

Outcome of Perioperative Pre-Visit on Surgical Patients in University of Port- Harcourt Teaching Hospital, Rivers State

DAGOGO-BROWN, IGIRIGI DEINABOBO

Department of Community Health Nursing, Faculty of Nursing Sciences, Federal University Otuoke, Bayelsa State, Nigeria

*Corresponding Author: DAGOGO-BROWN, IGIRIGI DEINABOBO

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Article History	Abstract
<p>Original Research Article</p> <p>Received: 20-03-2026</p> <p>Accepted: 30-04-2026</p> <p>Published: 25-05-2026</p> <p>Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.</p> <p>Citation: DAGOGO-BROWN, IGIRIGI DEINABOBO. (2026). Outcome of Perioperative Pre-Visit on Surgical Patients in University of Port- Harcourt Teaching Hospital, Rivers State. UKR Journal of Medicine and Medical Research (UKRJMMR), 2(3), 56-60</p>	<p><i>Despite the recognized significance of pre-visit interventions in perioperative care, there is a gap in understanding the specific impact of these interventions on the experiences and outcomes of surgical patients. This study examined patients' outcomes of peri-operative pre-visits on surgical patients in University of Port Harcourt Teaching Hospital, Choba. The study adopted a descriptive survey design. The population of the study consisted of 512 patients that had undergone surgery in University of Port Harcourt Teaching Hospital out of which 235 were selected using the simple random sampling method. The instrument for data collection was a semi-structured questionnaire and Hamilton Anxiety Rating Scale (HAM-A). Data were analyzed using percentage, mean and ANOVA. The result showed that, perioperative pre-visit had a high impact on the expectation of outcome of the surgery with a mean value of 75.8%, that the impact of pre-visit on recovery period was high at 82.1% and the impact of perioperative pre-visit on the anxiety of patients was high as those who were visited had mild anxiety level, while those not visited had severe anxiety. It was concluded that, pre-operative information and education/counseling to surgical patients make them to know and understand what to do after surgery; it helps in allaying patient's tension and anxiety. Also, it aids in accelerating post-operative patient recovery. It was recommended that; perioperative team members should focus on the preoperative assessment not just as a clearance for surgery, but also for managing the transitions of patient care throughout the perioperative experience.</i></p> <p>Keywords: Outcome, Patients, Perioperative, Pre-visit, Surgery.</p>

Introduction

Surgery is a word that induces a physical and psychological crisis in a patient as well as his/her family. This tends to be a general reaction of client's world whenever billed for surgery. Most clients approach surgical treatment with fear, anxiety and sometimes depression. This is because they do not know what to expect during and after surgery. Fear can develop after a traumatic event, it can also surface after witnessing others reacting fearfully to a medical intervention. Other triggers of fear include but not limited to those of pains, Anesthesia, equipment, deformity and death amongst others leaving the patient in nightmare therefore, the operating room nurse as well as the ward nurses have a duty of care towards the surgical patient to ensure adequate preoperative preparation physically, physiologically, psychologically, spiritually and otherwise to facilitate a positive post-operative outcome (Sara, 2020).

Peri-operative pre-visits are an important step in forming a therapeutic nurse-surgical patient relationship. These visits are designed to help you talk about your fears, ask questions and have them answered in clear terms about your treatment and what is going to happen surgically. This mitigated misunderstandings and, consequently, minimized anxiety before surgery. The preoperative situation is often influenced by a number of factors, in particular insufficient or false information from television, the internet, newspapers and relatives. This type of misinformation can lead to confusion about medical procedures and increase anxiety in patients. Research indicates that among surgical patients the primary fears occurring in anaesthesia are death, post-operative pain and nausea (Erkilic et al., 2017). Likewise, among patients surveyed at the University of Port Harcourt Teaching Hospital, concerns related to medical

errors during surgery (38.5%) and lack of attention from health personnel (31.7%) were common preoperative worries, as too was deferment of surgery (Ebirim & Tobin, 2010).

Preoperative education reduces not only anxiety but is also required to reduce postoperative complications and involves the active patient participation in recovery. The ability to educate patients in advance of surgery thus gives patients the feeling that they regained some control back during what is often a time with uncertainty and high emotional involvement (Koutoukidis, Stainton & Hughson, 2017). In this regard, peri-operative procedures have gained more importance in view of safety of patients. Wrong-site surgery has consistently been one of the top two most frequently reported incidents among sentinel events documented by the Joint Commission since 1995. As a reaction to this concern, the organization recommended its Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery in 2003. This protocol identifies three critical safety steps that must be performed prior to surgery: pre-procedure verification process, marking the operative site, and time out immediately before the procedure. Pre-operative pre-visits serve as one of these safe systems protocols, ensuring that elements such as patient safety, communication, and quality surgical care remain the focus.

The perioperative pre-visit by the operating room nurse has been noted to be rarely carried out in most hospitals for example the University of Port Harcourt Teaching Hospital (UPTH). This makes peri-operative pre-visit to be of great significance yet, observations and personal interaction with surgical patients in the University of Port Harcourt Teaching Hospital have indicated that such patients received no proper peri-operative counselling. The incidence of pre-visiting/counseling of the perioperative nurse was low based on personal observation. It is important to remember that the Operating Theatre (OT) is the heart of the hospital needing tremendous human resources and spending from the hospital budget. But the OTs are underutilised and are lying idle sometimes. Many patients are called from the waiting list for operation but are not performed. It takes a lot of preparation to get the patient ready for a surgical treatment. In view of the foregoing phenomena, the researcher seeks to explore the outcome of perioperative pre-visit on the surgical patients in UPTH, Rivers State of Nigeria. The study tried to give answers to the following research questions that were claimed to lead the study:

1. What is the perceived impact of pre-visit on recovery period among Surgical Patients in UPTH?

2. What is the perceived impact of pre-visit on the alleviation of anxiety expressed by Surgical Patients in UPTH?

Hypotheses

The following null hypotheses were tested at 0.05 level of significance:

1. There is no relationship between perioperative pre-visit and cooperation of Surgical Patients in UPTH.
2. There is relationship between perioperative pre-visit and the recovery period of the surgical patient.
3. There is no relationship between perioperative pre-visit and anxiety severity expressed by the surgical patients in UPTH.

Methodology

It employed a descriptive survey research design to determine the effect of peri-operative pre-visits on hospitalised surgical patients. A total of 512 patients who were attending a scheduled surgical procedure at the University of Port Harcourt Teaching Hospital. According to hospital records, the number of surgeries was eight each day on average that yields a total of about 512 surgical patients over an estimated period of about 64 days. Patients who were scheduled for surgery, underwent the procedure and remained medically stable post-procedure awaiting discharge were included. In contrast, surgical patients who were not in hospital or obstructed from the study period were excluded. We selected a sample size of 235 respondents, utilising systematic sampling, such that every second patient listed in the hospital records was chosen during data collection.

They were collected in a structured questionnaire, and the Hamilton Anxiety Rating Scale was administered to evaluate respondents anxiety. The study consisted of two parts: Section A collected demographic data and Section B included information pertaining to the effect of peri-operative pre-visits on hospitalized surgical patients. The responses were also quantitatively structured using Yes/No scale including open-ended and closed-ended questions. Cronbach's Alpha method was used for the reliability testing of the instrument, producing a 0.72 coefficient which established internal consistency as acceptable. Ethics approval was obtained and data collection occurred within a 6-10 week period thereafter. Data were analyzed using Statistical Package for the Social Sciences as regards to learning styles in descriptive and inferential statistical tools percentages, means ANOVA & regression at $p=0.05$ level of significance. Ethical approval and institutional clearance were obtained via the hospital ethical committee, anonymity and confidentiality of respondents were ensured during all parts of the study.

Results

The results of the study are shown below:

Table 1: perceived impact of pre-visit on recovery period among Surgical Patients in UPTH (N = 225)

Items	Yes F (%)	No F (%)
The Pre-visit made me recover more rapidly.	158(70.2)	67(29.8)
The Pre-visit made me recover faster than I expected.	200(88.9)	25(11.1)
The Pre-visit did not change anything	40(17.8)	185(82.2)

Table 1 revealed that 70.2% recovered fast as a result of the pre-visit, 88.9% said they recovered faster than they expected while 17.8% said the pre-visit did not change anything.

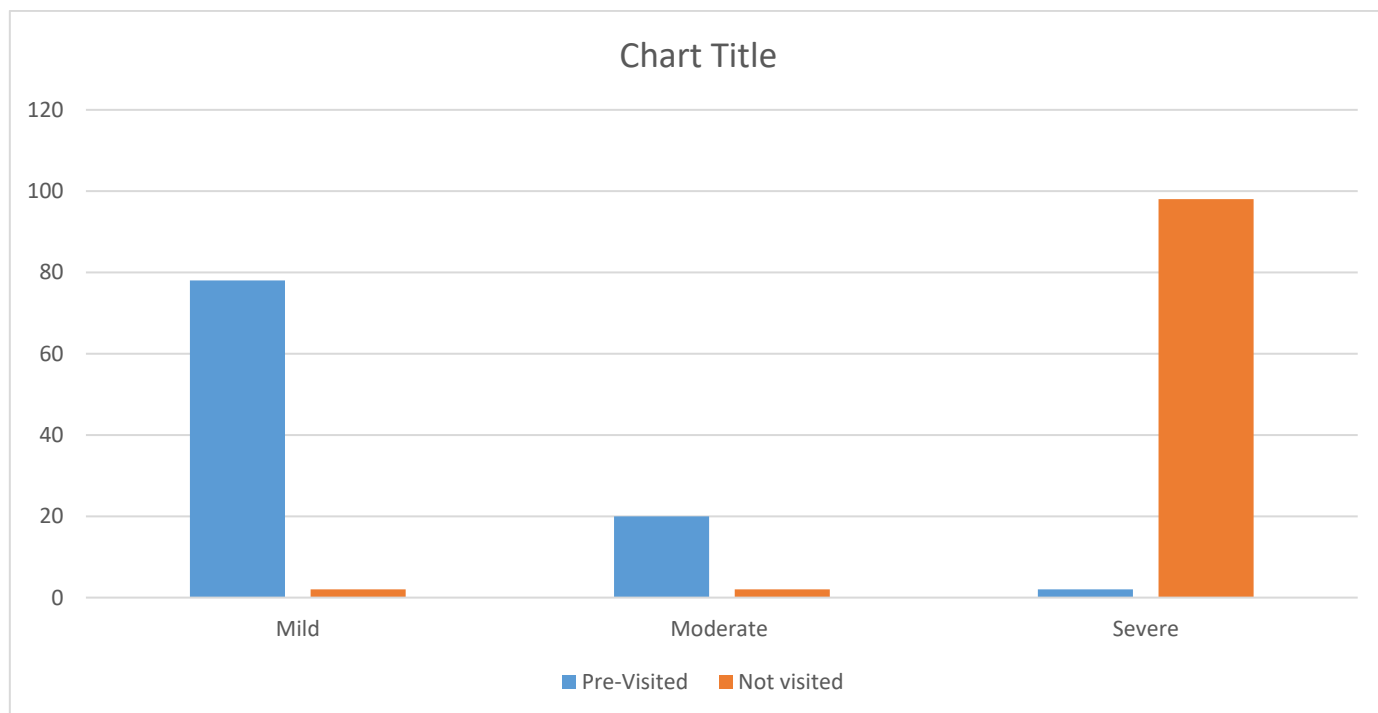


Figure 1: Impact of pre-operative pre-visit by peri-operative nurse in alleviating the anxiety expressed by patient

Figure 1 showed the impact of pre-operative visit by peri-operative nurse in alleviating the anxiety expressed by patient. The result showed that as compared to the not visited patients, the pre-visited patients had mild to moderate anxiety level as against (98%) those who were not visited expressing a severe anxiety level. Thus, pre-operative visit had an impact in alleviating the anxiety expressed by patients.

Table 3: ANOVA result showing relationship between perioperative pre-visit and the recovery period of the surgical patients.

Source of variance	Sum of Squares	df	Mean Square	F-value	p-value	Decision
Between Groups	5.780	1	5.780	20.922	.000*	H ₀ rejected H _a accepted
Within Groups	54.700	198	.276			
Total	60.480	199				

*Significant

Table 3 showed the ANOVA result of relationship between perioperative pre-visit and the recovery process of the surgical patients. The result showed that, there was a significant relationship [F(1,198) = 20.922, p<0.05]. Therefore, the null hypothesis was rejected, and the alternate hypothesis accepted.

Table 4: Bivariate regression showing relationship between perioperative pre-visit and the anxiety severity in patients

Variable	Mean score	Bivariate analysis	
		B (95% CI)	p-value
Visitation status –ref not visited			
Pre-visited	2.04	0.40 – 1.314	.00*

***Significant**

Table 4 revealed the Bivariate regression showing relationship between perioperative pre-visit and the anxiety severity in patients. The result showed that there was a significant relationship (B (95% CI) = 0.40 – 1.314; $p < 0.05$). Thus, the null hypothesis which stated that there is no significant relationship between perioperative pre-visit and the anxiety severity in patients was rejected.

Discussion

The findings of the study is in line with research that has shown that meeting or exceeding patients' pre-visit expectations can significantly enhance patient satisfaction (Lin et al., 2001). Additionally, pre-visit planning, such as consultations with healthcare professionals before surgery, can positively impact patient-centered care and satisfaction (Gebremedhn & Lemma, 2017). However, the impact of specific interventions, like pre-transition visits or preoperative consultations, on overall patient satisfaction requires further investigation. Moreover, patient expectations play a crucial role in postoperative satisfaction, as demonstrated in studies focusing on various surgical procedures. Preoperative expectations can significantly affect post-surgical outcomes and patient satisfaction levels. Furthermore, interventions such as preoperative patient education have been shown to improve patient satisfaction and reduce postoperative healthcare resource utilization (Kyle & Murray, 2020).

The result showed that as compared to the not visited patients, the pre-visited patients had mild to moderate anxiety level as against all those who were not visited expressing a severe anxiety level. Thus, pre-operative visit had an impact in alleviating the anxiety expressed by patients. It is worthy of note that, peri-operative pre-visit enhances good rapport between client and nurses, and this develops through good communication skills, in so doing, patient is able to verbalize his/her fears, asking questions thereby receiving answers that clears misconceptions, this reduces patient anxiety. Mayo Clinic Staff (2019) acknowledged that anxiety in elevated level of stress emits chemicals such as adrenaline and cortisone which have serious long-term effect on the body, prolonged anxiety leads to decreased wound healing, decreased immune response, increased risk of infection and electrolyte disturbance, as such the operating room nurse as well as the ward nurses have a duty of care towards the surgical patient

to ensure adequate preoperative preparation physically, physiologically, psychologically, spiritually and otherwise to facilitate a positive post-operative outcome.

Studies have shown that preoperative touch/relaxation interventions, such as acupuncture and music therapy, can significantly reduce postoperative anxiety in patients undergoing surgery (Carter & Finnegan, 2022). Additionally, nurse-initiated pre-operative education, counseling, and preparatory sensory information have been found to alleviate anxiety in surgical patients, leading to reduced anxiety symptoms postoperatively. Furthermore, the impact of anxiety on the quality of life of patients with gynecological cancer can be moderated by perceived social support, which can help alleviate anxiety and improve the overall well-being of patients. Additionally, mind-body practices like yoga have been shown to maintain psychological health among pregnant women, reducing stress, anxiety, and depression. These innovative approaches can provide patients with a better understanding of their condition, potentially reducing anxiety levels associated with surgical procedures.

Conclusion

Based on the findings of the study, it was concluded that, pre-operative pre-visit to surgical patients makes them to know and understand what to do after surgery, it helps in allaying patient's anxiety hence, it aids in accelerating post-operative patient recovery.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. The preoperative assessment should be viewed by the members of the perioperative team not only as a permission to proceed with surgery but also as a management of the transitions of patient care during the perioperative experience.
2. Peri-operative nurses should always ensure they portray friendly, professional, hospitable attitude towards their patients.
3. Peri-operative counselling should be done in such a way that the patients understand the information passed to them.

References

1. Alanazi, A. A. (2014). Reducing anxiety in preoperative patients: A systematic review. *British Journal of Nursing*, 23(7), 387-393.
2. Branchs, R. J., & Lerman, J. (2013). Preoperative Anxiety Management, Emergence Delirium, and Postoperative Behavior. *Anesthesiology clinics*, 32(1), 1-23.
3. Bridgen, B. (2020). *Operating Theatre Practice, 10th edition*. Edinburg: Churchill Livingstone.
4. Carter, N., & Finnegan, A. (2018). Military nursing education and practice development: A qualitative study. *Nurse education in practice*, 29, 1-5.
5. Connolly, M., & Stasa, H. (2018). Core anatomy syllabus for undergraduate nursing: A Delphi study. *Nurse education today*, 61, 1-6.
6. Ebirim, L., & Tobin, M. (2010). Factors Responsible for Pre-Operative Anxiety in Elective Surgical Patients at A University Teaching Hospital: A Pilot Study. *The Internet Journal of Anesthesiology*, 29, 1-6.
7. Erkilic, E., Kesimci, E., Soykut, C., Doger, C., Gumus, T., & Kanbak, O. (2017). Factors associated with preoperative anxiety levels of Turkish surgical patients: from a single center in Ankara. *Patient Preference and Adherence*, 11, 291-296.
8. Gebremedhn EG, Lemma GF. (2017). Patient satisfaction with the perioperative surgical services and associated factors at a University Referral and Teaching Hospital, 2014: a cross-sectional study. *Pan African Medical Journal*. 5(27), 176. doi: 10.11604/pamj.2017.27.176.10671.
9. Koutoukidis G., Stainton K. & Hughson, J., (eds) (2017), *Tabbner's Nursing Care: Theory and Practice*, 7th edn, Elsevier, Chatswood.
10. Kyle, R. G., & Murray, J. (2020). Pre-nursing experience and its impact on recruitment and retention of nurses in remote and rural areas. *Nurse education today*, 84, 104229.
11. Laffin MR, Li S, Brisebois R, (2018). The use of a pre-operative carbohydrate drink in patients with diabetes mellitus: a prospective, non-inferiority, cohort study. *World Journal Surgery*, 42:1965–70.
12. Lichtor JL, Johanson CE, Mhoon D, Faure EAM, Hassan SZ, Roizen MF. (2018). Preoperative anxiety — does anxiety level the afternoon before the surgery predict anxiety level just before surgery? *Anesthesiology*. 67: 595–9.
13. Loke, J. C. F., Lee, K. K., & Lee, D. T. F. (2015). Nursing education in a technologized and cost-constrained healthcare environment. *Nurse education today*, 35(3), 475-477.
14. Lymn, J. S., & Mostyn, A. (2008). Reduction in pharmacology knowledge and understanding in pre-registration nursing students. *Nurse education today*, 28(3), 353-359.
15. Mayo Clinic Staff (2019). *Chronic stress can wreak havoc on your mind and body. Take steps to control your stress.*
16. Sally, M. (2020). *Preoperative Education*. <https://www.ausmed.com/cpd/educator/sally>
17. Sara L., & Timothy J. L. (2020). *Healthline*. <https://www.healthline.com/authors/>
18. Sara, L. (2020). *Tomophobia: When the Fear of Surgery and Other Medical Procedures Becomes a Phobia*. *Healthline*, www.healthline.com/authors/sara-lindberg.