

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH www.wjpmr.com

<u>Research Article</u> ISSN 2455-3301 WJPMR

A STUDY TO ASSESS THE EFFECTIVENESS OF EARLY AMBULATION ON POST OPERATIVE RECOVERY OF PATIENTS WHO HAVE UNDERGONE ABDOMINAL SURGERY AT RAILWAY HOSPITAL, PERAMBUR, CHENNAI

M. Deepa*

Reader, MA Chidambaram, College of Nursing.

*Corresponding Author: M. Deepa Reader, MA Chidambaram, College of Nursing.

Article Received on 27/08/2018

Article Revised on 17/09/2018

Article Accepted on 08/10/2018

ABSTRACT

A Quasi experimental study was conducted to assess the effectiveness of early ambulation on postoperative recovery of patients who have undergone abdominal surgery.60 patients were assigned to the experimental (n=30) and control group(n=30) from post operative ICU and surgical wards. Level of dependency in performing activities of daily living(ADL) and level of discomfort was assessed. The results revealed a highly significant decrease in level of dependency in performing ADL and level of discomfort following early ambulation(p<0.001), in comparison with patients in control group. The study concluded that early ambulation should be promoted as an important nursing intervention to enhance postoperative recovery among surgical patients.

KEYWORDS: Ambulation, Dependency, Discomfort, ADL, Postoperative Recovery.

INTRODUCTION

Early ambulation after surgery helps the patient to wear off physiological effects of anesthesia, stimulates peristalsis movement and reduces the possibility of post operative abdominal distension, prevents stasis of blood by increasing rate of circulation in extremities increases the rate of healing tin abdominal wounds.

It increases ventilation and reduces stasis of bronchial secretions in the lungs and further reduces the incidence of post operative complications such as hypostatic pneumonia and circulatory problems.

Statement of the problem

A quasi experimental study to assess the effectiveness of early ambulation on post operative recovery of patients who have undergone abdominal surgery at Railway hospital, Perambur, Chennai.

OBJECTIVES

- To assess the post operative recovery among patients in the experimental group.
- To assess the post operative recovery among patients in the control group.
- To compare the post operative recovery of patients between experimental and control group.
- To associate post operative recovery of patients in the experimental group with selected demographic variables.

• To associate the post operative recovery of patients in the control group with selected demographic variables.

RESEARCH HYPOTHESIS

- H1: There will be a significant difference in post operative recovery of patients between experimental and control group.
- H2: There will be a significant association of post operative recovery of patients in experimental group with selected demographic variables
- H3: There will be a significant association of post operative recovery of patients in control group with selected demographic variables.

Assumptions

Early ambulation may reduce length of hospitalization and enhance foster post operative recovery.

METHODOLOGY

Group	Early Ambulation	Post assessment
R _E	Х	O ₁
R _C	-	O ₂

Quasi experimental non equivalent control group post test only design was used in this study.60 patients who have undergone abdominal surgery were assigned to the experimental group (n=30), and control group (n=30) using non probability convenience sampling technique. Patients were selected from the postoperative ICU, surgical wards (male, female) in Railway Hospital, Perumbur, Chennai. The researcher ambulated the patients in the experimental group from 24 hours after the surgery, and was continued every 8 hours till he/she is able to do independently during daytime. Hospital regular regimen were followed for the control group.

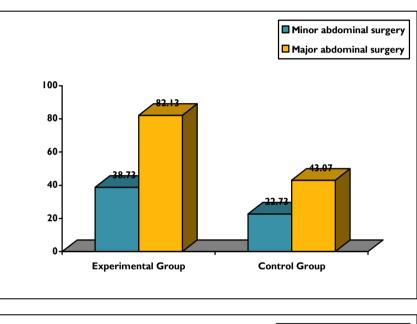
Measurements

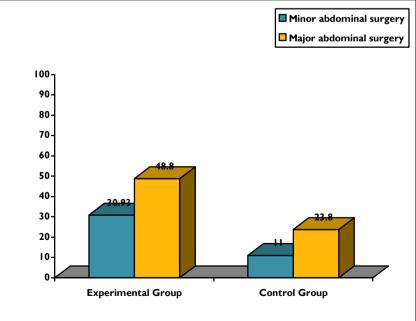
The level of dependency in performing daily activities (ADL) was assessed using observation checklist, the level of discomfort was assessed using structured interview continuously for 3 days in minor cases and 6 days in major cases.

FINDINGS

Patients in the experimental group showed a highly significant decrease in the level of dependency in

performing activities of daily living. And level of discomfort. Following early ambulation (p<0.001),in comparison with patients in the control group. Hence the research hypothesis H_1 was retained. Association of postoperative recovery of patients in experimental group with selected demographic variables using x^2 found that there was low significant association with level of education, history of previous surgery at p<0.05 level. High significant association with knowledge about early ambulation, habit of doing exercises at p<0.001 level. Hence the research hypothesis H_2 was retained for these demographic variables. The association of postoperative recovery of patients in control group with selected demographic variables using x^2 found that there was no statistical association between post operative recovery and selected demographic variables. Hence the research hypothesis H₃ was rejected.





CONCLUSION

Early ambulation is a therapeutic intervention in the prevention of postoperative complications, facilitates the resumption of previous activity levels and provides a valuable parameter for evaluating recovery from abdominal surgery.

Implications for clinical practice & Recommendations

The significant decrease in the level of dependency in performing ADL and level of discomfort in the experimental group suggests that early ambulation should be promoted as an important nursing intervention to enhance postoperative recovery among staff nurses. Further research is suggested to determine the effectiveness of early ambulation in postoperative ICUs and other clinical care settings.

BOOKS:

- Bare, G.Brenda., & Suzanne, C. Smeltzer. (2005), Brunner aud Suddarth Textbook of Medical Surgical Nursing. Philadelphia: Lippincott Williams & Wilkins
- 2. Basavanthappa, B.J. (1998). Nursing Research. Bangalore: Jaypee Brothers.
- Black, M.Joyce., & Hokanson Jane. (2005). Medical surgical nursing. Clinical Management for positive outcomes. New Delhi: Elsevier.
- Blumgart, L.H., & Fong, Y. (2000). Surgery of the liver and biliary tract. London: W.B.Saunders Co. Ltd
- S. Bolander Barnes Verolyn. (1994). Sorensen and Lunckmann's Basic Nursing - A psychophysiologie approach. Philadelphia: W.B.Saunders
- 6. Braun Wald, E, etal. (2001). Harrison's principles of internal medicine. New York: McGraw Hill

JOURNALS:

- 1. Aldreta, J.A. (1998). Modifications to the post anesthesia score for use in ambulatory surgery. Journal of Perianesthesia nursing, Vol.XII, No.2, Pp.109-114
- Algus, M., etal. (1995). Functional abilities of elderly survivors of intensive care. Journal of American osteopath association, Vol.XXXXxxxXV, No.12, Pp.708 710
- Arthur A <u>etal</u> (2002). Preventing post operative complications: What's old what's new, what's tried and time. American Journal of Nursing, Vol.XXIX, No.5, Pp. 36-44
- Barbisoni, P., ctal. (1997). The effects of chronic diseases on physical 36. Basse, L, etal. (2005). Functional recovery after laparoscopic colonic No.4, Pp. 281 287
- 5. Billesbolle, P, etal. (2002). Early recovery after abdominal rectopexy with function. Age Aging,

Vol.XXVI, resection. American Journal of Nursing, Vol.X.No.3, Pp416 23