



ASSESS THE HEALTH PROBLEMS AND FOLLOW UP CARE NEED AMONG CONVALESCENCE PHASE OF POST-OPERATIVE PATIENTS WITH MAJOR SURGERIES

Mr. Akash Sadaphal*

CHO Maharashtra Gov. SVJCT'S Samarth Nursing College, Dervan.
*Corresponding Author

Mr. Babasaheb
Bhutkar

Asso. Professor SVJCT'S Samarth Nursing College, Dervan

ABSTRACT

BACKGROUND: Surgery has become an integral part of global health care, with an estimated 234 million operations performed yearly. The World Bank in 2002 reported that an estimated 164 million disability-adjusted life years, representing 11% of the entire disease burden were attributable to surgically treatable conditions.

MATERIAL AND METHOD: A descriptive study design was used to assess the health problems and follow up care need among convalescence phase of post-operative patients with major surgeries. The data were collected from 30 Post-operative patient by using non-probability purposive sampling technique. Descriptive and inferential statistics when applied wherever required.

RESULT: Finding revealed that Assessment of pain depicts that highest percentage 40% (4.91 ± 0.99) of respondents had moderate pain followed by 33.33% (7.6 ± 0.51) had severe pain, 23.33% (9.28 ± 0.48) had worst pain and (3.33%) respondents had mild pain. Assessment of wound infection show that higher percentage 43.33% (10.75 ± 1.70) of had good recovery followed by 30% (2.63 ± 1.12) respondent's recovery is poor and 26.66% (6.4 ± 1.121) respondent's recovery is average. Assessment of constipation depicts that majority of (50%) respondents had moderate constipation followed by (36.66%) respondents had mild constipation and (13.33%) respondents had severe constipation. Assessment of anxiety and stress level depicts that majority 53.33% (15.31 ± 2.60) of respondents had moderate anxiety and depression followed by 30% (6.33 ± 2.12) respondents had mild and 16.66% (24.4 ± 2.30) respondents had severe anxiety and depression. Assessment of PTSD depicts that majority 46.66% (26.5 ± 4.95) of respondents had moderate level of PTSD followed by 43.33% (11.69 ± 3.06) had mild level of PTSD and 10% (40.66 ± 6.02) of respondents had severe level of PTSD. Assessment of quality of sleep depicts that higher percentage of 36.66% (13.36 ± 2.83) had average quality of sleep followed by 33.33% (5.3 ± 2.21) had poor quality of sleep and 30% (23.33 ± 3.39) had good quality of sleep.

CONCLUSION: Study reveals that the post-operative patient has a health problem like pain, constipation and wound infection as well as psychological health problems like anxiety and depression, Post-traumatic stress disorder, disturbance in the quality of sleep.

KEYWORDS : Assess, Health problem, Follow up care, Post-operative patient.

INTRODUCTION

Health is a state of relative equilibrium of body form and function, which result from its successful dynamic adjustment to forces impinging upon it but an active response of body forces working towards readjustment.

Health is both personal and an emotional asset. Optimal health is the best physiological and psychological condition which an individual can experience. The world Health refers to state of complete emotional and physical well-being. Health care exist to help people maintain this optimal state of health. Disease is an inability to adequately counteract physiological stresses that can cause disruption of the body's homeostasis. Additional influences such as congenital anomalies, infection or trauma, interfere with optimal human health and quality of life. There are four type of diseases infectious diseases, deficiency diseases hereditary diseases, physiological diseases. The treatment of a wide variety of illnesses, injuries and human conditions includes some type of surgical or procedural interventions. Surgery gave physician the means to treat the conditions that were difficult or impossible to manage purely by medicine.¹

MATERIAL AND METHODS

A non-experimental; descriptive study design with cross sectional approach was used to assess the health problem and follow up care among convalescence phase of post-operative patients and their relationship with the selected demographic variables. Research variable in the present study were health problem and follow up care among convalescence phase of post-operative patients. Confounding variables in present study were socio demographic characteristics such as like Age, gender, educational status, occupation, monthly income, marital status, family type, religion. The investigator conducted the study in post-

operative room and surgical ward of Pravara Rural Hospital, Loni. The site for the present study was in post-operativeroom and surgical ward of Pravara Rural Hospital, Loni. The population of the study will be post-operative patients. The sample size comprised of 30 post-operative patients and met with the inclusion criteria. The sampling technique use in this study is Non-Probability purposive sampling technique.

RESULTS

Socio-demographic data of post-operative patients.

Higher percentage of (40%) respondents belongs to 29-38 years of age group followed by (30%) belongs to 18-28 years of age group, 17% belongs to 49-58 years of age group and 7% belongs to 39-48 years and >58 years of age group respectively. majority of (57%) respondent was female and remaining (43%) respondents was male. majority of (33%) respondents educated up to primary education followed by (23%) had secondary education, (20%) did not had their formal education, (17%) respondents had higher secondary education and 7% respondents had their graduation and above highest percentage of (37%) respondents was home maker followed by (27%) was farmer, 20% was on daily wages, 7% doing service and business and 3% belongs to any other occupation. majority of (57%) respondents had monthly income ≥ 6001 Rs. followed by (30%) respondents had monthly income between 3001-6000 Rs. and only (13%) respondents had ≤ 3000 Rs. majority of (60%) respondents was married followed by (20%) respondents was widow, (17%) were unmarried and (3%) were divorcee. majority of (54%) respondents belongs to joint family followed by (33%) respondents belongs to nuclear family and (13%) respondents belongs to extended family. highest percentage of (40%) respondents belongs to Hindu religion while (27%) belongs to Muslim religion, (20%) belongs to Christian religion and (13%) respondents belongs to any other religions.

Clinical profile of post-operative patients.

Majority of (63%) respondent's undergone major surgeries and remaining (37%) respondent's undergone minor surgeries. majority of (67%) of respondents underwent surgery under general anaesthesia followed by (30%) had local anaesthesia and (3%) respondents had spinal anaesthesia. higher percentage of (40%) respondents had body weight of 61-70 Kg weight followed by (27%) had 51-60 Kg of weight and (17%) had less than 50 Kg and >70 Kg respectively majority of (30%) respondents did not had any co-morbid illness while (20%) of them had D.M and anaemia respectively, (17%) had hypertension, (7%) had any other co-morbid illness and (3%) respondents having liver cirrhosis and kidney failure.

Assessment of physical health problem of the post-operative patients.

Highest percentage 40% of respondents had moderate pain followed by 33.33% had severe pain, 23.33% had worst pain and (3.33%) respondents had mild pain. higher percentage 43.33% of had good recovery followed by 30% of respondent's recovery is poor and 26.66% of respondent's recovery is average. majority of (50%) respondents had moderate constipation followed by (36.66%) respondents had mild constipation and (13.33%) respondents had severe constipation.

S N.	Criteria	Level	Frequency	Percentage	Mean	SD
1.	Pain	Mild	1	3.33%	2	-
		Moderate	12	40%	4.91	0.99
		Severe	10	33.33%	7.6	0.51
		Worst	7	23.33%	9.28	.48
2.	Infection	Poor	9	30%	2.63	1.120
		Average	8	26.66%	6.4	1.121
		Good	13	43.33%	10.75	1.70
3.	Constipation	Mild	11	36.66%	13.66	2.83
		Moderate	15	50%	6.61	0.55
		Severe	4	13.33%	8.4	.44

Assessment of psychological health problem of post-operative patients

Majority 53.33% of respondents had moderate anxiety and depression followed by 30% respondents had mild and 16.66% of respondents had severe anxiety and depression. majority 46.66% of respondents had moderate level of PTSD followed by 43.33% had mild level of PTSD and 10% of respondents had severe level of PTSD. higher percentage of 36.66% had average quality of sleep followed by 33.33% had poor quality of sleep and 30% had good quality of sleep.

SN.	Criteria	Level	Frequency	Percentage	Mean	SD
1.	Anxiety and depression	Mild	9	30%	6.33	2.12
		Moderate	16	53.33%	15.31	2.60
		Severe	5	16.66%	24.4	2.30
2.	Post-traumatic stress disorder	Mild	13	43.33%	11.69	3.06
		Moderate	14	46.66%	26.5	4.95
		Severe	3	10%	40.66	6.02
3.	Sleep	Poor	11	33.33%	5.3	2.21
		Average	15	36.66%	13.36	2.83
		Good	4	30%	23.33	3.39

CONCLUSION

A post-operative patient has many problems such as social, physical and psychological problem. This study was focused on identifying the health problem and follow up care among convalescence phase of post-operative patients. Study reveals that the post-operative patient has a health problem like pain, constipation and wound infection as well as psychological health problems like anxiety and depression, Post-traumatic stress disorder, disturbance in the quality of sleep.

DISCUSSION

Assessment of pain depicts that highest percentage 40% (4.91±0.99) of respondents had moderate pain followed by 33.33% (7.6±0.51) had severe pain, 23.33% (9.28±0.48) had worst pain and (3.33%) respondents had mild pain. The same study is conducted by Thibault M, Girard F, Robert M, Chouinard P, Daniel B, Monique R in order to assess the postoperative pain following neurosurgical procedures the result of this study shows that on average, 76% of patients experienced moderate to severe postoperative pain.² Assessment of wound infection show that higher percentage 43.33% (10.75±1.70) of had good recovery followed by 30% (2.63±1.12) respondent's recovery is poor and 26.66% (6.4±1.121) respondent's recovery is average.

Assessment of constipation depicts that majority of (50%) respondents had moderate constipation followed by (36.66%) respondents had mild constipation and (13.33%) respondents had severe constipation. Similar study was conducted by Meryem A, Emel Y on Impact of per-operative anxiety on post-operative constipation the result of the study was 31.5% patients found to have the constipation in post operative patients.³

Assessment of anxiety and stress level depicts that majority 53.33% (15.31±2.60) of respondents had moderate anxiety and depression followed by 30% (6.33±2.12) respondents had mild and 16.66% (24.4±2.30) respondents had severe anxiety and depression. Similar study was conducted by U. Jayrajaah, A.M. Samarasekera, D.N. Samarasekera on postoperative anxiety and depression among patient with intestinal stomas result of the study was moderate to severe depression was seen in 17.5% (N=7) and anxiety in 15% (N=6).⁴ Assessment of PTSD depicts that majority 46.66% (26.5±4.95) of respondents had moderate level of PTSD followed by 43.33% (11.69±3.06) had mild level of PTSD and 10% (40.66±6.02) of respondents had severe level of PTSD. Similar study was conducted by Morgana J, Gaillat F, Antonini F, Azoulay E, Martin C, Thomas P, Leone M, the result of this study was prevalence of PTSD-related symptoms after lung cancer resection is High, showing that lung cancer patients undergoing surgical resection are at high risk of postprocedure burden.⁵ Assessment of quality of sleep depicts that higher percentage of 36.66% (13.36±2.83) had average quality of sleep followed by 33.33% (5.3±2.21) had poor quality of sleep and 30% (23.33±3.39) had good quality of sleep.⁶ A similar study was conducted by Elizabeth B, Namie OS, Helena M, Sonobe, Marcia MFZ, on quality of sleep in postoperative surgical oncologic patients the result of the study was 78.3% of the interviewees had impaired subjective quality of sleep.⁶

REFERENCES

1. American Organisation of Registered Nurses Journal.(2014).Inc. <https://www.aorn.org/TwoColumnInsert.aspx?id=21>
2. Thibaultetal., "Cranioto mysite influence spost operative pain following neurosurgicalprocedures:aretrospectivestudy",CANJANESTH2007/54:7/544-548.
3. MeryemA,EmelY,"Impactofpre-operativeanxietyonpost-operative constipation",TurkcolorectalDis.2016;26:39-46.
4. U. Jayrajaah, A.M.S amarasekera, D.N.S amarasekera, "post operative anxiety and depression among patient with intestinalstomas" The SriLanka Journal of Surgery2016;34(2):6-10.
5. MorganaJ, GaillatF, AntoniniF, AzoulayE, MartinC, ThomasP, LeoneM, "PostoperativePainandsubsequentPTSD-relate dsymptomsin patient undergoing lungres ectionfors uspectedcancer r,JournalofThoracicOncology, 2014;9 :3:DOI:https://doi.org/10.1097/JTO.000000000000084
6. ElizabethB, NamieOS ,HelenaM, Sonobe, MarciaMFZ," quality of sleep inpost operativesurgicaloncologicpatients",Rev.Latino-Am. EnfermagemVol. 17no. 4RibeiraoPretoJul./ago.2009.DOI:https://doi.org/10.1590/S0104-11692009000400008.