Which patients would prefer to walk to theatre?

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ABSTRACT

INTRODUCTION Increasing patient autonomy in the pre-operative period may help to lessen the anxiety associated with undergoing a surgical procedure, and may enhance patient satisfaction. This study seeks to explore patients' preferences for mode of travel to the operating theatre.

PATIENTS AND METHODS A questionnaire survey was undertaken with all patients having an in-patient or day-case surgical procedure over a 4-week period at one hospital. Results were analysed with respect to the patients' age, gender and surgical specialty.

RESULTS In all, 171 patients completed the questionnaire, 118 day-cases and 53 in-patients. In both sexes and in all age groups, the majority of patients expressed a preference to walk to theatre. The only sub-group which demonstrated an equal preference for a trolley transfer compared with walking were gynaecology patients.

CONCLUSIONS These results suggest that a high proportion of patients would prefer to walk to theatre for their operation if given the choice. If the policy of offering choice were adopted, it would enhance patient autonomy and may reduce delays in transferring patients to theatre. It may also release portering resources for other purposes.

KEYWORDS

Patient satisfaction – Patient autonomy – Economics of surgery

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It is current practice in most hospitals in the UK for all surgical patients to travel to the operating theatre by trolley with a porter and nurse present. A few day-surgery units permit selected patients to walk to theatre. The aim of this study was to investigate patients' views on their preferred method of travelling to theatre.

Patients and Methods

The study was a prospective cross-sectional study carried out over 4 weeks (in-patients) or 2 weeks (day surgery) in a single acute hospital in London. All patients were given a questionnaire before going to theatre for their operation. Data were collected regarding patients' preference for either walking or being taken by wheelchair or trolley to theatre. Analysis was undertaken with respect to patients' age, gender and surgical specialty.

Results

A total of 171 patients completed the questionnaire (63 men and 108 women) of whom 118 were day-surgery patients. Overall, 64% of patients preferred to walk to the operating

theatre, 13% would like to travel by wheelchair and 23% by trolley (Fig. 1).

Figure 1 Patients' preferred mode of travel to theatre.

Figure 2 Preference by speciality.

For day-case patients, 75% would prefer to walk, 7% to go by chair and 18% by trolley. Among in-patients, 38% would prefer to walk, 28% would go by chair and 34% by trolley.

Overall, 56% of women and 78% of men would prefer to walk to theatre. More women than men would prefer to travel by trolley (31% versus 10%). In all age groups, the majority of patients preferred to walk to theatre, but the preference was more marked in younger than in older patients.

The preference to walk to theatre was clear in all specialties studied (general surgery, orthopaedics, urology) except for gynaecology where equal numbers of women would choose to walk or to travel by trolley (Fig. 2).

In response to a question to explain their choice of mode of travel, most patients who did not wish to walk stated that they were worried about the lack of dignity associated with wearing a hospital gown that gaped at the back. Some of the women expressed anxiety about the prospect of walking to theatre and were concerned that they might collapse en route.

Discussion

Day-stay patients, younger patients and men were likely to choose to walk to theatre. The better mobility in younger patients and day-case patients may explain part of this. Some female patients were more anxious about the safety of walking to theatre. Improved hospital clothing, with the provision of dressing gown and slippers, may encourage more patients to want to walk to theatre.

Some sub-groups of patients will be unable to walk to theatre, for example those who are unwell, immobile or in pain. This applies to many of the emergency patients, but

few of those having routine surgery. In the past when patients were routinely given opiate or benzodiazepine pre-medication, trolleys were necessary since the medication rendered patients unable to walk.

The results of this study are similar to those demonstrated by Porteous *et al.*² in which 69% of patients wanted to walk to theatre. Turnbull *et al.*⁴ randomised patients to walk or be taken by trolley to theatre, and showed that those who walked formed a more favourable impression of this. The patients in this study also claimed to feel more relaxed after walking to theatre. Increasing patient autonomy has been shown in other studies to reduce anxiety and improve satisfaction.^{1,5,4} This reflects the increasing trend towards patient-orientated health care.⁵

Conclusions

Many patients would prefer to walk to theatre. They can often safely do this accompanied by a nurse but without a porter and a trolley. This frees resources and enhances patient autonomy. This study has changed our practice; our day-surgery patients now routinely walk to theatre.

References

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