ORIGINAL ARTICLE

Women's Experiences of Undergoing Total Knee Joint Replacement Surgery

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Purpose: The purpose of the study was to describe women's experiences of undergoing total knee joint replacement surgery. Design: A qualitative approach was used. Method: A content analysis of the text from interviews with five women was conducted. Findings: The time before surgery was marked by the experience of constant pain, which affected the women negatively in their everyday lives. During surgery, the information provided by the staff gave each woman a sense of security; the women handed over responsibility to the staff and experienced a sensation of relief. The postoperative period was characterized by a feeling of joy when the surgery was over, although a rough and tedious rehabilitation phase then began. Challenges in everyday life were a factor for motivation and confidence, although postoperative pain was experienced as discouraging.

Conclusion: Support from health care staff is an important factor for coping with everyday life during the preoperative, perioperative and post-operative phases of undergoing knee joint replacement.

Keywords: *knee joint replacement surgery, women, experiences, qualitative research.*

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STUDIES SHOW THAT people with knee joint osteoarthritis experience daily pain that negatively influences their everyday lives.^{1,2} Arden and Nevitt³ showed that 60% to 70% of the population older than 65 years in the United States (US) has osteoarthritis in their knees, and many have such serious problems that they require health care. In the United States, the rate of knee joint replacement surgery is similar for men and women.⁴ In

Sweden, 67% of those who undergo knee joint replacement surgery are females; of this percentage, 75% require surgery because of rheumatoid arthritis, whereas for males, surgery is more often due to trauma.⁵ According to the National Board of Health and Welfare, 13,296 knee replacement surgeries were performed in Sweden during 2011.⁶

Ackerman et al⁷ and Croft et al⁸ suggest that the physiological differences between women and men can be the reason for these differences. According to Theis et al,¹ biological factors increase women's risk for arthritis. Other suggested causes include genes, hormones, and weaker structure of the articular cartilage. However, taken individually, these factors cannot explain the increased risk as there also are external influences, for instance, being overweight.¹

Women who suffer from knee pain because of worn joints experience instability and discomfort

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that negatively affect their everyday lives. The pain is often intense both with movement and at rest.⁹ Pain due to mild-to-moderate wear and tear of the knee joints can be treated with the help of nonpharmacological interventions such as physiotherapy, whereas more severe damage to the joints must often be treated pharmacologically.² According to Büyükyilmaz and Asti¹⁰ more than half of participants who were expected to undergo hip replacement surgery regularly took NSAIDs for pain in their hips¹⁰. However, continuing use of painkillers leads to an increased risk of side effects.²

Orthopaedic surgeries are often performed using spinal anesthesia,¹¹ which prevents the patient move under her/his own power, also contributing to increased concern. Karlsson et al¹² showed that a lack of control related to the patient's limited visual field behind the surgical drape resulted in patients feeling alone. The strange feeling that occurs when anesthesia breaks the contact with parts of the body illustrates how patients' perceptions of their bodies change toward objectification as preparations for surgery begin. Karlsson et al¹³ highlighted the importance of patients having the ability to communicate and interact, especially with the anesthesia provider in the operating room (OR). Knowing what is happening during surgery and being able to ask questions will, in turn, have a positive influence on the perioperative care of patients.

In summary, there are several studies^{12,13} exploring patients' experiences of knee joint replacement. In these studies, participants are males and females, or only males. Knee joint problems are common among females, yet there is a lack of studies focusing on their perioperative experiences and needs when undergoing knee joint replacement, that is, during the preoperative phase, surgery, and postoperative phase. Therefore, the aim of this study was to describe women's experiences of undergoing total knee joint replacement surgery.

Method

The study used a qualitative approach as described by Polit and Beck.¹⁴ Semistructured interviews were used to attempt to describe women's experiences of undergoing total knee

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replacement surgery. The strength of the qualitative research interview is its natural way of searching topics in the person's own life-world.¹⁴ A content analysis of the interviews was conducted.¹⁵

Procedure and Ethical Considerations

The University Ethics Committee approved the study, and the unit manager of the surgery department gave written permission for it to be carried out. In total, six women were contacted in accordance with the purposive sample criteria, that is, they were women who had been awake during knee joint replacement surgery, remembered the surgery, were older than 18 years, and willing to talk about their experiences. They were informed verbally and by a letter sent by a nurse working at the orthopaedic department about the study. Five of the women were interested in participating and answered the letter by signing a consent form. The women were then contacted by one of the authors, who made appointments for the interviews in accordance with the participants' wishes. Information about the study was repeated orally to the participants before starting the interviews. Assurances were given that all data would remain confidential, that participation was voluntary, and that the participants had the right to withdraw at any time without prejudice.

Participants

Five women, ages 62 to 84 years, who had undergone total knee joint replacement during the last 3 months participated. All of them had spinal anesthesia during the surgery. They all had children and lived with a partner. None of the participants worked at the time of the interview.

Data Collection

Data were collected by means of individual semistructured interviews using an interview guide with open-ended questions focusing on the following areas: life before surgery, surgery itself, life after surgery, and impact on everyday life.¹⁴ Each interview lasted approximately 45 minutes, was recorded using an MP3 player, and was later transcribed verbatim. Download English Version:

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