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Pogledi/ Views

PSYCHOLOGICAL PREPARATION BEFORE SURGERY

PSIHOLOŠKA PRIPREMA PRE HIRURŠKE OPERACIJE

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Abstract

In Spain and in other European Union countries about 9% of the patients wait for surgical intervention for more than six months. In this period, and especially at a day of invitation, some patients are under great emotional stress. Because of that, psychological preparation is as necessary as the surgery itself. It has been demonstrated that patients who have followed psychological interventional program, have better preoperative adaptation, are recovering faster, shorter stays in hospital, and with fewer postoperative complications.

„Where there is sorrow there is holy ground. Some day people will realize what that means ".

Oscar Wilde. Letter „De Profundis".

„Man is a disease."

Nietzsche.

1.-THE WAIT

Surgical delay is increasing in Spain and in other European Union countries. In average, patients wait for the surgery for 83 days, however astonishing 9% of the patients wait for more than six months, due to the delays that can be longer than 180 days. And suddenly, the phone rings at 8:30 am. Good morning, may I speak to Mary? Yes, this is Mary speaking. You will be admitted to the hospital tomorrow. Is that possible? I am the secretary, this is all I know. The doctors will explain you everything. Suddenly, a wave of anxiety pervades Mary. What will happen to me? How will the intervention be? Will I ever be the same again? Will I have the same personality?

2. - THE EMOTIONAL STATE

The day passes slowly, emotional state becomes altered and feelings of tension and apprehension unleash to unbearable levels. The autonomic nervous system hyperactivity soars. A kind of haze wraps Mary's mind, making her concerned and anxious. Her husband arrives and immediately sees the signs of restlessness in Mary. How do you feel? I received a call this morning from the hospital to come and have the surgery after waiting for so long. But that's good! You'll see how everything will go well and you will recover in no time! Her husband's positive aura seems to reassure Mary momentarily. That night was horrible, Maria was thinking obsessively about the intervention, anesthesia, pain, suffering and even death. Her life and death were passing in front of her eyes like a frightening film. Sometimes, the disease can harm the whole person, leading to a lonely state of helplessness. She woke up in tears and her thoughts of tragedy prevented her from sleep. Even her husband understands, compassion and listening skills, didn't help her to fall back asleep.

Her husband also suffered because "seeing suffering" is "suffering ". It hurts both the sufferer and the beholder. He was not able to remain calm while thinking of Mary. Sitting in her chair, she was looking at a family photo that made her burst into tears. Too much demand for a human being. Mary feels trapped and powerless and she can not do anything but grief in loneliness. Finally, the abandonment before the surgical intervention results in behavioral and mental inertion. Given this emotional stresses of Mary, I wonder why not develop adequate psychological preparation?

3. - *THE PSYCHOLOGICAL PREPARATION*

In many patients, psychological preparation is equally or even more important, than the surgery itself. Each patient is unique and the ethos of medicine is to treat him as a "whole" and not isolated symptoms. The psychological preparation is based on the fact that hospitalization and medical treatment usually produce traumatic stress, since the operation involves a threat to life itself.

The horizon is bleak and Maria triggers defense mechanisms, because she doesn't know what she is about to encounter. Sometimes it may be necessary to use anti-anxiety drugs or sleeping pills. Also, it is possible to trigger the fear of death. The psychological preparation is not trivial, but enormously beneficial for patients who are facing any type of surgery, especially more severe interventions, all with the aim of neutralizing emotional trauma. These emotional reactions have a negative effect on postoperative recovery. Surgery is a kind of emotional loss that involves serious changes in self-esteem, mood and sexuality, and results in timidity, conformity, lack of appetite and general anhedonia.

4. - PSYCHOLOGICAL STRESS

Surgery is thus a source of intense psychological stress [(1)], as the patient faces unknown situations that involve many risks. Psychological intervention facilitates preoperative adaptation, helping the patient to have a realistic view of the surgical experience. The psychic symptoms before surgery (anxiety, depression, insomnia, aggressiveness, irritability, sadness, etc.), result in serious problems in the " doctor-patient " relationship, meaning a prolonged convalescence, higher consumption of analgesics and other psychoactive drugs which are commonly applied to surgery (tranquilizers, sedatives, antidepressants, hypnotics, etc.) [(5.6.)]. finally, ineffective emotional adjustment to preoperative stress leads to additional surgical risk. In particular, when the patient is notified only one day in advance, there is no time to recognize and control the fears. This causes anxiety which often has multiple somatic and autonomic manifestations.

Mary is completely terrified; tomorrow she will be operated from a herniated disc. The procedure is simple and easy, says the surgeon, but she is mired in panic. This emotional impact is called surgical stress. An anxious apprehension that is associated with a high negative affect and chronic over activation involving the feeling of uncontrolled emotion. This type of stress can greatly complicate an operation, not only because Mary hampers, but also because in that situation adrenaline levels get high. This translates into higher intake of anesthetics which increases the risk of arrhythmia. Many fears and fantasies invade the mind of Mary. In this case, postoperative depression is inevitable and perhaps post-traumatic stress syndrome.

5. - PSYCHOLOGICAL INTERVENTION PROGRAM

Psychological intervention in the prevention of surgical stress is a genuine therapeutic need. It is essential to calm the patient before the operation. The surgical stress alters heart rate and blood pressure [(3)]. Certainly the systematic prescribing of anxiolytics is not sufficient. Faced with the cascade of preoperative and postoperative symptoms, one needs to develop a psychological intervention more human and closer to the patient and his family [(4)]. This technique is complex, as the clinical psychology team has to focus especially on communication. It is essential to take into account all available information regarding the procedure, anesthesia, and everything else that might occur.

In this way, our patient Mary would not be surprised and her expectations would be completely different to the point of completely blocking the surgical stress [(2)]. The training techniques or abdominal deep breathing and muscle relaxation exercises also enhance Mary's autocontrol of the emotional response. Another option is cognitive training. Identifying fears and concerns regarding surgery change the perception, mindset and coping strategy of the patient.

Together this psychological therapy involves better immune status, rapid healing, improved circulation, a potentiating of oxygenation and reduced muscle tension. It moderates stress before, during and after surgery. It also decreases pain, lowers analgesic consumption, speeds up recovery, controls anxiety and heart and respiratory rates and increases patient cooperation. It has also been demonstrated that these patients, who have followed this psychological therapy, had a shorter hospital stay. Undoubtedly, there are many other psychological techniques that are not described here, which also reduce stress and undesirable side effects. All this techniques are only possible under the supervision of a clinical psychology expert, in order to achieve cost reduction, decrease in postoperative complications and prompt physical and mental recovery of the patient. Therefore it is essential to incorporate these parallel psychotherapeutic programs to surgery. Finally, the basic factors for developing trust in your doctor are his listening skills and concerns for the patient's fears. It is worth!

Sažetak

U Španiji, kao i u drugim državama Evropske Unije, oko 9% pacijenata čeka na hiruršku intervenciju više od šest meseci. U tom periodu, a naročito onog dana kada stigne poziv za bolnicu, neki pacijenti su pod velikim emocionalnim stresom. Zabrinutost o tome šta će biti sa njima, kako će proći intervencija i da li će preživeti, čini ih bespomočnima i slabima, a napetost prenose i na članove porodice. Preoperativni stres povećava rizik od operacije, pa je psihološka priprema neophodna za oporavak pacijenta jednako koliko i sama operacija.

Program psihološke intervencije je složen i sprovodi ga tim kliničkih psihologa. Sastoji se, uz primenu anksiolitika, u informisanju pacijenta o proceduri i prirodi intervencije, primeni anestezije, osećanjima koja se očekuju, kao što je vrsta bola, njegova frekvencija i lokalizacija, mučnina, sušenje usta, vrtoglavica i slično. Pored toga, uvežbavaju se tehnike abdominalnog dubokog disanja i opuštanja mišića, što pomaže kod autokontrole emocionalnog odgovora pacijenta. Pokazano je da psihološka terapija poboljšava imunski status, doprinosi bržem ozdravljenju, poboljšava cirkulaciju i oksigenizaciju, kao i da redukuje napetost mišića. Takođe je primećeno da se kod ovih pacijenta javlja slabiji bol nakon operacije, da su ređe postoperativne komplikacije i da, zahvaljujući bržem oporavku, kraće ostaju u bolnici.

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