

Role of Counselling in Deciding the Fate of a Patient with Retinal Detachment: A Case Report

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ABSTRACT

A 28-year-old female, presented with complaints of diminution of vision in left eye and floaters and flashes in right eye. Her visual acuity was 6/9 in right eye and counting fingers- $\frac{1}{2}$ meters in left eye. Patient had high myopia and her posterior segment showed total retinal detachment in left eye. She was advised for surgery and visual prognosis was explained. The patient however was not convinced and was lost to follow up. The patient came back one year later with loss of vision. Her visual acuity in both eyes was then perception of light +ve and projection of rays inaccurate. She gave history of switching to alternative medicine in the intervening period. Had our counselling been proper and treatment initiated at the right time, we could have restored vision in left eye and also retain some useful vision in the right eye. We aim to highlight the importance of counselling through this case report.

KEY WORDS: prognosis, compliance, counselling.

Introduction

With the advancement in medical technology, many diseases have become easily treatable. Regardless of the numerous technologies at hand, a favorable prognosis depends greatly on the timing of the institution of correct treatment. Many ophthalmological conditions have excellent visual prognosis if treated on time. Timely treatment is especially critical in patients with retinal detachment. This is because the longer the photoreceptors are separated from the retinal pigment epithelium, the greater the structural alterations in the retina and the potential functional impairments.^[1] Delay in availing treatment could be due to many reasons which in turn increases the severity of vision loss. Apprehensions regarding

aspects of treatment, surgery, adapting to hospitalization, resource mobilization are some of the major causes.^[2] In retinal detachments involving macula, a seven-to-ten-day window to surgical repair is considered as standard practice.^[3]

Patients are often apprehensive and explore different branches of medicine for a single disease. Hence, proper patient counseling is of utmost importance to believe in the healthcare services as well as the service providers. The most important role of patient counselling is to improve quality of life and provide quality care for patients.^[4]

Case History

A 28-year-old female presented to ophthalmology OPD with complaints of diminution of vision in left eye (OS) and floaters and flashes in right eye (OD). Her visual acuity (VA) was 6/9 in OD and CF- $\frac{1}{2}$ meters in OS. She had myopia of -3D in OD. On anterior segment examination, pupil was sluggishly reactive in left eye. Posterior segment showed lattice degeneration in supero-nasal quadrant in right eye and total retinal detachment in left eye.

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She was advised surgery of LE and subsequently barrage laser of the right eye which had lattice. Guarded visual prognosis of left eye was explained to her. The patient on hearing about surgery, became apprehensive and said she needs time to decide and went back. However she did not turn up for treatment and was lost to follow up. Subsequently, the patient came back one year later with loss of vision in both the eyes. Her visual acuity then was PL+PR inaccurate in both eyes. On detailed history taking, she gave history of consulting several ophthalmologists and exploring various branches of alternative medicine. She was also admitted in the particular hospital for a period of six months. They performed a B-scan as well along with all routine investigations, which depicted total retinal detachment in both eyes. (Figure 1). She also showed the medications prescribed from the hospital along with the discharge summary mentioning those medications in treatment history. When the vision did not improve, she came back to us again. On anterior segment examination, pupil was sluggishly reactive in both eyes. Posterior segment examination by indirect ophthalmoscopy showed total retinal detachment in both eyes.

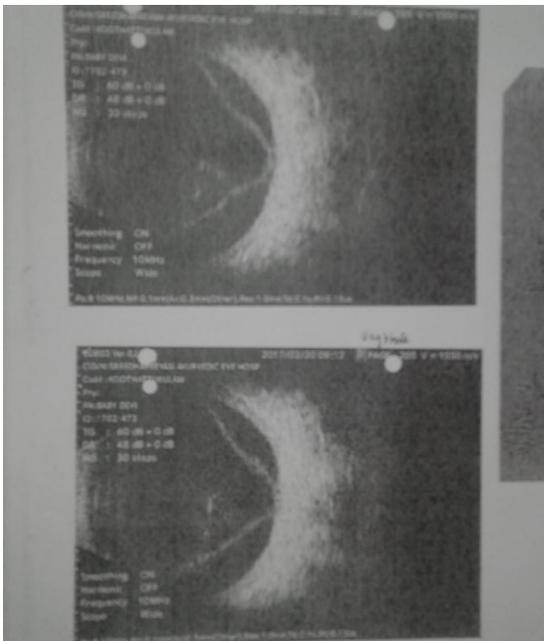


Figure 1: B-Scan showing retinal detachment in both the eyes

Discussion

Patient counselling plays an important role in pre, peri and postoperative period. On enquiring our patient it was found that patient was informed of the variable visual prognosis on her first visit, further she was afraid of the pain associated with the surgical procedure, it's complications and was doubtful about the outcome of the surgery. All these factors led her to opt for alternative medicine. So here, counselling provides a space vital to supporting life, growth, and healing. It is a space within which hope is often sought in the face of an uncertain future.^[5]

Surgery is a frightening event to the patient even when it is relatively minor. The prevalence of anxiety preoperatively in patients ranges from 11-80%.^[6] Thus, the aim of the pre-surgical counselling session is to alleviate surgical fears and psychological preparation of the patient for surgical interventions. A proper counselling imparts realistic understanding of the proposed surgery and prognosis, to make them aware of surgical procedure and postsurgical complications, and to orient the patient environment inside an operation theatre.^[7] In addition with proper counselling, it is important that we instill hope in the patient. Studies now consistently confirm that hope is an important variable contributing to therapeutic effectiveness across theoretical orientations effects of placebo are essentially the result of hope.^[5]

Coming specifically to our role in the whole process, we should have counselled the patient better as with timely intervention we could have given a better result. Personal interview, brochure distribution and video demonstration are some of the methods by which patient's fears can be dealt with prior to operation. Video demonstration appears to be more helpful in illiterate patients and in those who do not actively participate in personal interview.^[8] Another recent technique is shared medical appointment (SMA) where a group of patients having a common illness are dealt together by one or more health providers. Studies have shown that patients undergoing SMA feel more inspired by seeing others who are coping well; it also removes doubts, allows adequate time allotment and makes patient feel more supported.^[9] Emphasis should be given on importance of well informed and timely counselling to provide effective healthcare. Trust has become a major issue between the patients and health care providers.^[10] This is because of increasing number of litigations and reports of negligence. Patients easily get influenced by these. Hence, giving

sufficient time to hear the patient complaints and having empathy for the patient helps. This may be difficult in developing countries with the low doctor to patient ratio but is a stepping stone towards maintaining a healthy doctor-patient relationship. Hence our attitude, communication skills and ethics have to be in place and counselling duration should be based on the patient requirement. This is one of the several such cases clinicians must be facing every single day. From our own experience, we have realised the imminent need for counselling to ensure a ray of hope still exists despite the variable visual prognosis.

Conclusion

With exposure to many forms of alternative medicine, patients often get swayed. Hence, personal interview, video demonstration, better counselling and tackling misconceptions about diseases and treatment can help in alleviating the fear of patients and ensure proper disposal of services. We must alter our understanding of the nature of the doctor patient relationship in preventive care.^[11] Patient counselling is an important part of medical or surgical management of a disease. Every patient should know about the nature of the disease and the benefits of the treatment suggested by the doctor.^[12]

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