



The Causes of Recovery Room Fainting in Eye/ENT Visitors after Visiting their Patients Postoperatively

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Abstract

Some person suffers from faintness when they accompany hospitalized patients. In the present prospective study, any case of faintness in the second stage of recovery room was included to the study. We investigated the cause and predisposing conditions ended in fainting.

Introduction

ENT (Ear, Nose, and Throat) and eye surgeries are among the most common surgical procedures worldwide. There are various types of operations in these fields, tonsillectomy, septoplasty in ENT felid, and cataract, glaucoma and probing are the most common procedures in the field of eye surgery.

Most of the patients discharged on the same day, two stages of recovery discipline have been established, first, an early recovery room to stabilize the patient and complete neurologic recovery, and the second stage in which persons accompanying the patients (visitors) are allowed to prepare patients for discharge to the ward or Home.

Most likely, it is the first time that visitor encountering the recovery room. So, they may not control themselves and may have different emotional reactions. In the present prospective study, we included any case of faintness in the second stage recovery room and chase about the cause and predisposing conditions ended in fainting.

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Method and Materials

During the 12 months period, in Khalili hospital, the referral center of Eye/ENT surgery in the south of Iran, every episode of visitors fainting in the second stage of the recovery room was recorded. Faint is described as lacking strength or vigor, to lose courage or spirit, or to become weak. Data were collected regarding patient's sex, age, and type of operation.

On the other hand, visitors data including sex, age, medical history, drug consumption, previous appearance in the hospital and recovery room were recorded, hours waiting in the hospital, time of the last meal or drink, problems before fainting, the major insult preceding fainting if remember, any injury due to fainting, and the required management were also recorded.

Results

The 700 to 800 patients were operated per month either under general or local anesthesia in the study period. While 24 occasions of visitor faintness occurred in the second recovery stage, 18 visitors were in the ENT field and 6 visitors in the Eye surgeries.

Patients were aged 2 years to 70 years old; the oldest patient was 70 years old who was a case of direct laryngoscopy and the youngest were the two cases of probing of 2 years old. The anesthesia and surgery were uneventful in all patients. The fainted visitors were aged 20 years to 48 years old, 20 female and 4 male (16 were the patient's mothers, 2 fathers, 2 sisters, 2 sons, and one aunt). Fifteen visitors have been in the hospital previously and nine have never been in the hospital before. Eleven reported the same problems as their previous visit. 13 visitors had no medical problems and did not use any medication.

The most frequently reported medical problems among the visitors were Neurologic problems, rheumatism, and hypertension, diabetes, smoking and hypothyroid. Visitors were in the hospital 1 hour to 30 hours before fainting. They have been drinking water or juices freely, but they had the last

meal 2 hours to 18 hours before accompany their patients.

The major reported problems before fainting were tiredness, apprehension, malodor, thirst, hunger and warm environment. Fortunately, none of the visitors suffered from an injury and most of the fainted visitors just needed simple aids such as keep lying and drinking sweet juices.

Discussion

Visitors are potentially at the health hazards in different ways, mostly faintness in the unfamiliar, crowded, noisy, uncomfortable place with bad news, especially emergency department, critical care unit and recovery theater. In 1988 Sarsany, studied the hazards to the possibility of bedside sudden loss of consciousness in patient's visitors [1]. Also, Johnson and colleagues, describe the liability if an observer faints [2].

According to the results of the present study by not considering the visitor's previous medical problems, apprehension about the patient and see them in a drowsy condition and also possibly blood on some dressings are the major causes of visitors fainting.

In a retrospective study, the extent of additional information from event witnesses improves the differentiation between epilepsy, syncope, and Psychogenic Non-Epileptic Seizures (PNES). Information from observers can make an important contribution to the differentiation of epilepsy from syncope or PNES [3].

In 2018 Numeroso et al., [4] chase road for achieving the ambitious goal "zero admission for syncope". They introduced a clear-cut distinction between syncope associated with a definite diagnosis, which shall be managed according to the underlying diseases, and the really undetermined cases, which shall be managed with prognostic stratification. They also emphasized on the pivotal importance of managing patients with facilities such as ED observation syncope units or outpatient syncope clinics, as a safe alternative to admission [4].

Providing free water and other commonly used drinks like tea or coffee at the visitor's waiting room and relaxed environment

before presenting in the second recovery room, and also, talking to responsible caregiver especially doctors before visiting the patient can be helpful. A light sensible but not exciting odor instead of blood, secretion, and antiseptics ones at the recovery room seems necessary. In teaching hospitals, the syncope admissions are unexplained or idiopathic cases, and thus likely to be lower-risk syncope cases [5].

I recommended that the visitors accompany the patient during the preoperative anesthesia visit and be informed about the event. Pamphlet and even a short video can help visitors to be as realistic as possible about what to expect at the recovery room.

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