

Patients' Perceptions of Short-Term Recovery After a Gastric Bypass

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Purpose: To explore gastric bypass patients' perceptions of their postoperative recovery over 1 month.

Design: A standardized questionnaire, the postoperative recovery profile, was used.

Methods: Postoperative recovery profile is a multi-item questionnaire for self-assessment of general postoperative recovery. Participants were patients who had undergone gastric bypass surgery ($n = 39$). The changes in recovery between 1 day and 1 month postsurgery were evaluated by a statistical method developed specifically for analyzing changes in paired ordered data over time.

Findings: Most of the symptoms and/or functions were significantly improved on a group level. The most marked improvement was to pain and sleeping difficulties followed by mobilization. In terms of the psychological items, the proportion of patients who indicated no problems was high at both endpoints. The items that deviated from the improvement pattern were appetite changes and gastrointestinal function which demonstrated a relatively high proportion of deterioration, and the individual variability was prominent.

Conclusions: There is a need for interventions to improve recovery on a group as well as an individual level.

Keywords: bariatric, obese, postoperative care, questionnaire design, survey, statistics.

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THE CONDITION OF OBESITY is strongly associated with comorbidities as well as increased mortality,^{1,2} and the numbers of patients who undergo gastric bypass surgery (GBP) has radically increased over the last decade.^{3,4} Patients who undergo GBP surgery plan and prepare for the surgery over a long period.^{5,6} The patients even make changes to their daily lives

before the surgery, as they are often instructed to lose weight before the surgery.⁶ The development has resulted in shorter hospitalizations postsurgery,⁷ and patients who undergo GBP surgery commonly stay only 1 to 2 days at the hospital. Patients' education should be on-going before, during, and after surgery,⁸ but limited evidence can be found on GBP patients' perceptions of early postoperative recovery.

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Conflict of interest: None to report.

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Background

Postoperative recovery has often been defined as a return to an original baseline of normalcy and independence/dependence⁹ or to the patient's usual self.¹⁰ Such a view is focused on a cure and a decrease in the symptoms or disease.¹¹ The causal diagnosis,¹² the surgical procedure,¹³ and

expectation of the postsurgery outcome^{14,15} exert an impact on early recovery experiences. When patients suffer from acute injury or disease, their natural expectation is that they will regain their original baseline. Harms¹⁶ demonstrated that most patients define recovery after an accident as a return to a preaccident state of being. However, a different perspective on recovery has emerged in relation to GBP surgery.⁶ GBP patients emphasized that they were improved shortly postsurgery compared with their presurgery baseline.¹⁷ The first months after GBP surgery have been described as life transforming in a positive sense, producing massive weight loss, making this “the honeymoon period.”¹⁸ Royse et al¹⁹ proposed that postoperative recovery might also entail “a better status related to before surgery.” Patients have also described the early recovery phase after GBP surgery as a strain, reporting feelings of emptiness and loss of energy,^{18,20,21} symptoms that exert a strong influence on daily life. A recent study¹⁵ has explored recovery over 1 month among different surgery groups using the postoperative recovery profile (PRP). The GBP patients demonstrated significant group-level improvement on both dimensional and global recovery assessments. Thus, more evidence is needed as there is a lack of studies that investigate GBP patients’ detailed perceptions of recovery from a short-term perspective. The extent to which support should be individualized or standardized needs to be explored.

Aim

The aim was to explore GBP patients’ perceptions of their postoperative recovery over 1 month.

Methods

Design

This study has a quantitative longitudinal survey design. The nonparametric method used has been developed by Svensson²² and provides the option to evaluate systematic changes attributable to the group separate from individual heterogeneity. This evaluation indicates whether the patient group is homogenous and/or whether significant individual variations are prominent and might indicate whether the treatment needs to be standardized or individualized.²³

Sample

To our knowledge, few studies on postoperative recovery have been performed using the method in the present study. However, this method has advantages. Svensson²² describes that ordinal data have no other arithmetic properties than the ordered structure, and therefore, outcome changes should not be defined by calculating differences. The method for the present study is appropriate for small samples while it allows for zero cell frequencies and assesses patterns of changes within each group over time and makes it possible to separate the pattern of change into two components; one of which concerns the pattern of group changes and the other the individual changes not explained by the group change.

The data in this study derive from a doctoral project. Originally, 180 patients who had undergone different types of surgery were consecutively selected at designated days. For this study, all patients who had undergone GBP surgery ($n = 39$) were selected from the original group. As stated above, the method for the present study is appropriate for small samples and 39 informants were therefore judged to be enough for assessing patterns of changes. The informants had a body mass index (BMI) >30 kg/m² before surgery and no postoperative complications at 1 month after surgery. There was no external loss in this group. The characteristics and perioperative variables of the informants are displayed in [Table 1](#).

Ethical Considerations

The Regional Ethics Review Board granted its approval (dnr 1230-10), and the medical managers at the hospital provided their permission. The second author, AF, delivered information, and each informant signed a consent form; confidentiality was guaranteed. The informants were assured that they could decline or withdraw from the study without affecting their care.

Data Collection

The data collection was performed 1 day postsurgery in a surgical ward and 1 month postsurgery. The instrument used was the PRP, a multi-item questionnaire for self-assessment of general postoperative recovery.^{25,26} The PRP demonstrates

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