

Study finds that patient education videos viewed before an operation may benefit patients

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A patient education process may provide an antidote to the emotional and physical difficulties that lung cancer patients face before and after an operation, according to a new study published in the May issue of the *Journal of the American College of Surgeons*. Specifically, researchers report that lung procedure patients who watched a 30-minute preparation video reported less anxiety about the procedure, less physical pain after the operation, and higher rates of overall satisfaction with the operative experience.

Each year 205,536 people are diagnosed with lung cancer, and the vast majority are long-time smokers, according to the U.S. Centers for Disease Control. "It's a unique population," said Traves D. Crabtree, MD, FACS, lead author of the study and assistant professor of cardiothoracic surgery at Washington University School of Medicine, St. Louis. "Even if they don't have a firm understanding of what lung cancer is about, they know it's a bad cancer." The five-year survival rate for late-stage [lung cancer](#) that has spread is about 4 percent. However, if caught early, about half of those patients will survive for at least five years after diagnosis. Dr. Crabtree said the ultimate goal of the video was to help put patients at ease as they prepare for their operations. "It's scary to go through, but surgeons want to make it the best possible situation we can. Anything we can do to comfort the patient will make it a little better than if no one told them what to expect," he explained.

A total of 270 lung procedure patients—men and women in their early 60s—participated in the patient education study. Between September 2008 and June 2009, 134 of those patients were part of the control group, receiving the standard physician consultation and written materials about the operation. Meanwhile, Dr. Crabtree and his colleagues developed a 30-minute video that offered information on the entire lung operation experience—from how to prepare for the operation and what's involved in the procedure, to what should happen each day after surgery until discharge and what to expect several months later. The video also covered pain management issues, and provided information on warning signs for possible problems following discharge and where patients should go for help.

"As much as possible, we wanted patients to be able to take some ownership and not completely feel that they were handing themselves over to someone else," Dr. Crabtree said. "We wanted them to think, 'what can I do to help myself?'" This process included offering tips such as patients should exercise up to the day of their operation, they should stay active when they arrive home, and most importantly, they should quit smoking.

Between September 2009 and October 2010, 136 lung procedure patients were given the standard preoperative preparation instructions, along with the video to watch at home voluntarily. Dr. Crabtree conducted surveys upon discharge and two to four weeks after each patient's procedure to measure the perception of pain and overall satisfaction with the operative experience. At discharge, patients who did not watch the video rated their pain at 1.34 on a scale of zero to five; zero meant no pain and five meant excruciating pain. However, patients who did watch the video reported less pain, at an average score of .98.

The patient satisfaction survey also allowed patients to rate their experience from one to five. Patients who watched the video reported

overall higher satisfaction scores, an average of 2.14, than patients in the control group, who rated their satisfaction at 1.85. Patients who watched the video also believed they were better prepared and reported feeling less anxious about the operation.

"As we streamline the delivery of care, better education can improve or maintain patient satisfaction," the authors wrote. Dr. Crabtree added that patient education tools like the video are not intended to replace surgeons, but rather to complement their conversations with patients.

"This video may save the surgeon time and make the experience better for the patient. We don't want physicians to think they don't have to spend time with patients, but the video makes it more interactive. What's important to us as surgeons might not be a primary issue to the patient. We might say here's how the operation goes and here's your risk of dying [without it]. But the patient might actually want to know how they will get around two weeks or two months from now," he explained.

The video also helps guard against patients coming across incorrect information from doing their own research on the Internet. Moreover, Dr. Crabtree and colleagues included perspectives from nurses and other ancillary surgical staff to compile the video, because "the only thing worse than no information is bad information," he said.

In the coming months, Dr. Crabtree and the Thoracic Surgery Patient Education Task Force of the American College of Surgeons plan to lead a follow-up study, a randomized multi-institutional trial, with a revised, more in-depth version of the video. Dr. Crabtree said the ultimate goal is to standardize the video for use with lung surgery patients throughout the country.

Provided by American College of Surgeons

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