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Hand

Words to Avoid During Wide-awake Local Anesthesia No Tourniquet Surgery to Enhance Patient Experience

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Summary: In the evolving landscape of ambulatory surgery, wide-awake local anesthesia no tourniquet (WALANT) surgery has emerged as a preferred approach due to its efficacy, cost-effectiveness, and patient satisfaction. This paradigm shift places the patient at the center of intraoperative communication, requiring a significant change in the dialogue within the operating room (OR). Traditional conversations, which often exclude the unconscious patient, must evolve to accommodate and prioritize the psychological comfort of the conscious patient. This article examines the impact of language, tone, and conversation content on the patient experience during WALANT. We propose a communication framework that emphasizes empathy, reassurance, and patient inclusion to reduce anxiety and increase patient compliance. By analyzing common OR dialogues and their potential impact on awake patients, we identify specific phrases and words that may exacerbate patient stress or discomfort. Alternatives are suggested to foster a more positive and inclusive environment. Our recommendations are based on extensive clinical experience and supported by relevant literature, highlighting the critical role of mindful communication in improving clinical outcomes and patient satisfaction in WALANT. *(Plast Reconstr Surg Glob Open 2025; 13:e6396; doi: 10.1097/GOX.0000000000006396; Published online 21 January 2025.)*

INTRODUCTION

Most surgeons and nurses have been trained in the main operating room (OR) with patients under general anesthesia. Most of the conversations in the OR have traditionally been about the surgery, mixed with general conversation about the weather, current events, and opinions. The patient has always been completely ignored because they are asleep and not part of the conversation. Introducing an awake patient requires a 180-degree change in the entire dynamic of OR conversation. Many of the traditional OR conversations about the technical aspects of the surgery or the staff's weekend activities can be stressful and irritating to the awake patient. This can lead to an unnecessarily poor patient experience. With awake surgery, the patient is now the most important conversationalist in the room. The conversation needs to change to put the patient first. We need to focus all conversations on the patient to give them the empathy and compassion they deserve.

In recent years, outpatient awake surgery has become commonplace because it can be more effective,[1] less expensive,[2] and more satisfying for the patient.[3] Before awake surgery, the patient experience was not a priority for the surgical team. With awake patients, we now can create an excellent patient experience for a very large number of patients. This can lead to a better patient–physician relationship, trust, compliance, fewer complications, and improved clinical outcomes.[4,5]

We can all change our conversations with alternative language, tone, affect, emotion, and body language to improve the patient experience, reduce anxiety, increase patient understanding of what is being done, and improve patient compliance after surgery. Making these changes is not difficult. We just need to pay attention to what we say and how we say it. The purpose of this article is to present a series of words that should best be avoided around the wide-awake surgical patient and to offer alternatives to maximize the patient's positive experience throughout the surgical process.

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FIRST PATIENT CONTACT

The senior author almost completely avoids the words of an answering machine as the first point of contact when patients call the office. We all hate to listen to recorded messages, especially those that go on forever. We prefer to invest in a friendly human voice (ie, administrator/secretary) on the surgeon's end of the line. Patients love to hear a human voice on the telephone. The telephone conversation can start with "Hello, this is Dr. X's office, how are you doing today?" or "Good day/Good afternoon, this is Dr. X's office, this is X, how can we assist you today?"

HOLDING AREA

Verification of patient identity and limb identification is important to avoid wrong surgery, wrong side surgery, or wrong person surgery, although these errors are less likely with awake surgery. Asking "Can you tell me your name and date of birth?" can be quite effective but has the undesirable effect of possibly making the patient worry that we do not really know who they are or what we are doing. This leads to increased undue anxiety, even if the question is preceded by the statement: "I need to verify your identity."

We prefer to use the patient's name to address them and have them confirm that the information is correct while reviewing the signed consent form. We can ask the patient to spell his or her name to make sure the spelling is correct: "Mr. Smith, could you please help me make sure I have the correct age and phone number for you?" With a smile, we can say: "Ms. Jones, I understand that we are going to make you feel better today with carpal tunnel surgery on your right hand." These alternatives avoid giving the possible impression that the surgeon and surgical staff do not know who they are or what surgery we are going to do.

Asking a patient if they are nervous makes them focus on their fear. We like to ask him or her, "Are you excited about having this done?" This question reframes the emotions they are feeling into potential excitement. It also opens the door for them to express fear or anxiety, which we can calm with friendly reassurance and address any concerns they may have.

DURING THE ADMINISTRATION OF LOCAL ANESTHESIA

Most patients are anxious at the thought of receiving injections; in fact, in a study by Caddick et al,[6] the most commonly recorded source of distress was the local anesthetic injection. Avoid speaking quickly or in a loud voice when preparing for or administering an injection to your patient. Use a soft and calm voice to reassure them (think late-night radio DJ voice).

Avoid silence, as the absence of sound can be frightening to the hypervigilant patient. Friendly, calm, empathetic, patient-centered conversation about their pets or vacations can be helpful (also known as talk distraction).[7,8] Music of the patient's choice can also reduce anxiety.[9] Midway through a painless injection of local anesthetic, we might say: "Aren't you glad I didn't skip class the day they taught you how to anesthetize people in medical school?" A little appropriate good-natured humor is always welcome.

Takeaways

Question: How can surgical staff alter their language to further improve the patient experience during wide-awake surgery?

Findings: A series of words that should be avoided around the wide-awake surgical patient and recommendations for alternative terms and phrases to maximize the patient's positive experience are provided.

Meaning: As we shift toward performing increasing numbers of wide-awake procedures, reframing our language is pivotal to providing exceptional patient-centered care.

Avoid using the word "needle." Words you can use include "you will feel a little pinch or pinprick" or "a little pressure." Avoid making false guarantees such as "this won't hurt at all" or "you won't feel a thing." These are promises you cannot keep, and you cannot afford to break. You risk damaging the trust you have built with your patient. They will probably feel the first sting of even a tiny needle, and they will feel the cold, wet cleansing solution before surgery.

Even if patients prefer not to feel pain, they prefer the truth and deserve your honesty. Let them know that you are determined to cause them as little discomfort as possible and ask them to grade you on how you did and ask them to tell you every time they feel pain.[10]

For example, you can say: "Please tell me if you feel any sting after the first little poke so I can score myself and keep getting better at not hurting people." This will let them know you care. Moreover, you can say: "My goal is to numb you without hurting you." It is worth reading about the rules of minimal pain local anesthesia injection and watching videos.[11,12]

IN THE OR DURING SURGERY

If you work in an OR with both sedation and local anesthesia rooms, you should have a sign on the door with "Awake patient; Watch what you say!" OR staff who expect the patients to be sleeping often barge into a room with loud voices and statements that wide-awake patients really do not want to hear.

Avoid unnecessary chatter and boisterous laughter among staff about matters that do not involve the patient, such as the weather, weekend plans, or worse, complaints about work. Instead, including the patient in most conversations will make them feel important and cared for.

Therefore, it is important to always maintain a standard of professionalism and respect in the OR. In particular, addressing staff errors or omissions should be done with discretion and respect. When necessary, reprimanding or correcting students, residents, or fellows is best done politely and in private, out of earshot of the patient. This approach not only preserves the dignity and morale of the team but also protects the patient from potential stress or anxiety resulting from witnessing disagreement or criticism among their caregivers.

Table 1. Summary Table of Terms to Avoid and Terms to Use

	Please Avoid	Preferred Words/Phrases/Antianxiety/Awake Patient Terms
First patient contact	Avoid recorded robotic messages for telephone line	Have an individual answering the phone
Holding area	Avoid directly asking patient their name and date of birth to confirm identity	Use the patient's name to address them and have them confirm that the information is correct while reviewing the signed consent form
	Avoid asking a patient if they are nervous for the procedure	Ask the patient if they are excited to get their procedure done
During the administration of local anesthesia	Avoid speaking quickly or in a loud voice when preparing for or administering an injection to the patient	Use a soft and calm voice to reassure them (ie, think late-night radio DJ voice)
	Avoid silence	Friendly, calm, empathetic, patient-centered conversation about their pets or vacations can be helpful or play music
	Avoid using the word "needle"	Say "you will feel a little pinch or pinprick" or "a little pressure"
	Avoid making false guarantees such as "this will not hurt at all" or "you will not feel a thing"	Let them know that you are determined to cause them as little discomfort as possible and ask them to grade you on how you did and ask them to tell you every time they feel pain
In the OR during surgery	No sign	Place an "awake patient, watch what you say" sign on the OR door
	Avoid unnecessary chatter and boisterous laughter among staff about matters that do not involve the patient, such as the weather, weekend plans, or worse, complaints about work	Include the patient in the majority of conversations to make them feel important and cared for
	Avoid addressing errors out loud in proximity to patient	Provide feedback politely and when possible, in private
	Avoid silence during surgery unless the patient requests it	Use this valuable time to converse and educate your patient about what to expect during and after surgery and postoperative hygiene
	Avoid ineffective communication with other team members	Identify the person you are addressing before you deliver the message
	Avoid asking the patient to report if they feel pain during surgery	Ask the patient to advise should they feel any discomfort
	Avoid using names of surgical instruments (eg, blade, knife, retractor, or needle)	Blade, scalpel, or knife can be replaced with the number 15. Needle can also be replaced with the gauge number 32 or 30
	Minimize the use of scary words (eg, oops, uh-oh, oh my god)	Use nonverbal communication, such as eye contact, head nods, and coded hand gestures.
	Avoid the term "bleeding"	Use the term "fluid"

A good doctor and a good nurse have good bedside manners. A good wide-awake surgeon and nurse have good "operating table side manners."[13] Treat patients with kindness. Provide friendly, useful information that you would like to have if you were the patient.

Avoid silence during surgery unless the patient requests it. The absence of sound can be eerie and encourage the patient's mind to imagine terrible things. Instead, use this valuable time to converse and educate your patient about what to expect during and after surgery. After the patient education part of intraoperative communication is over, you can and should talk to the patient about anything that seems to interest them or make them happy. The focus should be on positive things that bring a smile. We should avoid negative topics like violence, crime, and war.

Another way to fill the silence is with useful communication. For example, you can ask: "What do you normally take for pain if you have something like a headache? Advil? Tylenol?" If the answer is one of those, you can go on to explain that this is likely all they will need for pain management if they keep their hand elevated for 2–3 days, get off pain medicine early, and follow pain-guided healing.[14]

Another good silence filler is talking about postoperative hygiene. The senior author's approach has been described in detail.[15] Asking the patient if they normally bathe or shower is useful after hand surgery because the hand is often needed to get in and out of a bathtub. We let our patients take off the bandage and get in the shower the next day for most operations, but the hand still needs to be kept elevated and quiet, even if we let the wound get wet.

Another silence filler could be: "What are you planning to do for the next 2 to 3 days?" During the surgery, the surgeon can suggest that the patient modify their routine activity plan to elevation and immobilization for 2–3 days. A patient is more likely to comply when we communicate these instructions when compared with reading a pamphlet or watching a video.

Avoid ineffective communication with other team members. For example, "I need another Monocryl, please, Mary," is a message that Mary may miss because her name is at the end of the sentence rather than at the beginning. "What did you ask for?" is the response the surgeon might receive from Mary if she is not the only staff member in the room. A patient may also think you are asking for something until they hear Mary's name. Instead, identify the person you are addressing before you deliver the message.

We should never have to say: "Tell me if you feel pain during the surgery." The patient will then be nervous and expect pain. Saying "Please let us know if we do anything that bothers you" may be a better approach. Besides, the patient should not feel any intraoperative pain at all if we have injected tumescent anesthesia properly. Always inject more volume instead of less volume of local anesthetic so

the area is always well tumesced. We should give the local anesthesia an ample 30 minutes to work well before operating. We should never have to "inject extra" or "top up" local anesthesia because of inadequate preoperative injection.[16] Instead of using the word "pain," use "soreness or discomfort," as these are less emotionally charged.

Avoid using names of surgical instruments that may sound frightening to a patient, such as "blade, knife, retractor, or needle." "Blade, scalpel, or knife" can be replaced with the number 15. "Needle" can also be replaced with the gauge number 32 or 30.

Minimize the use of scary words as much as possible by using nonverbal communication, such as eye contact, head nods, and coded hand gestures.

If you are missing an instrument, train your staff to avoid saying, "We don't have it," as this creates unnecessary anxiety. Suggest, "May I offer you this instrument instead?"

Avoid "oops, uh-oh, oh my God!" or swear words. Never use words, tone, or body language that convey frustration with possible minor concerns surrounding the operation. All these things create an unnecessary source of worry for the patient.

We tend to use words like these when we encounter an unexpected event. Patients trust you with their health and well-being, and hearing these words will quickly send them into a panic. These words are "never use" words in the presence of a wide-awake patient.

"We have a problem, or this is unexpected" can be replaced with "This is interesting. The body is amazing. It wants me to fix it this way" (with eyes smiling or a chuckle). "The hand is such a wonderful achievement of nature!"

"Bleeding" is always a source of concern for the patient. Using "fluid" is a good alternative. "Clean up the blood or get rid of this bloody gauze" can be replaced by: "Let's tidy this up" or "May I have a clean gauze please?"

OTHER POSITIVE THINGS TO SAY INSTEAD OF NEGATIVE THINGS OR SILENCE

Some options of positive words you can say include "This is going very well!," "I definitely think you are going to have a better hand," "This is almost certainly going to improve your numbness," "Isn't it terrific to see your thumb moving again?" and "I can see why you were having a problem here. I am so glad we are doing this for you today."

If you are working with a learner consider: "That was a perfect stitch," "You can operate on me any day," and "Terrific!"

Table 1 provides a summary of all the recommendations outlined earlier.

CONCLUSIONS

Words matter and will affect a wide-awake patient. Surgeons and OR staff need to focus the conversation on the patient to improve their experience. With more than 65 years of combined experience with awake hand surgery, the authors share tips on what not to say and what to avoid during awake surgery to optimize the patient experience.

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DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

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