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BJAN-D-23-00214_Letter to the Editor

Brazilian version of the Heidelberg Peri-Anesthetic Questionnaire[☆]

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Dear Editor,

Quality and safety have historically been measured in anesthesia by analyzing perioperative morbidity and mortality. However, these measures are often associated with factors beyond the control of anesthesiologists. Patient satisfaction and their perception of outcomes have recently become essential to service quality in anesthesia.[1] Gathering information on the

patient's experience from their perspective can assist healthcare professionals in making decisions about various available pharmacological options considering patient preferences, not just the anesthesiologist's view.[2]

The Heidelberg Peri-Anaesthetic Questionnaire (HPAQ)[3] was developed in Germany to evaluate patient satisfaction in the peri-anesthetic period. It consists of 38 questions, with responses ranging from 0 (unimportant to me) to 3 (very important to me) on a Likert scale. It assesses satisfaction in five main dimensions: "trust and atmosphere", "fear", "discomfort", "treatment by personnel", and "information and waiting". However, a validated Brazilian version of the HPAQ is still unavailable.

The aim of this letter is to inform that the HPAQ was cross-culturally adapted[4] to ensure its suitability for the Brazilian Portuguese language and culture. Two translators were enlisted for the initial translation stage: one native German speaker and one bilingual Brazilian with no medical or academic affiliations. Following a synthesis stage, a back translation was carried out by a native German speaker with no medical or academic affiliations who translated the Brazilian Portuguese version back to German. An expert committee assessed the semantic, idiomatic, experimental, and conceptual equivalence of the Brazilian Portuguese version of the HPAQ. The committee comprised two PhD professors with experience in epidemiological studies using questionnaires, one anesthesiologist, one surgeon, and three medical students. The committee conducted a comparative analysis between the questionnaire's backtranslated and original German versions to identify any discrepancies in the translation process. The committee members discussed the issues and potential solutions were proposed. As a result of this evaluation, a prefinal version of the HPAQ-Br was developed.

This version of the HPAQ-Br was then administered to 10 patients who had undergone general anesthesia in a private plastic surgery clinic in Florianópolis/SC, Brazil. This aimed to identify comprehension problems and other difficulties in understanding the meaning of each item. The participants were selected based on being native Brazilian Portuguese speakers, above 18 years old, and having undergone general anesthesia. The results showed that no further modifications were necessary, indicating the adequacy of the translation and adaptation process. Therefore, a final version of the HPAQ-Br was proposed

(Table 1). The successful translation and cross-cultural adaptation of HPAQ to Brazilian Portuguese led to the development of HPAQ-Br.

While the HPAQ has already been translated and validated into Portuguese in the context of Portugal culture,[5] discrepancies between the original and Brazilian Portuguese translations were identified and resolved by our research committee. Similar linguistic differences were also reported in the Portuguese (Portugal) version. Notably, the translation and transcultural adaptation conducted by Moura et al.[5] differed from our process as they translated the questionnaire from an English-published version into Portuguese, which may have influenced the results.

Now, it is necessary to determine the psychometric properties of validity and reliability of the Brazilian version proposed. However, the availability of the HPAQ in a Brazilian Portuguese version offers a valuable tool for improving perianesthetic care assessment in Brazil.

Authors' contributions

Luana Caroline Miantti Ghellere Bonfim: Contributed to data collection, analysis, and interpretation; meeting with experts; participated in writing the manuscript and gave final approval of the version to be published.

Nicole Morem Pilau Moritz: Contributed to the conception and design of the study, analysis, and interpretation of data; met with experts; revised the manuscript critically for important intellectual content and gave final approval of the version to be published.

Luiza Buffon: Contributed to the conception and design of the study, revised the manuscript critically for important intellectual content, and gave final approval of the version to be published.

Eliane Traebert: Contributed to the conception and design of the study, met with experts, revised the manuscript critically for important intellectual content, and gave final approval of the version to be published.

Jefferson Traebert: Contributed to the conception and design of the study, analysis, and interpretation of data, met with experts, substantially contributed to drafting the article and revising it critically for important intellectual content, and gave final approval of the version to be published.

Conflicts of interest

The authors declare no conflicts of interest.

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Table 1 Proposed version of The Heidelberg Peri-Anaesthetic Questionnaire in Brazilian Portuguese (HPQ-Br).

| | | | | | |
|--|---|----------------------------|--------------------------|--------------------------|----------------------------|
| Este questionário visa melhorar a qualidade do serviço prestado, avaliando as necessidades dos pacientes submetidos a anestesia, permitindo um tratamento direcionado que contribua para amenizar o desconforto proveniente da condição. Gostaríamos de saber como foi a sua experiência durante este período. Por favor, leia atentamente as afirmações e assinale o número que melhor descreve sua resposta. | | | | | |
| (Marque com um X apenas uma resposta para cada item). | | | | | |
| | | Concordo totalmente | Concordo um pouco | Discordo um pouco | Discordo totalmente |
| As afirmações 1 a 6 a seguir referem-se à discussão de informações anestésicas: | | | | | |
| 1 | O tempo de espera antes da consulta pré-anestésica foi longo. | 3 | 2 | 1 | 0 |
| 2 | O esclarecimento sobre anestesia ocorreu em ambiente agradável (sala). | 3 | 2 | 1 | 0 |
| 3 | O anestesista da consulta pré-anestésica deveria ser mais gentil. | 3 | 2 | 1 | 0 |
| 4 | O anestesista da consulta pré-anestésica pareceu estar com pressa durante a consulta. | 3 | 2 | 1 | 0 |
| 5 | O anestesista da consulta pré-anestésica não deu informações suficientes. | 3 | 2 | 1 | 0 |
| 6 | As informações do anestesista foram claras. | 3 | 2 | 1 | 0 |
| As afirmações 7 a 14 a seguir referem-se ao período desde a consulta pré-anestésica até pouco antes da anestesia: | | | | | |
| 7 | O medo da anestesia foi significativo. | 3 | 2 | 1 | 0 |

| | | | | | |
|--|---|---|---|---|---|
| 8 | O medo da cirurgia foi significativo. | 3 | 2 | 1 | 0 |
| 9 | Eu me senti tranquilo(a) na noite anterior à cirurgia. | 3 | 2 | 1 | 0 |
| 10 | A cirurgia foi adiada para outro dia. | 3 | 2 | 1 | 0 |
| 11 | Antes da cirurgia, senti muito medo. | 3 | 2 | 1 | 0 |
| 12 | No dia, o tempo de espera até o início da cirurgia foi longo. | 3 | 2 | 1 | 0 |
| 13 | A sensação de ser deixado(a) sozinho(a) foi muito angustiante. | 3 | 2 | 1 | 0 |
| 14 | Em geral, a agitação e/ou medo no período antes da anestesia foi significativo. | 3 | 2 | 1 | 0 |
| As afirmações 15 a 20 a seguir referem-se à anestesia: | | | | | |
| 15 | A sede foi um problema antes da anestesia. | 3 | 2 | 1 | 0 |
| 16 | Houve sensação de frio ou tremor na sala cirúrgica. | 3 | 2 | 1 | 0 |
| 17 | A dor antes da anestesia foi angustiante. | 3 | 2 | 1 | 0 |
| 18 | A anestesia ocorreu exatamente como explicada pelo anestesista. | 3 | 2 | 1 | 0 |
| 19 | Havia um ambiente agradável na sala cirúrgica. | 3 | 2 | 1 | 0 |
| 20 | A equipe foi cuidadosa e prestativa na anestesia. | 3 | 2 | 1 | 0 |
| As afirmações 21 a 36 a seguir referem-se ao período desde o despertar da anestesia até algumas horas após a anestesia: | | | | | |

| | | | | | |
|----|--|---|---|---|---|
| 21 | O despertar da anestesia foi agradável. | 3 | 2 | 1 | 0 |
| 22 | Após o despertar da anestesia, houve dor na área da cirurgia. | 3 | 2 | 1 | 0 |
| 23 | Após o despertar da anestesia houve poucas dores em outros locais (por exemplo, cabeça). | 3 | 2 | 1 | 0 |
| 24 | A dor foi levada a sério pela equipe. | 3 | 2 | 1 | 0 |
| 25 | A dor foi rapidamente aliviada pela equipe. | 3 | 2 | 1 | 0 |
| 26 | Após a anestesia, ocorreram náuseas e vômitos. | 3 | 2 | 1 | 0 |
| 27 | A rouquidão e/ou dor de garganta foi um problema após a anestesia. | 3 | 2 | 1 | 0 |
| 28 | Após a anestesia, houve fraqueza muscular. | 3 | 2 | 1 | 0 |
| 29 | Após a anestesia, houve sede. | 3 | 2 | 1 | 0 |
| 30 | A urgência de urinar foi um problema após a anestesia. | 3 | 2 | 1 | 0 |
| 31 | Após a anestesia, houve sensação de frio ou tremor. | 3 | 2 | 1 | 0 |
| 32 | Após a anestesia, houve dificuldade em respirar. | 3 | 2 | 1 | 0 |
| 33 | Sonolência e/ou dificuldade de concentração após a anestesia foi um problema. | 3 | 2 | 1 | 0 |
| 34 | Logo ao despertar, a equipe foi cuidadosa e prestativa. | 3 | 2 | 1 | 0 |

| | | | | | |
|--------------------------------------|---|---|---|---|---|
| 35 | A equipe de anestesia na sala de recuperação ou na unidade de terapia intensiva foi gentil. | 3 | 2 | 1 | 0 |
| 36 | A recuperação após a anestesia ocorreu bem. | 3 | 2 | 1 | 0 |
| Ainda em relação à anestesia: | | | | | |
| 37 | Posso confiar na equipe de anestesia. | 3 | 2 | 1 | 0 |
| 38 | Tenho certeza de que o anestesista tomou as melhores decisões para o paciente. | 3 | 2 | 1 | 0 |