

How do Anesthesiologist Create Value in Ophthalmic Care?

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Innovation has always been fueled by thinkers. So many times, amateurs, not experts, have been the inventors and improvers of things ranging from mountain bikes to airplanes. This is what Morton did. When he was 27 he performed a painless tooth extraction after administering ether to a patient. He was not a doctor, he just spend 2 years at Harvard medical school and lefted without graduating. He was moved by his passion and curiosity, and he was not afraid to fail as well.

Sixteen days later a surgeon from Boston, Dr. Bigelow arranged a demonstration at the Massachusetts General Hospital after hearing the news. They removed a tumor from the neck of a patient without any pain. Back then the goal of the anesthesia was evident. No pain, no movement. Everyone was extremely satisfied of these results.

Now a days, things may be a lot of different. Because sitting on the stool and squeezing the bag, isn't going to make it much longer, we must put away our employee mindset and become entrepreneurial and look for ways to do things safer, faster and better.

Only this mindset can impact the anesthesia experience you will be given to patients. The value of an anesthesia experience means different things to different observers.

To our patients it would include no pain, no suffering, safe and empathetic care (provided with the best drugs and technology). To our ophthalmic surgeon it may include a service provided "on time" and with facilitation of the conditions to operate; and that will mean no talk, no move, no snore, and no memories. Including a fast recovery of the patient and a low cost of the drugs we use. And for us, as anesthesiologist, we encourage to do our best in order to have happy patients and happy surgeons. Therefore, the single act of administering anesthesia is perceived differently by each individual, yet each one can identify their own minimal expectations of an anesthesia experience.

The balance between expectations and perceptions of what you received, is called satisfaction. But why bother in measuring the satisfaction of the patients? Well, because without measurement, it is unlikely that we will continue to improve.

When financial is a factor, we are obligated to do more with less, but both the professionals and the patients will expect maintenance of "quality". So, in order to defend what we do, as important to the quality of health care, we must continue to identify, monitor and modify factors that may improve the satisfaction of the patients.

The anesthesia experience must star with a genuine, caring attitude and an ability to place a patient at ease by professionally answering all their questions and addressing all their major concerns. It's been demonstrate that one of the most frequently modifiable factors related to patient satisfaction is information and to be able to put a face and a human touch to the process does wonders in allaying their fears. Video and printed information decrees anxiety [1] but detailed anesthesia drug information is kind of excessive [2]. So, we have to be very careful in not only how we communicate, but also what we communicate to our patients.

The best care is not necessarily the most expensive care, and vice versa. The ability to nicely communicate with patients do not make any charges to theirs hospital account.

Unbelievably the simple act of holding the hand of a patient during his surgery, cause a significant decreased of anxiety. this information is been proof with the serum levels of epinephrine as an indicator of stress [3]. One again, the best care, is not necessarily the most expensive care.

Randomized trial are so useful and work beautiful when you use them to dig into the data for get some answers, but when you are in front of any patient, we have to treat them as unique and special as they are. You are having a talk with a patient, no with an average population.

There no way to do a recipe for one surgery. Knowing your surgeon is the best way to help the patient. Let me explain how: having a little talk about the medical record of the patients is crucial to find success. For example: are we operating a unique eye? Is technically complex the surgery? This kind of information would make us, as anesthesiologist, take some decisions about drugs, preemptive analgesia, position of the patient, etcetera.

Further ore, the kind of surgery varies very much from a pterygium, to a vitrectomy. Where in the first one the priority is to have a cooperative patient, in comparison with the vitrectomy, where the priority is absolute immobility.

And besides know the surgery, you must know the different moments that the surgery will have. The painful ones, to reinforce a doses of narcotics, the relax moments, maybe to have a chance to talk to the patients and ask him how is he doing? and the critical ones where nobody can even breath in the OR, for example in the capsulorhexis, in which you must anticipate this stressful moment and prepared the patient (pharmaceutical and psychological).

Also, important to be aware of newer techniques in ophthalmology surgery, who makes you reevaluated the anesthetic needs for surgery. For example, the cataract with micro co-axial technique, who have allowed us to reintroduce a very old technique: topical anesthesia.

How do anesthesiologist create value in health care? Value may be determined by the outcomes of health care, relative to its cost. And we can identify 4 points: (1) better position on the market of medical services (2) effective use of resources (3) reduced general costs and (4) better work organization [4].

Unfortunately, we do have complications. Sometimes, closed claims analysis reported that 21 of 2046 law suits were related to eye injury that resulted from sedated patients who move during anesthesia. The cost of these complication may be enormous for the hospital and for the patient itself.

As a resume: everything we do in order to: (1) promote productivity (2) promote patient satisfaction and (3) facilitated the procedure and let the surgeon focus on his field aggregates value.

We believed all energy and resources and enthusiastic attitudes we injected to this ophthalmic anesthesia (also called the anesthesia of little details) will then be traduced as value for this system.

In this sui-generis system Surgeon+Anesthesiologist+Patients, caring all his complexity for measure and hundreds of hours of training and several degrees of specialization of each member and with all the high technology in drugs and equipment. We have no choice, but to recognize, there's no way to accomplish success, but only with a hard team work.

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