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Nursing postoperative visit as a quality indicator for surgical patient care

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The postoperative visit as a quality indicator for surgical patient care, demands some consideration from perioperative nurses. We evaluated the nursing perioperative interventions on postoperative visits, and adjusted them to the needs of the patients with postoperative pain. Our study indicated that 73% of patients visited didn't have postoperative pain whereas 27% had pain. The pain is aggravated when the patient is mobilised, one of the most common signs and symptoms being gastrointestinal changes. Pharmacological and non-pharmacological measures were used in pain management. The results showed that the percentage of patients with postoperative visits needs to be improved. We aim to have high quality perioperative nursing interventions which raise levels of patient satisfaction.

Background

Nurses aim to provide care to the human being of all social groups, despite health or sickness. It is undoubtedly a profession that provides support to the individual and excels by the accuracy of care based on evidence. The constant pursuit of improvements in professional performance requires growth and continuous updating of knowledge.

According to Mendes (2011) the systematic reasoning of nurses through the application of the nursing process provides an individualised care, focused on basic human needs.

The concept of perioperative nursing is mentioned by Ferrito (2014) as:

... A set of activities performed by a nursing professional during the pre, intra and postoperative patient surgical experience, led by a process that mobilizes clinical reasoning skills, experiences that allow an effective, secure and humanized performance'(p.3).

The surgical episode of the patient and family is often marked by unexpected

experiences and feelings of anxiety, transforming the pre and postoperative timing into important moments of demystification, clarification and support. The implementation of pre and postoperative visits is an important nursing working tool whereby nurses can achieve information that defines the nursing process. Re-evaluation of this information can improve the quality of care.

According to Viegas and Nevoa (2014) the postoperative visit is one of the 'perioperative nurse functions' which assumes importance as a quality indicator in nursing care. The visit 'allows one to know the expectations and opinions of the patient', which is the focus of the nurse's attention.

This last step of the nursing process aims, according to Cambotas et al (2012) and Razera and Braga (2011), to:

- assess and adapt nursing interventions to the needs of patients
- evaluate the perception of the patient facing nursing care
- assess the expectations and importance attributed to the postoperative visit and

the level of satisfaction with the care provided, and

- promote improvements in the performance of perioperative nurses based on patient feedback.

Pain assessment is one of the crucial goals of the postoperative visit by the nurse, as mentioned by the Order of Nurses (2008) 'Pain control is a personal right and a duty of health professionals'. Pain is defined as an unpleasant sensation and emotional experience resulting from actual or potential tissue damage (IASP 1993). The challenge of pain is that the experience is both subjective and complex. The perioperative nurse has a unique perspective, since the nurse experienced the patient's surgical episode. He or she is in a privileged position to evaluate the patient's pain perception in its multiple dimensions. Pain relief therefore requires extreme attention to the patient and personalised care by the nurse who attends him/her (Metzger 2002).

Pain assessment was carried out as stated in Timby (2014) and Forren (2008) with the application of scales and recording instruments appropriate to the age,

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developmental level, health status and cultural identity of each person.

The postoperative intervention of nurses is both interdependent and autonomous. In the opinion of Reis (2011) the postoperative nurse has advanced skills to minimise patient pain and therefore contributes to a faster recovery, producing gains in health for the patient and society.

This intervention by nurses should be documented clearly, noting the care needs of the patient and the results obtained. Records should be maintained in order to continue the personalised and holistic care that guides our profession and to systematise nursing reasoning (Razera & Braga 2011).

Research issues

The research was designed to address the following questions:

- Which perioperative nursing interventions were carried out on the postoperative visit (PO)?
- Would these interventions be appropriate to the needs of the patient with pain in the postoperative period in the PO visit?
- How many patients had their pain controlled in the PO?

Objectives

In this research we aimed to contribute to the continuous improvement of the quality of perioperative nursing care. We also aimed to evaluate the perioperative nursing interventions in the postoperative visit, and to adjust these interventions to the needs of patients with pain in the postoperative period.

Study design

This study was a descriptive quantitative approach, with 260 visited patients who were undergoing major surgery. It was developed in the operating room central hospital between the months of June and September 2014.

Study site

The operating room comprised a total of 15 surgical specialties. It had seven operating rooms and a post-anesthesia care unit with six beds. Thirty patients per day were treated in elective surgery, and the number of surgical patients therefore totaled 1,529 patients. The surgical team

consisted of three nurses for the operating room, two surgeons, one anesthesiologist, one operational assistant and two nurses in the post-anesthesia care unit and an operation assistant.

One or two nurses were assigned to the pre and postoperative visits. Visits were scheduled on the day of surgery (postoperative visit) and the day before surgery (preoperative visit). These visits were held at any time of the day within the 24 hours if needed.

Population and sample

Our sample of patients who received a postoperative visit was constituted by 260 patients who were hospitalised in surgical services during the postoperative period between the 1st of June and 30th September in 2014.

Criteria for inclusion

The patients included in the study were undergoing major interventions and had uncontrolled acute postoperative pain. We excluded patients undergoing minor surgery and without postoperative pain.

Ethical considerations

Patients were informed about the aims of this study, the procedures, the implications and their rights as well as their confidentiality. Contact with the responsible researcher was available for questions or doubts at any time during the trial.

Ethical approval for this research was granted by the Ethics Hospital Committee of the Regional Health Service of Madeira Island, Portugal, in May 2014.

Research Tool

As a research tool, an evaluation grid was elaborated where all procedures during the postoperative visit and patient feedback were recorded regarding the control of symptoms.

The pain assessment was based on the patient's reference, the descriptive records of hospital nurses and the registration of the numerical scale.

Indicators

The indicators identified in this study were: percentage of patients who received a postoperative visit; percentage of patients with controlled postoperative acute pain and proportion of patients with other signs

and symptoms (dyspnoea, nauseous and vomiting) controlled, through visit in the postoperative period.

Discussion of results

The data analysis allows us to reflect on the reality of the postoperative surgical patient as well as the extent to which the care provided by the nursing team with the postoperative visit can contribute to their recovery.

Patient demographics

Most of the patients in this study were female (60%), which is consistent with the situation in Portugal according to Berger et al (2010); the female population is more cautious with their health condition and more likely to abide by the recommended therapeutic regime.

Half of the surgical patients who were visited had undergone orthopaedic or gynaecology surgery with 54 years old, average.

Type of surgery

The surgical specialties that most frequently received postoperative visits were: gynecology (30%) and orthopedics (28%). This illustrated the reality of our operating room where surgical activity is higher in these specialties. Thus 42% of visited patients had undergone other procedures, mostly from the field of general surgery, vascular and urology.

Considering the type of surgery performed, 17.3% of visited patients underwent hysterectomy and 11.9% underwent total knee arthroplasty (TKA) and total hip arthroplasty. These procedures are associated with high levels of postoperative pain. However, most visited patients had no pain (73.1%), 10.8% of patients complained of mild pain, 10% referred to moderate pain and only 1 patient reported maximum pain.

Movement induced pain

In reference to pain upon movement, most visited patients had pain: 37.7% referred to moderate pain, 19.6% had mild pain, 14.2% had severe pain and 5.4% patients referred to intense pain. This leads us to consider whether these patients would benefit from more aggressive approaches in pain control as well as specialised support towards rehabilitation during postoperative periods. 'Pain treatment requires close collaboration and effective communication between health

professionals' as stated by Smeltzer and Bare (2011).

Pharmacological pain management

With regard to the pharmacological measures for managing pain, 85.4% had DIB (low pressure infusion device) intravenous (IV) course, and 2.7% had DIB epidural. Regarding patients with patient-controlled analgesia (PCA) 1.9% had intravenous and 0.4% had epidural. We believe that DIB IV is the preferred technique to control painful postoperative periods, given its efficacy and cost. PCA IV is also a viable alternative, but requires that the patient meets conditions and is able to cooperate. Major surgery defined by Santos and Kemp (2011) as 'major surgery where the surgical stress is greater' need to resort to other anesthetic techniques for pain control such as PDA or DIB epidural.

Regarding the side effects evaluated in participants using pharmacological pain relief (DIB, PDA and others), the most frequent symptoms were gastrointestinal disorders (88%), sleep disorders (20%) and nausea and vomiting (8.5%). This is in agreement with research literature that identifies nausea/vomiting and constipation as the main the gastrointestinal side effects of the opioid medications commonly used for postoperative analgesia.

Non-pharmacological pain management

Emotional support (views) (88.5%) and positioning (75.8%) were the non-pharmacological measures that were found to contribute to the relief of pain. Cryotherapy was also referenced by 60 patients. Nurses documented that pharmacological and non-pharmacological intervention complement each other in relieving the patient's pain.

Effectiveness of the visit

In relation to the proposed indicators it was found that the percentage of users who received a postoperative visit was 17% and, of these, 73% of patients had pain control. 170 of the evaluated patients (64.2%) referred to the control of other signs and symptoms.

When the records of the nurses were consulted in relation to their postoperative visit, we noticed that the patients who had undergone a surgical experience, referred with satisfaction to the postoperative visit and the quality of nursing care. This reflects Razera and Braga study's findings (2011)

that the patient values the interpersonal aspects of the nurse/patient relationship.

Conclusion

This study allowed us to verify that the intervention of the nurse during the perioperative period and, more specifically, the postoperative follow-up, can influence the patient's recovery (Oliveira 2009, citing Siqueira & Teixeira 2001).

We are aware that the implementation of postoperative visits is a step in the evolution of perioperative nursing care. The percentage of patients visited needs to be improved, however the results motivate us to enhance this still embryonic work in our institution. We believe that the pain under control percentages (73%) and the control of other symptoms such as nausea/vomiting, constipation (64.2%) are not currently unreasonable, but that they can be improved. We enhance the satisfaction of the patients evaluated and surprise them with the quality of their service.

The surgical patient requires nursing care that includes technical excellence and a humanised approach. The postoperative visit is one of its important pillars.

The postoperative visit constitutes a process of continued care that is participatory, integrated and documented. It stands out as an evaluation strategy of perioperative care. Allowing nurses an intentional reflection on their practices, giving visibility to their performance, contributes to a culture of quality and development.

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