VALIDITY OF THE SURGICAL FEAR QUESTIONNAIRE IN CATARACT PATIENTS

M. Theunissen[1], M.L. Peters[2], S. Jonker[3], H-F. Gramke[1], M.A.E. Marcus[4],

[1]Department of Anaesthesiology and Pain Management, Maastricht UMC+, Maastricht, the Netherlands, [2]Department of Clinical Psychological Science, Maastricht University, Maastricht, the Netherlands [3]Department of Ophthalmology, Maastricht UMC+, Maastricht, the Netherlands, [4]Dept. of Anesthesia/ICU, Pain & Palliative Care, Hamad Med. Corp., Doha, Qatar

Maastricht UMC+

Maastricht University

Objectives
Aim is to validate the Surgical Fear Questionnaire (SFQ) with regard to sensitivity to detect differences in time course of fear before cataract surgery, differences between the first versus the second cataract surgery, and differences between patients who prefer fear treatment or not.

Methods
- Design: Prospective cohort study.

- Participants: Elective cataract surgery under loco-regional analgesia.

- Questionnaires: SFQ short-term subscale (SFQ-s): fear of surgery, anaesthesia, pain, adverse effects. SFQ long-term subscale (SFQ-l): fear of health deterioration, failed surgery, incomplete recovery, protracted rehabilitation. Item scores range from 0 (not at all afraid) to 10 (very afraid), yielding subscale scores of 0-40.

     Preference for preoperative treatment of fear (yes/no).

- Measurements: One week before (T1), one day before (T2), and the day of 1st surgery (T3). For patients with surgery on both eyes (n=49) also the day before 2nd surgery (T4).

Results
- 98 Adults (56 male), mean age 68 ± 9.

- Mean (sd) SFQ-s scores were 8.2 (8.4) at T1 and 8.6 (8.7) at T3. The SFQ-l scores were 6.9 (8.1) at T1 and 8.1 (8.5) at T3. The increase was significant for SFQ-l (p 0.034) but not for SFQ-s. Fig. 1.

- For the binocular group, SFQ-s at T2 was 9.0 (8.6) and decreased to 5.3 (5.8, p 0.002) at T4. SFQ-l decreased from 8.0 (7.7) to 5.6 (6.2, p 0.010).

- Patients who would have appreciated preoperative fear treatment (n=13), had significantly higher fear scores at T3 (SFQ-s p 0.013, SFQ-l p 0.009) than the patients not asking for support. Fig. 2.
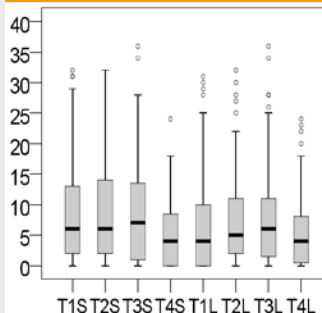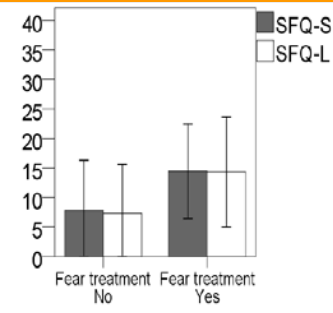

Fig.1 Boxplots of SFQ-S (left 4 plots) and SFQ-L (right 4 plots), at T1-4.

Fig.2 Mean (sd) of SFQ-S and SFQ-L at T3 for patients with and without preference for fear treatment.

Conclusions
In general, SFQ-scores were low before cataract surgery and dropped further before the second surgery. The SFQ was sensitive to detect differences based on time course and patient preferences with regard to preoperative fear treatment.