

PARENTAL RECALL AFTER INFORMED CONSENT FOR ELECTIVE HERNIOTOMY

Beatrice F Koh, Maria RA Lipa, Fay X Li, Yee Low, Shireen A Nah
 KK Women's and Children's Hospital, Singapore, Singapore

Aim of the study: A previous report from our institution showed that parents of children undergoing emergency appendicectomy had poor retention of information regarding surgical complications despite adequate counselling. This study evaluates parental recall after consent regarding elective herniotomy.

Methods: This was an ethically approved pilot prospective study recruiting parents of children undergoing elective day surgery herniotomies between March-December 2015. All consents and interviews were done by one of 2 surgical doctors. Parents were counselled regarding 6 complications/sequelae of surgery (infection, haematoma, vas injury, vessel injury, recurrence, contralateral hernia risk) and 1 consequence of non-operative management (incarceration), giving maximum score of 7 per recall. Interviews took place on the operative day (unprompted immediate recall, IR) and again between 1-6 weeks postoperatively (unprompted delayed recall, DR). For each recall, parents were also reminded on complications they omitted (prompted recall). Demographic data were recorded. Data are reported as median (range). We compared results from this study (Hernia) to our previous study (App). Wilcoxon (for paired data) or Mann-Whitney (for unpaired data) tests and Spearman's correlation test were used as appropriate, with $p < 0.05$ considered significant.

Main Results: Thirty parents were interviewed aged 38 (24-51) years. Thirteen (43%) had university or postgraduate qualifications. Postoperative DR interviews were done at 14 (2-43) postoperative days. Scores for unprompted IR [5 (1-7)] were significantly higher than DR [4 (0-7)], $p = 0.04$. When prompted, all parents achieved full IR scores, and all except one achieved full DR scores (Figure). The most commonly remembered items were wound infection (IR $n = 29, 97\%$ vs DR $n = 25, 83\%$) and haematoma (IR $n = 24, 80\%$ vs DR $n = 21, 70\%$). The least remembered was incarceration (IR $n = 17, 57\%$ vs DR $n = 6, 20\%$). Surprisingly, there was no correlation between DR scores and time between interviews ($r = 0.22, p = 0.24$). For all recalls, Hernia scores were better than App scores (Figure).

Conclusion: Although there was deterioration of recall, the recall rate for elective herniotomy was much higher than for emergency appendicectomy. This may be due to previous outpatient counselling prior to surgery, and less stressors present in the elective environment.

Figure: Scores achieved by parents asked to recall 7 items detailed in their surgical consent

