

Effectiveness of Discharge Plan on Knowledge regarding Postoperative Selfcare Management of Women after Abdominal Hysterectomy

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Abstract: Abdominal hysterectomy is a surgical procedure which is used for treatment of these (uterine fibroids, dysfunctional uterine bleeding, uterine prolapse, uterine cancer and uterine tumor). After the abdominal hysterectomy women are not maintain her self-care, discharge plan can play a important role so that their knowledge modified and improve the knowledge related to postoperative selfcare after abdominal hysterectomy. **Method:** One group pre and posttest research method was selected. 42 postoperative women selected from total enumerative sampling technique. Purpose of the research report was to enhance the knowledge related to post-operative selfcare management after abdominal hysterectomy. Informed and written agreement was obtain from the postoperative women. Data was collected by administering tool and discharge planning was administered. Tool was prepared by the researchers. After seven days posttest was taken. **Results:** Study finding shows that in pre-test out of 42 women 61.90% having good knowledge followed by 19.04% average and 19.05% very good knowledge regarding postoperative selfcare management after abdominal hysterectomy. After discharge plan majority of women 80.95% had very good knowledge followed by good knowledge 19.05 %. The mean post-test learning level 20.19±8.93 was high than the mean pre-test learning level 15.76±2.7. From the finding of study it can be concluded that, discharge plan on postoperative selfcare management was effective to improve the learning of women.

Keywords: Discharge plan, Knowledge, Abdominal Hysterectomy, Postoperative Women

1. Introduction

Hysterectomy is the careful expulsion of uterus and its encompassing structure. Presently a days hysterectomy is the most well-known surgery performed in the Gynecological territory which helps in the decrease of numerous gynecological issues. Indication for abdominal hysterectomy is inflammation of endometrium, pelvic inflammatory, risk of uterus cancer, broad ligament fibroid, dysfunctional uterine bleeding, prolapse uterus, high risk with early endometrial cancer, incisional hernia repair from a scar agreeable for hysterectomy.^[1]

Postoperative care included within twenty four hours of abdominal hysterectomy is monitoring of crucial signs every fifteen minutes, maintenance of airway, remind patient to turn, cough, deep breath every 2 hours for 24 hours, spirometry and other gentle exercises, assess surgical site bleeding, lung and bowel sounds, checked out intake and output, assess for complications (such as -pulmonary embolism, thrombophlebitis, pneumonia, bowel obstruction , bleeding) pain relief and psychological assessment.^[2]

Some of preventive and promotive post-operative self-care measures like early ambulation mobilization, balance diet, exercise, pain management, personal hygiene, wound care, sexual awareness, psychological health awareness to avoid the post-operative problems and complications.

2. Literature Review

Hysterectomy is a one of the essential surgical treatment in gynaecology, as in step with WHO facts base in 2016, an anticipated 15,40000 ladies underwent hysterectomy in the

global, hysterectomy is maximum commonly done on ladies among 40 to forty five years of age and around 65 year of age approximately 37% to 39% of women has experienced this procedure.^[1]

Indian women are getting their uterus removed at an early age, according to the National family health Survey (2015-16), shows that the prevalence rate of hysterectomy for the primary time, 3.2 % women are belongs to among 15-49 years of age, 3.6% between the age of 30-39 years.^[3]

Prusty R K, Chaithani C and Gupta S D. (2018) Conducted a study on prevalence of hysterectomy in India. Data was assembled with interview technique from 14 distinct of India. Result discovered that predominance of hysterectomy was 17/1000 among married females. Mostly cases was from Andhra Pradesh 63/1000. 36% of females got hysterectomy in 40 years old and multigravida females were had more risks for hysterectomy.^[4]

Devi N, Sheoran P and Sarin J. (2015) Conducted an experimental study on impact of self planned teaching educating after hysterectomy. Result was mean score of self-care capacity in experimental group was (103.63+₋4.327) was more than control group (71.67+₋4.737).^[5]

2.1 Research statement

A study to assess the effectiveness of discharge plan on learning related postoperative selfcare management of women after abdominal hysterectomy in selected hospital Dehradun, Uttarakhand.

2.2 Objective

- 1) To assess the pre- test knowledge regarding post -operative self-care management of women after abdominal hysterectomy.
- 2) To assess the effectiveness of discharge plan regarding postoperative self-care management of women after abdominal hysterectomy.
- 3) To find the association of pretest level of knowledge of women regarding post -operative self-care management of abdominal hysterectomy with selected demographic variable.

3. Research Methodology

In this study quantitative approach with one group pre and posttestexperimental design was used, with the total enumerative sampling method42 postoperative women selected from Himalayan hospital Dehradun, Uttarakhand. Sample was taken after 24 hours of abdominal hysterectomy from ward. Pretest was done to evaluate the knowledge of postoperative women regarding postoperative selfcare management after abdominal hysterectomy through knowledge questionnaire and demographic details were obtained using baseline data. On second postoperative day intervention (discharge plan) was administered after seven postoperative day post-test was done by using same questionnaire. Tools were structured knowledge questionnaire that contain total 25 question related to postoperative selfcare management after abdominal hysterectomy. Each question carry 01 mark for true response and 0mark for incorrect response.

4. Analysis and Interpretation

Section A:

Table 1: Frequency and Percentage Distribution of Socio-Demographic Characteristic of Postoperative women, n=42

Socio demographic characteristics	frequency	Percentage
Age in years		
35-47	23	54.8
48-60	19	45.2
Education		
No formal education	17	40.5
Primary	13	31
Secondary	8	19.5
Graduate	4	9.5
Occupation		
Housewife	40	95.2
Government job	1	2.4
Private job	1	2.4
Family type		
Nuclear	11	26.2
Joint	31	73.8
Living area		
Urban	13	31
Rural	29	69
Parity		
Primipara	2	4.8
Multi para	40	95.2
No of children		
1 child	2	4.8
More than one child	40	95.2
Indication of abdominal hysterectomy		

Menorrhagia	13	31
Fibroid uterus	14	33.3
Tumor in uterus	1	2.4
Uterine prolapse	14	33.3
Knowledge about postoperative self- care after abdominal hysterectomy		
Yes	11	26.2
No	31	73.8
Source of information (n=11)		
Mass media	4	36.4
Peer group	7	63.6

Data presented in Table no.1 Illustrates socio-demographic characteristics of postoperative women majority of the postoperative women 54.8% were among 35-47 years of age group. Most (40.5%) of the postoperative women were no formal education. most (95.2%) of the postoperative female were house wife. Most (73.8%) of the postoperative female were having joint family. majority (98.2%) of the postoperative women multi gravida. majority (95.2%) of the postoperative women were having more than one child . most (33.3%) of the postoperative women were having fibroid uterus, (33.3%) were having uterine prolapse. hysterectomy most (73.8%) of the postoperative women were not aware about self-care management after abdominal hysterectomy. most (63.6%) of the postoperative women were having knowledge from peer group.

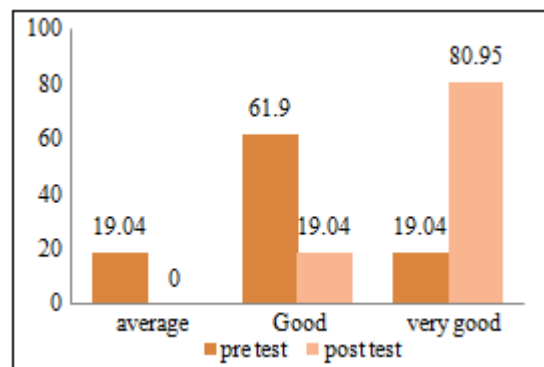


Figure 1: Pre and post-test knowledge score of women regarding post-operative self-care management after abdominal hysterectomy, n=42

Bar Diagram no 1: Shows pre and post knowledge scores

Figure no 1 depict that Majority of women having good knowledge (61.90%) before administering discharge plan. After administering discharge plan majority of owmen having very good knowledge (80.95%) on post-operative self-care management after abdominal hysterectomy

Section B:

Effectiveness of teaching program

Table 2: Effectiveness of discharge plan on post-operative self-care management after abdominal hysterectomy, n=42

Knowledge score	Range score	Mean ± SD	Mean difference	df	t score	P score
Pre test	9-22	15.76 ± 2.72	4.43	41	12.99	.001
Post test	16-23	20.19 ± 8.93				

Significant p<0.05, df₄₁=2,16

Table no 2 revealed that mean post-test (20.19 ± 8.93) score was increase from mean pre-test (15.76 ± 2.72) score which means that the interventions which were given to the postoperative women were beneficial. and calculated 't' value was 12.99 which was significant at 'p' value of 0.05. It conclude that the intervention which were implemented to the participants were effective that the knowledge of participants were increase. Hence the researcher interpreted that the research hypothesis (H1) was accepted at the 0.05 level of significance.

Section C: Association among Level of knowledge and demographic profile.

Table 3: Association among Socio-demographic Variable and Level of Knowledge.n=42

Variables	Below median <16	Above and at ≤ 16	X ²	Df	P value
Age in years 35-47 48-60	11 09	12 10	0.001	01	0.97
Education No formal education Educated	10 10	07 15	1.437	01	0.231
Occupation Working Non working	20 00	20 02	-*	01	0.489
Family type Nuclear Joint	05 15	06 16	0.028	01	0.86
Living area Urban Rural	06 14	07 15	0.016	01	0.899
Parity Primipara Multi para	01 18	01 22	0.005	01	0.945
No of children 1 child More than one child	01 19	01 21	0.004	01	0.944
Causes of abdominal hysterectomy Menorrhagia Fibroid uterus Tumor in uterus Uterine prolapse	07 04 00 09	06 09 01 06	-*	03	0.278
Knowledge about postoperative self-care after abdominal hysterectomy Yes No	05 15	06 16	0.028	01	0.86

Significant at $df_1=3.84$, $df_3=6.97$ at $p<0.05$, #= fisher exact with chi square

Table no 4 Shows that 'there was no statistically significant association among pre-test level of knowledge with their socio-demographic characteristics (Age, Education, Occupation, Family type, Living area, Parity, No of children, Indication of abdominal hysterectomy) at 0.05 level of significance'. There the researcher interpreted that the null hypothesis (H₀) was acknowledged and the research hypothesis (H₃) was refused.

5. Discussion

The study result illustrated that the pre-test mean score was 15.76 ± 2.72 and post-test mean score was 20.19 ± 8.93 which was found to be highly effective in increasing the level of knowledge. As finding depict that the post intervention majority of women performed good practice 90.47%. Post knowledge score was increase from pre score of knowledge it means discharge plan enhance the knowledge of postoperative women. The finding showed that there was highly effective intervention and researcher interpret that the research hypothesis (H1) was acknowledged at the 0.05 level of significance.

The research report was promoted by findings of the study, done by Priya, Roach E J, Lobo D J, A experimental study on effectiveness of before operation education on learning, sore, and selected after operation behavior among participants experiencing belly hysterectomy and the outcome depict that the experimental group mean post-test learning outcome (M=15.53, SD=4.091) was more than the trial group mean post-test learning outcome (M=9.10, SD=2.916).^[6]

6. Conclusion

It can be recommended that discharge plan about postoperative selfcare management after abdominal hysterectomy enhance the knowledge of women and it can be introduce in clinical setting so that nursing staff can teach hysterectomy patients till they discharged. Based on the finding of the study, it concludes that after intervention of discharge plan most of the women with hysterectomy (80.95%) had very good knowledge regarding postoperative selfcare management.

7. Future Scope

Student nurse can posted in the gynae ward and community area and they will teach the women regarding prevention of uterine fibroid, cervical cancer, dysfunctional uterine bleeding and uterine prolapse.

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