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EFFECTIVENESS OF DISCHARGE PLAN ON PRACTICE REGARDING POSTOPERATIVE SELFCARE MANAGEMENT OF WOMEN AFTER ABDOMINAL HYSTERECTOMY

Nursing

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ABSTRACT

Healthy reproductive system is a very essential aspect in women's life because imbalance in reproductive function that may cause the gynaecological problems. Now a days in a early age women faces many gynaecological problems due to improper management of her daily life activity. Gynaecological problems are uterine fibroids, dysfunctional uterine bleeding, uterine prolapse, uterine cancer and uterine tumor. Abdominal hysterectomy is a surgical procedure which is used for treatment of these (uterine fibroids, dysfunctional uterine bleeding, uterine prolapse, uterine cancer and uterine tumor). After the abdominal hysterectomy women are not maintain her daily activity selfcare so the discharge plan can play a important role so that their practice modified and improve the knowledge related to postoperative selfcare after abdominal hysterectomy. Pre experimental one group posttest research study was done on 42 postoperative women from total enumerative selected. Purpose of the study was to improve the practice regarding post-operative selfcare management after abdominal hysterectomy. Informed and written consent was taken from the participants. Data was collected by administering tool and discharge planning was administered. Tool was prepared by the researchers. After seven days posttest was taken. Result shows the discharge plan on postoperative selfcare management after abdominal hysterectomy was effective to improve the practice of women.

KEYWORDS

Discharge Plan, Practice, Abdominal Hysterectomy, Postoperative Women.

INTRODUCTION

Hysterectomy is the careful expulsion of uterus and its encompassing structure. Presently a days hysterectomy is the most well-known surgery performed in the Gynecological territory which helps in the decrease of numerous Gynecological issues.[1] Some of preventive and promotive post-operative self-care practices like early ambulation mobilization, balance diet, exercise, pain management, personal hygiene, wound care, sexual awareness, psychological health awareness to avoid the post-operative problems and complications.

Hysterectomy is a one of the essential surgical treatment in gynaecology, as in step with WHO facts base in 2016, an anticipated 15,40000 ladies underwent hysterectomy in the global, hysterectomy is maximum commonly done on ladies among 40 to forty five years of age and around 65 year of age approximately 37% to 39% of women has experienced this procedure.[1]

Indian women are getting their uterus removed at an early age, according to the National family health Survey (2015-16), shows that the prevalence rate of hysterectomy for the primary time, 3.2 % women are belongs to among 15-49 years of age, 3.6% between the age of 30-39 years.[2]

Bansal N et al (2013), Conducted a study on a review of sign and difficulty related with elective hysterectomy. Most normal causes for hysterectomy was fibroid uterus (27.9%), unusual uterine bleeding (22.9%), Prolapse uterus with vagina (21.8%). And 54.4% hysterectomy was done through abdominal route and inconvenience is more in abdominal than Vaginally and Laparoscopic Hysterectomy (p value= 0.001)[3]

Takyi C. (2013) Conducted a five year study on causes, complication and result of hysterectomy.Outcome of the study was 7.8% occurrence of hysterectomy. Causes of hysterectomy was uterine fibroid (67.3%). 370 women had surgical complication. Only 13% cases had complicity and 69.1% women spent less than five days at the hospital after surgery.[4]

PROBLEM STATEMENT

A study to assess the effectiveness of discharge plan on practice regarding postoperative selfcare management of women after abdominal hysterectomy in selected hospital Dehradun, Uttarakhand.

OBJECTIVES

1- To assess the practice regarding post -operative self-care management of women after abdominal hysterectomy.
2- To find the association of level of practice of women regarding post -operative self-care management of abdominal hysterectomy with selected demo -graphic variable.

HYPOTHESIS

Hypothesis were tested at $P<0.05$ level of significance $\mathbf{H_1}$. There would be significantly association between the level of practice score of women with postoperative self-care management of abdominal hysterectomy and their demographic variables.

METHODOLOGY

In the present study quantitative approach with pre experimental one group posttest experimental design was used, total enumerative sampling technique was used to select 42 postoperative women from Himalayan hospital Dehradun, Uttarakhand. Sample was taken after 24 hours of abdominal hysterectomy from ward. Practice was assess on seventh postoperative day after administration of discharge plan in second postoperative day with self reported practice checklist and demographic details were obtained using baseline data. Tools were self reported practice check list that contain total 21 statement related to postoperative selfcare management after abdominal hysterectomy. Each statement carry one mark for correct response and zero mark for wrong response. Structured tools consist of

Socio demographic variables:

consist of Age, Education, Occupation, Type of family, Living area, Parity, No of children, Causes of abdominal hysterectomy, Previous knowledge and source of information about postoperative selfcare management after abdominal hysterectomy.

Self-reported practice check list:

To evaluate the practice of women regarding postoperative self-care management after abdominal hysterectomy.

PRESENTATION OF DATA

The data was entered in a master sheet, for tabulation and statistical processing. in order to find the relationship, the data was tabulated, analyzed and the interpreted using descriptive and inferential statistical method. The data was analyzed and the interpretation were drawn.

4. Analysis and Interpretation

Section-A:

Table 1:Frequency and Percentage Distribution of Socio-Demographic Characteristic of Postoperative women. n=42

S. No	Variables	Subject characteristics	Frequency (f)	Percentage (%)
1.	Age in years	35-47	23	54.8
		48-60	19	45.2
2.	Education	No formal education	17	40.5
		Primary	13	31.0
		Secondary	08	19.5
		Graduate	04	9.5
3.	Occupation	Housewife	40	95.2
		Government job	01	2.4
		Private job	01	2.4
4.	Family type	Nuclear	11	26.2
		Joint	31	73.8
5.	Living area	Urban	13	31.0
		Rural	29	69.0
6.	Parity	Primipara	02	4.8
		Multi para	40	95.2
7.	No of children	1 child	02	4.8
		More than one child	40	95.2
8.	Indication of abdominal hysterectomy	Menorrhagia	13	31.0
		Fibroid uterus	14	33.3
		Tumor in uterus	1	2.4
		Uterine prolapse	14	33.3
9.	Knowledge about post operative self- care after abdominal hysterectomy	9 (a)-Yes	11	26.2
		No	31	73.8
		9(b)-Source of information (n=11)		
		Mass media	04	36.4
		Peer group	07	63.6

Data presented in Table no.1 Illustrates socio-demographic characteristics of postoperative women majority of the study participants 54.8% were between 35-47 years of age group. most (40.5%) of the postoperative women were no formal education. most (95.2%) of the postoperative female were house wife . Most (73.8%) of the postoperative female were having joint family. majority (98.2%) of the postoperative women multi gravida. majority (95.2%) of the postoperative women were having more than one child . most (33.3%) of the postoperative women were having fibroid uterus, (33.3%) were having uterine prolapse. hysterectomy most (73.8%) of the postoperative women were not aware about self-care management after abdominal hysterectomy. most (63.6%) of the postoperative women were having knowledge from peer group.

Practice regarding postoperative self-care management of women after abdominal hysterectomy.

Table no 2: Range, Mean, Median and SD practice score .n=42

	Max score	Range	Median	Mean ± SD	Mean Percentage %
Practice	21	14-20	18	18 ±1.28	85.7%

Table no 2 Shows description of practice score regarding post-operative self-care management after abdominal hysterectomy. Total score was 21. The lowest range of score was 14 and highest range of score was 20. Mean score was 18 ± 1.28. Mean percentage for knowledge score was 85.7%.

Table no 3: Practice score of women regarding post-operative self-care management after abdominal hysterectomy. n=42

Aspect	Category	Frequency	Percentage(%)
Average	14-16	04	09.52
Good	17-20	38	90.47

Table no 3 Shows that the practice of post-operative women, it includes two categories. Majority (90.47%) women were having good practice after implementation of discharge plan on post-operative self-care management after abdominal hysterectomy.

Table no 4: Frequency and percentage distribution of effectiveness of practice of women regarding post-operative self- care management after abdominal hysterectomy. n= 42

S.N	Statement	Resp	F	%
1	Ambulation and physical activity after abdominalhysterectomy.	Yes	36	85.7%
A	Positionchangeafter24hours.	No	06	14.28%
B	Sit in bed with pillow support from 2nd postoperative day.	Yes	41	97.61%
		No	01	2.38%
C	Get up with lateral position from second postoperative day.	Yes	31	73.80%
		No	11	26.19%
D	Use of abdominal support with binder.	Yes	33	78.57%
		No	09	21.42%
E	Walk without support in 7th postoperative day.	Yes	33	78.57%
		No	09	21.42%
2	Diet after abdominal hysterectomy.	Yes	30	71.42%
A	Drink 6-8 glass of water in a day.	No	10	23.80%
B	Soft diet started on third postoperative day.	Yes	38	90.47%
		No	04	9.52%
C	Taken Four times meal in a day from 3rd postoperative day	Yes	38	90.47%
		No	04	9.52%
D	Eat Fruits and vegetables daily after 3rd postoperative day.	Yes	37	88.09%
		No	05	11.90%
3	Pain management after abdominal hysterectomy.		39	92.85%
		Yes	03	7.14%
A	Take Pain medicine as per required after abdominal hysterectomy.	No		
B	Use diversional therapy for relieving of pain.	Yes	37	88.09%
		No	05	11.90%
4	Wound care and personal hygiene maintain after abdominal hysterectomy.	Yes	21	50%
		No	21	50%
A	Daily Inspection of wound own self.			
B	Keep dry the wound.	Yes	30	71.42%
		No	12	28.57%
C	Wear Clear and loose clothes.	Yes	40	95.3%
		No	02	4.76%
D	Change undergarments twice in a day.	Yes	34	80.95%
		No	08	19.04%
E	Clean genital area after each urination.	Yes	40	95.23%
		No	02	4.76%
F	Use clean pad.	Yes	36	85.7%
		No	06	14.28%
5	Exercises and sleep after abdominal hysterectomy.	Yes	40	95.23%
		No	02	4.76%
A	Perform deep breathing exercise after 24 hours.			
B	Perform kegal exercise after third postoperative day.	Yes	30	71.42%
		No	12	28.57%
C	Take Sleep 8-9 hours in a day.	Yes	35	83.33%
		No	07	16.66%
06	Follow up	Yes	41	97.61%
A	Follow health workers advice.	No	01	2.38%

S. No.	Variables	Below median <18	Above and at ≤ 18	X^2	Df	P value
1.	Age in years			1.159	01	0.207
	35-47	09	14			
	48-60	04	15			
2.	Education			0.032	01	0.859
	No formal education	05	12			
	Educated	08	12			
3.	Occupation			-#	01	1.000
	Working	13	27			
	Non-working	00	02			
4.	Family type			0.204	01	0.651
	Nuclear	04	07			
	Joint	09	22			
5.	Living area			2.135	01	0.143
	Urban	02	11			
	Rural	11	18			
6.	Parity			0.356	01	0.550
	Primi Para	01	01			
	Multi Para	28	12			
7.	No of children			0.262	01	0.608
	One child	01	01			
	More than one child	13	27			
8.	Causes of abdominal hysterectomy			-#	03	0.208
	Menorrhagia	05	08			
	Fibroid uterus	02	12			
	Tumor in uterus	01	00			
	Uterine prolapse	05	09			

9.	**Knowledge about postoperative self care after abdominal hysterectomy**			8.991	06	.174
	Yes	05	05			
	No	08	24			

Table no 4 Shows that the depicts the frequency and percentage distribution of practice of women regarding post-operative self-care management after abdominal hysterectomy. The result showed that most (85.6%) women frequently change the position. Majority (97.61%) women were strongly sit in bed with pillow support. Most (73.80%) women were awake from bed with lateral position. Majority (78.57%) women were strongly taken support with binder while walking. Majority (78.57%) women were strongly walked without support after seventh post-operative day. Most (71.42%) women were strongly agree taken 6-8 glass of water per day. Majority (90.47%) women were strongly taken soft diet after third post-operative day. Majority (90.47%) women were strongly taken four times meal in a day. Most (88.09%) women were strongly taken fruits and vegetable. Majority (92.85%) women were strongly take medicine as required during pain. Majority (88.09%) women were strongly use diversional therapy to reduce pain. Half of (50%) women were inspect her wound. Most (71.42%) women were keep dry the wound. Majority (95.3%) women were strongly worn loose and cotton clothes. Majority (80.95%) women were strongly changing the undergarments twice in a day. Majority (95.23%) women were strongly clean genital area after every urination. Majority (85.7%) women were strongly use clean pad. Majority (95.23%) women were strongly doing deep breath exercises. Most (71.42%) women were do kegal exercises. Majority (83.33%) women were take 8-9 hours take sleep in a day. Majority of women (97.61 %) were strongly follows all advices by health workers.

Section C: Association of level of practice of women regarding postoperative selfcare management of abdominal hysterectomy with selected demographic variable.

Table no 11: Association between level of practice scores among post-operative women with their socio demographic variables. n=42

Significant at df_1=3.841, df_3=6.97, df_6=12.59 at p<0.05 #= fisher exact with chi square.

Table no 4 Shows that there was no statistically significant association between level of practice with their socio-demographic characteristics (age, education, occupation, family type, living area , parity, no of children, indication of abdominal hysterectomy) at 0.05 level of significance'. Hence the researcher interpreted that the null hypothesis (H_0) was accepted and the research hypothesis (H_4) was rejected.

DISCUSSION

The present study was aimed to assess the effectiveness discharge plan on practice regarding postoperative selfcare management of women after abdominal hysterectomy. Findings of present study have been discussed with the references of the objectives and statistical analysis and findings of the other researchers done on same field. Total 40 subjects were selected through total enumerative technique. Data was collected using demographic variable and self reported practice check list.

The study findings depict that the post intervention majority of women performed good practice 90.47% after intervention. The finding showed that there was highly effective intervention and researcher interpret that the research hypothesis (H1) was accepted at the 0.05 level of significance.

The contradicted study conducted by Mrs T Savitri on to evaluate the knowledge and self-care practices regarding after surgery among first deliver mothers who underwent elective LSCS, and the outcome shows that the women had poor (80%) and moderate (20%) practice in second day. in third postoperative day they had good (60%) and moderate (30%) practice about self-care and in fourth day female had good (50%) and moderate (40%) practice about self-care after caesarean operation.[5]

CONCLUSION

It can be recommended that discharge plan about postoperative selfcare management after abdominal hysterectomy enhance the practice of women and it can be introduce in clinical setting so that nursing staff can teach hysterectomy patients till they discharged. Based on the finding of the study, it concludes that after intervention of discharge plan most of the women with hysterectomy had (90.47%) good practice regarding postoperative selfcare management.

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