INTRODUCTION

Sugammadex is the first Selective Relaxant Binding Agent (SRBA) used in practice for the reversal of neuromuscular blockade induced by rocuronium and vecuronium. This modified gamma cyclodextrin binds the modified steroid of rocuronium and vecuronium in its lipid core. At the same time, it is capable of binding other steroid entities, notably hormonal contraceptives. At our institution, notification of sugammadex administration and its significance is included in the printed discharge paperwork. However, this information was discovered to be buried beneath other information (medications, follow-up instructions, etc.), and when patients in PACU were asked, they felt that they likely would have missed this information. We therefore sought a new method of providing this education.

RESULTS

For a number of reasons, we found that patients on hormonal contraceptives who had received perioperative sugammadex felt that their education regarding this interaction was rather lacking. We felt (and most patients agreed) that the existing education was hidden among other discharge information and could easily be missed. We therefore created a simple intervention that we felt would both increase patient knowledge and awareness while also making it easier on their caretakers to provide this education. Our brief analysis demonstrated a rather significant increase in the number of patients who felt they had received proper education regarding sugammadex and birth control, and who now felt confident that they knew what was required. In summation, we identified an area for improvement, and implemented an intervention that was easy to use, easy to reproduce, and easy to understand. We also found that there was enthusiasm for this intervention from different departments. All of these factors made our intervention easier to test, and we discovered that it was highly effective while requiring almost no additional cost or significant training. Similar interventions for other areas of patient education may be just as effective, if not more. We are even hoping to translate this flyer into other languages so that we may best assist even more patients.

INTERVENTION

For a period of two weeks, we identified patients who were taking hormonal contraceptives and who had received sugammadex perioperatively. 56 patients were then identified. We provided a questionnaire before discharge asking them to rate their understanding of the education they received regarding the need for a second form of non-hormonal contraceptive. A scale was used from 1 to 5, with 1 being very poor understanding and 5 being excellent understanding. We found that 37/55 (~67%) reported an understanding of 3 or lower, while only about 18/55 (~33%) reported an understanding of 4 or 5. One patient did not participate. We therefore deduced that there was much room for improvement.

We then created a single page of information regarding sugammadex that was made readily available to our PACU nurses, and that could easily be given to the patients along with their discharge paperwork. This page provided brief information about what sugammadex is used for, how it interferes with hormonal birth control, and the need for a non-hormonal alternative for a week postoperatively. We made sure that the PACU nurses were informed of its existence, placed the papers in a visible location, and regularly encouraged use of this page. We found excellent compliance, and discovered that the nursing staff was enthusiastic regarding its use as well. We allowed this paper to be used for one week, to ensure everyone became familiar with its use, and then followed patients who met the above inclusion criteria for another 2 weeks. This time we had a sample of 48 patients, and again provided them with this questionnaire to gauge their understanding of sugammadex and their hormonal birth control. We found that the number of patients reporting scores of 3 or lower dropped to 7/46 (~15%), while those reporting scores of 4 or 5 numbered 39 (~85%), 2 patients did not participate.