Why do patients miss ambulatory surgery?

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Background and Goal of Study

Surgery absenteeism by patients is a contributing factor to lower hospital productivity rates. Having internal policies to reduce the impact of this conditioner must be a worry for healthcare management. The aim of this study is to determine the incidence and the reasons for surgery absenteeism in ambulatory ophthalmologic surgery.

Materials and Methods

Retrospective descriptive analytical study 205 routine ophthalmology surgical patients who missed surgery on day date between January-October/2016.

Data collection was made by telephonic survey. Patient related questions: demographic and socioeconomic data, time spend home-hospital, A.S.A. classification, reason to miss surgery, questions about procedure in relation to intention or need to miss the surgery. Surgery related questions: proposed surgery, waiting time. Data were analysed with IBM SPSS Statistical v.22®.

Results and Discussion

Sample Descriptive analysis
Gender 59,5% Female
Median Age 70.3 ± 18
Family Status 60% Married
Education Level 55,6% Basic Level
Occupation Activity 73,2% Retired
Home Location 56,6% Urban
Time Home-Hospital 38,5% <30 minutes
Waiting Time Surgery 34,1% >6 months
A.S.A. Classification 54,2% ASA II
Surgery 54,6% Cataract

Absenteeism main reasons Descriptive analysis
Sickness 32,7%
Withdrawal 24,9%
Economic 9,8%

Informing the hospital about the intention to miss surgery: 42,4% informed (11,7% in useful time advance).

72,7% not informed how to proceed if not attending surgery.

Analytical Analysis

No statistical relationship was found between gender, family situation, professional activity, schooling, ASA, waiting time to surgery and causes of absenteeism.

• We found statistically significant differences concerning the age p = 0.029, with the younger missing more due to employment-related economic problems and older people due to being sick.
• House-to-hospital time conditions absenteeism. Those who live nearer miss more surgery for being sick and the others for withdrawal and economic issues (p = 0.001).
• The type of surgery revealed statistically significant differences p=0.001, and patients with cataract surgery missed more due to disease than the others.

Conclusion

Even though we did not find a high absenteeism rate, to reduce this rate even more, we will introduce in our hospital a written form, informing patients about what to do in situation of intended or necessity to miss the surgery. Job insecurity and accessibility to the hospital should be considered in this context.