

Patient Perspectives of Informed Consent Discussions Prior to Regional Anesthesia: A Qualitative Study

Akua Gyambibi MD FRCPC, Jon Bailey MD MSc FRCPC, Liem Ho MD FRCPC, Vishal Uppal MBBS MSc FRCA

INTRO

- Regional anesthesia consent discussions often occur in less than ideal circumstances, with limited time to build rapport, reduce perioperative anxiety, and communicate the nuances of material and special risks unique to our subspecialty.
- We interviewed outpatients who received peripheral nerve blocks (PNB) to identify which aspects of regional anesthesia consent discussions they found most beneficial in retrospect, and how the consent process could have been improved in their view.

METHODS

- Purposive sampling of outpatients who received single-shot brachial plexus blocks at our tertiary care center
- 45 min, semi-structured, 1-on-1 interviews over Zoom™ within 4 weeks of surgery
- Inductive thematic analysis, using a constructionist framework and iterative process
- Interim analysis of codes and emerging themes after every 5 interviews until the point of saturation: when interviews with new participants cease to uncover new relevant information

RESULTS

- 109 potential participants identified over 12 months, 39 contacted
- N=15 participants
- Five major themes emerged from the interview data:
  - Patient's experience and expectations of the nerve block
  - Availability of supplemental written or visual materials to aid in the consent process
  - Quality of social interactions with their provider
  - Risks associated with nerve blocks
  - Personalization during the consent and decision-making process

DISCUSSION

- Most pervasive theme throughout was the importance of setting appropriate patient expectations for all aspects of their regional anesthesia care
- This included discussion of the use of pre-procedural sedation, anticipated sensations during needling or nerve stimulation, nerve block duration, and post-discharge care
- Providing appropriately detailed descriptions during the consent process had positive impacts on overall PNB experience for most interview participants
- Future studies should seek the perspectives of patients who declined PNB.

Patients valued more detailed descriptions during informed consent for nerve blocks. From pre-procedural sedation through to post-discharge care, setting appropriate expectations before the procedure is paramount.

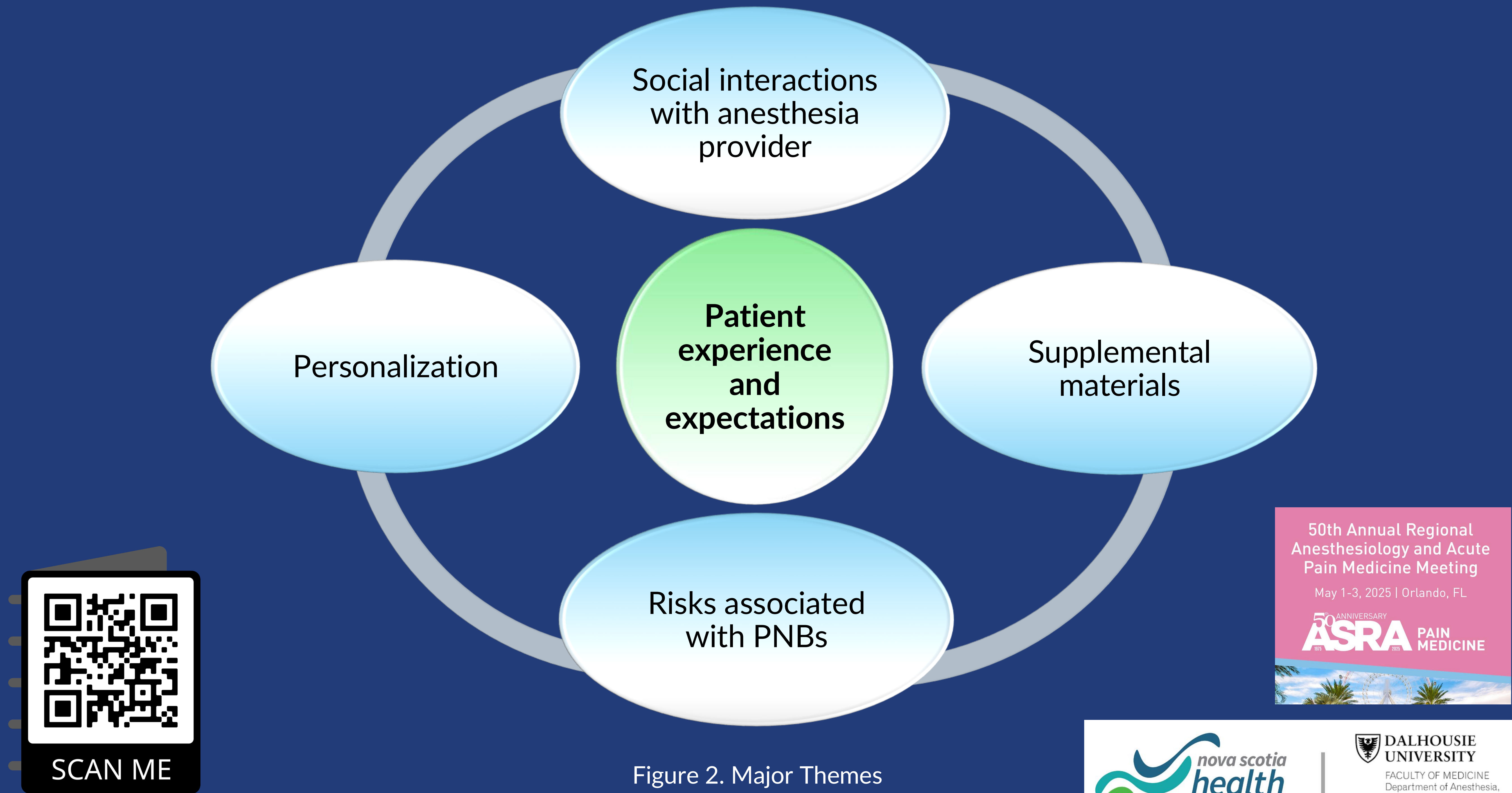
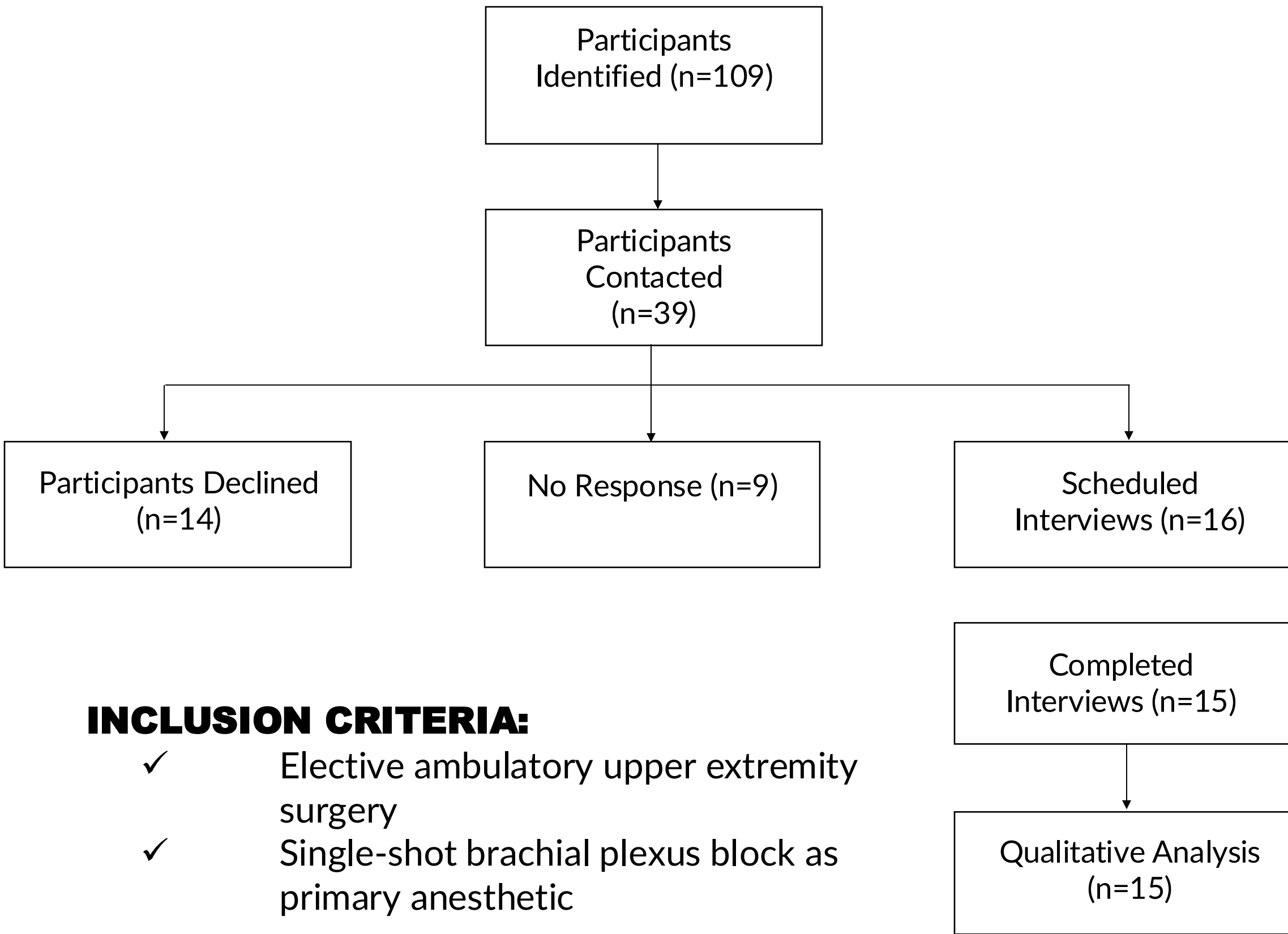


Figure 2. Major Themes

View the full abstract and interview questionnaire (Table 1)

Figure 1. Flow chart of participant recruitment



INCLUSION CRITERIA:

- ✓ Elective ambulatory upper extremity surgery
- ✓ Single-shot brachial plexus block as primary anesthetic

EXCLUSION CRITERIA:

- X Chronic opioid use or dependence
- X Pre-existing neurologic deficits affecting the operative limb
- X Significant cognitive or sensory impairment impacting ability to provide informed consent

Table 2. Participant Demographics (N=15)

| Characteristic                   | Category                      | n (%)    |
|----------------------------------|-------------------------------|----------|
| Gender                           | Female                        | 7 (46.7) |
|                                  | Male                          | 8 (53.3) |
| Age (years)                      | 18-39                         | 3 (20.0) |
|                                  | 40-64                         | 6 (40.0) |
|                                  | 65+                           | 6 (40.0) |
| Highest Education Level Achieved | High School or less           | 5 (33.3) |
|                                  | Bachelor's or Diploma Program | 7 (46.7) |
|                                  | Advanced Degree               | 3 (20.0) |
| Occupations                      | Healthcare                    | 3 (20.0) |
|                                  | Corporate/Office Work         | 3 (20.0) |
|                                  | Military                      | 1 (6.7)  |
|                                  | Unemployed                    | 1 (6.7)  |
|                                  | Retired                       | 6 (40.0) |
|                                  | Other                         | 1 (6.7)  |
| Dwelling                         | Urban                         | 9 (60.0) |
|                                  | Rural                         | 6 (40.0) |
| ASA                              | 1                             | 2 (13.3) |
|                                  | 2                             | 6 (40.0) |
|                                  | 3                             | 7 (46.7) |
| Surgery Type                     | Soft Tissue only              | 9 (60.0) |
|                                  | Bony Involvement              | 6 (40.0) |



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