

# The use of patient information leaflets in surgery

The vast majority of patients want to know more about their condition, the treatment and the prognosis. The fact that the second most searched for topics (after sex) on the Internet are medical supports this proposition. Some patients are inhibited from asking questions of their surgeon by a combination of factors that may include fear of wasting the doctor's time, fear of appearing ignorant or ill informed, and simply not thinking of questions at the time that they have the opportunity to ask them. Some ask their GP as an alternative to asking the specialist.

Even if patients are given information with the opportunity to ask questions at their next contact with their specialist, many say that they would have forgotten what it was they wished to ask them unless they made a written note before the meeting.

## DO SURGEONS EXPLAIN THINGS TO THEIR PATIENTS?

Although there are many exceptions, surgeons are not well known for communicating with their patients. In addition, in order to maximize the throughput of patients, time for individual consultations is often very limited.

Some surgeons rely on the patients getting information from the nursing staff either in the preadmission clinic or on the ward. Some will try to explain things to a patient with the help of a hastily sketched diagram. Evidence of this can usually be found as sketches drawn on the ink blotters on many outpatient desks. The likelihood of patients understanding and then being able to recall the meaning of these diagrams is low. The surgeon, however, may feel that he/she has given the patient a better explanation having drawn the diagram.

## SHOULD A SURGEON EXPLAIN THE CONDITION AND TREATMENT TO A PATIENT?

In the booklet *Good Medical Practice*, published by the General Medical Council (1998), it is stated that doctors must:

- Give patients the information they ask for or need about their condition, its treatment and prognosis
- Give information to patients in a way that they can understand
- Be satisfied that, wherever possible, the patient has understood what is proposed, and consents to it, before providing treatment or investigating a patient's condition.

All of this of course applies to surgeons and their patients.

The Senate of Surgery of Great Britain and Ireland (1997) published *The Surgeon's Duty of Care*. With regard to obtaining consent for surgery it suggests that surgeons should:

- Inform competent adult patients aged 16 years and above of the nature of their condition, along with the type, purpose, prognosis, common side-effects and significant risk of any proposed surgical treatments. Where appropriate, alternative treatment options (including non-surgical options) should be explained, together with the consequences of no treatment. This information should be provided in the detail required by a reasonable person in the circumstances of the patient to make a relevant and informed judgment
- Attempt to establish that the patient understands the site and size of the incision and has some insight into the pain and discomfort which sometimes follow surgery, along with the analgesic and other measures available to minimize it

- Determine any special aspects of the life and employment of the patient which require more detailed information for consent to be given acceptably, for example risks of loss of specific movement, or the extent of scarring at the operative site.

## WHAT ARE THE ADVANTAGES OF PATIENT INFORMATION LEAFLETS?

### Consent is informed

It has been suggested that consent for surgery should only be obtained by the surgeon who is going to perform the operation. At present, in the NHS, this rarely occurs. If the patient is given an information leaflet that has been approved by the consultant in charge of the case before signing the consent, the consent will be truly 'informed'.

### Fewer errors

Once a patient has read their leaflets, they are able to participate in their care. This may include the patient pointing out when an event in the pre-operative or postoperative care has not taken place as expected. The simple matter of a patient asking for the appropriate limb to be marked before surgery will reduce the risk of the incorrect side being operated upon.

### More effective preadmission clinic and nurse

In many preadmission clinics it is the nursing staff who explain to the patient what to expect before and after surgery. This is a time-consuming process. The nurses cannot be expected to know all about the care of the less common procedures. If the patient has been given an information leaflet before attending the preadmission clinic the nurse should not have many questions to answer and he/she should become more effective in his/her other duties.

### Better understanding by patients of conditions not requiring surgery

The minority of patients who come to outpatients undergo surgery. Some are treated conservatively and some do not need treatment at all. These patients may only have one or two visits to see a surgeon. The reasoning for the decision not to treat or to treat by non-surgical means is often difficult for a patient to comprehend after a short consultation. By giving the patient a relevant information leaflet, they can take it away and read it at their leisure.

The friends and family of a patient often want to know what the patient was told at the consultation. Since it is difficult for patients to recall the salient facts, information leaflets can be most helpful for others than the patient themselves.

### Reduced complaints and litigation

The less that is unexpected during a patient's care the less likely the patient, or their relatives, are likely to complain. If a patient suffers a complication of treatment but was not aware that this complication was possible, he/she is more likely to seek legal redress. In some cases patients may decide not to have surgery having had the full risks and consequences explained. This is obviously better than the patient having surgery and then suffering a complication which is unacceptable to them.

### THE IDEAL INFORMATION LEAFLET

Text should be written in common speech and using plain English. Sentences should have an average of 18 syllables and an average of 12 words. Personal pronouns should be used freely, e.g. I, you and we. Writing should be in the active tense and not the passive. Conjunctions should be avoided because they make sentences too long.

Jargon should be avoided at best or, if unavoidable, translated. A pronunciation guide should be given for commonly used medical terms. Instruction should be exact and dogmatic. The layout should be clear with plenty of spaces. As large a print as possible should be used. Examples of information leaflets for orthopaedics can be found at [www.themediweb.net](http://www.themediweb.net)

### HOW THE AUTHOR USES INFORMATION LEAFLETS IN PRACTICE

The author has 42 leaflets relating to conditions not requiring surgery, and 100 leaflets that give information about surgical procedures. The author keeps 5–10 copies of each of the outpatient leaflets in hanging files on his desk in the clinic, and gives the appropriate leaflets to the patient at the consultation. Patients seen in the fracture clinic are often able to be

given a leaflet before going for an X-ray. They are then able to read the leaflet and are fully informed by the time they return to have the X-ray reviewed. Replacement leaflets can be printed out by the secretary as required.

Patients undergoing elective surgery are sent the appropriate information leaflet through the post when they are put on the waiting list for surgery. When the patients are seen in the preadmission clinic, a check is made as to whether they received their information leaflet or have lost it. If necessary, another leaflet is given to the patient. When patients are admitted as an emergency, the admitting doctor prints the appropriate information leaflet and gives it to the patient or their relatives. The leaflets are available from several computers within the department.

When the patient is consented for surgery the junior doctor writes on the consent form that an information leaflet had been given to the patient. **HM**

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General Medical Council (1998) *Good Medical Practice*. General Medical Council, London  
Senate of Surgery of Great Britain and Ireland (1997) *The Surgeon's Duty of Care*. Senate of Surgery of Great Britain and Ireland, London

### KEY POINTS

- Information leaflets improve the efficiency and efficacy of surgical practice.
- Complaints and litigation are reduced by the use of information leaflets.
- Information leaflets are best customised to individual surgeons' practice.

### Useful address

Further information can be obtained from:

Satisfax Surgical Information Leaflets  
20 St Cuthberts Way  
Darlington DL1 1GB

### Correspondence

For correspondence on this article, see p. 874. If you would like to comment on this or any other article in *Hospital Medicine*, please write in no more than 250 words to:

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