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CORRESPONDENCE PERIOPERATIVE MEDICINE

Considerations for patients with history of sexual assault undergoing surgical procedures

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Summary: The frequency of sexual assaults is rising by every passing day, in developed as well as non-developed countries. Many of the victims report to hospitals for possible surgery, due to related or non-related causes. The alien atmosphere of the operating rooms, the busy male and female staff, and the fear of being stripped during surgery are the main factors which need to be addressed with an empathic, if not a sympathetic attitude. Verbal contact being the most valuable tool. The authors have brought this important aspect of the clinical practice to limelight.

Key words: Psychiatric Illness; Sexual Assault; Sexual Abuse

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Background

Sexual assault occurs every 73 sec in the United States, according to 2019 data collected by the US Department of Justice. In parallel lifetime rates of sexual assault are between 17–18% for the women and 3% for men.[1] These numbers are likely to grow with LGBTQ sexual assaults inclusion, for which the rates are even higher. Studies reveal patients with sexual abuse history undergo significantly higher number of surgeries and more major surgeries than patients with no history of sexual abuse.[2] Likewise prevalence rates of abuse history tend to be the highest among patients in gastroenterology clinics who present with either functional disorder or gastrointestinal conditions like irritable bowel syndrome (IBS), abdominal pain,[3] and or need of endoscopic evaluation under sedation. Patients with sexual abuse history are at increased risk for developing emotional as well as psychiatric issues along with altered pain perception which should be taken into account by the anesthesiologist for optimum outcome. Similarly, unfamiliar environment with anxiety disorder and feeling of loss of control under anesthesia may lead to perioperative complications with poor patient satisfaction.

Despite the fact that many patients experience sexual abuse during their life time, anesthesia providers rarely ask about these experiences during routine perioperative care. Most of these patients have never discussed these experiences with the physicians or other healthcare workers and many have never discussed them with anyone. Given the detrimental health consequences of abuse, it is important to discuss these experiences during preoperative interview to avoid untoward patient experience.

Project

We conducted a patient safety and quality improvement project that involved anesthesiologist's awareness about the patients with sexual abuse history and their special anesthetic considerations.

A survey was designed and distributed among our anesthesiology team about sexual assault, its incidence and consequences. Same survey was repeated after a lecture presentation by a guest speaker about anesthetic consideration of patients with the history of sexual assault. The post-lecture survey showed improvement of our anesthesia team's awareness of the perioperative anesthetic management of these at-risk patients.

Results

Ninety percent of our staff reported limited knowledge of sexual assault prevalence. 90% admitted they never asked for a sexual abuse history during their preoperative assessment. Post presentation, 80% confirm they would ask about sexual abuse history during preoperative interview under special circumstances and 20% would always ask about sexual assault. Furthermore, 90% would change their anesthetic practice.

Discussion

Sexual assault is defined as any unwanted sexual act or behavior which is threatening, violent, forced, or coercive and to which a person has not given consent to or was not able to give consent. Sexual abuse is often used in reference to a sexual act, committed against a child or adolescent or a vulnerable adult by someone in a position of power or authority/perceived authority. Besides medical consequences that lead to frequent clinic visits and surgeries, the psychological detrimental effects are indubitable. Many women experience shock, denial, fear, confusion, anxiety, withdrawal, shame, guilt, nervousness and distrust acutely, following sexual abuse, that generally leads to chronic psychologic conditions such as major depression, generalized anxiety disorder, post-traumatic stress disorder and low self-esteem.

These patients may present with exaggerated anxiety on the day of surgery and the patient may disclose a personal history of sexual abuse on preoperative anesthesia interview. However, unprompted revelation just minutes before surgery on the operating table is also reported. Patients should be reassured about their safety during the procedure and a loved one should accompany the patient to the operating room till anesthetic induction. Appropriate anxiolytic medication should be administered and the patient should be counselled about the postoperative care. Anesthetic medications for some patients may elicit feeling of loss of control that occurred during prior traumatic events, for others vulnerability of being physically exposed on the operating table can be a trigger; therefore, patient should be appropriately covered both on induction and upon extubation. Since these patients are more likely to suffer chronic pain and psychological conditions that alter pain perception compared to the patient with no sexual abuse history, appropriate intraoperative and post operative analgesic plan should be in place.

Patients should be made aware of the social work and psychiatric support to address their prior traumas and to ensure that the current surgical experience will not add to their burden.

Since there are no consensus American Society of Anesthesiology guidelines regarding anesthetic management of sexual assault patients, we advocate increasing awareness among physicians through grand rounds, lectures and safety and quality improvement projects to improve perioperative outcome in aforementioned vulnerable population.

Conflict of interests

None declared by the authors.

Authors contribution

MWF, EK: Concept, Manuscript writing

MG, AP, RM, MG: Conduction of study

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