CHAPTER VII

SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION

CONTENTS

7.1 INTRODUCTION
7.2 SUMMARY OF FINDINGS
7.3 NURSING IMPLICATIONS
7.4 RECOMMENDATIONS
7.5 CONCLUSIONS
7.1 INTRODUCTION

The present study deals with the effect of educational intervention on the prevention of post operative complications in patients undergoing valve replacement surgery.

7.2 SUMMARY OF FINDINGS

The following findings were observed when socio-demographic data were analyzed.

a. Majority of patients belonged to the age group of 30-40 yrs in both groups

b. Majority of patients belonged to male in both groups

c. Majority of patients belonged to Hindu religion in both groups

d. Most of the patients in both groups were married

e. Most of the patients in both groups had undergone higher secondary education. Thus both groups were not significantly different with regard to their educational level. This being an educational intervention this factor was an important aspect in comparing their level of performance.

f. All patient belong to experimental and control group belongs to the lower income group.
The findings of clinical data were the following

1. Most of the patients had history of rheumatic fever (60% of the experimental group and 55% of the control group).

2. History of diabetes mellitus and hypertension were 15%, 40% respectively in the experimental group, whereas control group had 15% and 10% respectively.

3. Majority (55%) of experimental group had more than 8 hrs of sleep whereas majority (50%) of the control group had 6-8 hrs of sleep preoperatively.

4. 55% of the experimental group and 45% of the control group were non-smokers.

5. There was no significant difference between the two groups with regard to weight, heart rate, respiratory rate, teeth, pupillary size and reaction, blood group, Rh factor, raised jugular venous pressure preoperatively.

6. There was no statistically significant difference between the 2 groups with regard to dyspneic level (as per NYHA dyspnoea level) preoperatively.

7. 5% in the experimental group had lower respiratory tract infection whereas 50% of the control group had this postoperatively. This showed
the effect of educational intervention preoperatively on prevention of lower respiratory tract infection post operatively.

8. No patient in the experimental group had pleural cavity infection, whereas 20% in the control group had this postoperatively.

9. No patient in the experimental group had psychological maladjustment, whereas 10% of patients in the control group had psychological maladjustment post operatively.

10. Experiment group had no wound infection whereas 5% of the patients in the control group had wound infection post operatively.

11. None in the experimental group had SBE but 15% of the control group had SBE post operatively.

12. No patients in both categories had deep vein thrombosis post operatively.

13. 80% of the patients in the experimental group had stayed on the hospital for 9-18 days post operatively where as 90% of the patients in the control group had stayed in the hospital for 9-18 days postoperatively.

At the end of 18 days 90% of both groups were discharged. By 28 days 100% of experimental group were discharged. However in the control group 100% were discharged by 48 days.
14. Pretest score showed both groups were more or less similar in awareness (KAP) about prevention of specific post operative complications after valve replacement surgery.

15. 60% of the experimental group had a post score of 15-19 whereas 45% in the control group had post score of 10-14. This showed preoperative teaching definitely improved the KAP in the experimented group.

16. When the difference between pretest and post test score where analyzed statistically it showed that the experimental group had gained significantly higher knowledge, attitude and practice regarding prevention of complications postoperatively. This is due to the educational intervention.

The mean of the difference between pretest and post test score of experimental and control group were 5.15 and 1.95 respectively. The variation ‘t’ value between was equal to 2.49. F statistic ‘t’ value is equal to 2.494 and ‘P’ value was 0.017. Hence statistically significant. This it showed that the experimental group had gained significantly higher in knowledge regarding prevention of complications postoperatively due to educational intervention. The results of the study has proved that pre operative educational intervention can
considerably reduce the patient’s post operative complications. Hence this is a very cost effective intervention.

7.3 NURSING IMPLICATIONS

7.3.1. Nursing Service

1. As professional practitioners, nurses can make significant contribution by planning educational intervention to prevent the specific post operative complications.

7.3.2. Nursing Education

1. The educational intervention can be utilized as a resource material for the nursing students.

2. Nurse educators can utilize the educational intervention for teaching students in class rooms and clinical settings.

7.3.3. Nursing Administration

1. The nurse administrators can utilize the educational guideline while conducting inservice education.

2. The instructional programme provides a model for preparing other teaching materials such as flashcord, leaflets, booklets etc.
7.3.4 Nursing Research

1. A similar study can be replicated to confirm these findings and also in other surgical procedures.

2. A follow up of the some subjects can be conducted to find out the long term effects of educational intervention.

7.4 RECOMMENDATIONS

In the light of the findings listed above and from the personal experience of the investigator, the following recommendations are put forward.

1. Routine health education or bedside teaching of patients about prevention of specific postoperative complications should be mandatory in the pre-operative wards.

2. Follow up of the patients who have undergone valve replacement surgery in the post operative period help to identify the risky patients who develop specific post operative complications early and can prevent those complications.

3. Methods and means to prevent specific postoperative complications should be made mandatory.
4. Community health centres may be made responsible to follow up these patients postoperatively at home. So that late complications also can be prevented.

5. Domiciliary setting as provided in many countries may be made available so that the after effects of surgery can be reduced by continuity of care.

6. An effective system of prevention of specific post operative complications can minimize the factors, which leads to extended stay of patients. If such stay is reduced the beds can be spared for other admissions.

7. It is mandatory to have sufficient backup staff, educational programmes for staff personnel, follow-up programmes and extended clinical research capabilities in Medical college Hospital setting.

8. Same sort of study can be conducted in other major hospital settings.

9. A study can be done to identify the nursing and rehabilitative needs of patients with valve replacement surgery after each follow up.

10. Routine standard assessment of valve replacement patients in the pre-operative period is essential as they are powerful and useful tool for the analysis and evaluation of such patients post operatively.
11. Valve disorders are a major health issue in Medical College Hospital, Thiruvananthapuram. To reduce the morbidity and mortality the number of beds, staff should be increased and well equipped I.C.U. are essential.

12. Patients who have undergone valve replacement surgery require long duration of stay inorder to stabilize the whole system. Moreover their immunity is comparatively low so should be separated from general surgery patients who require short duration of stay.

13. Nurses working in cardiovascular thoracic wards and I.C.U should be equipped with knowledge, practice and attitude in the management and rehabilitation of patients with valve replacement surgery.

14. This study will enable the medical world to recognize the need of educational intervention to improve health care standard.

15. A comparative study can be done to find out the effectiveness of preoperative teaching on the prevention of postoperative complications in all varieties of patients who require this.
7.5 CONCLUSION

In the present study 40 patients who were admitted for valve replacement surgery were identified. They were divided equally as experimental and control group. For the 20 experimental patients educational intervention was provided and both groups control and experimental were assessed preoperatively and postoperatively. From the findings analysis were done by statistical methods. It was found that educational intervention preoperatively helped to prevent specific postoperative complications. Statistically the score values showed highly significant. The pretest hypothesis is hence proved.

The results of the study indicated that all patients for valve replacement surgery should undergo an appropriate educational intervention preoperatively to prevent specific postoperative complications and thus reduce cost and avoidable sufferings (morbidity).

The study proved that the first objective was with evidence of improvement in KAP. The second objective could compare the control and test group. From this it was proved that considerable amount of morbidity (specific post operative complications in heart valve replacement surgery) and could be prevented / reduced.