



HEALTH EDUCATION IN THE PERIOPERATIVE OF CARDIAC SURGERY

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ABSTRACT

Objective: to report the experience as nurse in the process of nursing guidance and care clarification to patients in the PERIOPERATIVE of cardiac surgery.
Method: descriptive research, type experience relation about the PERIOPERATIVE of cardiac surgery in a public hospital from July 2017 to May 2018.
Conclusion: the orientation of nursing in patients in the PERIOPERATIVE of cardiac surgery is a alternative to prevent of avoidable complications and prepare for patient discharge from hospital.

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INTRODUCTION

Cardiovascular diseases are considered one of the leading causes of death worldwide (WHO, 2017). The high prevalence of these diseases has elevated the number of cardiovascular surgeries and represent the greatest cause of hospitalization. As a member of the multidisciplinary team, the nurse establishes plans to identify and carry out educational actions. These actions favor the promotion, protection and recovery of health of the individual and of the population (Salbego, 2014). Also, it is argued that nursing care should always belinked to evidence-basedpractice. It is believed that nursing should seek to define research questions from professional practice, to test nursing interventions and to incorporate those that prove to be the best strategy to act in the nursing context of nurses (Pokorski, 2009). The implementation of educational measures carried out bythe nurse can contributes positively to the reduction of avoidable complications due to patient disinformation in order to facilitate patient recovery in the post operative period of cardiovascular surgery. In this context, the need for cardiovascular surgical intervention is at a critical moment and requires guidance on the perioperative period for both the patient and his relative.

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to accompany them to understand and identify their needs in order to meet their needs regarding clarification of the surgical procedure through the nursing guidelines in the PERIOPERATIVE period of cardiac surgery.

MATERIALS AND METHODS

This is an experience report as a nurse in the process of nursing guidance and clarification to patients and family about the PERIOPERATIVE of cardiac surgery in a public hospital from July 2017 to May 2018.

RESULTS AND DISCUSSION

Description and foundation of the educational activity: The previous reports refer to a patient undergoing a surgical procedure. However, taking into account the mystic that represents the heart, attention should be paid to the attempt to empower this patient, making him co-responsible in the phase (Camponogara *et al.*, 2012). The follow-up during hospitalization by a qualified team through health education, optimizes patient recovery. Thus, the instrumentalization of the nurse for the development of such skills is fundamental for the activities in units of care to cardiac surgery (Carvalho *et al.*, 2011). The nurse is seen as a support, who guides and leads the problems to overcome the changes in lifestyle and, in

some cases, an absence from the family. Health education should be a constant process, aiming at the conservation and motivation for self-care and stimulating the development of healthy habits. (Erdmann *et al.*, 2013). In addition to this, nurses are one of the most qualified professionals to obtain the same function, taking into account their experience in learning processes, self-care (Camponogara *et al.*, 2012). Knowing and understanding the patient, as well as experiencing his or her self-care process after cardiac surgery, enables a systematic planning of actions, providing an improvement in the quality of life of this population. Carvalho *et al.* (2011) found that the main questions are related to the act of coughing or physical effort as risk of suture rupture. It was also suggested by the patients participating in the study to develop a manual of patient and family orientations as a means of reinforcing verbal information. Waiting for the surgical intervention can accentuate feelings such as anxiety, resulting in worsening of the health condition. Erdmann *et al.* (2013) reports in his research that patients who waited uncomfortably in beds in the corridors of the emergency sector for a place in the hospitalization unit and, subsequently, for a vacancy in the intensive care unit, were afraid of not surviving the surgery. In this context, during my experience in the PREOPERATIVE period of cardiovascular surgery, it was possible to perceive the lack of information about the surgical intervention to the patient, as well as the importance of health education for the promotion of self-care to those patients who are awaiting hospitalization in a clinical unit general or first aid. Waiting for the surgical procedure can also be cited as a factor that requires attention by the multidisciplinary team because it triggers anxiety and anxiety for the patient.

Erdmann *et al.* (2013) highlights in his study the contrast of feelings experienced during hospitalization in the patient's vision. The fear of death and anesthesia, the risks of the procedure and the family's withdrawal constitute an obstacle in the consent of the surgical intervention. On the other hand, there were those who felt proud for the courage to perform cardiovascular surgery. In the PREOPERATIVE period, the patients are evaluated by the anesthesiology team. At that moment, the professionals clarify doubts about the anesthetic procedure, exposing the techniques used in the process of induction and maintenance of anesthesia in the transoperative. It is noticed that the main doubts raised by the patients and their relatives correspond to the transoperative period, demonstrating contradictions regarding the way in which the surgical corrections occur. In this regard, it is essential to clarify the type of surgical procedure proposed by the surgical team. For this clarification to be carried out, it is imperative that the professional has knowledge in order to avoid possible misunderstandings and misinterpretations. Currently, many patients get information about their condition through internet access. Given this, it is important to guide the correct use of these new technologies by patients and their families, suggesting reliable sites. Such a measure can be an ally of the professional in the nursing orientations, as well as provide benefits to the patient and family (Camponogara *et al.*, 2012). Another important aspect to consider is the clarification of the routine of the hospital and PREOPERATIVE preparation that includes the period of fasting, bath with antiseptic soap and removal of adornments and dental prosthesis (if applicable). In the Cardiology Therapy Intensive, where all the immediate POSTOPERATIVE and some patients are referred in the PREOPERATIVE phase due to their severity, the multidisciplinary team seeks to reinforce the clarifications

about the necessary care with the surgical wound, effort physical and food. Such an attitude seems to strengthen the bond between professionals, patient and family. It is recommended that all orientations be performed in a simple and objective language to facilitate patient understanding. In this sense, nurses, when performing preoperative guidelines, need to include varied questions in the orientation process, to facilitate clarification about the rehabilitation process (Camponogara *et al.*, 2012). In this perspective, due to the lack of information in some sectors of the institution and the importance of the nursing orientations to patients in the perioperative period, a doll is used as a support tool to clarify doubts. This doll illustrates a patient in the immediate postoperative period of cardiovascular surgery, making use of orotracheal tube, probes, dressing in surgical incisions, catheters and drains. In a randomized clinical trial involving 66 patients in the PREOPERATIVE period of cardiovascular surgery, comparing the frequency and intensity of anxiety symptoms in patients who received nurses or family members or those who did not receive care, it was shown that those who were received by the family members reduced the symptoms of anxiety compared to the group hosted by the nurses and the group in which there was no intervention. In this premise, the inclusion of the family in this period can contribute positively in reducing the level of anxiety of the patients (Assis *et al.*, 2014). The health education for cardiac patients requires: time availability, knowledge domain in the cardiology area and planning to improve the quality of care provided. Through these strategies, one can obtain positive results regarding the maintenance or recovery of health (Lima *et al.*, 2012).

Conclusion

Preparing the patient and family for cardiovascular surgery and discharge through orientations can contribute to the improvement of the patient's quality of life, as well as reduce the occurrence of avoidable complications in the POSTOPERATIVE period of cardiovascular surgery. In this sense, health education in the PERIOPERATIVE period of cardiovascular surgery becomes a strong ally in the qualification of nursing care and in the promotion of self-care. However, it is necessary to take into account the institutional reality so that nursing orientations and clarifications about cardiovascular surgery can reach the various sectors that may be hospitalized.

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