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Introduction: Induction of anesthesia is one of the most stressful experiences for a child during the operation. It may manifest as maladaptive behaviors like new onset enuresis, feeding difficulties, apathy and sleep disturbances after the operation (Kotiniemi LH 1997). Parental presence in the anaesthetic room has not shown much benefit in decreasing anxiety in children during the anesthetic induction (Scully SM 2012). A previous study (Kain ZN 2006) found parental presence to be beneficial only in anxious child and a calm parent. The study further suggested that the anaesthetist should assess anxiety and decide about the best child parent pair to come to the anesthetic room. The purpose of this study was to find out if consultant anaesthetists and anaesthetic residents were able to pick up child anxiety during their preoperative assessment.

Methods: after ethics committee approval, a simple tick questionnaire was given to anaesthetic consultants and residents for their preoperative visits. They were required to assess anxiety of child during the preoperative discussion and then mark on the paper as mild, moderate or severe. Anxiety was then assessed by mYPAS (modified yale preoperative anxiety scale) score by an independent nurse who was not present during the initial assessment. Children booked for day care surgery and having ASA I-II were included in the study. Only those children between the ages of 2-12 were included in the study as mYPAS is validated for this age group only.

Results: a total of 37 questionnaires were received from consultants and 31 from residents. Almost 67.5% (n=25) of consultants were able to assess anxiety in children which correlated correctly on the mYPAS scale. Only 32.2% (n=10) of residents were able to predict anxiety that correlated with the mYPAS score. The consultants who were able to pick up anxiety properly had higher training in pediatric anesthesia. Out of 10 residents who were able to assess anxiety properly, 7 had higher training module (3 months) in pediatric anesthesia.

Discussion: The study has shown that picking up preoperative anxiety in children can be a difficult task. Consultants were able to predict anxiety better than the residents, which is similar to a study done early (MacLaren JE 2008). The same study also confirmed like our study that training specifically in pediatric anaesthesia during residency, even for a short period of time, can help in developing the skill for picking up anxiety. This may assist the anaesthetist in devising a plan for smooth anaesthetic induction of the child thus decreasing the anxiety and associated co morbidities.

References

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