

Evaluation of Anxiety Levels in Preoperative Patients: A Literature Review

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Abstract:- Having to undergo surgery is a stress-triggering fact in most people. It is a process that will affect the physical, psychological, social, spiritual and financial aspects of the patient's life. In the preoperative period, instruction and evaluation by health professionals are essential to soften the emotions related to fears due to the imminence of the procedure. This literature review will discuss and observe the influence that anxiety levels will have on the emotional aspect of patients in the preoperative period. All clarifications must be given to patients about the procedure to be performed, care, risks, benefits and estimated recovery time be made in an accessible language that is easily understood by individuals so that all understanding by the patients is facilitated. same. Thus, it can be observed the importance of a good relationship between patient and health professionals, since, with good care, it can be seen that patients feel safer and confident which reflects in lower anxiety levels avoiding its undesirable consequences. This highlights the importance of greater humanization patient care and shows that a good reception can make the entire anesthetic-surgical process successful and have a reduced chance of complications.

I. INTRODUCTION

Being subjected to surgery represents a stress-triggering fact in most individuals, and this feeling to a lesser or greater extent depends on each situation and person. It is a process that may affect the physical, psychological, social, spiritual and financial aspects of the patient's life. In the preoperative period, instruction and evaluation by health professionals are essential to soften the emotions related to fears due to the imminence of the procedure. Often, ignorance about the intervention that will be performed on your own body, accentuates and increases the anxiety and fear of what will happen. Associated with these facts, it can be seen that failures in physician-patient communication, lack of standardization and systematization in the care of these patients, and general guidance that do not take into account the individual needs and peculiarities of each patient further contribute to the increase of anxiety and stress in these people.

In the medical area, the period that includes the indication of surgery by the doctor until the moment when the professional authorizes the patient to return to his normal activities after performing the surgical procedure is called perioperative. This period encompasses three phases: the preoperative period when the patient is evaluated and

the risks and benefits of performing the surgery are evaluated against the need to perform it considering the individual's health and possible comorbidities. features; intraoperative, which is the phase in which surgery occurs and the postoperative period that includes leaving the operating room until the patient is allowed to return to normal activities.

In this literature review will be discussed and observed the influence that anxiety levels will have on the emotional aspect of patients in the preoperative period, as well as their interference on stress levels, anxiety, and well-being of individuals. With this, it is hoped to be able to draw an overview of the importance of this approach in this perioperative phase and, thus, contribute to the improvement of care to patients in this phase.

II. METHODOLOGY

This literature review used the Medline, Lilacs, Pubmed and Scielo databases from 2000 to 2019. The keywords used were “patients” and “surgery”, “preoperative care” and “anxiety” and their correspondents in English “patients” and “surgery” and “preoperative care” and “anxiety”. Exclusion criteria were: articles published in languages other than Portuguese and English. After reading the titles of the articles, it was noted that some of them were repeated in different bases and others did not meet the criteria of this study. Seventy-six articles were selected for reading the abstract and excluded those that did not concern the purpose of this study, with the largest number of exclusions referring to the non-framing of the themes described in these articles with the objectives of this review. Thus, after reading the abstracts, 19 articles were selected that met the initially proposed criteria and were read in full.

III. CARE, PATIENTS AND ANXIETY

The lack of data and information about the procedures to be submitted can lead to the development and aggravation of various distressing feelings in patients¹. A feeling and perception of danger, need for protection and frequent alertness are symptoms of increased anxiety². The term stress refers to a condition caused by the reception of stimuli that, by altering homeostasis, lead to accentuated adrenaline release, which has led to several physical and psychological symptoms such as elevated blood pressure, elevated heart rate and changes in blood pressure. mood as increased irritability³. Associated with the fight or flight system, anxiety and the physiological and psychological

changes caused by its occurrence represent an evolutionary advantage and may be considered beneficial; However, in anesthesia situations, this mechanism is not welcome, as it can have bad consequences on body homeostasis and disrupt the surgical process⁴.

The secretion of catecholamines and corticosteroids promote a stimulating effect on metabolism and this release may be originated by an internal event, related to psychological aspects of the individual; or external, related to the relationship of the individual with the environment in which he finds himself⁵. Electrical and chemical stimulation is generated with activation of the hypothalamus after a stressful circumstance. Adrenaline secretion in the blood occurs due to electrical stimulation acting on the adrenal gland marrow; The preparation of the body for dangerous situations such as fight or flight occurs under the action of chemical stimulation, which is performed by the action of the adrenocorticotropic hormone that will activate the fasciculated zone of the adrenal cortex, promoting the release of cortisol and preparing the body for alert situations⁶. The reduction of anxiety levels can be very effective and can be achieved by providing appropriate care to patients by health professionals through visits, where all information about the procedures to be performed is given, since Once this information is answered and the doubts are resolved, the patient will have more security and less fear about the anesthetic-surgical process, which contributes to the reduction of anxiety levels⁷.

All clarifications must be given to patients about the procedure to be performed, care, risks, benefits and estimated recovery time be made in an accessible language that is easily understood by individuals so that all understanding by the patients is facilitated. same⁸. Information about the need for surgery, the risks, and the expected results are given by the doctor. The preparation and care to be performed preoperatively, as well as the reasons and importance of performing them so that postoperative problems are avoided, should be given by nursing⁹. This information should be given in the preoperative period, the period between the indication of the surgery up to 24 hours before the surgery. Since in the immediate preoperative period, up to 24 hours before surgery, the patient may not remember the instructions received due to concern for the procedure that will be performed. Thus, professionals should always be aware of patients' ability to understand and assimilate the information they are given¹⁰.

A study conducted with patients in a health unit in the interior of Bahia aimed to evaluate the impact of health professionals' intervention in reducing the anxiety of elective surgical patients. Patients through a script using a semi-structured interview technique, in addition to field observation in which patients from 26 to 76 years were evaluated. In this study it was observed that most patients there had minimal knowledge about the procedure to be submitted to, it was also noticed that the patients there did not undergo any other evaluation, besides that made by the surgeon. When asked about the information provided by the

nursing professionals, the patients reported having been calmer after being well advised by these professionals. This shows the importance of good communication between professionals and patients since this relationship makes the patient feel safe and more confident, which contributes to better progress of the process, with fewer factors triggering feelings of distress, stress and anxiety¹¹.

Another study conducted in a public hospital in the Midwest region of Brazil, consisting of patients in preoperative elective surgery, admitted to surgical units. For data collection, we used the semi-structured instrument with sociodemographic and clinical-surgical questions and the Hamilton anxiety scale. Regarding symptoms presented by patients in the preoperative period among women, reports of increased anxiety, insomnia, difficulty in thinking, depression, gastrointestinal and sensory discomfort were more frequent. About the men, the most reported symptoms were muscle aches and tensions, chest pains, heart tightness, gastrointestinal and genitourinary discomforts¹².

As has been seen too much anxiety is negative for the proper follow-up of the anesthetic-surgical process. Studies show that most patients waiting for elective surgery had altered anxiety levels and this has been shown to cause their well-being by causing them to suffer too much. In these studies, high preoperative anxiety was found in close to 60-80%¹³⁻¹⁶. The American Psychiatric Association characterizes fear as a response to a near-real danger, while anxiety is a precipitate of a future risk¹⁶.

In general, the most frequently encountered signs and symptoms were fear, difficulty sleeping, excessive worry and high anxiety. A study conducted in 2012 showed that the signs and symptoms of anxiety are the most frequently seen and reported in the preoperative period than the non-psychological signs and symptoms¹⁷. Another survey conducted in 2017 in São Paulo also reported that most of the signs and symptoms are seen in the preoperative period are related to anxiety, leading to anguish and fear, among other related feelings. if less occur¹⁸. Another research through data collection with preoperative patients found that most of the signs and symptoms were due to anxiety caused by apprehension of the anesthetic-surgical procedure¹⁹.

Thus, it can be observed the importance of a good relationship between patient and health professionals, since, with good care, it can be seen that patients feel safer and confident which reflects in lower anxiety levels avoiding its undesirable consequences. This highlights the importance of greater patient humanization care and shows that a good reception can make the entire anesthetic-surgical process successful and uneventful.

IV. CONCLUSION

There is a great influence of the patient-professional relationship in the preoperative period, therefore, there is a need for systematization and greater demand for the adoption of care with the psychological aspects of patients in hospital settings. As well as the assessment of patients' anxiety levels, and other factors that may cause them distress and discomfort, so that the stress levels to which they are exposed can be reduced and patients can undergo anesthetic-surgical procedures. with as few worries as possible. Since it has been seen that these factors can lead to unwanted metabolic changes that considerably hinder the good progression and progress of the surgery, it is expected that such patient care attitudes care will be valued so that a better level of care in medical centers can be achieved.

REFERENCES

- [1]. Gonçalves TF, de Medeiros VCC. A visita pré-operatória como fator atenuante da ansiedade em pacientes cirúrgicos. Rev SOBECC [em línea]. 2016 [citado 5 de junio de 2017];21(1):22–27. Available at: <http://files.bvs.br/upload/S/1414-4425/2016/v21n1/a5570.pdf>
- [2]. Silva CRL, Silva RCL, Viana DL. Compacto Dicionário Ilustrado de Saúde. 4ª ed. São Caetano do Sul: Yendis; 2009. p. 129.
- [3]. Margis, R., Picon, P., Cosner, A. F., & Silveira, R. O. (2003). Relação entre estressores, estresse e ansiedade. Revista de Psiquiatria do Rio Grande do Sul, 25(Supl. 1), 65-74.
- [4]. Sampaio CEP, Ribeiro DA, Marta CB, Seabra Junior HC, Rose E, Francisco MTR. Fatores determinantes da ansiedade e mecanismos de coping em procedimentos cirúrgicos gerais. Rev Pesq Cuid Fundam (Online). 2013;5(4):547-55.
- [5]. Bianchi ERF. Escala Bianchi de stress. Rev Esc Enferm USP.2009;43:1055-62.
- [6]. HALL, John Edward; GUYTON, Arthur C. Guyton & Hall tratado de fisiologia médica. 13. ed. Rio de Janeiro: Elsevier, 2017.
- [7]. Silva WV, Nakata S. Comunicação: uma necessidade percebida no período pré-operatório de pacientes cirúrgicos. Rev Bras Enferm.2005;58(6):673-6.
- [8]. Christóforo BEB, Carvalho DS. Cuidados de Enfermagem realizados ao paciente cirúrgico no período pré-operatório. Rev. Esc. Enferm. USP. 2009; 43 (1): 14-22.
- [9]. Carpenito LJ. Diagnóstico de Enfermagem: aplicação à prática clínica. 8ª ed. Porto Alegre: Artemed; 2002.
- [10]. Carneiro MTR, Berti HW. A autonomia de pessoas hospitalizadas em situação precirúrgica. Rev. Min. Enferm. 2009,13(1): 84-92.
- [11]. SANTOS, A. T. S.; PASSOS, M. C.; GALLOTTI, F.C.M. Importância do enfermeiro na redução da ansiedade do paciente cirúrgico em uma unidade de saúde do interior da Bahia. 2017. Available at: <https://eventos.set.edu.br/index.php/cie/article/view/5844/2368>.
- [12]. MELCHIOR LMR et al. Avaliação do estado de ansiedade pré-operatória em pacientes cirúrgicos hospitalizados. Revista de Enfermagem da UFJF, 2018; 4(2): 107-114.
- [13]. Yilmaz M, Sezer H, Gürler H, Bekar M. Predictors of preoperative anxiety in surgical in patients. J Clin Nurs 2012; 21(7): 956-64.
- [14]. Atanassova M. Assessment of preoperative anxiety in patients awaiting operation on thyroid gland. Khirurgiia 2009; (4-5):36-39.
- [15]. Frias TFP, Costa CMA, Sampaio CEP. O impacto da visita pré-operatória de enfermagem no nível de ansiedade de pacientes cirúrgicos. Rev Min Enferm. 2010; 14(3): 345-52.
- [16]. Diagnostic And Statistical Manual of Mental Disorders : DSM-5. Arlington, VA :American Psychiatric Association, 2013.
- [17]. Frias TFP, Costa CMA, Sampaio CEP. O impacto da visita pré-operatória de enfermagem no nível de ansiedade de pacientes cirúrgicos. Rev Min Enferm. 2010; 14(3): 345-52.
- [18]. Santos MMBD, Martins JCA, Oliveira LMN. A ansiedade, depressão e stress no pré-operatório do doente cirúrgico. Rev Enf Ref 2014; IV(3): 7-15.
- [19]. Marcolino J, Suzuki F, Alli LAC, Gozzani J, Mathias L. Medida de ansiedade e da depressão em pacientes no pré-operatório: Estudo comparativo. Rev Bras Anesthesiol 2007; 57(2):157-66.