

# MIND TO MIND

*Creative writing that explores the abstract side  
of our profession and our lives*

*Stephen T. Harvey, M.D., Editor*

## Preanesthesia Premedication

### *The “Monaldi” Protocol*

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**T** *“Have you ever wondered what coffee is? Coffee is just an excuse. An excuse to tell a friend that you love him.” —Edoardo De Crescenzo*

This quote from Edoardo De Crescenzo, a famous Neapolitan writer, director, and actor, explains one important truth: in Naples, coffee is not only the propellant to ease through night shifts; it is a social moment to be shared. It involves everyone and erases any power relations and all feelings of awe. All men are equal over a cup of steaming hot espresso coffee. To soothe the anxiety of our patients, we are used to sedating them, sometimes even before they reach the operating room. Midazolam is great, clonidine is very sophisticated, and propofol is super effective . . . but have you ever tried coffee?

When it's time to empathize with patients about to undergo surgery, coffee is the ultimate icebreaker. When health issues are at play, patients always have mixed feelings, fear and awe, especially of those providing them with care. Actually, caregivers often do nothing to erase this distance: sometimes they do not want to, and sometimes they can't, because dealing with pain can consume one's attention, especially if you associate it with a single face, a voice, a person.

We have therefore created complex scores and predictive tables to understand and codify perioperative anxiety, as if it were something inexplicable or incomprehensible, while it is the most human and spontaneous reaction of patients, especially those admitted into a cancer hospital.

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In our hospital we usually arrange a coffee break, before the checklist starts, before patients become an ID. Patients are all incredibly glad and relieved when asked if they want coffee before entering the operating room! A few drops of espresso to be sipped strictly together with anesthesiologists and nurses is the perfect moment to introduce and familiarize ourselves with patients. It gives us the opportunity to joke with them about what kind of dreams they would prefer while under anesthesia, or pretend it's our first day on the job, or simply listen to them talk about their children and grandchildren they want to hug as soon as the surgery is over. The ritual does not last more than five minutes, but at that moment the operating room disappears and the patient is no longer "ours." Instead, he is "one of us."

With the passing of time, the rumor has spread all over the hospital wards, creating expectation and curiosity: some patients, just before being wheeled into the operating theater, ask us whether the "coffee story" is true. Others are convinced that there is some sort of magical sleeping drug, and they challenge us to exchange our coffee with theirs. Whatever their reaction, we manage to obtain a demonstrable outcome, even with a randomized multicenter trial: patients enter the operating room thinking of something other than their disease, fantasizing about the famous cup of coffee to drink with friends. . . . Well, if you think that's a small and trivial thing, come and see for yourself and (oops! I almost forgot) . . . have a coffee with us!