Perhaps one of the most essential elements of anesthesia care is the preoperative visit/assessment between patient and anesthesia provider. It also tends to be one of the areas where we are most lax in completing it successfully.

The two paramount goals of this assessment are alleviating the patient’s anxieties while making them fully aware of the anesthesia techniques and hazards, and to inform the provider of any modifications that must be made to make this crucial part of the surgical experience successful. Be certain to identify yourself by name and title. You would be amazed at the number of people who neglect this single but very important facet of the interview. Below are several points to consider for smoothly establishing a relationship of trust and confidence for the patient, and a base of knowledge for the anesthesia provider.

Avoid the “Cookie Cutter” Interview
Many times I have overheard preoperative interviews being performed as if they were coming from a tape recorder in the pocket of the provider. Each patient is an individual, and needs to be treated as such. A simple procedure in the eyes of one patient, may strike terror in another. There is more to it than just asking when was the last time you ate or drank, and are you allergic to any medications.

Let the Patient Know That “the Buck Does Not Stop Here”
Instill confidence in the patient by discussing not only the anesthesia approach but also some of the aspects of surgery. We are not talking detailed informed consent for surgery, just that we are aware of the anesthetic requirements because we are familiar with not only anesthetic management, but with the procedure as well. Tell them what to expect from the time they leave the preop area until they are anesthetized. Leave no room for surprises. If they are well informed that they are going to be going into a cold room, and that people will be coming from them at all angles to position and apply monitors, then there is no element of surprise, just what is to be expected.

Act Interested, Make Direct Eye Contact, Gesture
Patients want to be treated as if they are the number one person on your mind. You cannot establish this bond if you are constantly looking away, writing while you are talking with them, or acting like you have three more patients to see and want to get it all over with. Nothing reduces anxiety or instills confidence more.
in a patient than a person who is sincerely conversing with them by looking them in the eye, and *not talking* while writing on the preoperative evaluation sheet. A brief moment of silence between discussion and writing serves well both the patient and provider.

**Avoid Ghastly Graphics**
Perhaps the worst preoperative description I heard was while working at a hospital and a patient was scheduled for a thoracoscopic procedure. The anesthesia provider told the patient that they would be given medicine to “paralyze” their reflexes so they would not gag and choke when the endotracheal tube was inserted. As if this wasn’t bad enough, they were told that if the surgery became more involved than anticipated, the tube would be left in and they would be given sedatives if they felt its presence and coughed! This entire description could have been as simple as “you will be anesthetized, and after you are completely asleep, we will insert a breathing tube to assist your ventilation. It will be removed at the end of the procedure when all of your reflexes are back, but still sedated enough not to have discomfort. On occasion the tube may be left in for a short period of time postoperatively, but you will be kept very comfortable until it is removed”.

**Anesthesia Care Does Not End When the Patient Leaves the Procedure Room**
Let the patient know that the preoperative visit is only a small part of the anesthetic care plan. There will be an anesthesia provider in attendance at all times during their procedure (preferably give them the person’s name who will be in attendance, and have them greet them prior to leaving the preop area). Stress the fact that there will always be a member of the department available after the procedure to tend to any postoperative issues, eg, pain or nausea.

Common sense, courtesy, genuine interest, and diligence are an integral part of total anesthesia care, especially the preoperative interview, and can calm a patient more than small doses of medication.

**AUTHOR**
Perry Ruspantine, CRNA, is a nurse anesthetist and also clinical compliance manager with Anesthesia Professionals, Inc., in Dartmouth, Massachusetts.

**DISCLOSURE**
The author has no conflict of interest or financial involvement in the subject material.