

ABSTRACT

A preliminary report is presented of results obtained over a 7 month period following the establishment of an outpatient anaesthetic clinic at the Bustamante Hospital for Children (BHC). One hundred and sixty surgical outpatients who attended this clinic both pre- and postoperatively were studied prospectively. The major benefit of the clinic has been the establishment of formal guidelines for its operation as well as the development of a questionnaire to aid assessment of patients and provide research data.

There was no significant decrease in the level of anxiety of children who attended the clinic, however the extroverted patients were more cooperative at induction and recalled more of the perioperative events. An increase in the level of awareness of the role of the anaesthetists was not significantly demonstrated in those informants who accompanied patients to the clinic. This was also not related to the educational background of the informant. The educational background of the patient and his informant did not influence their level of cooperation in the perioperative period.

Patients with sickle cell disease (SSD) and a history of prematurity showed no adverse effects from outpatient surgery although the numbers

were too small to suggest statistical significance. All general anaesthetics were uneventful and only 5 patients had a complicated recovery period with 2 needing postoperative admission.

The time taken for resumption of normal activity was significantly influenced by the type of operation, the length of surgery/anaesthesia, and whether the patient had received a narcotic or a non-narcotic premedication. Recall of perioperative events was highest in the more extroverted patients and most patients expressed no fears in relation to events surrounding the anaesthetic or the surgery. This was possibly due to a reluctance to discuss these fears with an interviewer who was a relative stranger.

The cost-effectiveness of the outpatient anaesthetic clinic is also analyzed. The anaesthetic clinic is an essential and integral part of outpatient surgery and facilitates early detection of anaesthetic and surgical hazards, psychological preparation of the patient for surgery and ensures optimal use of the operating period. Reduced costs to hospital and family and less unnecessary psychological trauma are an added advantage if children are not cancelled on the morning of surgery.