The effects of visual and auditory music interventions on peroperative anxiety in daily surgery

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Abstract
Aim: In this study, we aimed to reveal the effects of auditory and visual music concerns on peroperative anxiety evaluation in day-to-day hand surgery patients who underwent infraclavicular block.

Material and Methods: One hundred twenty patients who underwent daily forearm, wrist or hand surgery and infraclavicular block were included in the study. The patients were divided into 3 groups (Group K, Group I, Group G). The first STAI assessment was performed before the block and after block and the patients were taken to the operating room. Patients were put on their headphones and were not removed until the end of the case. Group K was given a headset to isolate the ambient sound, Group I was given a stereo headset connected to the tablet (iPad, Apple, USA), and a list of music was opened, and Group G was connected to the tablet. At the end of the case, STAI evaluation was done.

Results: In comparisons between groups, it was found that there was a statistically significant difference between the groups in terms of postop STAI-1 scores (p <0.05), the music group scores were lower than the other groups. In in-group comparisons, in all groups, a statistically significant difference was found between the measurement times in terms of STAI-1 values (p <0.05). There was a statistically significant difference (p <0.05) between the measurement times in terms of STAI-2 values in music group patients.

Discussion: In our study, we found that visual and auditory music was effective in reducing peroperative anxiety.

Keywords
Anesthesia; Anxiety; Music
Music and anxiety

Introduction
The peroperative period can cause problems in the vast majority of patients due to the physical trauma it causes, as well as fears and increased anxiety associated with surgical procedures. This situation can be observed more frequently due to the operation sounds and noises especially in the operating rooms where bone operations are performed such as orthopedics and hand surgery. These problems are tried to be overcome with the anxiolytic and sedative drugs or psychological preparation programs traditionally given to the patients before the surgical procedure. However, today, anesthesia applications are increasing day by day, and there is not much time left for psychological preparation programs. Applied anxiolytic and sedative drugs, besides the anxiolytic benefit they provide, may cause various undesirable effects and prolongation of recovery period, especially in operations performed under regional anesthesia. [1-5]. It has long been known that music has calming effect even on animals. It is stated in many clinical studies that it is a safe, effective, and non-invasive aid in relieving pain and anxiety. Although the effects of preoperative and intraoperative anxiety have been demonstrated by anesthesiologists, studies that say that anxiety levels will not change between groups who listen to music and do not listen, under conditions where there is silence in the operating room cause controversy on this subject to continue [1-5].

In this study, it was aimed to reveal the effects of auditory and visual music concerns on anxiety evaluation in day-to-day hand surgery patients who underwent infraclavicular block.

Material and Methods
One hundred twenty patients who were identified in the power analysis to be performed forearm, wrist or hand surgery and infraclavicular block were enrolled prospectively after obtaining an ethical committee and written informed consent. Inclusion criteria are 18-65 years old, American Society of Anesthesiology (ASA) 1 to 3 and body mass index from 20 to 30 kg/m². Exclusion criteria are pre-existing neuropathy, coagulopathy, neurological or neuromuscular disease, hepatic or kidney failure, local anesthetic allergy, pregnancy, previous surgery in the infraclavicular region, affective disorder, substance abuse, failure, local anesthetic allergy, pregnancy, previous surgery in the infraclavicular fossa right next to the coracoid protrusion, and the image was taken in the midline on the short axis subclavian artery in the USG image. Using the in-plane technique, the tip of the 21-gauge, 10-cm block needle was advanced until it was dorsal to the artery. After confirming the location of the needle tip in the image section, 20 cc of local anesthetic was applied to the area under the subclavian artery with 0.05% bupivacaine. STAI evaluation was done for the patients holding the block for the second time and the patients were taken to the operating room. After performing standard ASA monitoring in the operating room, patients were put on their headphones that were not removed until the end of the case.

Group K was given a headset to isolate the ambient sound, Group I was given a stereo headset connected to the tablet (iPad, Apple, USA), and a list of music was opened, and Group G was connected to the tablet (iPad, Apple, USA). Stereo headphones and a list of music videos that the patient wanted to watch from the tablet were given until the end of the case.

The blood pressure and pulse of a patient were recorded within 5 minutes throughout the case. At the end of the case, STAI evaluation was done for the patients for the third and last time and the data obtained were recorded.

Anxiety assessments of the patients were made with state and trait anxiety scale scores (STAI 1 and 2). STAI 1-2 is a patient anxiety assessment form with validity and reliability [6]. State Anxiety Scale (STAI 1) determines how the individual feels at a certain moment and under certain conditions. Trait Anxiety Scale (STAI 2) determines how the individual feels, regardless of the situation and circumstances. Both scales can be applied at the same time. In this case, the State Anxiety Scale should be given first and then Trait Anxiety Scale. Each question has four answers (no, some, many, all) and the test consists of twenty questions. The scales include 'direct (straight)' and 'inverted' expressions. While "reverse" expressions expressing positive feelings are scored, those with a weight value of 1 are converted to 4, and those with a weight value of 4 are converted to 1. In direct expressions expressing negative emotions, the answers of 4 indicate the height of anxiety. In inverted statements, answers of 4 indicate low anxiety, and answers of 1 indicate high anxiety. Ten (1, 2, 5, 8, 10, 11, 15, 16, 19, 20th items) on the State Anxiety Scale, and 7 on the Trait Anxiety Scale (21, 26, 27, 30, 33, 36, 39. substances) has an inverted expression. While scoring, two separate keys are prepared to determine the total weights of direct and inverted expressions. From the total weighted score obtained for direct expressions, the total weighted score of the reverse expressions is subtracted and a fixed value is added to this number. This value is 50 for the State Anxiety Scale and 35 for the Trait Anxiety Scale. The scoring is between 20 and 80, it is classified as low level 20-37 anxiety 38-44 medium level anxiety, and 45-80 high-level anxiety.

Statistical Analysis
The data were analyzed using IBM SPSS 25.0 statistical software. While evaluating the study data, the Chi-Square (x²) test
was used to compare descriptive statistical methods (frequency, percentage, mean, standard deviation, median, min-max) as well as qualitative data. The suitability of the data to normal distribution was evaluated by the Kolmogorov-Smirnov and the Shapiro-Wilk tests. One-Way Anova test was used for comparing the normally distributed quantitative data between groups, and the Repeated Measures Anova test for intra-group comparisons. Values with probability (P) less than α = 0.05 are important and there is a difference between the groups, the larger values are insignificant and there is no difference between the groups.

**Power Analysis**

Power (Power) analysis was done with G*Power 3.1.9.4 statistical software; n1 = 31, n2 = 34, n3 = 32, α = 0.05, Effect Size (Effect size) f = 0.35; power (power (1-β)) = 0.87.

**Results**

There was no statistically significant difference in terms of demographic value (p > 0.05) (Table 1).

In terms of comparisons between groups, while there was no statistically significant difference in terms of Stai-1 scores in pre-block and preop values (p > 0.05), there was a statistically significant difference (p < 0.05) between the groups in terms of postop Stai-1 scores. Multiple comparison (post-hoc) tests were applied to find out which group/groups the difference originated from, and the scores of the music group patients were found to be statistically significantly lower than the other groups (Table 2).

In terms of in-group comparisons, in all groups, there was a statistically significant difference (p < 0.05) between the measurement times in terms of Stai-1 values. Multiple comparison (post-hoc) tests were applied to find out what measurement time/times the difference originated, and it was found that there was a statistically significant difference between the pre-block and preop values in the Control and Video groups, and the pre-block values were lower, while in the Music group, a statistically significant difference was found between the measured values.

In terms of comparisons between groups, it was found that there was no statistically significant difference between the groups in terms of Stai-2 scores at all measurement times (p > 0.05) (Table 2).

**In-group comparisons results**

While there was no statistically significant difference between the measurement times in terms of Stai-2 values in the control and video groups (p > 0.05), there was a statistically significant difference between the measurement times in terms of Stai-2 values in the music group patients (p < 0.05). Multiple comparison (post-hoc) tests were applied to find out which measurement time/times the difference originated, and it was found that there was a statistically significant difference between pre-block and postop values, and pre-block values were lower. While the music group was statistically measured between the values measured at all measurement times, a significant difference was found (Table 3).

**Between groups comparisons results**

While there was no statistically significant difference in terms of Stai-1 scores in pre-block and preop values (p > 0.05), there was a statistically significant difference (p < 0.05) between the groups in terms of postop Stai-1 scores. Binary comparisons were made to find out in which group/groups the difference originated, and the Stai-1 Low rates of the patients with music group were found to be statistically significantly higher than the other groups (Table 3).
Discussion
In this study, we aimed to reveal the effects of auditory and visual music concerns on anxiety evaluation in day-to-day hand surgery patients who underwent infracavicular block with STAI test. According to the control group, we can say that visual and auditory concerns are effective in relieving anxiety and that the music group shows a more effective decrease in anxiety than the other two groups. Although our findings are similar to the previous studies on this subject, the differences in the evaluation scales, study group and conditions did not affect our achievement of the same result.

The systematic reviews and studies show that music intervention can have an effect on reducing patient anxiety and pain in the perioperative setting. It also has been reported that patients’ postoperative recovery includes, among other things, regaining control over physical and psychological functions such as pain or anxiety [5-12].

The positive effects of music intervention have been likened to achievement of the same result.

The effects of...