

# Risk, Control and Having a Say : Patient experiences of Day Surgery

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# Day Surgery

- In the United Kingdom a day case patient is defined as :  
“a patient who is admitted for investigations or operation on a planned non-resident basis, but who requires facilities for recovery. An over-night stay in hospital is not normally required”

(Royal College of Surgeon 1992)

# Background

- Although there has been a massive expansion in day surgery there has been surprisingly little sociological research concerning this development.
- Within the space of three hours a patient is admitted to hospital, undergoes a general anaesthetic, followed by a significant surgical intervention and then is discharged home where responsibility for their care is transferred to the patient and their family.

# BADS Directory of Procedure 2009

New procedures recently added:

- Simple mastectomy
- Laparoscopic adrenalectomy
- Vaginal hysterectomy
- Oophorectomy and salpingectomy
- Thyroidectomy/Parathyroidectomy
- Laparoscopic nephrectomy

# The Study

- A study was devised to gain an understanding of the patient experiences within a sociological frame of reference.
- 145 patients from 2 different day surgery units were recruited to the study.
- Qualitative framework utilising grounded theory approach enabled deep insights into the patient experience.

# Methodology

- Patients were observed and interviewed in the pre-operative assessment clinic 2 weeks prior to surgery
- Patients were interviewed on 2 further occasions:
  - \*48 hours after surgery
  - \* 1 month after surgery

# Risk and Control

- A major theme to emerge from the study was that of control
- Patients felt that by opting for day surgery they were managing the risk and uncertainty associated with in-patient hospital care

# Risk

Risk can be seen as :

“The possibility that a given course of action will not achieve its desired outcomes but instead some undesired and undesirable situation may develop.”

Alaszewski and Manthorpe (1991)



# Risk

- “Risks clamours for attention; probable dangers crowd from all sides, in every mouthful and in every step”

Douglas (1986: 59)

# 3 key risks

- Anaesthesia
  - fear of dying
  - fear of allergy
  - fear of brain damage
  - fear of waking up
  - fear of vomiting
- Infection
  - hospital acquired infection
  - large wounds
  - wound Infection
- Social
  - loss of control of self, habits and routines

# Risk

- Risk issues embedded in a tangle of perceptions (Horlick-Jones 2003)
- Interpretations of risk mediated by psychological, social, institutional and cultural processes (Kasperson 1992)
- Concrete lay experiences provide a powerful source of evidence for risk beliefs
- Strategies for managing risk are seen as a dichotomy between cognitive rationality “the rational actor model” and non-rational strategies such as ‘hope’, ‘belief’ (Zinn 2008).

# Risk and the Media

- The mass media plays a pivotal role in constructing public representations of risk ; sometimes creating hysteria and a “moral panic”  
(Giddens 1991)
- Popular tabloids less interested in sharing information but in representing shared beliefs. These are often image-intensive, sensationalist but engaging, inciting emotion

(Horlick-Jones et al. 2003)

# Media and Health Risks

- 3 top risk stories in UK media:
- Medical Risks
- Health Risks
- Travel Risks

(Petts, Horlock Jones, Murdock 2001)

# Media and Health Risks

“Scare, Scandal, Breakthroughs”

Nigel Hawkes (2004)  
Health Editor: The Times

# Negative newspaper reports

“Superbug claims 49 lives in top hospitals”  
The Observer (headline news 1/10/06)

“Superbug Crisis Worse Than Feared”  
Daily Mail (14 07/04)



“Despicable and chaotic- Coroners damning  
verdict on hospital”  
Manchester Evening News (headline 28/09/06)

...Come With Right to Appear  
Before Warren Panel

By DAVID HEARNE

Connally in their complex text

# Media and Risk

- Most newspaper and television reports use visual images to increase impact of story
- Tabloids look for causes and apportion blame either personal, organizational or political
- YouTube now a rich source of health hazards



Why you have a 50:50 chance of waking up under the knife



# Patients and Risk

- Some patients asked directly for evidence of safety:

Patient: How many patients have died here since this day surgery unit was opened?

Nurse: None

Patient: What have I got to be worried about then?

# Perceived advantages of Day Surgery

One Foot in: One Foot out: Loss of Autonomy

I like the idea of day surgery because it makes you feel that you are not really in hospital. One foot in, one foot out. You do not feel you are surrendering your body totally to an amorphous body of nationalised health care.

(Gayle, 42, college librarian)

# Perceived advantages of day surgery

## Control of Habits:

I can just about manage to be in for one day. Any more than that I would just flip. You are just not in control of anything even your own body when you are in hospital. I mean you have to eat at a certain time, go to bed, get up, and wear certain clothes. If I couldn't have it done by day surgery I would not have it done at all even though it is so painful

(Karl, 37, computer salesman)

# Advantages of Day Surgery

- Less exposure to “toffee nosed” health service personnel, a fear of loss of autonomy:
- As soon as you get inside a hospital you feel as though you should start apologising! Apologising for this apologising for that! Apologising for b..... breathing. That’s why day surgery is good. I’ll only have to suffer a day of some toffee- nosed doctors and nurses telling me what to do.... They just want control of me and my body..

(Pam, 50, teaching assistant)

# Less fear of the unknown

Can you imagine anything more scary than hospital visiting? You don't know what to expect when you get there. You don't know what they are going to look like. No I don't care if he is throwing his guts up . I want him home the same day.

(Janet, wife of Edward, 48, computer engineer)

# Negotiating Anaesthetic Practice

- Many patients recalled the film “Coma” when discussing their anaesthetic fears.
- To some patients anaesthesia had a mystical quality:

“ I really wonder what happens inside your brain when you are under....It seems to be like being dead, only you are not....”

# Negotiating Anaesthesia

- In spite of fears many of the patients desired general anaesthesia and they came to pre-operative assessment to ensure their views would be considered:

I was told that I wouldn't need a general anaesthetic. I told him that's no good .You can still feel the pain. I asked him how would he like a red hot poker shoved up his backside. He laughed. I want to be out cold. I have come here to-day to make sure that he has put me down for a general.

(Pat, 60, bowel polyps)



# Preferences for Local Anaesthesia

“ I just want to make sure that I am going to have a local.....its either that or I am not having it done. I was so sick last time.....and I hated having a mask over my face.”

(Damien, 54, hernia repair)

# Hospital Acquired Infection

- A major concern with many patients asking for the infection rates:

“ The last time I was in hospital I was disgusted. My feet stuck to the floor in the toilets and the sink was full of hair. That’s what is good here it looks clean to me”

(Colin, 51, knee arthroscopy)

# Hospital Acquired Infection

“I didn’t want to go out worse than I came in. I didn’t want to end up like Leslie Ash. That’s what I have come for to-day : to suss the place out. If the cleanliness is not too my standard I wont come here.

(Penny, 55, bunionectomy)

# Risks to Self

- Goffman (1959,67) face and body work crucial to the cohesive flow of interactional encounters but also on the integrity of social roles and identities.
- Patients worried about removal of false teeth, hairpieces, make-up.

# Risks to self

- I much prefer day surgery. I have been an in-patient many times and hated it. I woke up to find a confused old lady opposite me. She was in a constant state of disarray. It wasn't nice for her or for me. I had too many visitors as well. The parishioners came in their droves. God bless them. They meant well but I didn't want them to see me like this. Here you are in and out so there is no visiting.

(R.C priest, 68, removal of pins following fracture)

# Environment

The entire experience is about entrusting your body and well-being to people you have never met before. I think some of the ways the trust engendered in me was ... well a few things actually...explanations of what to expect.....seeing other patients going through the same process...the radio playing quietly in the background, it was a smooth flow.....

(Jayne, 52, arthroscopy,)

# Conclusion

- Day Surgery offers the patients a perception of control, over their treatment, environment, sense of self and habits and routines.
- Although still an anxiety provoking event It appears to be a far less risky endeavour than hospital in-patient care.

# References

- Alaszewski A & Manthorpe J.,(1991) Measuring and Managing Risk in Social Welfare. *British Journal of Social Work* 21 pp.277-90
- Douglas M (1986) *Risk Acceptability*. London. Routledge
- Giddens A (1991)*Modernity and Self-Identity*. Cambridge, Polity Press.
- Goffman (1959) *The Presentation of Self in Everyday Life*. New York, Doubleday.
- Goffman (1967) *Interaction Ritual: Essays in Face to Face behaviour*. Chicago, Aldine Publishing.
- Horlock Jones T., Sime J., Pidgeon N (2003) *The Social Dynamics of Environmental Risk Perception* : in Pidgeon N, Kasperson RE., Slovic P (eds) *The Social Amplification of Risk*. Cambridge. Cambridge University Press, pp 285



# References (continued)

- Lupton D ( 1998 ) *Risk*.New York Routledge
- Petts J., Horlock-Jones T.,Murdock G.,( 2001) *Social Amplification of risk: The media and the public*. Health and Safety Executive .HMSO
- Zinn J (2008) Heading into the Unknown: Everyday Strategies for managing risk and uncertainty. *Health, Risk and Society* 10 (5) 439-450