



LEVEL OF UNDERSTANDING OF INFORMED CONSENT FOR SURGICAL REMOVAL OF IMPACTED THIRD MOLAR IN RURAL POPULATION.

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ABSTRACT

Background: Extraction of an impacted third molar is most frequently performed in oral surgery, which makes it a good model for studying informed consent. This surgical extraction implies a series of inevitable postoperative complications, such as trismus, swelling or pain, about which the patient must be informed before procedure. Among the many ways of informing patients, the verbal option is without doubt the one most often used by the surgeons. However, most of these explanations are easily forgotten if not supported by other methods.

Objective: To evaluate the efficacy of the written explanation given to patients when obtaining informed consent for third molar removal. **Methods:** This study included 100 patients requiring surgical removal of impacted third molars. The patients were given an information sheet describing the complication in local language. Patients were asked in detail if they remembered being informed about each of these risks individually at the end of seven days. All the answers were noted in a specifically designed questionnaire and evaluated.

Results: A total of 100 patients participated in this study. Of these, 70% of patients agree of being informed about the possible complications preoperatively but 30% of patients do not remember being informed about the possible risks before surgery. Pain (92%) & trismus (89%) were the most common complications experienced by the patients, whereas lip paresthesia (5%) & allergy (1%) were the least encountered complications. 70% patients replied that their postoperative period had been similar to that explained before surgery.

Conclusion: Pain & trismus are the most common complications experienced. Most of patients found it beneficial about receiving in-depth information on the possible risks and complications preoperatively that they may encounter after surgery.

KEYWORDS :

Introduction:

Obtaining informed consent implies, among other factors, explaining to the patient the nature and purpose of the treatment, its results and associated risks, as well as any possible alternative treatments. [1]

To obtain informed consent from a patient for medical or dental treatment, the following 3 conditions must be fulfilled: 1) the patient's ability to make a sensible decision: is the patient able to give consent? 2) has the informed consent been given voluntarily? And 3) has the patient been adequately informed before the operation. [2]

Extraction of an impacted third molar is the most frequently performed in oral surgery, which makes it a good model for studying informed consent. This surgical extraction implies a series of inevitable postoperative complications, such as trismus, swelling or pain, about which the patient must be informed.[2] Among the many ways of informing patients, the verbal option is without doubt the one most often used by the surgeons. However, most of these explanations are easily forgotten if not supported by other methods. [3]

Level of education of people in rural areas is different from people in urban areas because of which the people have language barrier in communicating efficiently with the doctors which eventually causes lack of awareness and fails to understand the medical terminologies. Thus, level of understanding of informed consent to rural population should be evaluated in order to implement the same for desired purpose effectively.

Methods and materials:

100 patients reporting to the OPD of Department of Oral and Maxillofacial Surgery for surgical removal of third molars were chosen for present study. On 1st visit, patients were explained verbally in an orderly manner about specific risks associated with this surgery. Next, the patient were given an information sheet describing the complications in patients own language, to aid patient understanding. At the end of seven days following extraction, when the patients returned for suture removal, all patients had undergone an interview with the investigator. Patients were asked in detail if they remembered being informed about each of these risks individually. All the answers were noted in a specifically designed questionnaire. The results were evaluated. [4] The patients were asked in the questionnaire if remembered being informed before the operation about the possible complications that can arise, to list the complications they feel they have suffered and their opinion on receiving in-depth information

preoperatively about possible complications associated with the surgery and were also asked if their postoperative period was as explained beforehand.

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Results:

When asked whether they remember being informed about the complications preoperatively, 70% of patients agree of being informed about the possible complications preoperatively. 30% of patients do not remember being informed about the possible complications. Thus, about one third of patient failed to recollect the information

When patients were asked to list the complications they feel they have suffered, 92% had pain, 89% trismus, 54% facial edema, 27% lingual paresthesia, 11% infections, 5% lip paresthesia and 1% allergic reactions. Thus pain & trismus are the most common complications noted. Lip paresthesia & allergy are the least encountered complications.

When asked about their opinion on receiving in-depth information preoperatively on the possible complications associated with the surgery, 67% patients found it beneficial about receiving in-depth information on the possible risks and complications that they may encounter after surgery. They believe that this helped them to be mentally prepare themselves for the surgery and in turn to reduce level of anxiety.

31% of the patients do not wish to receive the information as they feel that knowing about the complications will not reduce the possible consequences. So they believe that it is unnecessary as it may increase the level of fear preoperatively.

2% of the patients found it immaterial to know about the possible risks and complications associated with the surgery. Such patients need postoperative counseling.

Finally, when the patients were asked if the post-operative period was similar to that was explained preoperatively or not, 70% patients replied that their postoperative period had been similar to that explained before surgery. 30% patients disagree to the fact that the postoperative period was as explained preoperatively.

Discussion:

Understanding of technical medical language is different in rural population as compared to urban population due to varying factors. Thus, level of understanding of informed consent to rural population should be evaluated in order to implement the same for desired purpose effectively. Such studies had never been done in rural setup in India before. No such data is available in standard textbooks or journals.

The use of verbal communication together with written information significantly improves the understanding of information received preoperatively by the patient. Also a greater degree of satisfaction was observed in those patients who had been informed verbally and in writing. [5]

Patients do not remember the majority of information they receive before giving informed consent. This may be due to lack of understanding of seriousness of these complications. Currently, litigation affecting the dental profession is increasing slowly but steadily. A considerable proportion of lawsuits are due to lack of understanding between surgeon and patient, and not to errors in treatment. Surgeons frequently focus on the legal requirements of informed consent and neglect to explain the possible complications after surgery. By contrast, patients tend not to ask about possible complications. [6] Thus, this evaluation of informed consent can definitely increase the proportion of surgeons taking informed consent as well as making it a point to explain the complications to the patient in nontechnical language.

Conclusion:

Although many patient agree to the fact that they had been informed about the possible risks & complications of surgery, still there are about one third patients who do not remember any such information being informed preoperatively. This may be due to level of education or may be due to level of intelligence to grasp medical language. This clearly suggest that there is definitive need of health education & promotional programs in rural population

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