



SOCIETY FOR CARDIOTHORACIC SURGERY IN GREAT BRITAIN AND IRELAND

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## Clinical Audit of patient satisfaction with information they receive during and about their care in cardiothoracic surgery

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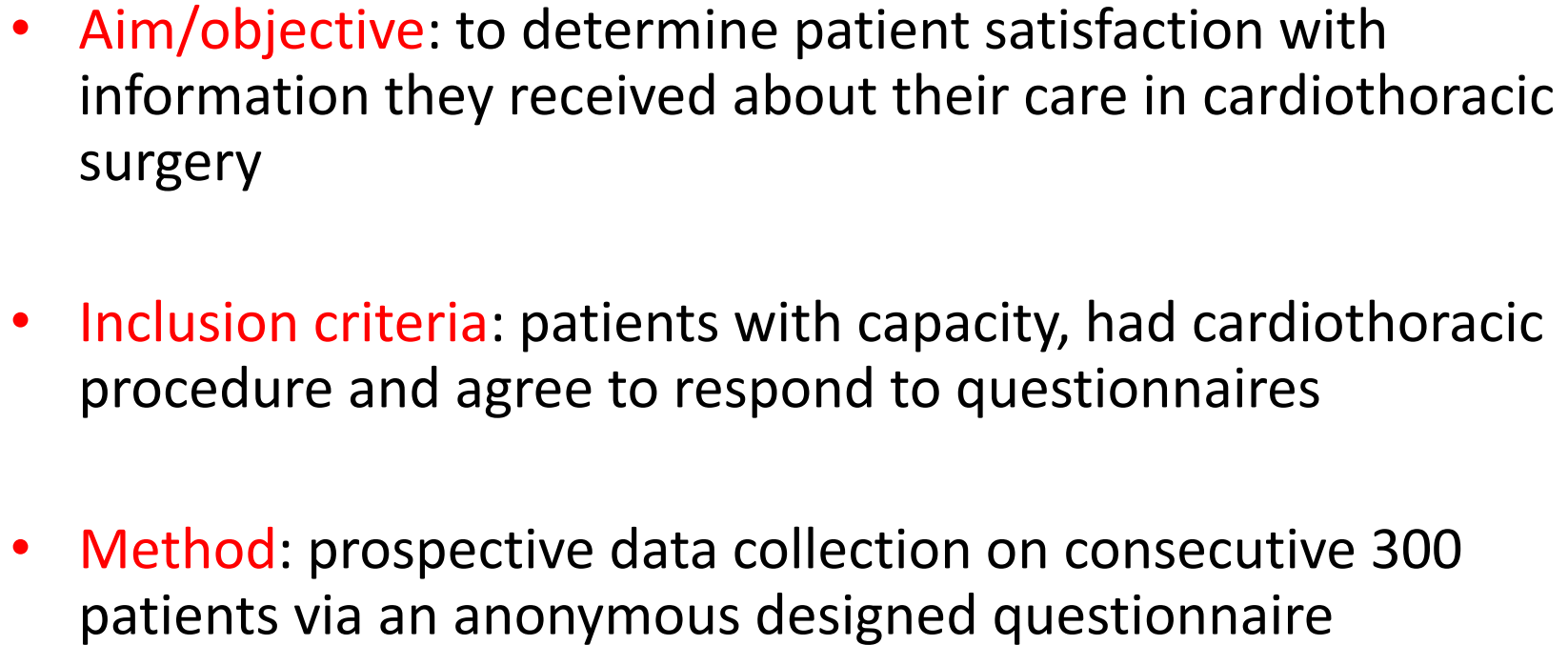
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NHS Foundation Trust

# Background

- GMC/NICE issued guidelines on information to be given to patients about their care
- Accurate comprehensible information on diagnosis, procedures, prognosis, complications/risk and outcomes
- Doctors must work in partnership with patients to obtain informed consent
- Discussion should involve all treatment options for the index condition including non treatment and their implications
- Patients should voluntarily chose a treatment option, including no treatment ( **clinicians could recommend the best option** )

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- **Aim/objective:** to determine patient satisfaction with information they received about their care in cardiothoracic surgery
  - **Inclusion criteria:** patients with capacity, had cardiothoracic procedure and agree to respond to questionnaires
  - **Method:** prospective data collection on consecutive 300 patients via an anonymous designed questionnaire

# Results

- N=300 (Thoracic 155 + cardiac 145)
- 7% felt that their operations were recommended rather than their free choice
- 97% were satisfied with the description of procedure and its complications
- 4% felt no alternative treatment were discussed
- 100% have been informed about what to expect during treatment
- 8% did not want family involvement with their care
- 100% were satisfied with overall care

# Recommendation/Conclusion

- All treatment options, including non treatment and their implications should be discussed with patients even where there is a single standard recommended treatment.
- Patients with capacity should always be allowed to make voluntary informed choice from all available treatment options.
- Clinicians should always be sensitive about patient wishes with regards to family involvement in their care.
- **Conclusion:** there is relatively high level of patient satisfaction overall but there is room for improvement in ensuring voluntary decision making and description of procedure

# References

- Department of health reference guide to consent for examination or treatment, Department of health London April 2001
- General medical council seeking patient consent the ethical consideration GMC London 2008
- Consent in cardiac surgery a good practice guide to agreeing and recording consent, SCTS 2005

Thank You  
Any Questions?

