64 - NURSING CARE IN THE IMMEDIATE POSTOPERATIVE PERIOD OF CARDIAC SURGERY

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INTRODUCTION

Cardiovascular diseases are appointed as the main cause of death in Brazil as well as in the world. They are responsible for 33 per cent of deaths with known causes. In recent years there have been technological advances which help in precocious diagnosis and in the monitoring of these diseases. However, they continue presenting high incidence and prevalence, presenting great morbidity and mortality around the world (SOSA, 2009).

There are the possibilities of clinical and surgical treatment for cardiovascular problems. The last one is recommended when the possibility of an improvement in quality of life surpasses the clinical therapeutic (ROCHA, 2006).

Most of cardiac surgeries have potential to alter the natural course of a disease in progress, by changing or improving the alterations that put at risk the life of patient, relieving symptoms, increasing time and quality of life (BRAILE, GOMES, 2010).

A study developed by InCor-HCFMUSP relates that 71,305 cardiovascular surgeries were done between 1987 and 2007, representing 2,971 surgeries/ year and mortality rate 7% on average (LISBOA et al, 2010). According to Braile and Gomes (2010), the results about mortality after cardiac surgery in the hospitals of SUS in Brazil are higher when compared with reference hospitals in cardiac surgery in the USA and England, which present 4% of mortality on average. Also, this number can vary from a hospital to another, according to its structure and the profile of patient.

Cardiac surgery enables many benefits to the patient, but it requires a rigorous scientific and technical monitoring in the prevention of complications by the multidisciplinary team (NETTINA, 2003). In this context, it expatiates about nursing care during the immediate postoperative period, directed to interventions designed to prevent or treat complications, promoting a speedy recovery and reducing costs, worries, pain and even increasing the survival of patients (UMANN, et al, 2010).

Given the context, the following question emerges: how should be the nursing care provided to patients in the immediate postoperative period of cardiac surgery?

OBJECTIVES

General: to know nursing care provided to patients in the immediate postoperative period of cardiac surgery.

Specific: to trace the clinical profile of patients who are undergoing cardiac surgery; to investigate the presence and/ or absence of modifiable and non-modifiable risk factors in the life of cardiac patients; to discover the types of surgeries that are more performed; to describe the care provided to patients in the immediate postoperative period of cardiac surgery.

METHODS

It is an exploratory-descriptive and field study, with quantitative approach. Moreover, it was developed in a Cardiologic Unit of a private hospital in the municipality of João Pessoa-PB. The population was constituted by all patients admitted to the hospital, composing a sample of nine patients who were undergoing cardiac surgery in the period from October to November 2011. The data were directly collected from the medical records of patients, using a structured questionnaire with subjective and objective questions. Afterwards, they were analyzed in a way that they constituted a database which was statistically treated through SPSS software, version 19.0. The description was presented by means of absolute and percentage frequency, and the results were presented through tables and graphics. The research project was approved by the Research Ethics Committee of the Institute of Higher Education of Paraíba (IESP), under number 011/2011, as recommended by Resolution 196/96 of the National Health Council.

RESULTS AND DISCUSSION:

During the research period, nine cardiac patients were undergoing surgery in the researched institution, according to the following characterization:

Table 1 – Characterization of sample. João Pessoa/PB, 2011.

Variables	N	%
Gender		
Masculine	04	44.5
Feminine	05	55.5
Age Group		
41-50 years	01	11.2
over 60 years	08	88.8
Marital Status		
Married	06	66.7
Widower	02	22.2
Living with partner	01	11.1
Ethnicity		
White	06	66.7
Brown	03	33.3
Profession		
Retired	06	66.7
Dentist	01	11.1
Others	02	22.2
Conditions of discharge		
Discharge from ICU	09	100
Death	00	00
Total	09	100

Source: empirical data from the own research, HMSF, 2011.

As described in table 1, women are most of sample, contradicting other studies which emphasize the presence of these injuries predominantly among men because of the explainable fact that women are "protected" by hormonal action until the beginning of menopause (ROTHROCK, 2007). A research about the profile of patients undergoing CABG developed in São Paulo/SP identified that 60% of participants were male (CAMPAGNUCCI, et al., 2008).

In relation to age, 88.8% are over 60 and only 11.2% are between 41 to 50 years. To Morton and Fontaine (2011), the aging increases the incidence of all kinds of arteriosclerotic disease, and 83% of people who die from coronary heart disease are aged 65 years at least.

In the category of ethnicity, whites predominated with 66.7% of patients, revealing also contradictory in relation to other researches that mention that black people present the largest number of cardiovascular disease patients (MORTON; FONTAINE, 2011).

Table 2 – Risk factors identified in patients undergoing cardiac surgery. João Pessoa/PB, 2011.

Variables	n	%
Tobaccoism	05	55.5
Sedentariness	05	55.5
Family History	06	66.7
Previous Cardiac Surgery	03	33.3
Alcohol	02	22.2
Obesity	01	11.1

Concerning the risk factors, the most prevalent among patients was family history, with 66.7%. After, tobaccoism and sedentariness appeared with 55.5% each. Morton and Fontaine (2011) mention that there are the uncontrollable risk factors (age, heredity, ethnics, sex) and the modifiable ones (tobaccoism, cholesterol, hypertension, sedentariness, obesity and diabetes mellitus). They also mention the contributing risk factors that are the stress, excessive ingestion of alcohol and metabolic syndrome. Schneider (2008) considers that tobacco, the consumption of harmful food and alcoholic beverages, sedentariness and social stress are the main modifiable risk factors to cardiovascular diseases. The study revealed that, among the nine patients, just one does not present any risk factor, reinforcing the need to increase the performance in primary care, focusing on health education for the prevention of future injuries.

Table 3 – Preexistent diseases identified in patients undergoing cardiac surgery. João Pessoa/PB, 2011.

Pathologies	**n**	**%**
DM[1]	02	22.2
SAH[2]	02	22.2
CAD[3]	04	44.4
Congenital disease	01	11.2
Total	**09**	**100**

[1]Diabetes Mellitus; 2Systemic Arterial Hypertension; 3 Coronary Artery Disease.

The results evidence that coronary artery disease is the most frequent in this study with 44.4%, followed by diabetes mellitus and systemic arterial hypertension with 22.2% each. Morton and Fontaine (2011) affirm that prevention and control of diabetes is extremely important because even when the glucose levels are under control, it still increases significantly the risk for cardiac disease. When it is not controlled the risk is even greater.

Table 4 – Types of performed surgeries. João Pessoa/PB, 2011.

Variables	**n**	**%**
CABG[1]	07	77.7
Valvuloplasty	01	11.1
Aortic valve replacement	01	11.1
Total	**09**	**100**

[1]Coronary artery bypass surgery

Among the studied patients, CABG was the pathology with higher incidence, 77.7%, corroborating with other research (GALDEANO, 2006) and with Gomes affirmation (2004), when he mentions that despite of technological advances, of pharmacologic therapy and percutaneous interventions, CABG constitutes on standard treatment of ischemic coronary disease in many subgroups of individuals.

In relation to the realization of surgical interventions in the postoperative period, it was representative because two patients needed a second surgical intervention - pericardial drainage. A study developed in Goiânia/GO found two cases of postoperative complications in a group of 21 patients, both with cardiac origin (FERREIRA; VIEGAS, 2004).

The nursing team was involved in all the procedures done in the immediate postoperative period, such as participation in the admission of patient to ICU; verification and register of vital signs; opening and proper manipulation of probes and drains; verifying drug infusion, intravenous hydration; identifying vascular catheters; electrocardiogram (ECG) of admission; and record on the sheet of fluid balance all the infused drugs and the initial volume drained from chest and mediastinum, nasogastric tube and vesicle probe. After the realization of all procedures pertinent to admission and needed to a safe care of patient, the nurse should perform his evolution based on the physical examination that contemplates from the general observations of bleeding in drains, which is the most important complication. It should be reported if the flow of bleeding is over 150 ml/h (SMELTZER; BARE, 2005; POSSARI, 2007).

CONCLUSION

The findings reveal a group of patients undergoing cardiac surgery, predominantly feminine, over 60 years, from João Pessoa, white, retired and that in their totality were discharged from ICU. Most of them had presence register of two or more risk factors, as well as the same number of preexistent diseases. CABG is the procedure more often performed.

In relation to nursing assistance provided in the immediate postoperative period, it is observed that this assistance contemplates the realization of many procedures that requires knowledge, technical skill, dexterity and also demands a lot of team time. Nevertheless, some of these procedures are underreported. It is emphasized that the need of Nursing is seek knowledge and abilities to substantiate a safe practice, identifying problems, implementing assistance, prioritizing activities, conducting interventions and, this way, contributing to reduce possible complications.

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NURSING ASSISTANCE IN THE IMMEDIATE POSTOPERATIVE OF CARDIAC SURGERY

ABSTRACT

Nursing assistance in the immediate postoperative period of cardiac surgery is destined to interventions designated to prevent or treat complications, promoting a fast recovery and reducing costs, preoccupations, pain and increasing patient survival. Objective: to know the nursing assistance provided in the immediate postoperative period of cardiac surgery. Methods: it is an exploratory-descriptive and field study, with quantitative approach. It was developed in the Cardiologic Unit of a private hospital in João Pessoa-PB. The population was constituted by all inpatients in this service, composing a sample of 9 inpatients in the period between October and November 2011. The data were collected from medical records, using a structured questionnaire with objective and subjective questions. After, they were analyzed using SPSS software, version 19.0. The description was presented by means of absolute and percentage frequency. The research was approved by the Ethics Research Committee of the Institute of Higher Education of Paraíba (IESP), under number 011/2011. Results: the feminine sex prevailed with 55.5%. In relation to age group, 88.8% of patients were over 60 years and only 11.2% were between 41 to 50 years. Considering ethnicity, white people prevailed with 66.7% of cases. The most predominant risk factors was family history, with 66.7% of cases, followed by sedentariness and tobaccoism with 55.5% each. Coronary insufficiency was the most present (44.4%), followed by diabetes mellitus (22.2%) and hypertension (22.2%). Among the studied patients, coronary artery bypass grafting (CABG) was the most incident procedure (77.7%). The nursing staff was involved in all the procedures done in the immediate postoperative period. Conclusion: nursing assistance contemplates the realization of many procedures that require knowledge, technical skill, dexterity and demand much time of the staff. However, some of these procedures are underreported.

DESCRIPTORS: Nursing assistance. Cardiac surgery. Surgical nursing.

LES SOINS INFIRMIERS DANS LA PÉRIODE POST-OPÉRATOIRE IMMÉDIATE DE LA CHIRURGIE CARDIAQUE

RÉSUMÉ

Les soins infirmiers dans la période post-opératoire immédiate de la chirurgie cardiaque est axé sur les interventions destinées à prévenir ou traiter les complications, capable de promouvoir un rétablissement rapide et réduire les dépenses, les préoccupations, la douleur et même augmenter la survie des patients. Objectif: connaître les soins infirmiers dispensés aux patients dans la période post-opératoire immédiate de la chirurgie cardiaque. Méthodes: Il s'agit d'une étude exploratoire et descriptive avec une approche quantitative. Cela a été fait dans l'unité de cardiologie d'un réseau hospitalier privé dans la ville de João Pessoa- PB. La population étudiée était composée de tous les patients admis dans ce service, la composition d'un échantillon de 9 patients, entre Octobre et Novembre 2011. Les données ont été recueillies à partir des dossiers médicaux, à l'aide d'un questionnaire structuré comportant des questions ouvertes et fermées. Plus tard, ceux-ci ont été analysées en utilisant le logiciel SPSS, version 19.0. La description a été présenté par fréquence absolue et en pourcentage. L'étude a été approuvée par le Comité d'Éthique de la Recherche de l'Institut de l'Enseignement Supérieur de la Paraíba (IESP) sous le N ° 011/2011. Résultats: les femmes étaient majoritaires avec 55,5%.En ce qui concerne le groupe d'âge 88,8% étaient âgés de plus de 60 ans et seulement 11,2% classés dans la gamme de 41 à 50 ans. Dans la catégorie de la race, les blancs ont prédominé avec 66,7%.Les facteurs de risque les plus courants était l'histoire familiale, avec 66,7%, suivie par l'inactivité physique et le tabagisme avec 55,5% chacun. La maladie coronarienne était plus fréquente (44,4%), suivi par le diabète sucré et l'hypertension avec 22,2% chacun. Entre les patients, le pontage aorto-coronarien (PAC) est la procédure la plus forte incidence (77,7%).Le

personnel infirmier a été impliqué dans toutes les procédures effectuées dans la période post-opératoire immédiate. Conclusion: les soins infirmiers consiste à effectuer de nombreuses procédures qui exigent des connaissances, des compétences techniques, de la dextérité et demandent beaucoup du temps personnel, cependant, certaines de ces procédures ne sont sous-estimée.

DESCRIPTEURS: Soins infirmiers. Chirurgie cardiaque. Soins infirmiers chirurgicaux.

CUIDADOS DE ENFERMERÍA EN EL POSTOPERATORIO INMEDIATO LA CIRURGÍA CARDÍACA

RESUMEN

Cuidados de enfermería em El postoperatorio inmediato de La cirugía cardíaca se centra en lãs intervenciones diseñadas para prevenir o tratar lãs complicações y uma recuperación rápida y el gasto reduciendo lãs preocupaciones el dolor y La supervivência sigue aumentando paciente. Objetivo: Conocer cuidados de enfermería a los pacientes enel postoperatorio inmediato de La cirugía cardíaca. Métodos: Se trata de un campo de tipo exploratório y descriptivo, con enfoque cuantitativo. Esto se realizo en el servicio de cardiologia de un hospital privado de La red en La ciudad de João Pessoa. La población de estúdio consistió en todos los pacientes ingresados en este servicio, componiendo una muestra de 9 pacientes, entre octubre y noviembre de 2011. Los datos fueron obtenidos de La historias clínicas, utilizando um cuestionario estructurado com preguntas abiertas y cierradas. Más tarde, estos fueron analizados utilizando el software SPSS, version 19.0. La descripción fue presentada por frecuencia absoluta y porcentaje. El estúdio fue aprobado por el comitê de Ética em Investigación del Instituto de Educación Superior de Paraíba(IESP) bajo el Nº 011/2011. Resultados: Las mujeres se impulso con El 55,5%. En cuanto AL grupo de edad de 88,8% eran mayores de 60 años y sólo El 11,2% clasifican en el rango entre 41 y 50 años. En La categoria de raza blanca predomina en el 66,7%. Los factores de riesgo más prevalente fue La historia familiar con 66,7%, seguido por La inactividad física y el tabaquismo con 55,5% cada uno. La enfermedad de La artéria coronária (CABG) fue el procedimiento con mayor incidência (77,7%). El personal de enfermería há participado en todos los procedimientos realizados en el período postoperatorio inmediato. Conclusión: La atención de enfermería incluye La realización de muchos procedimientos que requieren el conocimiento, La habilidad técnica, destreza y requiere mucho tiempo del personal, sin embargo, algunos de estos procedimientos son reportados.

DESCRIPTORES: cuidados de enfermería. Cirurgía cardíaca. Enfermería quirúrgica

ASSISTÊNCIA DE ENFERMAGEM NO PÓS-OPERATÓRIO IMEDIATO DE CIRURGIA CARDÍACA

RESUMO

A assistência de enfermagem no pós-operatório imediato de cirurgia cardíaca está voltada para as intervenções designadas a prevenir ou tratar complicações, promovendo uma rápida recuperação e reduzindo gastos, preocupações, dor e ainda aumentando a sobrevida dos pacientes. Objetivo: conhecer a assistência de enfermagem prestada ao paciente no pós-operatório imediato de cirurgia cardíaca. Métodos: trata-se de um estudo exploratório-descritivo, de campo, com abordagem quantitativa. Este foi realizado na Unidade Cardiológica de um Hospital da rede privada da cidade de João Pessoa-PB. A população foi constituída por todos os pacientes internados neste serviço, compondo uma amostra de 9 pacientes, no período de outubro e novembro de 2011. Os dados foram coletados dos prontuários, utilizando-se um questionário estruturado contendo questões abertas e fechadas. Posteriormente, estes foram analisados através do software SPSS, versão 19.0. A descrição foi apresentada por meio de frequência absoluta e percentual. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa do Instituto de Ensino Superior da Paraíba (IESP) sob o N° 011/2011. Resultados: O sexo feminino prevaleceu com 55,5%. No tocante a faixa etária 88,8% eram maiores de 60 anos e apenas 11,2% categorizavam-se na faixa entre 41 a 50 anos. Na categoria raça, os brancos predominaram com 66,7%. Os fatores de risco com maior prevalência foi os antecedentes familiares, com 66,7%, seguido do sedentarismo e tabagismo com 55,5% cada. A insuficiência coronariana foi a mais presente 44,4%, seguida de diabete melito (22,2) e hipertensão arterial (22,2). Entre os pacientes estudados, a revascularização do miocárdio (RM) foi o procedimento com maior incidência 77,7%. A equipe de enfermagem esteve envolvida em todos os procedimentos realizados no pós-operatório imediato. Conclusão: a assistência de enfermagem contempla a realização de muitos procedimentos que requerem conhecimento, habilidade técnica, destreza e demandam muito tempo da equipe, no entanto, alguns desses procedimentos são subnotificados.

PALAVRAS CHAVE: Assistência de enfermagem. Cirurgia cardíaca. Enfermagem cirúrgica.