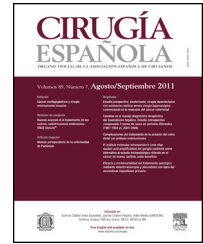




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## Original article

# Satisfaction and Perceived Quality of Life Results in Patients Operated on for Primary Hernia of the Abdominal Wall<sup>☆</sup>



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## A B S T R A C T

**Introduction:** Outpatient surgery is currently the standard procedure in 60%–70% of the most prevalent surgical procedures. Minimally invasive models in health care have improved basic aspects such as postoperative pain and hospital stay, but there are few publications related to perceived quality shown by patients, such as the need for informal care at home or delay before surgery. The aim of the study was to determine the global satisfaction perceived by patients undergoing abdominal wall hernia repair.

**Methods:** An ad hoc split questionnaire has been completed on satisfaction after a week and postoperative quality a month after intervention by 203 patients operated on for abdominal hernia in a year. Variables included postoperative pain, need for informal care, surgical delay, information supplied, professional management and overall satisfaction.

**Results:** A total of 48.28% of patients needed informal care at home. They were largely attended by women, wives or daughters, for a few days. In 45.81% they were discharged on the same day, and 53.2% in less than 72 h. Overall satisfaction in the programme of day surgery and short hospital stay was 94.6%.

**Conclusions:** The overall process of satisfaction was not related to age, sex or educational level of patients, while there was an inverse relationship between satisfaction and days of hospitalisation and days of pain that required analgesia at home.

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## Resultados de satisfacción y calidad de vida percibida en pacientes intervenidos de hernia primaria de pared abdominal

### R E S U M E N

#### Palabras clave:

Cuestionario de satisfacción

Calidad de vida percibida

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**Introducción:** La cirugía ambulatoria es el procedimiento estándar en el 60-70% de los procesos quirúrgicos más prevalentes. La cirugía poco invasiva ha mejorado aspectos fundamentales tales como el dolor postoperatorio y la estancia hospitalaria, pero hay pocas publicaciones relacionadas con aspectos de calidad y satisfacción de resultados percibidos por los pacientes, como la necesidad de cuidados informales a domicilio o la demora preoperatoria. El objetivo del estudio fue conocer la satisfacción global percibida por los pacientes intervenidos de hernia de pared abdominal.

**Métodos:** Una muestra de 203 pacientes intervenidos de hernia en un año ha cumplimentado un cuestionario de satisfacción, una semana o un mes después de la intervención. Las variables incluyeron dolor postoperatorio, necesidad de cuidados informales, demora quirúrgica, adecuación de información recibida, trato dispensado y satisfacción global.

**Resultados:** El 48,28% de los pacientes precisaron cuidados informales a domicilio, que fueron atendidos mayoritariamente por familiares durante pocos días. En un 45,81% se dio el alta el mismo día, y en el otro 53,2% antes de 72 h. La satisfacción global en el programa de cirugía de día y corta estancia fue del 94,6%.

**Conclusiones:** La satisfacción global no estuvo relacionada con la edad, el sexo ni el nivel de estudios de los pacientes, pero existió una relación inversa entre el grado de satisfacción y los días de ingreso hospitalario y días de dolor que precisaron analgesia domiciliaria.

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## Introduction

Day surgery has increased notably in recent decades, and it is now the usual procedure in 60%–70% of the most common surgical operations. The percentage of patients operated on in major outpatient and short stay (MO/SSS) surgical programmes currently allows a very high proportion of patients to recover from surgery at home. However, there is no precise information about the suitability of postoperative pain treatment or other factors in patient satisfaction and perceived quality over the medium term.<sup>1</sup>

The results of satisfaction studies have been published for MO/SSS programme patients, to evaluate the quality of care. The study by Carvajal<sup>2</sup> stands out, as it evaluated the satisfaction of patients operated using laparoscopic cholecystectomy, covering aspects such as perceived waiting time, the coordination between the care services involved, the technical and human skills of healthcare personnel, the information given to patients during the process, pain control, well-being and the instructions given at discharge.

Repair of hernia of the abdominal wall is, after cataracts, one of the surgical procedures that are usually treated in MOS programmes. Given its clinical frequency and suitability for the inclusion criteria,<sup>3-12</sup> it was selected as the objective of this study.

The main aim of this study is to discover the most important aspects for the perceived quality and degree of satisfaction with treatment in MO/SSS programmes among patients operated for primary hernia of the abdominal wall in the Cuenca healthcare catchment area.

## Methods

The study was designed to be observational and transversal.

A sample of 203 (50.75%) were included of the 400 patients operated for hernia from January 2009 to February 2010 in the healthcare catchment area of Cuenca, and who answered all of the questionnaire.<sup>2</sup> The questionnaire used to evaluate satisfaction in the case of patients operated for cholecystectomy was adapted and used. We replaced the questions about hospitalisation with others about recovery at home for patients treated using hernioplasty in the MOS-CE programme. This study offers the new data regarding the evaluation by patients one month after their surgery, not only in terms of the quality of the care in the hospital itself, but also with respect to their perceived well-being during postoperative recovery at home.

The questionnaire was presented during the postoperative check-up visit. It includes a total of 23 multiple choice questions divided into 2 parts: one with 5 sociodemographic questions, 12 about satisfaction with use of the MOS unit and 6 other questions, followed by a final question about overall satisfaction with the process, including postoperative complications ([Appendix A](#)) (available online).

The data in clinical histories on complications following discharge and unplanned readmissions were also taken into account.

The questionnaire was presented as follows: the first part on the evaluation of the MOS unit was applied one week after the operation; and the second part, on postoperative experience in the home, was applied during the check-up

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