



INFORMATION AND CONSENT REGARDING ADHESIONS: An Internet Survey

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Disclosure

- Consulting: Johnson & Johnson, Genzyme, Confluent Surgical, Florida Hospital, Kytogenics, ARC Pharmaceuticals, various other companies/organisations with a financial interest in adhesions and their prevention and treatment.
- No consulting fees were specifically in support of any work submitted here.
- Shares held in Johnson & Johnson, Genzyme
- Adhesions.org (owned by Synechion), has received monies from patients, companies, organizations, medical professionals with a financial interest in adhesions and their prevention and treatment.
- No monies were specifically in support of any work submitted here.

Background

Despite their prevalence, most patients have never heard of the term “adhesions”.

This study set out to ascertain the information provided to patients prior to surgery regarding adhesions.



Method

- An internet-based survey was conducted among patients who visit the web site of the International Adhesions Society (www.adhesions.org)
- Patients who had abdominal or pelvic surgeries were asked to complete a questionnaire regarding the information given to them, if any, prior to surgery regarding adhesions and adhesion barriers
- Results were stratified according to whether the procedure was known beforehand to include adhesiolysis
- IRB approval not required
- November 18 2002 to November 17 2005



Informed Consent Survey

- ONLY TAKE THIS SURVEY IF YOU HAVE HAD ABDOMINAL OR PELVIC SURGERY. Vote once for for each time you have had a separate procedure (limit 5). Check all boxes that apply. To record when/where and type of procedure, click submit -- follow the links.
 1. YES, I have had abdominal or pelvic surgery
 2. No I have NOT had abdominal or pelvic surgery
 3. I knew beforehand that the procedure would include cutting (lysis) of adhesions
 4. I am male
 5. I am female
 6. Prior to surgery I was provided with information about the risks of adhesions
 7. Prior to surgery I was provided information about the risks of adhesions as part of the informed consent (consent to surgery)
 8. Prior to surgery I was provided written information about adhesions
 9. Prior to surgery I was told the information about adhesions
 10. Prior to surgery I was shown a movie/ video which included information about adhesions
 11. Prior to surgery I was told that adhesion barriers might be used
 12. Prior to surgery I was told that adhesion barriers would not be used
 13. Prior to surgery I was told nothing about adhesion barriers
 14. This procedure was performed in the USA (please provide year and state)
 15. This procedure was performed in Canada (please provide year and province)
 16. This procedure was performed in Europe (please provide year and country)
 17. This procedure was performed in another country (please provide year and country)
 18. I consent to the use of this information and understand that individual information will not be published, but masked or aggregated with other information

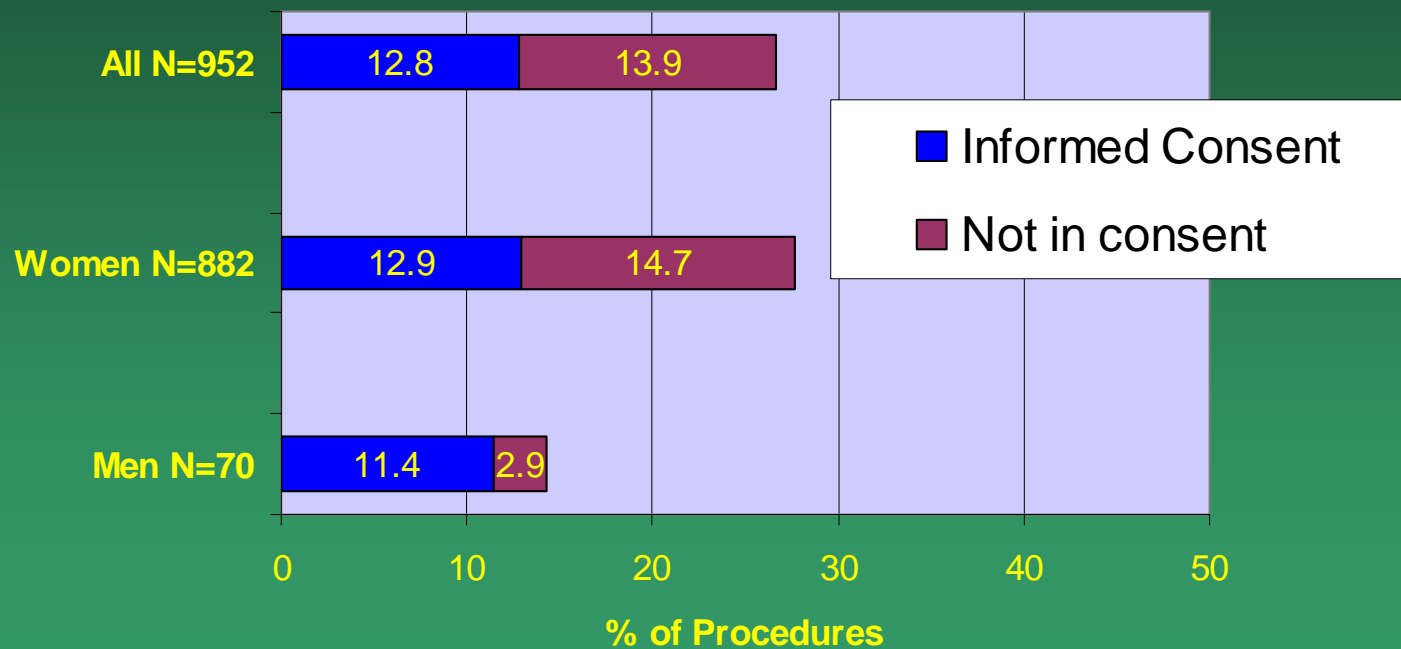
Respondents

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Patients	43	527	570
Procedures	70	882	952
Procedures/patient	1.63 \pm 0.19	1.67 \pm 0.06	1.67 \pm 0.06

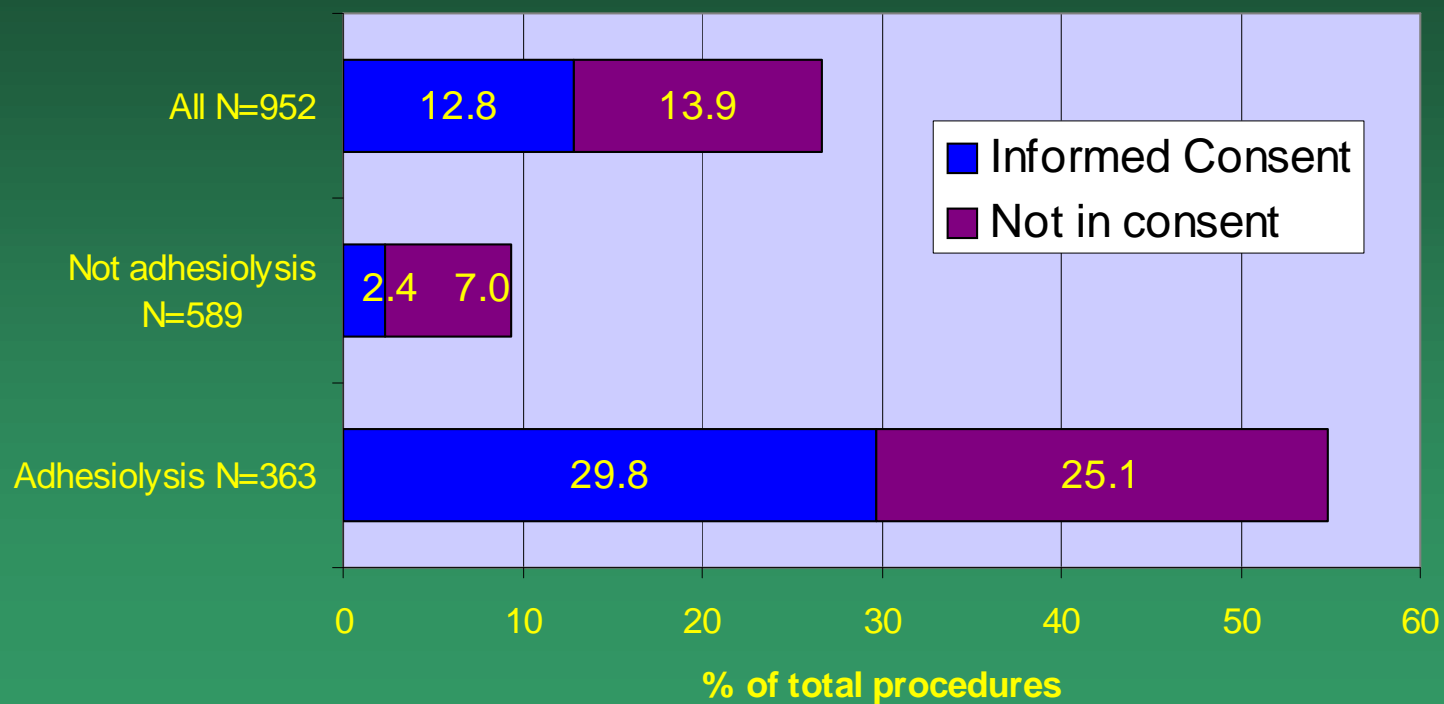
Were adhesions mentioned?

	N	%
Procedures	952	100
Adhesions mentioned, not in i/c	132	13.9
Adhesions mentioned in informed consent	122	12.8
Adhesions mentioned somewhere	254	26.7

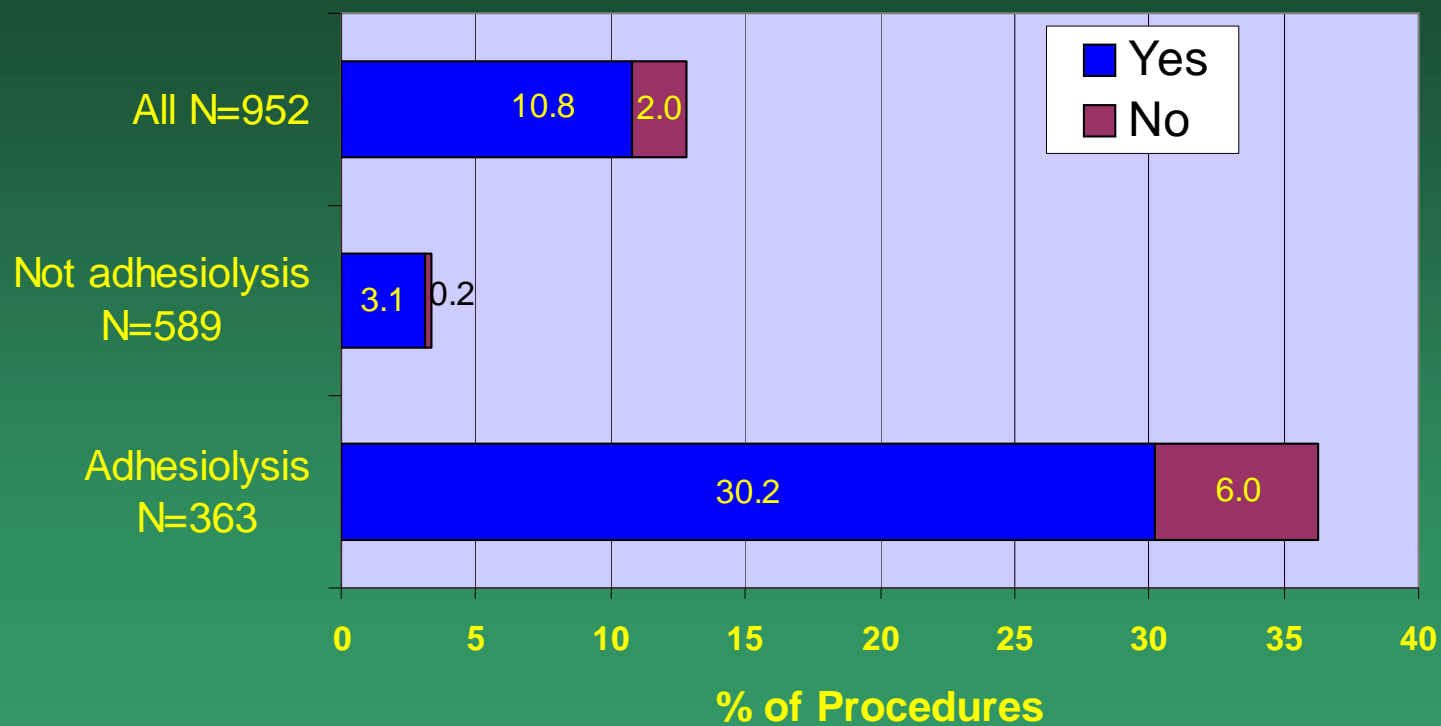
Were adhesions mentioned?



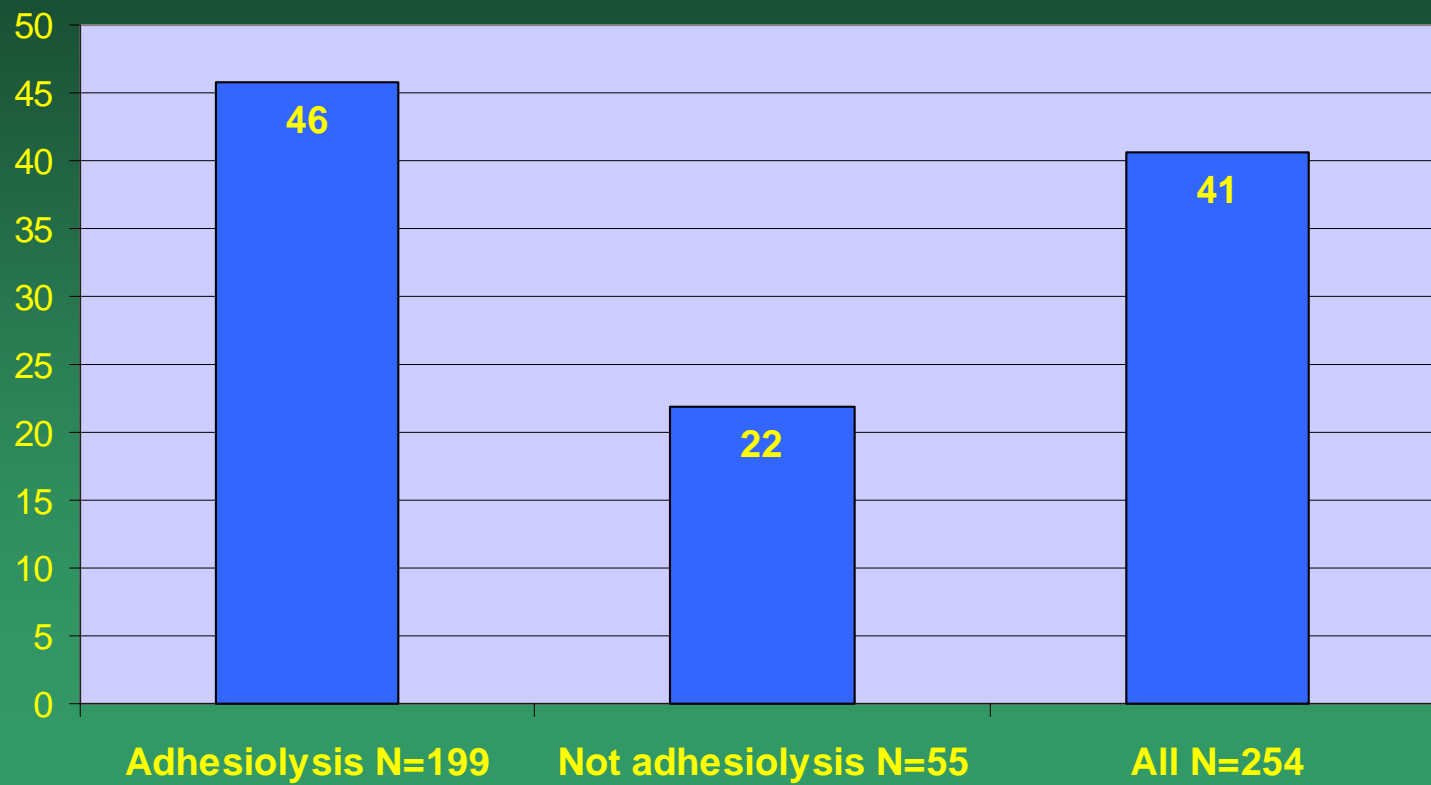
Information on adhesions dependent on procedure type



Will a barrier be used?



Where adhesions mentioned, barriers were mentioned:

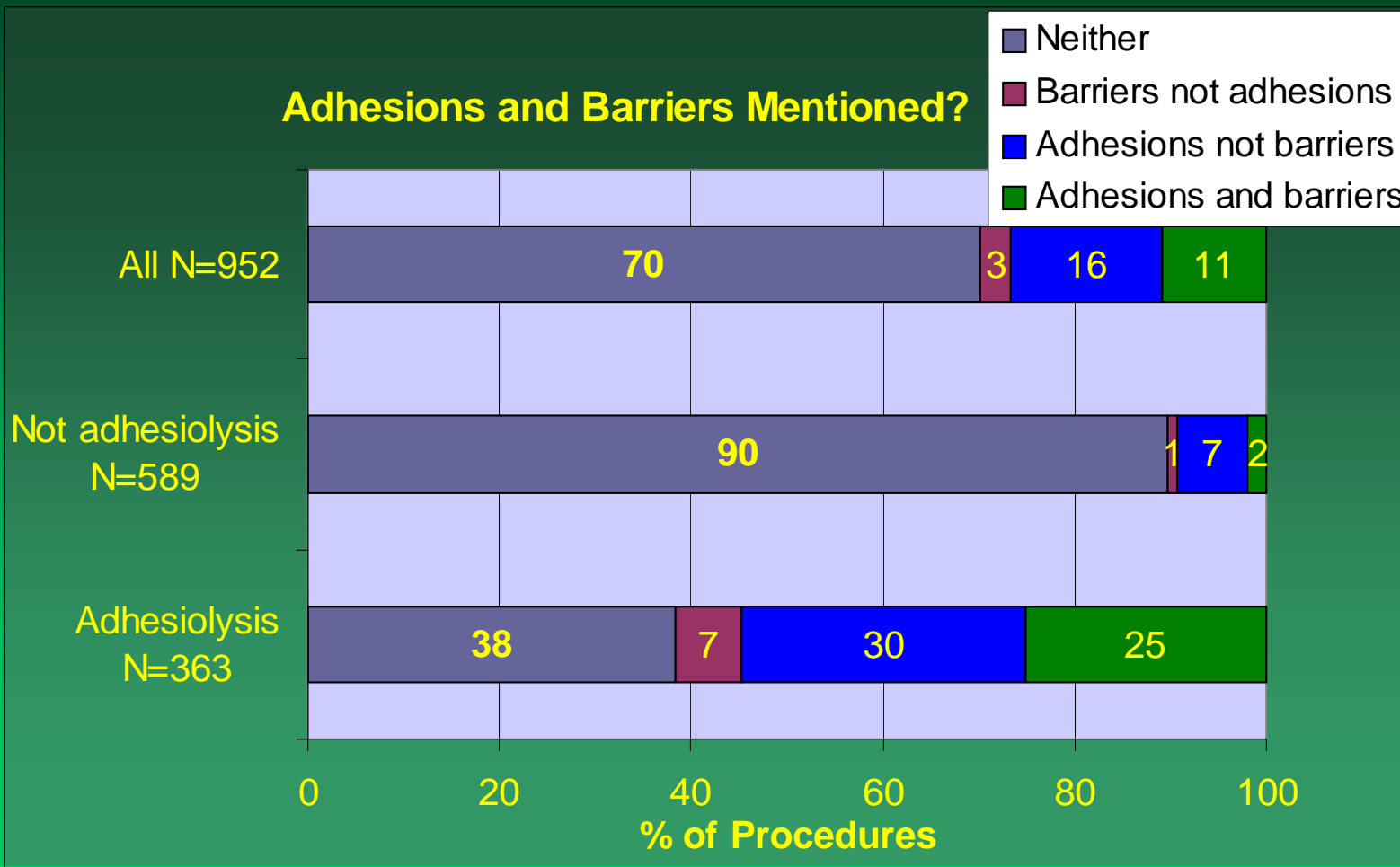


Conclusion

- Given the prevalence of adhesions, the frequency of information provided to patients about adhesions and adhesion barriers appeared remarkably low.
- Information was more forthcoming in adhesiolysis procedures.
- Despite a number of obvious caveats involved in interpreting a study of this kind, it suggests the pre-operative consultation and consent procedures may offer the ideal opportunity to educate patients about adhesions. This can only benefit both patients and doctors.



www.adhesions.org



Abstract

INFORMATION AND CONSENT REGARDING ADHESIONS: An Internet Survey
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STUDY OBJECTIVE: To determine the extent to which patients are informed about adhesions and adhesion barriers prior to surgery.

DESIGN: Patients who had abdominal or pelvic surgeries were asked about information given them prior to surgery regarding adhesions and adhesion barriers.

SETTING: Internet-based survey.

PATIENTS: Patients visiting an adhesions resource web site (www.adhesions.org).

INTERVENTIONS: None

MEASUREMENTS AND MAIN RESULTS: 570 (43 male, 527 female) patients completed the survey concerning 952 procedures. Patients reported being informed about adhesions prior to 27% (254/952) of the procedures they underwent. In only 122 (12.8%) of these were adhesions mentioned as part of the informed consent and in another 132 (13.9%) adhesions were discussed. Patients reported being given information about adhesions in 55% of procedures involving adhesiolysis and in 9.3% of procedures not involving adhesiolysis. Patients reported being provided with information about adhesion barriers, in 46% and 6% of procedures involving and not involving adhesiolysis respectively. Where adhesions were mentioned, barriers were mentioned in 46% of adhesiolysis procedures and 22% of non-adhesiolysis procedures.

CONCLUSIONS: The frequency of information provided to patients about adhesions and adhesion barriers appeared remarkably low. Despite a number of obvious caveats involved in interpreting a study of this kind, pre-operative consultation and consent procedures offers an ideal opportunity to educate patients about adhesions. There is an increasing trend regarding information about adhesions, but a decreasing trend regarding information about adhesion barriers. Whether this represents the adoption or rejection of barriers in surgical practice requires further study.