...and the anxiety has gone away...

Observational study of preoperative anxiety assessment in children undergoing cardiac catheterization.

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Background
Cardiac catheterization in sedation is a reason of fear and concern for children because it is dreaded what is not known. Children develop anxiety and fear for different reasons such as lack of knowledge of operation, separation from family, little familiarity with hospital environment and carrying out of invasive procedures. It is estimated that 60% of children suffers from anxiety in the preoperative period. Information and preparation can considerably reduce anxiety if they are made in regard of child's understanding skills. An anxious parent induce a higher anxiety state in child.
The aim of the study is to measure anxiety in preschool and school children undergoing cardiac catheterization comparing the result to parents’ anxiety and use of techniques to reduce anxiety.

Methods
The anxiety is measured in children by Modified Yale Preoperative Anxiety Scale (m-YPAS). In the parent, anxiety is measured by State Trait Anxiety Inventory (STAI). Measuring moments are the preoperative day and the day of catheterization.
The information/preparation techniques are: delivery of booklet, involvement in therapeutic play performed by child life specialists through the use of books that look like theatres, explanation of the different phases of the procedure by health workers to parents and child, constant presence of parents, visit to the ward during the preoperative day, use of anaesthetic cream before venous cannulation and administration of pre-anesthesia the day of cardiac catheterization, It has also been evaluated the waiting time.

Results
Preschool and school children have been involved. There is no presence of anxiety in children in the preoperative day after information/preparation, presence of maximum anxiety in the day of cardiac catheterization in the moment of the separation from parents in the hemodynamic room. In parents anxiety is always present, it is maximum in the preoperative moment. The major part of the provided reduction techniques has been used but the waiting times between an activity and the other are very long.

Conclusion
Anxiety can be reduced if the approach to child and family is based on multiprofessional actions, if methods are integrated and if parents are involved in the care pathway.