

Making Your Patients Feel Comfortable

Taking control over what they see and feel.

By Barry H. Block, D.P.M., J.D.

Dr. Block is the editor of this magazine, and is a practicing attorney with the Manhattan law firm of LaBarbera & Lambert.

The typical patient enters your office with a high level of anxiety, apprehension, and fear. What will the doctor say? What will he or she do? Will it be painful? How much will it cost? Will my condition get worse?

These questions should be answered in a caring manner directly and indirectly by you and your staff. Caring is one quality which distinguishes a superior doctor from an average one.

Making your patient feel comfortable starts the moment a patient walks into your office. The first person to greet your patient is your receptionist, who should welcome your patient with a smile.

Your staff should initially address patients by their surnames. This maintains the professional and respectful attitude you have established in your office. With time, you may find that the patient feels comfortable enough to say "please call me Joan." Until that time, it should be a respectful "Mrs. Smith, what can I do to help you?"

You should also address patients (except children) by surname. If you address a patient by his or her first name without permission, he or she is likely to address you by your first name.

Your Reception Room

Your reception room should be a warm comfortable place. Other areas of your office, such as your consultation and treatment rooms, should also be carefully decorated. Care should be taken to limit the amount of instruments and equipment that are within the sight of a patient. Try sitting in the patient's treatment chair. Put yourself in the patient's place. What do you see? Are you comfortable or are you intimidated by an assortment of menacing looking machines and instruments? Perhaps it's time to reposition or cover some of your equipment.

Dealing With Pain

If you analyze the primary reasons why patients come to your office, you'll soon find that the common denominator is pain. Your diagnosis may be corns, calluses, bunions, or heel spurs, but the reason the patient has come to your office is because "it hurts." Pain, though, is subjective. Each patient has his or her own "pain threshold," which you can influence both physiologically and psychologically.

The success of podiatry in the last century has been based on our ability to deal with this pain. The podiatric patient usually discovers that he or she can limp into your office in pain and walk out feeling significantly better.

Today the challenge of keeping your patient pain-free has increased. With the advent of podiatric surgery, you must now deal with both your patient's chief complaint, as well as the pain which results from foot surgery. Most podiatrists rely heavily on anesthetics and analgesics to deal with pain. But there is more to it than "take two aspirin and call me in the morning."

Pain Threshold

Patients differ in their ability to cope with pain. Sally Morton reports that her nail surgery was virtually painless, but her neighbor Joan Thomas tells you that the identical procedure performed on her was the most painful experience in her life. You used the same anesthetic, the same technique, and the same postoperative analgesia. Why did they react so differently?

The answer is a complex one, but is perhaps best approached from a psychological viewpoint. Many factors determine the patient's reaction to pain, including upbringing, prior experiences with pain, and the expectation of pain. It's important to realize that by taking appropriate steps, you can actually increase the patient's pain threshold. Conversely, there are several mistakes you can make to lower it.

Building Trust

Trust is an integral part of managing pain. If you are planning to perform a procedure which potentially could be painful, you're better off to prepare the patient.

Plantar injections, for instance, are notoriously painful. You might be able to say "this will cause a little discomfort" to a clinic patient. Try that line on a private patient and you're liable to get kicked. Private patients have significantly lower pain thresholds than the patients you treated in podiatry school. You must prepare them both physiologically and psychologically.

Patient Preparation

Start by telling the patient that an injection (or procedure) "may be uncomfortable," but you will do your best to make it as bearable as possible. This prepares them for the worst. Note that the word "uncomfortable" has been used in place of the word "painful." In the event that it is not as painful as the patient imagined, you come off looking like a hero. If the patient does experience pain, you don't have to feel guilty. After all, the patient was told to expect pain.

Use physiological aids, such as ethyl chloride or other skin refrigerants to lessen the actual perceived pain. Be sure that the anesthetic has been sufficiently warmed and that you inject it slowly.

While you are injecting, have your assistant hold the hand of the patient. Most patients find this comforting. Your assistant might say something funny like "Please don't break my hand" to break the tense mood of the moment.

Use an adequate amount of anesthesia and wait a sufficient period of time before beginning your procedure. Since your time is precious you should attend to another patient while the anesthetic begins to do its job. If you are using a long-acting injectable such as Marcaine, this process could take up to 15 minutes. Make sure the foot is profoundly numb before beginning. You have told your patient that after the injection he or she would feel "no pain." If you begin to operate prematurely and the patient feels pain, the patient will lose trust in you. This loss of trust will actually lower the patient's threshold for pain.

Your assistant should stay with your patient during this waiting period. The patient will be quite apprehensive during this time and needs the comfort of your caring assistant who will say "everything's going to be fine." Additionally, you want the patient to be observed for any signs of anaphylactic shock or syncope.

Pain-Free Environment

Your office set-up and protocol should be as pain-free as possible. The patient's field of view should be limited so that he or she cannot see the foot being worked on. Many podiatry chairs come with an optional visual block. Mayo stand with a drape hung over the side at the patient's knee level can also be used.

Syringes should also be loaded out of the sight of a patient. It is efficient to pre-load syringe so that you can rapidly set up your visual block and inject before the patient has time to about it. The amount of pain one feels is often proportional to the amount of time it takes you to prepare for the injection. Ideally, the patient should never see the syringe itself.

If you pre-load syringes, make sure that your syringes are clearly marked as to medication and expiration date. If you pre-load small 11 gauge syringes, don't fill them with anesthetics containing epinephrine. Epinephrine left in a syringe tends to precipitate, resulting in a clogged needle.

Purchase high quality needles. The economy brand needles are not as sharp as the top-grade brands and feel more painful to your patients. Always purchase brand name anesthetics. Generic lidocaine tends to cause your patients to experience a "burning" sensation. If you care about your patients, spend a few cents more per injection and purchase Xylocaine.

Handling Postoperative Pain

You should exhibit the same caring attitude when dealing with your patient's post-op operative pain, It is far better to tell patients to expect pain and have them report back that they didn't, than to tell them they're going to have little or no pain and have them wake you up at 3 a.m. to tell you that you lied.

Prescribe the maximum medication you feel the individual should need and tell them "only take this if you need it." If you are prescribing a strong analgesic, tell your patient to try aspirin or Tylenol first. Strange as it seems, by giving patients pain relief "options," you actually increase their pain tolerance. Many patients will actually never take the stronger medication, but they feel secure in knowing that it is available if they need it.

Follow-Up Call

Calling up your patients the night of the surgery is another beneficial step to take. It shows patients that you care. If a patient is not experiencing any pain, you're a hero again. If a patient is in pain, you can call the pharmacy and prescribe a stronger medication or suggest alternatives such as ice packs. More importantly, you can assure your patient that the pain is normal following any surgery and that you are available to help him or her through it.

If you operate in a hospital, be sure to personally visit the patient on the first night. Bring along a small bottle of wine or some flowers. These are the type of gestures that the patient will always remember. If the surgery turns out well, the patient will tell everybody he or she knows about how great a doctor you are. If the surgery eventually fails, the patient will be less likely to sue you.

Making your patient feel comfortable and pain-free requires you and your staff to alter the patient's subjective sensations and attitudes. How you manage your patient's sense of comfort will influence how the patient feels about you.