Managing the Anxious Patient
One LASIK surgeon’s formula for success.

BY LOUIS E. PROBST, MD

All LASIK surgeons are familiar with the anxious patient. A fear of LASIK is natural, because this elective procedure involves the patient’s vision. Nonetheless, I am still impressed when women who have had several children tell me that they are far more concerned about undergoing LASIK than they were about delivering a baby. Many individuals have sleepless nights before their procedure, and some of my patients have even obtained preoperative sedation from their general practitioner prior to arriving at my practice. I have developed a protocol for successfully managing anxious patients.

PARTICULAR PATIENT GROUPS
Although many individuals are anxious by nature, it is especially worth noting that some patients may be claustrophobic. They may be particularly fearful if they have undergone an MRI, because several believe that their experience with the laser will be similarly traumatic. These patients are relieved to hear that their head will not be positioned in an enclosed space underneath the laser.

Another contributor to anxiety can be youth. Although I generally prefer to perform LASIK on patients over the age of 21, I have operated on patients as young as 18 years old who needed improved vision to qualify for police or firefighting work or who were entering the military. I have found that younger patients are more prone to anxiety than older patients. They have difficulty sitting still, and the areas around their eyes are extremely sensitive (particularly the case with young males).

The typical modern LASIK patient is a low myope who has been considering undergoing LASIK for the past 5 years. He is less adventurous, has conducted more research, is much less tolerant of risk, and has higher expectations compared with LASIK patients from 1996 to 2002. The modern LASIK patient is also much more anxious than were early adopters of the procedure.

“Because I believe that anxiety prior to LASIK is related to a feeling of helplessness, I tell each fearful patient that he is in complete control.”

VIDEO LEARNING
Before undergoing LASIK, some patients benefit from watching a video of another patient’s procedure. Although I routinely showed such videos to patients in the past, I now only show the video to those patients who request to see it, because the video exacerbated, rather than eased, several patients’ fears.

PREOPERATIVE AREA
My staff is attentive to the needs and anxieties of each patient as soon as he enters the LASIK center. They immediately identify a patient who seems anxious and isolate him from other patients, because anxiety is contagious and can quickly spread throughout the center.

It is important to address a patient’s anxiety early rather than allow it to build. My staff and I try to minimize the waiting time for all patients, but particularly for those who appear anxious. I attempt to engage these individuals in conversation as soon as possible and ensure the consent process is complete so that preoperative sedation can begin. I am generous with preoperative sedation whenever someone appears to be anxious. Although I normally give each patient 5 mg of diazepam, I have administered as much as 15 or 20 mg to extremely anxious individuals who have higher degrees of tolerance.

Because I believe that anxiety prior to LASIK is related to a feeling of helplessness, I tell each fearful patient that he is in complete control. Specifically, I state that I simply perform the procedure, which he can halt at any time. I add that the choice is his regarding whether the procedure occurs on that day or another and whether the procedure is uni- or bilateral. Several patients opt to...
assess the result of one eye before undergoing LASIK in their other eye, and I readily accept this choice.

“Fighting against the patient’s anxiety will only result in a traumatic experience for the patient, ... and it certainly will not yield word-of-mouth referrals.”

HANDHOLDING
Some patients relax greatly if their spouse holds their hand during the procedure. Others do not. I offer this option to all anxious patients, however, so that they know that my staff and I will do all we can to allay their fears. If a patient elects not to have a family member in the laser room, a staff member frequently holds his hand in order to provide extra comfort. With younger patients, it is often helpful to evaluate their relationship with their parents. If the relationship is clearly one of dependency, the patient may be less emotional and more cooperative without a parent present.

NEVER PUSH
If, despite my efforts, the patient underneath the laser becomes upset, the temptation to convince him to continue is strong. Aborting the procedure will affect the surgical schedule and may seem a waste of considerable effort in preparing the patient. Fighting against the patient’s anxiety will only result in a traumatic experience for the patient, however, and it certainly will not yield word-of-mouth referrals. If a patient becomes frightened while underneath the laser, I immediately stop the procedure and relocate the patient to the isolated waiting room. The patient receives another 5 mg of diazepam, and my staff informs him that we can begin again when he is ready. It is also helpful if the patient is seated in such a way as to view other patients as they happily exit the laser room and depart for home. After 1 hour, patients usually feel motivated to recommence their procedure, because their feelings of anxiety have diminished.

CONCLUSION
By following the protocol I have described, I am able to perform LASIK in an atmosphere almost free of anxiety. The most fearful patients are usually the most grateful postoperatively, a rewarding experience for me.

Louis E. Probst, M.D., is Medical Director of the TLC Laser Eye Centers. Dr. Probst may be reached at (708) 562-2020.