





BACKGROUND AND IMPORTANCE :

 Anaesthetists are confronted with an increasing population of older patients having major procedures as inpatients.

 Patients are frequently treated chronically with classes of drugs with a narrow therapeutic index and some drugs needing to be adapted perioperatively.

AIM AND OBJECTIVE :

 Evaluate the **patient's understanding** following the anaesthesia consultation and the impact of the pharmaceutical monitoring on the maintenance of the surgery.

MATERIALS AND METHODS :



Observational study conducted during 4 months in 2021.

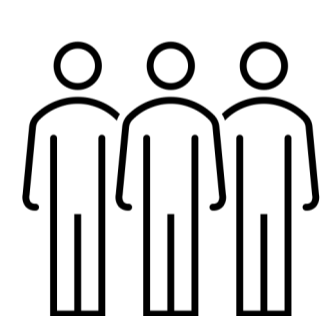
→ Inclusion : scheduled surgery and a treatment that had to be stopped.

→ Data collection: the patient, the drugs to be stopped and the patient's understanding of their discontinuation, whether or not instruction documents were given, pharmaceutical intervention, whether or not withdrawal times were respected and the consequences on the surgery

→ Impact of non-compliance with the anaesthetist's instructions to stop treatment evaluated by the REMED SFPC 2014 method¹ for potential severity.

→Univariate logistic

RESULTS :

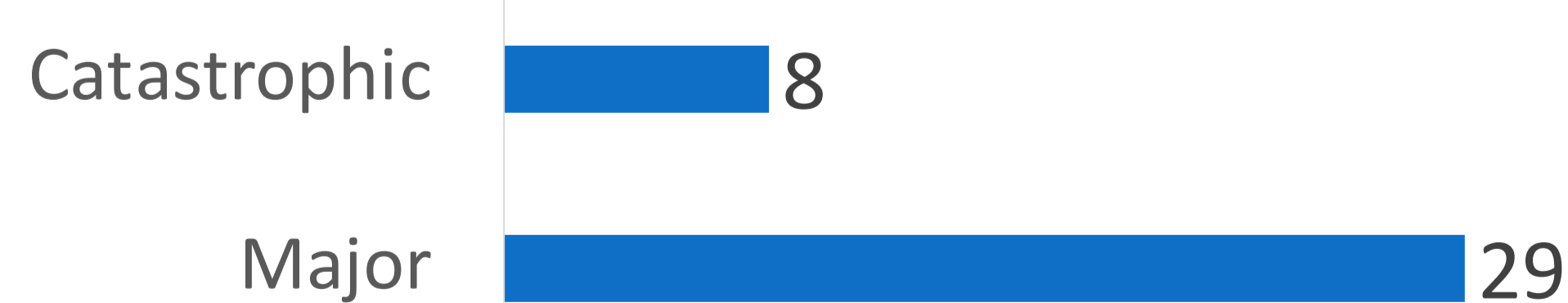
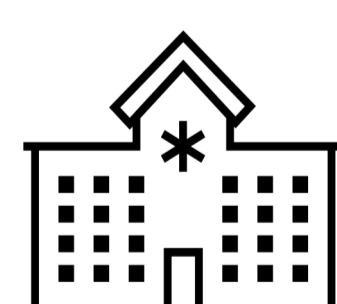


112 patients assessed

Comprehension :	None	Partial	Total	p
Patient (n,%)	21 (18,7%)	16 (14,3%)	75 (67%)	
Document provided by the anaesthetist (n,%)	4/21 (19%)	7/16 (43,8%)	65/75 (86,7%)	<0,001

Giving a document to the patient was significantly associated with better patient understanding

Number and level of potential severity avoided by pharmacist intervention¹ :



CONCLUSION :

- ✓ A document is essential to help the patient manage their pre-operative treatment.
- ✓ The intervention of the pharmacist allows for the continuation of the surgery .



It could be interesting to combine the anaesthesia consultation with a pharmaceutical interview to improve patient understanding.