

Effectiveness of Lifestyle Modification Education on Knowledge, Anxiety, and Postoperative Problems of Patients With Benign Perianal Diseases

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Purpose: *The aim of this study was to evaluate the effectiveness of preoperative planned education about lifestyle modifications on knowledge, anxiety level, and postoperative problems of the patients with benign perianal disease.*

Design: *The study was a quasi-experimental design.*

Methods: *The sample was a total of 102 patients undergoing surgical procedure for hemorrhoid and fissure in the general surgery unit of a state hospital in Turkey. Data were collected using the Descriptive Characteristics Determination Questionnaire, the Knowledge Determination Questionnaire, the Postoperative Problems Determination Questionnaire, and the State and Trait Anxiety Inventory.*

Findings: *Preoperative written and verbal planned education about lifestyle modifications improved knowledge and decreased anxiety levels of the patients. There were no statistically significant differences between the control and study groups in postoperative problems other than leakage.*

Conclusions: *Results of the present study showed that nurse-conducted education on lifestyle modification of hemorrhoid and fissure was effective.*

Keywords: *hemorrhoids, anal fissure, anxiety, perioperative nursing.*

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BENIGN PERIANAL DISEASES are common pathologic disorders, which affect millions of people around the world, cause significant morbidity, and represent a major medical and socioeconomic problem.¹⁻⁸ Hemorrhoids and anal fissures are the most common benign perianal lesions.^{9,10} Prevalence of these diseases in the general

population is probably much higher than that seen in clinical practice, because most patients with symptoms do not seek medical attention.⁹ The prevalence of hemorrhoids may be as high as one-third of the population^{11,12} and affect more than 1 million individuals in the Western world per year.¹³ This problem is reported to

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Conflict of interest: None to report.

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affect around 10 million Americans per year.^{5,8,14} Anal fissures represent 6% to 15% of proctology referrals.^{15,16}

The management of benign perianal diseases includes medical and surgical treatment that requires attention to details.⁴ Current aims of the treatment modalities are minimizing postoperative complications, shortening hospital stay, and improving quality of life.¹⁷

Most patients with hemorrhoids and anal fissures respond to initial management with lifestyle modifications. The lifestyle modifications are an integral part of the treatment of benign perianal diseases and necessary to prevent complications and recurrences. These modifications also improve the outcome of surgical treatment and increase the long-term cure rate. The modifications include improving anal hygiene, warm sitz baths, increasing the amount of fiber and fluids in the diet, avoiding constipation or diarrhea, and preventing prolonged lavatory sitting. These measures reduce straining, relieve pain, bleeding, and prolapse. Sitz baths are also useful for maintaining anal hygiene.^{2-5,7,11,12,14,16,18-21} Fiber supplementation can decrease severity of symptoms around 50% in patients with Grade I to III hemorrhoids.²² Relief of symptoms and healing are seen in up to 60% of the patients who use these conservative measures in fissures.¹⁵ Lifestyle modifications should be taught to patients with all stages of diseases as a part of a comprehensive treatment regimen and as a preventive measure.^{7,10,12,16,20-22}

Although nonsurgical options for treatment have gained popularity recently, surgery remains common as no available medical therapy has been proven to be more effective.¹² Excisional hemorrhoidectomy has long been the standard treatment of symptomatic internal and external hemorrhoids. Today, the stapled anopexy technique is considered to be a more physiological procedure as the hemorrhoids are replaced in their anatomic position rather than being excised.^{2,7,12,13,18,20,21,23,24} Surgical treatment of anal fissure generally includes lateral internal sphincterotomy as it reduces pressures with an associated rise in anodermal blood flow.^{4,7,10,12,14,15,18,25-27}

Perianal operations are usually performed on relatively healthy patients and the risk of major

morbidity and mortality is quite low.⁴ Main complications of hemorrhoidectomy are bleeding, constipation, fecal impaction, urgency in defecation, pain, urinary retention, urinary tract infection, dehiscence of the suture, rectal perforation, sepsis, anal stenosis, pruritus, pain, disturbances of continence, and anal fistula.^{2,20,21,23,24,28} Reported complications of the lateral internal sphincterotomy include bleeding, hematoma, local infection, but most particularly anal incontinence.^{10,18}

Surgery leads to anxiety as much as physiological problems. Hospitalization, regardless of disease, is known to provoke anxiety in the patient admitted for surgery. Most patients awaiting elective surgery experience anxiety and this as an expected response.²⁹ Preoperative anxiety is derived from stress responses toward perceived threat and danger related to the surgery and hospital environment.^{30,31} Prolonged and high level of preoperative anxiety has negative effects on healing process, and it is associated with morbidity and mortality.^{29,30} Preoperative anxiety is correlated with increased pain, nausea, and vomiting in the postoperative period, prolonged recovery, and increased risk for infection.²⁹ Relieving of the anxiety reduces postoperative complications and positively affects well-being of the patients and outcomes of surgery.³²

Preoperative teaching is vital for adherence to the lifestyle measures, to prevent complications, and to reduce anxiety.^{30,31} Well-prepared verbal or written discharge instruction enhances postoperative home care³³; reduces readmission to hospital³⁴; improves self-care; and increases patient satisfaction, health provider performance, and clinical outcomes.³⁵ In addition, preoperative teaching facilitates coping by enhancing the sense of self-respect and psychological well-being of patients.³⁰

Literature Review

Lifestyle modifications are indicated in the relevant literature as the primary step in treatment of hemorrhoid and fissure, and also important in postoperative period to prevent complications and to decrease recurrences.^{5,6,20,27,28,36,37}

There are many studies related to complication rates of hemorrhoid and fissure. The overall

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