INTRODUCTION

• Advances in technology have made video endoscopy more accessible allowing for increased physician-patient interaction.
• These systems still have considerable expense for clinics.
• Greater activation of patients, the process of providing patients with knowledge, skills, and emotional commitment to care, is associated with improved physician-patient communication and patient satisfaction.
• In this study, we seek to prospectively evaluate the benefit of video endoscopy vs standard endoscopy on patient satisfaction.

METHODS

• A prospective, randomized, single-blinded study was performed on new patients receiving care in the rhinology clinics of a tertiary-care center.
• Patients were randomized into the standard endoscopic examination (SEE) or video endoscopic examination (VEE) groups (Figure 1).
• All patients were asked to complete the 22-item Sino-Nasal Outcome Test (SNOT-22) and the 18-item Patient Satisfaction Questionnaire Short-Form (PSQ-18).
• Statistical analysis was performed to identify differences between cohorts.

RESULTS

• A total of 50 patients were recruited for the study with 25 patients placed in each trial arm.
• There was no significant difference in gender (p = 0.382) or age (p = 0.130) between the groups.
• The SEE group had a mean total SNOT-22 score of 47.9 compared to the VEE mean total score of 45.7 (p = 0.694). There were no differences between subdomains (Table 1).
• Between the 7 subdomains of the PSQ-18, general satisfaction (p = 0.048) and communication (p = 0.028) were found to be significantly better in the VEE group. No other domains were significantly different (p>0.05) (Table 2).

DISCUSSION

• VEE patients were noted to have significantly higher scores on the general satisfaction and communication domains of the PSQ-18 than SEE patients.
• Video endoscopy offers physicians space from patients’ face, mimicking surgical movements, and obtains photo-documentation. Its drawbacks include expense, the space the system occupies, and a possibly less-sharp, digitally recreated image.
• When patients cannot see their exam, the relationship between physician and patient becomes somewhat paternalistic, further challenging the move toward high-quality care as recognized by the Institute of Medicine’s call for joint decision making.
• By playing back the endoscopic examination, patients with positive findings are able to visualize the reasons for their symptoms and benefits of interventions, while patients with negative findings can be reassured.
• Previous research has shown that increased patients’ participation allows physicians to provide more information and better align patient-physician goals through increased dialogue and patient inquiry. Importantly, increased patient engagement has been shown to have a positive impact on patient satisfaction and compliance.

CONCLUSION

• VEE is a valuable tool for otolaryngologists and patients. Further studies evaluating variance in patient compliance and symptomatology may provide further justification for its use.

REFERENCES

3. Maly RC, Borque LB, Engelhardt RF. A randomized controlled trial of facilitating information giving to patients with chronic medical conditions: effects on patient satisfaction and compliance.6-8
10. Maly RC, Borque LB, Engelhardt RF. A randomized controlled trial of facilitating information giving to patients with chronic medical conditions: effects on patient satisfaction and compliance.6-8