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Critical Care Unit presurgical tour, is it helpful for patients undergoing elective cardiac surgery?☆

El *tour* prequirúrgico a la unidad de cuidados intensivos, ¿resulta de ayuda para los pacientes de cirugía cardiaca electiva?

In 1997 Lynn-McHale et al. asked this question of the American Journal of Critical Care ''Preoperative ICU tours: are they helpful?''.[1] Twenty years later I feel obliged to ask this question again after personally experiencing accompanying a loved one through a complex heart surgery procedure.

The fact that patients about to undergo heart surgery suffer high levels of anxiety due to the associated fear, worry and uncertainty is well documented in the literature. However, there is evidence that preoperative educational interventions reduce anxiety and improve postoperative recovery.

In the context of heart surgery in particular, we can highlight clinical trials with simple educational proposals that improve anxiety levels in control groups, and that are feasible in terms of available resources. Focussing on the experience of Gou et al.,[2] we can appreciate how part of the information provided to users centres on the immediate postoperative period in the intensive care unit (ICU), showing differences in the lengths of stay in these units of 4 h (mean of 44 h vs 48 h). Although this difference is of limited statistical significance ($p = .05$), it causes us to reflect on the emotional dimension, and how it can affect outcomes for patients. As the result of a literature review, Scott[3] puts forward clear and firm recommendations for clinical practice that support the need for systematic educational interventions undertaken by ICU nurses targeting patients admitted to these units after elective surgery with a view to reducing their anxiety.

Taking the proposal by Williams et al.[4] as our benchmark, we identified 3 basic pillars to sustain emotional and consequent physical wellbeing and early recovery: feeling safe (trust in the care team), feeling informed (awareness of the process and therapeutic approach) and feeling valued (capacity to be involved in decision-making and self care). The notion of control, therefore, signifies a key element in 3 dimensions: self-control (emotions, fears, uncertainty and decision-making), relinquishing of control to others (establishing solid therapeutic relationships), and temporal control (succession of events and their temporality).[5]

In my recent personal experience, the preoperative visit by ICU nurses was combined with a tour of the unit. This was done the morning before surgery to suit what the patient could manage and lasted approximately 15–20 min. During the visit the patient was encouraged to become familiar with the environment where they would wake after their surgery, learn about equipment and support devices, identify elements for time and space orientation (layout of the unit, windows and clocks), learn the sequence of events that would take place in the first few hours postoperatively (reduction of ventilator assistance, removal of endotracheal tube, digestive tolerance, prompt mobilisation, etc.), identify ways of facilitating communication with the care team, and get to know part of the team.

This intervention contributed greatly towards ensuring that the experience was far from traumatic, ensured awareness and knowledge of the process, providing a feeling of self-control and full confidence in the care team. All of which resulted in an emotionally and physically comfortable experience, which, without doubt, will have ensured that the events occupy a valuable place, one of growth and positive gain, in the biography of the patient.

I did not want to end this letter without thanking the nursing team for offering us the opportunity to take part in this presurgical tour. Their response to our request was a gift that we valued, and also provided them an opportunity for them to continue to strive for excellence.

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Now is the time to dust off the protocols and implement real, simple care interventions that meet complex human needs!

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