



THE SOCIODEMOGRAPHIC PROFILE OF PATIENTS IN THE IMMEDIATE POSTOPERATIVE PROSTATECTOMY

O PERFIL SOCIODEMOGRÁFICO DE PACIENTES EM PÓS-OPERATÓRIO IMEDIATO DE PROSTATECTOMIA

EL PERFIL SOCIODEMOGRÁFICO DE LOS PACIENTES EN EL POSTOPERATORIO INMEDIATO DE PROSTATECTOMÍA

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ABSTRACT

Objective: to identify the sociodemographic profile of patients of prostatectomy. **Method:** quantitative study, transversal and descriptive, performed at a surgical clinic of a Teaching Hospital at Natal/RN/Brazil, with 50 samples in immediate postoperative of prostatectomy. Data collection took place with anamnesis and physical examination. Statistical analysis of data was obtained using a Software called Statistical Package for the Social Sciences, version 16.0. The reserch project was performed by the Ethics Committee from Universidade Federal do Rio Grande do Norte, under protocol number 130/10 CEP/UFRN. **Results:** interviewed male samples were between 67 and 78 years old, 80% had partners, the number of kids varied from 0 to 4 (56%). **Conclusion:** knowing the sociodemographic profile of patients of prostatectomy auxiliates a clear vision for nursering actions in accordance to the life perspectives of the population, since the user profile is similar to those observed in other Brazilian cities. **Descriptors:** Nursing; Nursing care; Prostatectomy.

RESUMO

Objetivo: identificar o perfil sociodemográfico de pacientes submetidos à prostatectomia. **Método:** estudo quantitativo, transversal e descritivo, realizado na clínica cirúrgica de um Hospital Universitário na cidade de Natal/RN/Brasil, com 50 indivíduos em pós-operatório imediato de prostatectomia. A coleta de dados deu-se com um roteiro de anamnese e exame físico. Para a análise estatística dos dados foi utilizado o Programa Statistical Package for the Social Sciences, versão 16.0. O projeto de pesquisa foi aprovado pelo Comitê de Ética da Universidade Federal do Rio Grande do Norte, protocolo nº 130/10 CEP/UFRN. **Resultados:** os homens entrevistados tinham idade média de 67,78 anos, 80% tinham companheiros, com número de filhos variando de zero a quatro (56%). **Conclusão:** o conhecimento do perfil sociodemográfico dos pacientes prostatectomizados proporciona um direcionamento das ações de enfermagem frente à realidade de vida dessa clientela, uma vez que os pacientes estudados apresentaram perfil similar ao observado em outras cidades brasileiras. **Descritores:** Enfermagem; Cuidados de Enfermagem; Prostatectomia.

RESUMEN

Objetivo: identificar el perfil demográfico de los pacientes sometidos a prostatectomía. **Método:** estudio cuantitativo, transversal y descriptivo, realizado en la clínica quirúrgica de un hospital universitario de la ciudad de Natal/RN/Brasil, con 50 individuos de postoperatorio inmediato de prostatectomía. La recolección de datos se llevó a cabo con anamnesis y el examen físico. Para el análisis estadístico se utilizó el programa estadístico Statistical Package for the Social Sciences, versión 16.0. El proyecto de investigación fue aprobado por el Comité de Ética de la Universidad Federal de Rio Grande do Norte, en el Protocolo 130/10 CEP / UFRN. **Resultados:** hombres entrevistados tenían una edad media de 67,78 años, el 80% tenían parejas, con número variable de niños entre cero y cuatro (56%). **Conclusión:** el conocimiento de las características demográficas de los pacientes de prostatectomía proporciona una dirección de las acciones de enfermería en la realidad de vida para estos clientes, ya que los pacientes estudiados mostraron un perfil similar a la observada en otras ciudades brasileñas. **Descritores:** Enfermería; Cuidados de Enfermería; Prostatectomía.

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INTRODUCTION

The prostate is an exocrine gland of the male reproductive system that may present disorders over the years. The major damage related to the prostate are benign prostatic hyperplasia (BPH) and prostate cancer, these are characterized as a public health problem¹.

Brazil shows high incidence of prostatic diseases, where the average annual rates of cancer have estimated more than 50,000 new cases in 2010, with 11,570 in the Northeast, 760 in the state of Rio Grande do Norte and 220 in the city of Natal. On the other hand, prostatic hyperplasia is present in approximately 50% of individuals over 65 years with complaints arising from prostatic obstruction and the number increases to 90% after 80 years.²⁻³

The treatment for these problems may follow different approaches, depending on the adjacent disturbance, age, physical status and patient preferences. The prostate surgery, called prostatectomy, is one of the most common forms of treatment, performed according to the clinical stage of lesions and the presence or absence of certain complications resulting from the disease.¹

During the prostatectomy postoperative period the patient is at risk of a great number of complications, such as electrolyte imbalance due to irrigation of the surgical site during and after surgery, increased blood pressure, confusion, respiratory distress, hemorrhage, deep venous thrombosis and obstruction of the probe. In addition, other complications may be related, such as fear: helplessness, anger and sadness, since he's been through a surgical procedure.¹⁻⁴⁻⁵

Therefore, the identification of sociodemographic profile of the patient who undergoes prostatectomy gains relevance due to possible postoperative complications, and also with targeted and effective care needs. Thus, since Brazil has a great number of different populations, the need to know the patient's profile in each region increases, so that this may contribute to the effectiveness of health programs which will now occur directedly.⁶

Finally, the study aims to identify the sociodemographic profile of patients undergoing prostatectomy.

METHOD

A quantitative, cross-sectional descriptive study conducted in a Teaching Hospital in the city of Natal, Rio Grande do Norte (RN), specifically in the urology ward.

The sample was calculated based on the formula developed for studies of finite populations which takes into account the confidence level, the sampling error and population size. The considered parameters were: confidence level of 95%, the sampling error of 10% and the population of 102 patients, according to data from the computerized system, MV2000, from the hospital mentioned, during the period from 01/08/2009 to 31/07/2010 (HUOL, 2010). After applying the formula, we found a sample size of 50 individuals.⁷

Inclusion criteria for the study were: having a medical diagnosis of BPH or prostate cancer, having undergone surgery for prostate on service; be on immediate postoperative period (here considered the period up to 48 hours after surgery) at the time of data collection. And the exclusion criteria: not being in proper physical and mental condition to participate in the study; patient with no prostate with advanced heart disease, advanced lung disease, progressive liver disease or cerebral vascular disease, coronary or peripheral extensive. Participants were selected consecutively and by preference.

Data was collected from November 2010 up to April 2011, with an interview script following social and demographic variables: gender, age, marital status, number of children, origin, family income, occupation, years of education and religion. We used SPSS (Statistical Package for the Social Sciences) version 16.0 for the statistical analysis.

In compliance with Resolution no. 196/96 of the National Health Council of the Ministry of Health, which regulates research involving human beings⁸, this study was reviewed and approved by the Research Ethics Committee (REC) of the Federal University of Rio Grande do Norte (UFRN) (Protocol No 130/10 CEP/UFRN and a Presentation Certificate to Ethical Consideration - CAAE in 0147.0.051.000-10). It was explained to all participants the purpose of the research, as well as the reading of the consentment form and it was also requested the signature of TCLE.

RESULTS

It was possible to trace the demographic profile of patients undergoing prostatectomy due to the collection and statistical analysis from a Teaching Hospital in Natal - RN.

Table 1 presents the sociodemographic characteristics of the patients undergoing prostatectomy.

Table 1. Distribution of patients with no prostate according to sociodemographic data. Natal, 2011.

Variables	n(50)o	%	Statistics
Age Group			
45 – 59	6	12,0	Average = 67,78
60 – 74	35	70,0	SD* = 8,28
75 – 89	9	18,0	Median = 66,50
Total	50	100,0	
Marital Status			
With Partner	40	80,0	
Without Partner	10	20,0	
Total	50	100,0	
Number of Children			
0 – 4	28	56,0	Average = 5,04
5 – 9	14	28,0	SD = 3,45
10 – 14	8	16,0	Median = 4,00
Total	50	100,0	
Origin			
Capital	5	10,0	
Indoor / State	45	90,0	
Total	50	100,0	
Family Income			
0 – 4 LW**	47	94,0	Average = 2,28
5 – 8 LW	3	6,0	SD = 1,33
Total	50	100,0	Median = 2,00
Occupation			
Retired	30	60,0	
Other	13	26,0	
Farmer	7	14,0	
Total	50	100,0	
Education Level			
Illiterate	22	44,0	
Incomplete Fundamental	20	40,0	
Complete Fundamental	4	8,0	
Incomplete Médio	1	2,0	
Complete Médio	2	4,0	
Higher Education Complete	1	2,0	
Total	50	100,0	
Religion			
Catholic	39	78,0	
Non-Catholic	11	22,0	
Total	50	100,0	

*SD-Standard Deviation ** LW- Living Wage

Interviewed patients had an average age of 67.78 years ($\pm$ 8, 286), with the interval of 50 to 74 years presenting itself more frequently (70%).

As to marital status, 80% of the interviewed live with a partner and 20% without. Regarding the number of children, 56% reported having children from 0 to 4, with an average of 5.04 ($\pm$ 3.458).

The origin of the patients was prevalent in the countryside of Rio Grande do Norte (90%), the remaining 10% were from Natal, the capital city. Regarding family income, the majority (94%) had 0-4 times the minimum wage, averaging 2.280 minimum wages per family, considering the minimum wage of R\$ 545.00 in reais at the time.

The most prevalent occupations were: retired (60%), other (26%) and farmers (14%). Regarding education, the illiterate accounted for 44% of total patients with no prostate and 40% had incomplete primary education. Regarding religion, 78% of individuals were Catholic and 22% non-Catholics.

DISCUSSION

Literary research indicate similarity to the profile shown in this study. In an exploratory study with men who underwent prostate surgery in Hospital das Clinicas in São Paulo showed that the mean age was 66 years, most were married (84.6%), retired (44.2%) and personal income ranged between three and six times the minimum wage (69.2%). Regarding education, the majority (73%) of the patients studied up to elementary school. ⁹

The data of this study differ in areas such as schooling and family income, local research showed lower levels, which is justified by the difference between the regional participants.

One out of four men who were 80 years old present BPH. Aging is an essential risk factor for disease development. ^{4,10}

Prostate cancer is a cancer of the elderly, with three-quarters of cases worldwide occurring in men aged 65 or more. This information is consistent with that found in the population studied, where the average age was around 67 years. ¹¹

The characteristic of this public (most of the state, with an average household income

of 4 minimum wages and retirees) indicates the reality of life for these patients, where their residence within the countryside of the state may be related to poor access to health services, since they are far from major hospitals. Still, because they are retired (this brings back the reported financial position) there are difficulties related to the quality of their care, access to treatment and self-care. Financial difficulties and geographic access to quality health prevent care quality after discharge.¹²

Besides the difficulty in getting proper health services, the profile of low income and low education may interfere with the understanding of their disease, the postoperative care and self care. This highlights the need to direct the actions of nursing, such as health education, to the sociodemographic reality of the public.¹³

The data regarding the degree of instruction and education of the elderly patient may indicate positive coping with the disease. Another relevant factor that may interfere with the patient's understanding along with schooling is religious belief, since Catholic religion predominates according to the research.¹³

These findings related to knowledge and understanding of the patient may require special attention by nursing staff. The nurse's action should be focused on health education as key to an effective care, using devices such as proper language to the care process as a strategy to prepare the underwent surgery patient to discharge.¹⁴⁻⁵

Therefore, the nurse must make a preliminary assessment of the patient, respecting their particularities, but focusing on the needs described above, to identify beliefs, values and expectations with respect to factors that could impair their quality of life as well as provide clear and accurate information.¹⁶

CONCLUSION

It was possible to direct nursing care for this specific public, mostly composed of elderly with low income and little education, which brings the need for greater care, especially with regards to the information provided aiming a greater caution and self-caution.

Also, another important point that needs to be highlighted is that this population comes from the countryside of Rio Grande do Norte, which emphasizes the difficulty in accessing health services. Therefore, the nurse must clearly and objectively guide the patient so

that he/she may receive the necessary postoperative care after discharge.

Thus, knowing the patient's profile provides directed actions of the nursing teams, since the patients with no prostate studied here showed a similar profile to that observed in other Brazilian cities. However, we highlight the actions of health education to meet the specific needs of each patient.

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