Fear of going under general anesthesia: A cross-sectional study

Sir,

The paper “Fear of going under general anesthesia: A cross-sectional study” by Ruhaiyem et al. reported the presence of preoperative fear in 88% of patients, which was more common in females and originated from various factors (postoperative pain, intraoperative awareness, fear of failure to awaken).[1]

In our survey of two hundred adult patients, we evaluated patients’ knowledge about anesthesia, types of anesthesia, planned anesthetic intervention, and anesthesiologist, after which we informed about planned anesthetic procedure in the Firat University Hospital. Experience and opinions of patients regarding anesthesia were reassessed after 24 h of the surgery. Mean age of the patients was 36.68 ± 15.16; and females constituted 42% (n = 84). While 47.5% of patients declared fear of surgery, 37.9% declared fear of anesthesia. Preoperative assessment showed that fear of anesthesia was more common in female patients (P < 0.001) although reasons for this fear did not differ in terms of gender (P > 0.05). Level of education was detected to favorably affect preoperative fear (P < 0.05). In postoperative 24th h evaluation, 88.8% of patients with preoperative fear found this fear to be groundless, and 85% stated that premedication was useful.

Consistent with the study by Ruhaiyem et al., we observed fear of anesthesia in vast majority of our patients with female predominance.[1] Powell et al. have demonstrated benefits of preoperative psychological preparation.[2] We believe that increased level of education was positively associated with the knowledge about anesthesia, and that face-to-face evaluation and information of the patient may decrease unfavorable thoughts, and that midazolam may greatly help as premedication.

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Conflicts of interest
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References
Sir,

Percutaneous dilatational tracheostomy (PCT) even though has appropriately replaced the surgical tracheostomy by far in critical care settings, yet the fact that it accompanies a myriad of both trivial and nontrivial complications cannot be denied. One such complication already mentioned in literature includes inadvertent migration of guidewire into the Murphy's eye of endotracheal tube (ETT) during PCT.

A 45-year-old male patient admitted in Neuro-Intensive Care Unit (ICU) with severe head injury and already tracheally intubated and ventilated over last 5 days was scheduled for PCT on the 6th day. The procedure was being attempted using commercially available Ciaglia Blue Rhino PCT introducers. The ETT was deflated and withdrawn by 5 cm. After careful transverse skin incision, soft tissue dissection, and placement of guidewire between the 2nd and 3rd tracheal rings through the introducer needle, the tract was dilated using a series of three dilators of increasing caliber. The tracheostomy tube (TT) with obturator was then threaded over the guidewire into the trachea. However, the TT failed to enter into the trachea and a resistance was noticed. Presumably, the resistance was due to ETT at the level of tracheal stoma, so we decided to withdraw the ETT further. However, the guidewire moved in tandem with the ETT. We realized that the guidewire had entered the Murphy's eye. As such, we removed the guidewire. We then made a blind attempt to insert the TT through the already made tracheal opening. However, it entered into a false tract. The TT was immediately removed. Ongoing ventilation through the ETT at least ensured optimum oxygen saturation. As a rescue measure, the ETT which we had withdrawn was now again advanced beyond the tracheal stoma. The proximal part of a suction catheter (having thumb control) was cut and the remaining catheter was then negotiated through the ETT into the trachea [Figure 1a]. The ETT was now again withdrawn up to the level of glottis. The oral end of the suction catheter was taken out through the tracheal stoma with distal end in distal trachea. The TT was then railed road over the oral end of the suction catheter [Figure 1b]. After confirming its correct placement, the suction catheter was removed.