operation" (p=0.017) and "the possible need to change the type of surgery during the same operation" (p=0.036), compared to adults and older adults (Table 4).

Table 4. Relationship between the need for preoperative information and the age of patients

Would you like to know the following information?	Patient Choicee	Grupo de edad			*p* value
		Young Adult	Adult	Older	
		n (%)	n (%)	n (%)	
A description of how the operation is performed.	No	0	7(6)	4(3)	0.087
	Si	32(25)	63(50)	21(17)	
Figures and pictures that show how the operation is performed and what scars it may leave.	No	3(2)	13(10)	9(7)	0.040*
	Si	29(23)	57(45)	16(13)	
Possible risk of death from the operation.	No	10(8)	13(10)	10(8)	0.081
	Si	22(17)	57(45)	15(12)	
The most frequent complications that usually arise during this type of operation.	No	3(2)	7(6)	8(6)	0.017
	Si	29(23)	63(50)	17(13)	
The most serious complications that can arise during this type of operation.	No	4(3)	7(6)	5(4)	0.433
	Si	28(22)	63(50)	20(16)	
Alternative treatments to avoid the operation.	No	9(7)	12(9)	4(3)	0.379
	Si	23(18)	58(46)	21(17)	
The possible need to perform such an operation again.	No	6(5)	14(11)	9(7)	0.214
	Si	26(20)	56(44)	16(13)	
Possible need to change the type of surgery during the same operation.	No	8(6)	22(17)	14(11)	0.036*
	Si	24(19)	48(38)	11(9)	

Patient's choice: YES (wants to know), NO (does not want to know or is indifferent), Sample n=127.
(*) Significant: $p \leq 0.05$ chi-square test of independence.

Finally, the association of the need for information with the level of education of the patients was evaluated, where a statistical association was found in favor of the group with higher education, in relation to those who want information about their disease through "figures and images that show how the operation is performed and what scars it may leave" (p=0.048). 048), others chose to know "the most frequent complications that usually arise during this type of operation" (p=0.003), as well as "the most serious complications that may arise during this type of operation "(p=0.042) and the "possible need to change the type of surgery during the same operation" (p=0.002), compared to the primary and secondary education groups (Table 5).

Table 5. Relationship between the need for preoperative information and the level of education of patients

Do you want to know the following information?	Patient Choice	Education			
		Primary	*p* value	Superior	*p* value
		n (%)	n (%)	n (%)	
A description of how the operation is performed	No	4(3)	5(4)	2(2)	0.105
	Si	17(13)	48(38)	5(4)	
Figures and pictures that show how the operation is performed and what scars it may leave.	No	6(5)	14(11)	5(4)	0.048*
	Si	15(12)	39(31)	48(38)	
Possible risk of death from the operation.	No	6(5)	16(13)	11(9)	0.518
	SI	15(12)	37(29)	42(33)	
The most frequent complications that usually arise during this type of operation.	No	7(6)	9(7)	2(2)	0.003*
	Si	14(11)	44(35)	51(40)	
The most serious complications that can arise during this type of operation.	No	6(5)	6(5)	4(3)	0.046*
	Si	15(12)	47(37)	49(39)	
Alternative treatments to avoid the operation.	No	5(4)	12(9)	8(6)	0.542
	SI	16(13)	41(32)	45(35)	
The possible need to perform such an operation again.	No	8(6)	14(11)	7(6)	0.051
	Si	13(10)	39(31)	46(369	
Possible need to change the type of surgery during the same operation.	No	10(8)	25(20)	9(7)	0.002*
	Si	11(9)	28(22)	44(35)	

Patient's choice: YES (wants to know), NO (does not want to know or is indifferent), Sample n=127.
(*) Significant: $p \leq 0.05$ chi-square test of independence.

Discussion

We propose that informed consent is a procedure of vital importance in medical activity, both for the patient and for the health professional, which should be given in clear language, with sufficient time and in a comfortable place, in order to allow a horizontal dialogue, paused to clarify the doubts of each patient.[6] This process of information has proved to be a useful tool to reduce the number of lawsuits filed against medical professionals, which have increased in recent years.[13]

Escobar MT. evaluated patients' perception and understanding of informed consent and noted that the most common complaint is usually poor understanding and communication or conflict with conditions of care, but he states that they still signed the document. For this reason, our commitment must be to improve communication and implement mechanisms to help patients understand and adapt the time for each patient.[14]

In our study, we found that a significant group of patients requires more information, desires a graphical explanation of how their surgery will unfold, and want to know the treatment alternatives and their complications, particularly among young adults with higher education. These findings are corroborated by similar studies where patients seek to improve their clinical knowledge. [7, 11] Furthermore, another study reported a direct relationship between the greater information received by the patient and a higher satisfaction rate. [15] By contrast, an informed consent process where the physician does not disclose the potential risks and benefits associated with the procedures is one of the main causes of patient dissatisfaction and even legal disputes. [16] Currently, the patient plays a more active role in decision-making, as the doctor-patient relationship should be horizontal, with clear and precise information that prioritizes the patient's freedom of choice, unlike a few decades ago when the relationship was paternalistic or vertical. (Cubas Vilchez G. Y. Informed consent and the right to

health of patients at Hospital Marino Molina Scippa Lima-2020 (Bachelor's Thesis). Peru: Universidad Privada del Norte, 2023 (consulted 10/02/23). Retrieved from: https://hdl.handle.net/11537/33469).

The desire of women to understand the risk of death during surgery and the possibility of re-intervention for the same disease can be explained by the important role they have within society, the family, and their natural vocation for the care and protection of children, in addition to their respective work and professional activities. Another area of interest was determining which statements patients least want to know. It was found that a quarter of the patients prefer to avoid the risk of dying during surgery and the possibility of changing the surgical technique according to the needs during the surgical procedure; in fact, a very similar percentage was reported by Quadrelli and colleagues, who uphold the legitimacy of restricting information to patients with the intention of not generating excessive and unjustified fears that could even lead them to refuse a surgery that their doctors consider necessary, which, we believe, should be respected.

On the other hand, among some limitations of the research, the lack of assessment of the patients' cognitive status stands out, as it could have affected the responses. Additionally, there was no access to hospitalization records outside the system where the surgeries were performed. Finally, another limitation includes the final sample size, which was limited to the facilities of the otorhinolaryngology service.

Finally, the doctor-patient relationship tends to be horizontal nowadays, hence the need for patients to receive more and better information about their illness and treatment. Physicians could improve the quality of communication by utilizing graphic and/or audiovisual materials to ensure that the transmitted information is truly effective. Similarly, expectations could be better managed, and ultimately, having a well-informed patient supported at every stage of treatment would also strengthen trust with the physician.

References

1. Convie LJ, Carson E, McCusker D, McCain RS, McKinley N, Campbell WJ, et al. *The patient and clinician experience of informed consent for surgery: a systematic review of the qualitative evidence*. BMC Med Ethics. 2020; 21:58. DOI: 10.1186/s12910-020-00501-6

2. Miracle VA. *The Belmont Report: The Triple Crown of Research Ethics*. Dimens Crit Care Nurs. 2016; 35:223-8. DOI: 10.1097/DCC.0000000000000186

3. Siurana JC. *Los principios de la bioética y el surgimiento de una bioética intercultural*. Veritas. 2010; 22: 121-157. DOI: 10.4067/S0718-92732010000100006

4. Ángeles Fuentes J, Placencia Medina M, Fuentes Delgado D. *Análisis de los formatos de consentimiento informado en los establecimientos de salud: reflexiones bioéticas y jurídicas en el contexto peruano*. Rev. latinoam. bioet. 2023; 23: 137–154. DOI: 10.18359/rlbi.6395

5. Guardado RF, Guardado CS, Valle MP, Gómez A, Padilla J, Cruz N. *Conocimiento y aplicación del consentimiento informado en pacientes del Hospital Escuela Universitario / Hospital Materno Infantil*. Rev Méd Hondur. 2016; 84: 95-100. https://camjol.info/index.php/RMH/article/view/12375

6. Vera Carrasco O. *El consentimiento informado del paciente en la actividad asistencial médica*. Rev Méd La Paz. 2016; 22:59-68.

7. Quadrelli S, Colt H, Lyons G, Cohen D. *El respeto por la autonomía: ¿Cuánta información desean conocer los pacientes para tomar decisiones? MEDICINA (B.Aires)*, 2008; *68*:198-204. Disponible en http://www.scielo.org.ar/scielo.php?script=sci_arttext&pid=S0025-76802008000300002&lng=es&nrm=iso

8. Cisneros G, Martínez J & Jiménez J. *El Consentimiento Informado documentado es el elemento esencial de la legitimidad del acto médico*. *Iustitia Socialis: Revista Arbitrada de Ciencias Jurídicas y Criminalísticas*,2022; *7:* 716-735.

9. Camilo L, Mendoza JC. *El consentimiento informado y la autonomía del paciente en Cuba. Un binomio indispensable*. Opinión Jurídica, 2021; 20:321-347 ISSN (en línea): 2248-4078. DOI: 10.22395/ojum.v20n42a13

10. Pico-Camacho AJ, Vega-Peña NY. *La comunicación en el consentimiento informado*. Rev Colomb Cir. 2022; 37:554-62. DOI: 10.30944/20117582.2147

11. Gonzaga Troya LF, Díaz-Pérez A. *Percepciones y prácticas de clínicos sobre la autonomía del paciente quirúrgico durante el proceso de toma del consentimiento informado*. Proceso de toma del consentimiento informado. Santo Domingo de los Tsáchilas, Ecuador. Acta Bioethica 2023; 29:55-62. DOI: 10.4067/S1726-569X2023000100055

12. Lozano F, Borgno L, González F, Lagos F, Borches F, Wetsch P, *et al*. *Demanda de información y conocimiento de los pacientes de su derecho a decidir o rechazar una cirugía*. Experiencia en dos servicios quirúrgicos. Rev Med Urug. 2018; 34: 96-103. DOI: 10.29193/rmu.34.2.4

13. Mello MM; Frakes MD; Blumenkranz E, Studdert DM. *Malpractice Liability and Health Care Quality: A Review*. JAMA. 2020; 323: 352-366. DOI: 10.1001/jama.2019.21411

14. Escobar MT. *Consentimiento informado. percepción de pacientes*. Revisión documental 1995-2013. *Revista Med*, 2018; 26:72-83. *Print version* ISSN 0121-5256*On-line version* ISSN 909-7700

15. Hallock JL, Rios R, Handa VL. *Patient satisfaction and informed consent for surgery*. Am J Obstet Gynecol. 2017; 217: 181.e1-7. DOI: *10.1016/j.ajog.2017.03.020*

16. Alsaidan S, Abuyassin M, Alammar A, Hanin S, Ghaiath. H. *Prevalence and Quality of Informed Consent for Patients Undergoing Cosmetic Procedures: A Cross Sectional Study*. *Acta bioethica*. 2021; *27*:37-48. DOI: 10.4067/S1726-569X2021000100037