EFFECTIVENESS OF PREOPERATIVE TEACHING PROTOCOL ON POSTOPERATIVE OUTCOME AMONG WOMEN UNDERGONE HYSTERECTOMY

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ABSTRACT

Background & Objectives
Uterus is a symbolic organ for womanhood. Hysterectomy is a second most common surgery done in women next to caesarean section. In India, though there are no large scales surveys estimating prevalence, studies in limited geographical areas have indicated its rates ranging from 4% to 10%. Hysterectomy leads to instant surgical menopause even women in childbearing years. Premature menopause has a detrimental effect on physical and psychosexual health due to sudden loss of female hormones. A woman needs structured instruction which enable them to prepare physically and mentally to face the surgery and its postoperative outcomes. The present study was aimed to evaluate the effectiveness of preoperative teaching protocol on postoperative outcome in terms of vital parameters, intensity of pain, pain severity score, pain interference score, anxiety, depression, sexual function, quality of life, development of early/late postoperative complications and occurrence/intensity of afferent symptoms among women who undergone hysterectomy in selected hospital, Salem district, Tamilnadu.

Methods
A quasi experimental study was conducted in the gynecological ward of Government Mohan Kumaramangalam Medical college hospital, Salem, Tamilnadu. Nonprobability convenience sampling technique used to select the subjects Both standardized and researcher developed tools were used to measure the dependent variables; Proforma for demographic data, Numerical Visual Analog Scale for intensity of pain, Brief pain inventory for pain severity score and pain interference score, STAI for anxiety, BDI-II for depression, Sexual function questionnaire for sexual function, WHO-QOL-BREF for quality of life, checklist to assess development of early/late postoperative complications and checklist to assess occurrence/intensity of afferent symptoms.
Pretest was conducted in the preoperative period to assess the baseline physiological vital parameters, intensity of pain, anxiety, depression, sexual function and quality of life. Preoperative teaching protocol was administered in 3 phases (preoperative period, discharge and at 2 months after surgery) to experimental group. No intervention was given to control group. Posttest I was done from immediate postoperative period until discharge; Posttest II was conducted at 4 months after surgery. After the attrition, total sample size became 279 in which 184 belong to experimental group and 95 in control group.

Results
Comparison on physiological vital parameters revealed significance (p<0.001) only for inspiratory capacity. Experimental group ambulated earlier (30.33 hours) as compared to control group (41.56 hours) which had statistical significance (p<0.001). No significant difference observed on demand for additional analgesics and total amount of parenteral analgesics received. Experimental group had longer mean length of stay (17.65 days) than control group (14.31 days). There was a significant difference (p<0.001) found on intensity of pain, pain severity score, pain interference score, anxiety and depression between subjects. Level of sexual function showed a decline for entire domains during posttest as compared to pretest in subjects irrespective of groups. Overall comparison on mean sexual function between groups depicted no significance (p>0.05). Physical health and psychological status in QOL had a drastic improvement in posttest among subjects in both groups. However there was decrease in social relationship in posttest as compared to pretest, further no changes revealed in environment domain of QOL. Comparison on overall QOL scores between subjects revealed a significance (p<0.01) during posttest. Early postoperative complication rate was more in control group than experimental group, which had significant difference (p<0.01) for constipation and UTI. Majority of subjects in both groups experienced lack of libido, fatigue, and sleep disturbance as a physical aftereffect symptoms which showed a statistical significance (p<0.001). Mood changes and feeling of guilty observed a significant difference (p<0.05) in psychological aftereffect symptoms. Anxiety & depression, sexual function & quality of life had a significant positive relationship (p<0.01) in all the measurements among subjects in both groups. It reveals that the dependent variables are influencing each other in positive direction.

In experimental group, age had a significant association (p<0.05) with anxiety, depression, entire domains in sexual function and quality of life except for environment; DOC
was associated with anxiety, sexual function mainly for sensation, cognition, lubrication, orgasm & enjoyment, only with social relationship in QOL at p<0.05; Preoperative diagnosis showed significance with anxiety, entire domains of sexual function and psychological status and social relationship in QOL. Type of surgery undergone was associated with anxiety, depression, entire domains of sexual function and psychological status and social relationship in QOL at p<0.05 level.

In control group, age was significantly (p<0.05) associated with anxiety, depression, entire domains in sexual function and only for social relationship in QOL; DOC associated with sensation, lubrication and enjoyment in sexual function, psychological status in QOL; Preoperative diagnosis had significance with anxiety, sensation, lubrication, pain and enjoyment in sexual function, psychological status and social relationship in QOL. Type of surgery undergone showed significance (p<0.05) with anxiety, sensation, lubrication and pain and enjoyment in sexual function, except for environment in QOL.

**Conclusion**

The present study findings showed administering a preoperative teaching protocol for hysterectomy women was effective in improving postoperative outcomes in terms of increasing inspiratory capacity, promoting early ambulation, lowering intensity of pain, pain severity score, pain interference score, anxiety, depression and significant raise in quality of life. Implementing the preoperative teaching protocol for hysterectomy in all gynecological settings is a simple cost-effective way to enable the women to cope up with surgery and will facilitate them to lead their homecare in a healthy manner.

**Key words:** Postoperative outcome; Vital parameters; Intensity of pain; Anxiety; Depression; Sexual function; Quality of life; Postoperative complications; Aftereffect symptoms; Preoperative teaching protocol; Hysterectomy.