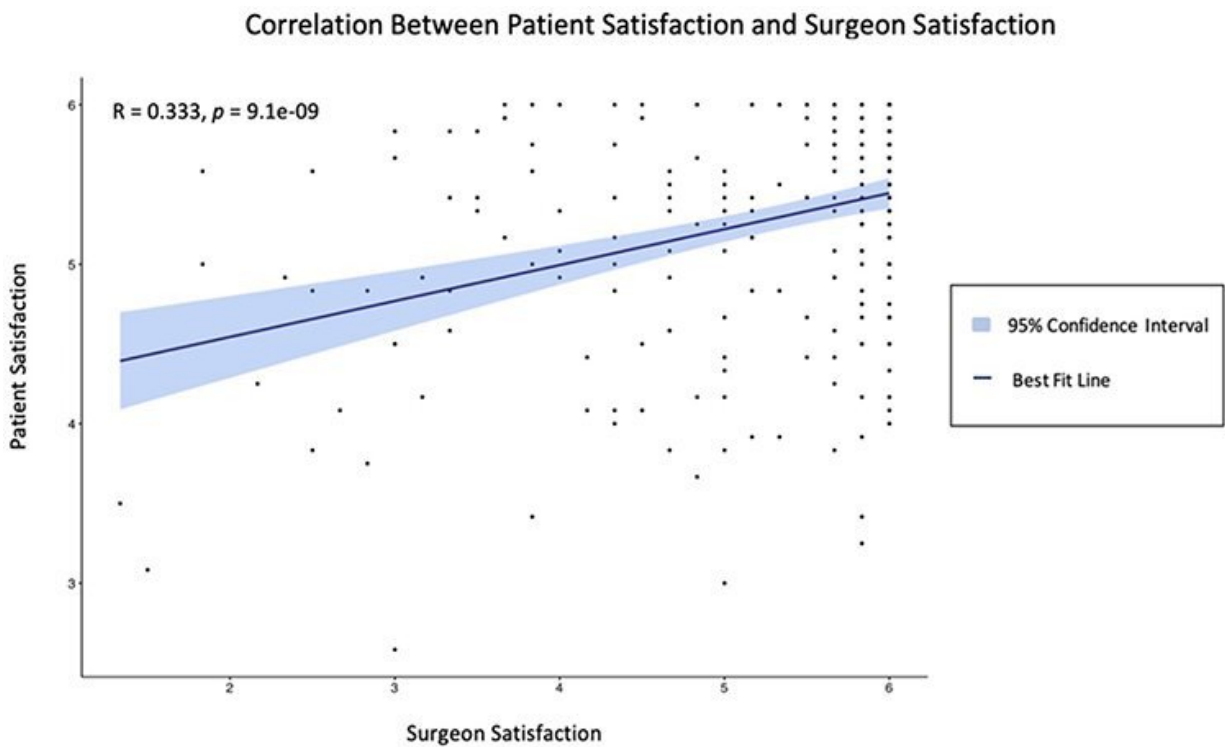


Surgeon, anesthesiologist satisfaction found to be unreliable indicators of patient satisfaction during ocular surgery

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Plot displaying the correlation between patient satisfaction and surgeon satisfaction. Credit: *Clinical Ophthalmology* (2022). DOI: 10.2147/OPHTH.S351010

New research findings suggest that providers are poor predictors of

patient satisfaction with anesthesia and perioperative comfort. Published in *Clinical Ophthalmology*, researchers from Boston Medical Center discovered that only a low-level association was demonstrated between a patient and provider's satisfaction with anesthesia, even when individual measures of patient satisfaction such as pain and anxiety were isolated.

Conscious [anesthesia](#) during ocular surgery is a common practice used to ease pain, discomfort and anxiety. However, there is a varying level of [satisfaction](#) among providers and patients about the effectiveness and purpose of anesthesia. Currently, there is no standard for the type or amount of anesthesia administered to a patient, so it is dependent on the setting, patient, and provider to make any judgments.

"If provider assessment is not reflective of patient comfort, patients may not be receiving adequate sedation throughout their procedures," says Hyunjoo Lee, MD, Ph.D., an ophthalmologist at Boston Medical Center. "This could lead to lower patient satisfaction."

Patient satisfaction is considered to be difficult to assess intraoperatively, as patients are completely draped and communication is somewhat limited. Surrogate measures including movement and increased [heart rate](#), in addition to patients reporting pain and anxiety, are often used clinically to determine the appropriate level of sedation during ocular surgery. However, there is no evidence showing that these measures accurately predict patient satisfaction. Provider judgment and satisfaction with anesthesia intraoperatively often determines the initial dose of sedation, as well as the need for additional anesthesia throughout the procedure.

"This poor correlation may suggest differing expectations pertaining to quality care," says Lee, also an assistant professor of ophthalmology at Boston University School of Medicine. "For instance, [surgeons](#) may value a quiet patient with minimal eye movement during surgery,

whereas a patient may value being pain-free or a complete lack of awareness of the surgery. Alternatively, an overly sedated patient might exhibit excessive eye movement, lowering surgeon satisfaction, or unstable vital signs, lowering anesthesia provider satisfaction. Ultimately, the goal should be to maximize patient satisfaction without compromising [patient safety](#)."

Researchers analyzed 283 ophthalmic surgical cases with patients whom speak English, Spanish or Haitian Creole. Patients were sedated with benzodiazepine prior to the start of surgery and then were given supplemental anesthesia throughout the surgery, as needed. After surgery, the [patients](#), surgeons and anesthesiologist were all given surveys to assess their level of satisfaction. The correlation of patient to surgeon satisfaction was 0.333 on a scale of 0 to 1, indicating a moderately weak correlation.

Researchers recommend that future research focus on better understanding [patient satisfaction](#) with anesthesia during ocular surgery.

More information: Natalie Sadlak et al, Poor Correlation of Provider and Patient Satisfaction with Anesthesia in Ophthalmic Surgeries: A Secondary Analysis of a Clinical Trial, *Clinical Ophthalmology* (2022). [DOI: 10.2147/OPTH.S351010](https://doi.org/10.2147/OPTH.S351010)

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