Helping Patients Understand Regional Blocks

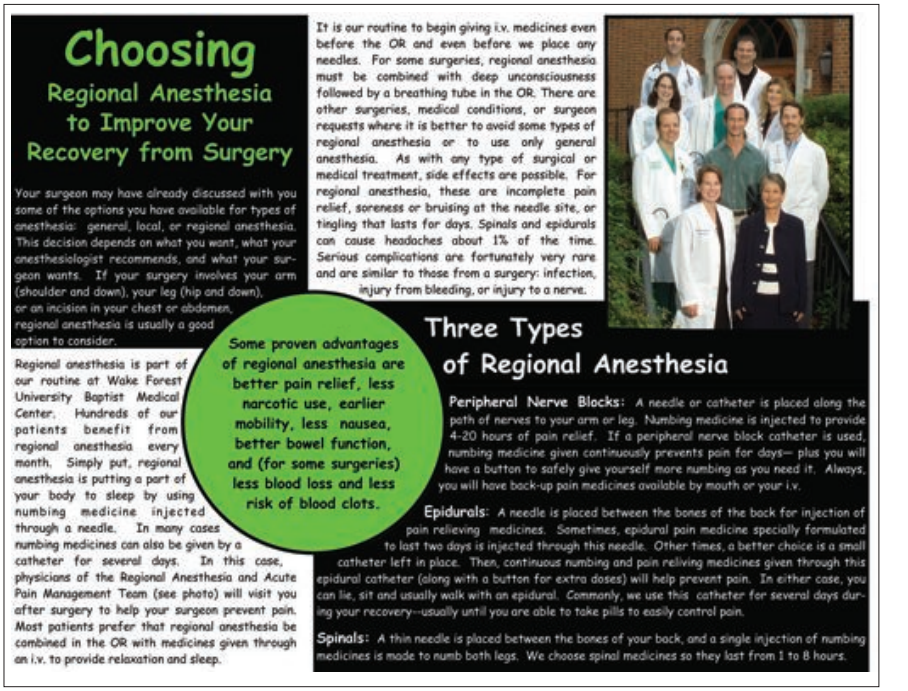
J.C. Gerancher, MD, Winston Salem, N.C.

THE BETTER PATIENTS understand surgery and anesthesia, the more likely they are to accept regional anesthesia—or even demand it. That's why we have invested in a regional anesthesia outreach program that helps shatter the myths patients harbor.

Our program consists of several parts. Foremost, we perform one-on-one pre-op counseling. Patients often fear blocks initially, and they may express fear as 'refusals.' We don't automatically accept these refusals. Instead, we help patients evaluate the reasons for their feelings, and they often realize their fears are unfounded.

During the pre-anesthetic visit, we give patients a take-home risk disclosure form that outlines the technique, expected results, and risks of each mode of anesthesia. The form helps patients think through their options, and when we sign this form with our patients, it serves as documentation of informed consent for anesthesia. Our institution also maintains a storefront in our local mall, where we distribute a regional anesthesia flyer. We have also invited the news media to cover regional anesthesia, with good results.

With all forms of communication, we follow two key rules. First, we present the case for regional anesthesia before highlighting the risks. Just as a surgeon talks about the appropriateness of a surgical procedure before reviewing the complications, we talk about how regional anesthesia provides superior pain control with less chance of making the patient sleepy and nauseated. At first, this requires a lot of thought, because anesthesia providers are more used to focusing on risks than benefits. Now that we have switched our focus, however, educating patients has become more enjoyable,



We distribute this brochure at the local mall; it emphasizes the positives of regional anesthesia before enumerating the risks.

and patients seem more satisfied. Second, we use simple, non-threatening language. For example, providers often describe general anesthesia in a comforting way, as "sleep," yet present nerve blocks using terms that are too technical or scary to patients—like "electrical current," "nerve stimulation," "paresthesia" or "catheter." Patients need to know what will happen. They don't need to know the intricacies. We also make a point to accurately describe the IV medications administered during regional anesthesia as producing "sleep," and we distinguish them from the "general anesthesia that requires a breathing tube."

When more patients opt for regional anesthesia, we don't need to switch gears between patients. We can streamline our procedures, keep protocols consistent, and spend less time managing general anesthetics and their side effects. This gives us more freedom to focus on the patients themselves and shows on a personal level that we are doing our best to reduce risk and help them get better, faster.

Dr. Gerancher is Associate Professor and Section Head with the Regional Anesthesia and Acute Pain Management Service at the Wake Forest University School of Medicine in Winston Salem, North Carolina.