

## ABSTRACT:

The measurement of patient satisfaction is an evolving concept in providing high-quality, patient-centered care. From August 2016 to March 2017, we performed a clinical trial to assess the behavior of the Iowa Satisfaction with Anesthesia Scale (ISAS) in measuring patient satisfaction with monitored anesthesia care (MAC) during early second trimester abortion, hypothesizing that the ISAS would adequately report patient pain while also providing novel satisfaction information. This hypothesis was the secondary endpoint in a multi-site, double-blinded, randomized, non-inferiority study that explored nitrous oxide as an alternative to IV sedation in early second trimester abortion. The ISAS is a self-administered measure of patient satisfaction with monitored anesthesia care. It was administered 30 minutes after surgical abortion procedure. Patients responded to eleven statements by placing a mark along a six-choice vertical response column (e.g., "Disagree moderately") below each statement. Each answer score can range from -3 to +3, which correspond to "disagree very much" and "agree very much", respectively. The mean of the total responses gives a single number, which is a quantitative measure of patient satisfaction with MAC. The Visual Analog Scale (VAS) was administered both pre-operatively and post-operatively according to standard-of-care guidelines. The pending results demonstrate that the ISAS adequately captures pain measurements as compared to the gold-standard VAS ( $r^2$  value: 0.681). The individual questions regarding patient satisfaction demonstrate that patients who experienced high levels of pain also reported a high level of satisfaction. This finding is contrary to the common belief that higher pain control results in higher patient satisfaction. This is novel information regarding patient satisfaction. The results suggest that the ISAS is a reliable tool to measure patient pain and satisfaction in gynecological procedures.