

Effectiveness of Preoperative Visitation on Postanesthesia Complications

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Purpose: *The purpose of this study was to evaluate the effect of preoperative visitation on postanesthesia complications after hernia surgery.*

Design: *In this quasi-experimental study, 70 patients receiving elective hernia surgery were purposefully selected.*

Methods: *In the evening preceding surgery, the surgical technologist visited the patient in the surgical ward. Data were collected by checklist of vital signs and postanesthesia complications.*

Findings: *A greater increase is observed in the systolic blood pressure of the experimental group at the moment of entering the postanesthesia care unit. A significant difference was found between groups in the intensity of postanesthesia agitation in the postanesthesia care unit patients, with a higher incidence among the experimental group.*

Conclusions: *According to the findings, preoperative education programs for operating room staff and other behavioral and mental interventions to manage surgery and its consequences in elective surgical patients is recommended.*

Keywords: *hernia, operating room staff, postanesthesia complications, preoperative visit.*

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Conflict of interest: None to report.

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SURGERY IS A COMMON TREATMENT method in many hospitals.^{1,2} Physiological responses to stress and surgical trauma include the secretion of cortisol, catecholamines, cytokines, antidiuretic hormone, and glucagon. Some metabolic and physiological responses to surgery cause an imbalance in essential physiological functions. At the same time, delayed effects of anesthetics and muscle relaxants weaken natural ability of the body in re-establishing the patient homeostatic status and maintaining the patient health, resulting in postanesthesia and postoperative complications in the postanesthesia care unit (PACU).^{3,4}

Familiarization of patients with the surgical procedure not only improves their awareness and knowledge, but also is helpful in reducing psychological stress from surgery.⁵ Today, familiarization with the procedure and education are a fundamental health care program in medical and health care systems. In addition, education of patients is

considered to be the best method to respond to patient needs.⁶ Patients are given the chance to express their concerns and fear of surgery through preoperative education and an interpersonal relationship with a focus on patients' needs. This measure results in the stimulation of the anxiety-reduction mechanism and the creation of the sense-of-control in patients.⁷

According to different studies, a considerable percentage of the patients who are hospitalized in PACUs, develop postanesthesia complications.^{8,9} Tarrac⁹ reported that one-third of patients in PACU developed complications and required therapeutic intervention. In a study on 18,473 patients entering the PACU, Hines et al⁸ demonstrated a PACU complication rate of 23.7%, with an overall intraoperative complication rate of 5.1%. Nausea and vomiting (9.8%), the need for upper airway support (6.9%), and hypotension requiring treatment (2.7%) were the most frequently encountered PACU complications.

Regardless of the type of postanesthesia complication, structural evaluation of patients before, during, and after general anesthesia is considered an important and fundamental solution for early diagnosis and treatment of anesthesia-caused problems and complications. Rosiek et al¹⁰ found that some patients reported a poor relationship with medical personnel and felt that some nurses dismissed their concerns and did not treat them as patients who were going to have surgery. According to the study of Vermisli et al,¹¹ 74.5% of elective surgical patients say that they received inadequate preoperative information, and 87.8% of them asked for preoperative information in relation to their surgical procedure. Therefore, it is concluded that the lack of information in the field of surgery and anesthesia can be important in postanesthesia complications occurrence or worsening.

Disconcerting results and effects were produced despite using different medicines to reduce the complications of surgery.^{12,13} At present, there is a growing interest in nonpharmacological interventions, with the intent to reduce unwanted complications of surgery.¹⁴ In this regard, many techniques such as providing psychological counseling sessions and educational videos,^{15,16} visiting those who had surgery before,^{17,18} managing preoperative music

therapy-based interventions,^{19,20} and familiarizing patients with the staff and equipment of operating room¹⁰ (OR) have been examined. However, in some cases, aforementioned methods are very aggressive and costly, and need a host of equipment for use.²¹

Aim of Study

This study has been conducted to evaluate the effect of visitation by OR staff on postanesthesia complications in the elective surgical patients.

Methods

Sample and Setting

This quasi-experimental study was conducted to evaluate the effect of visitation by operating room staff on postanesthesia complications after hernia surgery in Imam Hossein Hospital of Shahroud city. In this study, 70 patients receiving elective hernia surgery were selected purposefully on the basis of previous studies.¹¹ Inclusion criteria were: hospitalization for elective ventral hernia repair (inguinal [direct and indirect], femoral and umbilical hernia), age group of 15 to 65 years, and able to speak in Persian. We excluded patients with previous history of surgery in the OR, psychiatric disorders that were diagnosed by a physician, dependence on antidepressants and analgesics, and being a member of a medical or paramedical team.

Data Collection and Measures

In the present study, data collection instruments included a demographic questionnaire (eg, information about age, gender, job, educational level) and the postanesthesia complications checklist (for assessing the presence or absence of postanesthesia complications such as nausea, vomiting, shivering, and agitation, as well as vital signs such as systolic and diastolic blood pressure, heart rate, and respiratory rate).

In the evening preceding surgery, the surgical technologist visited the patients in the surgical ward and obtained written informed consents after introducing himself and explaining the research objective. Then, patients were randomized into the experimental and control groups

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