INVESTIGATION OF IMPROVED ACCELERATOR APPLICATIONS IN SURGICAL DYNAMICS IN THE FRAMEWORK OF ERAS PROTOCOL

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AIM

To examine the accelerating applications of healing in surgical patients within the framework of the Enhanced Recovery After Surgery protocol.

MATERIAL AND METHODS

Between June and July 2018

With 45 people (using G power sampling, α = 0.05 and power = 0.80)

Underwent general anesthesia at the general surgery and cardiovascular surgery departments

It was collected by the researchers using a 25-item data collection form prepared in accordance with the literature

The data were evaluated with basic statistical analyzes

RESULTS

It was found that 44.7% of patients were junior high school graduates, 72.3% have chronic disease, 59.60% of the patients were men, 59.6% use drugs continuously, average age is 62.85 ± 13.07, 59.6% use drugs continuously. It was found that 74.5% of the patients who were taken into the research had previous experience with surgery, 78.7% of them had general surgery at current administration. It was determined that the mean duration of the operations was 119.26 ± 55.36 minutes and 2.49 ± 2.33 days in hospital before the operation

At the postoperative results, 38.3% of the patients experienced some pain and 36.2% had nonsteroidal anti-inflammatory analgesics. 38.3% of the patients had nasogastric tube, 68.1% had Foley catheter, and 17% of them were removed on the second postoperative day. Nausea was reported in 66% of patients and vomiting in 25.5%. In order to prevent this situation, 40.4% of the patients were using motility stimulant while 55.3% of the patients were not given any medication. 29.8% of the patients had oral intake in the first eight hours, 46.8% had mobilized within the first eight hours, 44.7% had gas within the first 24 hours and 17% had gaita has been out.

Conclusion: Application and removal of nasogastric tube and Foley catheter and early mobilization are compatible with ERAS protocols.

REFERENCES


