ANXIETY - THE UNTREATED COMPONENT OF PERI-OPERATIVE MANAGEMENT: AN AUDIT OF QUALITY OF RECOVERY IN OCULAR ONCOLOGY PATIENTS

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Quality of recovery was prospectively assessed in a single speciality cohort of ocular oncology patients undergoing three specified surgeries using the QoR-15 questionnaire¹ given 24 – 96 hrs post operatively. Their anaesthetic management consisted of general anaesthetic with or without ocular blocks which was done at the discretion of the anaesthetist doing the list. A single QoR 15 questionnaire was given postoperatively by a person not directly involved in their anaesthetic management and the results were analysed. This protocol was peer reviewed and approved by the Hospital Audit Committee (Audit id TA000994, Dr C Williams, Audit - Lead Clinician).

A total of 57 patients were enrolled into this audit over a period of 6 months. 34 patients underwent radioactive plaque insertion & removal, 14 had enucleation and the rest had marker insertion for subsequent proton beam radiotherapy. 47 of these patients had ocular blocks. We have graphically expressed the results with box – whiskers charts.

The patients who underwent marker insertion had the lowest QoR-15 scores. Enucleation group highlighted an issue with moderate and severe pain.

These results were quite unexpected since marker insertion was surgically the shortest and least extensive of the three operations. However, analysing the response to individual questions, it became obvious that marker insertion group fared worse with respect to Questions 2,3,5,6,7,10,13, 14 and 15 - questions which had a psychological component. Therefore, we hypothesize that whilst the other two surgeries were therapeutic interventions, marker insertion was done only to aid subsequent radiotherapy which brought the patient’s anxiety to the forefront. Clearly, this psychological/anxiety component was not fully addressed by our team who probably underestimated its impact on these patients. The current emphasis on minimal hospital stay, quick turnover and avoidance of pre-medications and sedatives to accelerate discharge times probably all contributed to this anxiety.

Subsequent to this audit, we have initiated appropriate psychological interventions and anxiolytics to ensure an optimal management. Additional pain relief has also been instituted for our enucleation group to supplement ocular blocks. A re-audit of our practice has been planned to follow this intervention.

PART A : How have you been feeling in the last 24 hrs?		
(0 to 10, where: 0 = none of the time [poor] and 10 = all of the time [excellent])		
1	Able to breathe easily	<div> </div> <div>None of the time ---- All of the time</div> <div>0 1 2 3 4 5 6 7 8 9 10</div>
2	Been able to enjoy food	
3	Feeling rested	
4	Have had a good sleep	
5	Able to look after personal toilet and hygiene unaided	
6	Able to communicate with family or friends	
7	Getting support from hospital doctors and nurses	
8	Able to return to work or usual home activities	
9	Feeling Comfortable and in control	
10	Having a feeling of general well-being	
PART B : Have you had any of the following in the last 24 hrs?		
(10 to 0, where: 10 = none of the time [excellent] and 0 = all of the time [poor])		
11	Moderate pain	<div> </div> <div>None of the time ---- All of the time</div> <div>10 9 8 7 6 5 4 3 2 1 0</div>
12	Severe Pain	
13	Nausea and Vomiting	
14	Feeling worried or anxious	
15	Feeling sad or depressed

Ref: 1) Stark et al. Development and Psychometric Evaluation of a Postoperative Quality of Recovery Score: *The QoR-15*. *Anesthesiology* 2013; 118:1332-40