

## **Feed back of the parents and / or relatives witnessing a squint surgery of their ward in the operation theatre**

Dear Editor,

We read with interest the article "Feed back of the parents and / or relatives witnessing a squint surgery of their ward in the operation theatre"<sup>[1]</sup> by Dr. Kothari in the September issue of IJO. We would like to congratulate him on the excellent presentation of facts, but there are certain issues that need to be addressed.

Several studies have been undertaken and have proved that parents want to be involved with the treatment of their children<sup>[2]</sup> but whether the health care professionals are as enthusiastic is a moot question. A study also showed that a majority of pediatricians would allow the parents to stay for procedures to be performed under local anesthesia if their (the parents) presence did not have any deleterious effect on either the patient, parent, or doctor.<sup>[3]</sup> Many of them would not allow the parents to stay if the procedure was technically difficult or painful. The reasons cited in this case were that it would be harmful for the parent, patient, or the doctor.

We have the same reservations. The most stressful time of any surgery under general anesthesia for children is taking of the IV line and intubation. This is the time when the child is usually howling and the anesthesiologist is at his wits ends if he cannot find a suitable vein (we have had to call a pediatrician several times to get a suitable vein). If a parent is witnessing all this, it adds to extra stress to the health care professionals and to the parent as well. There are times when the parent has had a vasovagal attack on witnessing something as simple as a foreign body removal in the office – this would be a little too much for them to take. After intubation, everything is generally quiet and the presence or absence of parents does not make too much difference to either the patient (obviously) or to the parent but it is stressful to the doctors to have somebody in the theater watching every move he/she makes. During extubation, things are quieter unless there are complications; here again, it does not make any difference to the patient if the parent is there or not.

So, in short, having the parent in the theater does not make much of a difference to the patient who is our primary concern. In fact, it is only deleterious to him/her.

We have viewing windows in both our operating theaters through which the parent or relatives are allowed to see the activities in the theater as well as the TV monitor [Figs. 1 and 2]. We decide in advance who are allowed to see the



Figure 1: View of surgeon and patient through the viewing window



Figure 2: View of the TV monitor through the viewing window

procedure according to their nature. Overanxious parents or relatives are discouraged. Others are allowed to see parts which are not stressful either to the parents or the doctors. This system has all the advantages that the author has outlined, such as transparency, increased confidence, and increased awareness, and none of the disadvantages that he has mentioned. In any case, all the advantages and disadvantages mentioned are for the parents and not for the patient who is and should be our main concern. Any surgery is stressful for both the doctor and patient – whether a child or an adult – and there seems to be no reason to make it stressful for the parents or increase the stress levels of the doctor.

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Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/0301-4738.94066