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Are we Aware of Preoperative Anxiety?



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Introduction

The preoperative anxiety is a temporary emotional state caused by anxiety, nervousness, fear and high autonomic nerve system activation arising from these feelings that the patients have prior to the operation [1]. It is known that endocrine systems also play a role in preoperative anxiety symptoms [2]. Preoperative anxiety, a common phenomenon in preoperative patient evaluation, is a process that starts from the date of planning a given operation and progressively intensifies up to the moment of the operation itself. The incidence of preoperative anxiety has been reported to range from 11% to 80% among adult patients [3]. In children, preoperative anxiety has been shown to be a risk factor for postoperative state-anxiety [4].

Preoperative Anxiety Overview

There are many risk factors for preoperative anxiety in patients undergoing elective surgery. History of cancer, psychiatric disorders, future self-perception, depressive symptoms, trait anxiety, pain level, history of smoking, extent of surgery to be performed, female gender, years of formal education and physical status constituted independent risk factors for high preoperative state anxiety [5].

Every patient is known different levels of anxiety due to various aspects such as the previous experiences, personality characteristics, anesthetics and surgery types to be applied and the pain expectation after the surgery [6]. In addition to the negative effects of preoperative anxiety on vital findings, it was also reported that it extends the recovery period and the staying time in hospital and that it has negative effects on postoperative pain and on nausea and vomiting [5,7].

Anxiety can produce aggressive reactions that result in an increase in the distress experienced by the patient, and make the management and control of postoperative pain more difficult [8,9]. In addition, anxiety may determine more frequent demands for analgesics in patient-controlled analgesia [10], as well as increased intraoperative anesthetic requirements [3]. It may also

produce a lower level of satisfaction with the treatment. Therefore, individuals in charge of preoperative management would probably be more effective in handling a patient's preoperative anxiety if they had more knowledge about potential predictors of preoperative anxiety. Anxiety may interfere substantially with a patient's comfort, quality of life, ability to make appropriate treatment decisions, and treatment compliance, thus affecting survival.

Conclusion

It is highly important in surgical practice to observe patients carefully and appropriate preoperative anxiety management to avoid the bothersome intraoperative and postoperative results of preoperative anxiety. The measurements of preoperative anxiety should be made as routine procedures. The anxiety levels that will be determined in these routine procedures could facilitate the determination of the premedication doses to be given and prevent to postoperative complications.

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