



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

CORNEA TRANSPLANT: THE NURSING STAFF GUIDING THE PATIENT FOR SELF-CARE

TRANSPLANTE DE CÓRNEAS: A ENFERMAGEM ORIENTANDO PARA O AUTOCUIDADO TRASPLANTE DE CÓRNEAS: LA ENFERMERÍA ORIENTANDO PARA EL AUTOCUIDADO

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RESUMO

Objetivo: evidenciar a percepção do autocuidado de pacientes em pré-operatório de transplante de córneas. **Método:** estudo exploratório com abordagem qualitativa, composto por dez pacientes com déficit visual em pré-operatório imediato de transplante de córneas. A produção dos dados ocorreu a partir de entrevista semiestruturada no período de abril a maio de 2010. Para a análise dos dados utilizou-se a Técnica de Análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo 422/2009. **Resultados:** a partir da análise dos dados, foi possível reconhecer as dificuldades apresentadas por pacientes com perda da visão nas atividades do cotidiano, evidenciando a importância e o impacto das orientações fornecidas pela enfermagem. **Conclusão:** a contribuição das orientações fornecidas pela enfermagem possui significativa importância na realização do autocuidado, assim o paciente sente-se seguro e capaz em realizar as atividades da vida diária. **Descritores:** Enfermagem; Transplante de Córnea; Autocuidado.

ABSTRACT

Objective: to highlight the perception of patients in the pre-operative corneal transplant about self-care. **Method:** this was an exploratory study with a qualitative approach, consisting of ten patients with a visual deficit in the immediate pre-operative stage of a corneal transplant. Data was produced from semi-structured interviews between April and May of 2010. The Technique of Content Analysis was used for data analysis. The research project was approved by the Research Ethics Committee, Protocol 422/2009. **Results:** the data analysis allowed the recognition of difficulties in everyday activities presented by patients with loss of vision, highlighting the importance and impact of guidelines provided by the nursing staff. **Conclusion:** the contributions of the guidelines provided by the nursing staff were of significant importance in the performance of self-care resulting in patients feeling safe and able to perform activities of daily living. **Descriptors:** Nursing; Cornea Transplant; Self-Care.

RESUMEN

Objetivo: evidenciar la percepción del autocuidado de los pacientes en el pre-operatorio del trasplante de córneas. **Método:** estudio exploratorio con enfoque cualitativo, compuesto por diez pacientes con déficit visual en pre-operatorio inmediato de trasplante de córneas. La producción de los datos fue a partir de una entrevista semi-estructurada en el período de abril a mayo de 2010. Para el análisis de los datos, se utilizó la Técnica de Análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, protocolo 422/2009. **Resultados:** a partir del análisis de los datos, fue posible reconocer las dificultades presentadas por pacientes con pérdida de visión en las actividades del cotidiano, evidenciando la importancia y el impacto de las orientaciones fornecidas por la enfermería. **Conclusión:** la contribución de las orientaciones fornecidas por la enfermería tiene significativa importancia en la realización del autocuidado, así el paciente se siente seguro y capaz en realizar las actividades de la vida diaria. **Descriptores:** Enfermería; Trasplante de Córnea; Autocuidado.

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INTRODUCTION

Cornea transplant provides visual recovery, efficiently and with low cost, to people whose eyes present corneal disturbances of transparency and optical regularity. It also helps relieving the pain from cornea chronic edema. However, as in any transplant, it has the potential to transmit devastating diseases such as rabies. What distinguishes it is that, in most cases, the transplant candidate is not amaurotic in the literal conception of blindness. He can be incapacitated for work and school but not for performing everyday activities. If the transplant fails, there are chances of complete loss of vision as well as emergence of pain caused by cornea edema, glaucoma, or both.¹

The cornea has many nerve endings, and any change can cause much pain and photophobia; pain is exacerbated by the simultaneous movement of the eyelid. For these same authors, people who suffer changes in the cornea (transparent tissue loss) may require a transplant. Transplants allow people with low visual acuity or with cornea problems to regain vision. During a cornea transplant, the opacified corneal central button (or disk) is replaced by a central button from a healthy cornea. The cornea transplant can recover the vision in more than 90% of cases of people who have some visual impairment resulting from corneal problems².

Initially, there are two types of corneal transplants: penetrating transplants, which are those that replace the cornea in its entirety, and lamellar transplants that replace only a portion of the cornea.¹

Guidance on health is considered a function inherent in the practice of nursing and one essential responsibility of the profession. In addition, it is an important component of self-care for the promotion, maintenance, and restoration of health as well as adaptation of individuals to the residual effects of a disease by helping them to cooperate with their therapy and learn to solve problems when facing new situations, emphasizing the premise that a well guided and informed patient performs self-care and helps in the longevity of the transplant.

Therefore, this study sought to answer the following question: How patients awaiting cornea transplantation perceive and perform self-care with respect to activities of daily living?

OBJECTIVE

- To highlight how patients awaiting cornea transplantation perceive and perform self-care.

METHOD

This was an exploratory study with a qualitative approach³ performed with ten patients who were waiting for cornea transplant in a public hospital of Porto Alegre/POA/Rio Grande do Sul in Brazil.

The participants' inclusion criteria were: patients of both genders and candidates for cornea transplant who agreed to participate in the study.

Forms with the following questions were used for data production: How do you perform actions of hygiene? Do you need help to get dressed? Why? After using the bathroom, can you sanitize and get dressed? Do you need help to go from the bed to a chair? Are you responsible for your meals? How do you perceive self-care after vision limitation or loss? Data collection occurred from April to May of 2010. The speeches were subsequently transcribed and grouped by questions for further analysis.

The analysis of the empirical material followed the principles of Content Analysis technique in the Thematic of Bardin⁴, which follows the following steps: pre-analysis or material organization; exploitation of this material through codification or categorization; and inference and interpretation of results.

This study respected the Guidelines and Regulatory Norms for Research involving Humans in accordance with resolution 466 / 2012 from the National Health Council.⁵

This study was approved by the Ethics in Research Committee from the Metodista University Center/IPA in Porto Alegre under CAAE-no: 422/2009. All participants signed a Voluntary Informed Consent Form (VICF) where the research objectives were disclosed, and the participants' anonymity was guaranteed.

RESULTS AND DISCUSSION

♦ Hygiene actions

The following speeches were identified in the category of hygiene actions:

[...] I perform my hygiene well because I never lost vision completely (S1).

[...] I perform all actions of hygiene by myself (S3).

Activities of daily living apply to all routine tasks of an individual. They consist of self-care tasks deemed necessary to meet the requirements of everyday life. Hygiene actions represent one of the domains in the list of fifteen activities considered as activities of daily living.⁶

The loss of the patient's ability in performing activities of daily life generates day-to-day consequences; these consequences may interfere with the perception of quality of life. It is noted that the cited subjects, even though they have a diagnosis of visual impairment, they have not lost the ability to perform self-care, keeping the joy of independence, which tends to give them a good perception of their quality of life.

The following account highlights how everyday activities are performed by a cornea transplant candidate:

[...] I perform all my hygiene actions with the help of my mother (S4).

The disadvantage for the individual is the harm caused by a deficiency or a disability that limits or prevents him from performing some skills/activities necessary for his survival.⁷

The individual who does not perform activities of daily living becomes limited and requires the help of a caregiver, becoming dependent on a greater or lesser intensity. In these cases, we suggest the search for a rehabilitation center, when having the minimum conditions for the pursuit, with the focus on improving the quality of life and decreasing the degree of dependency.

The multidisciplinary team has a significant relevance in this process, and, therefore, the permanent education of health professionals should be a constant factor in health services. The approach of various professionals in various specialties favors the perception of new ways and emergence of cooperation strategies for patients to feel well supported. The nursing staff, while a member of the health team, should be attentive to the needs and guidelines offered to patients, remembering that the patient with visual deficits many times does not have a caregiver and the guidelines received from the health service may be the only guidance received.

♦ The act of getting dressed

When asked about the act of dressing, pre-cornea transplant patients reported:

[...] I do not need help, I can dress myself (S1).

[...] I do not need help because I only lost 20% of my vision (S5).

The activities of daily living are described as actions for self-maintenance and the 15 considered domains are: getting ready, performing oral hygiene, washing or bathing, performing hygiene in the toilet, getting dressed, performing personal care, eating and providing food, taking routine medication, performing health care, socializing, being capable of functional communication, having functional mobility, and being able to express an emergency response and sexual expression.⁶

Independence favors the satisfaction for self-care performance, decreasing or ceasing the feeling of exclusion from the environment in which the individual is inserted. Social and health satisfaction promotes awareness of a healthy lifestyle based on physical, mental, and social well-being.

Health professionals have responsibilities and duties to their professional practice, and caring for patients considering the completeness of the human being is one of the Brazilian health system policies. Qualified professionals and qualified nursing staff are needed to identify the needs that prevent an effective orientation to self-care and from this, guide and promote the development of individuals. The patient needs are evident in the following speech:

[...] I, most of the time, need help because I cannot choose the clothes to wear and get dressed by myself (S2).

The individual may be ready to develop certain tasks but have never learned how to do it, thus lacking ability; however, this can be developed with the knowledge, attitude, or experience. In this new stage of life, it is necessary that new learnings be put into practice to achieve a way of life with more quality.⁸

It is noted that the individual may be able to perform activities of daily living; however, it is important to educate him by involving him and his caregiver. Therefore, it is important to invest in the education of people involved, performing partnerships that bring benefits to all because the caregiver usually knows the patient's difficulties. Furthermore, it is of the utmost importance to encourage self-care, awakening in individuals the desire to remain independent.

To maintain an independent individual, it is necessary to involve professionals. Nursing is one of the segments that might provide elements to the human being, aiming at increasing their ability to perform activities of daily living.

◆ The use of the toilet and performance of hygiene

The following speeches were highlighted in the category use of toilet and performance of hygiene:

[...] Yes, I can go to the bathroom and then sanitize without help (S1).

[...] I can go to the bathroom and I sanitize by myself (S6).

Independence is defined as the control that a patient has over his life, accepting his deficiencies, minimizing the physical or psychological dependence in the decision-making process and carrying out activities of daily living⁹.

The impact caused by a visual loss in the individual can generate insecurity and even a misguided perception of disability. The bigger the loss, the greater the functional consequences. Moreover, the sooner the individual seeks help, and/or rehabilitation, the better his adaptation to the new condition will be with fewer consequences.

The nurse who understands this context tends to qualify the assistance to these requirements, could guide the individual, be mindful of his degree of personal motivation to perform activities, and observe results. The results achieved by patients also motivate the professional involved in this recovery/adaptation.

One of the interviewed patients reported about the use of the toilet and hygiene performance as follows:

[...] I can go to the bathroom alone, but when I shower I count with the help of my mother (S2).

A person with limitations will perform his activities if the environment is suitable for such. Therefore, the treatment must be focused first on the goal of environment adaptation and abilities and diminished skills in that person¹⁰.

It is necessary to be aware of the individual's problems because the lack of an environment adapted to his new reality might hinder his confidence and development. In addition, the space adaptation is important, caregivers and family members must also adapt to the new reality avoiding excesses in the care provided because this attitude encourages the individual to feel more dependent than he actually is.

There are rehabilitation centers that provide best strategies for the care of patients with low visual acuity; referring patients and their caregivers to these centers is a way to extend and qualify the care provided by health professionals.

◆ Local changes

The following speeches were highlighted in the category of local changes (bed/chair):

[...] I do not need help, I can move on my own (S5).

[...] I can move by myself from one location to another (S2).

[...] I do not need help, I can walk from one place to another without help (S7).

The successful participation of a patient in activities depends on his adaptation to the environment, developing skills, confidence, and positive self-image; he can then become able to observe himself as competent to perform activities, taking control of his life.⁸

The family caregiver should seek improving strategies so that the individual can live closer to the reality of an individual that does not have visual deficits. The dependency is directly proportional to the sense of inability to perform daily activities.

◆ The act of feeding

In the category act of feeding, patients reported:

[...] Yes, I cook and prepare my meals (S8).

[...] Yes, I cook my meals without help (S2).

Healthy eating is related to the promotion of health and, thus, the patient can enjoy life with better quality.¹¹

The patient, who maintains his lifestyle closer to the usual after visual impairment, retains his self-esteem, suffers less with emotional issues, and maintains a healthy lifestyle. Nursing is a profession that allows merging the "human and scientific" aspects; in addition to caring for a sick patient, it acts in the prevention of diseases and production of research to improve the quality of practice and assistance to individuals.¹²

[...] I do not cook because I do not know how to cook, my mother cooks for me and serves me, but I can feed myself (S3).

The speech above shows the lack of ability when the patient reported "not knowing how to cook", in this case, one must analyze the prior way of life of the individual and his degree of disability. The problems before the visual impairment may worsen due to the new reality of life.

The nurse should assist the patient in the pursuit of well-being. Thus, nursing requires a look back into the family caregiver and individual to develop quality assistance. The process of caring becomes rewarding for both nursing and caregiver when stress factors are minimized.

◆ The perception of self-care

It was possible to evidence the needs, limitations, and participants' perception of

self-care in the speeches in the category of self-care:

[...] the greatest difficulty I have is in reading at bus stops because I cannot see far (S9).

[...] with difficulty, I see only 20% with the right eye (S2).

[...] I am totally dependent on my right eye and the lens I use in it, and, in fact, I have even gotten used to the lack of vision in the left eye. However, I do not drive at night, I find it difficult to see and get scared (S10).

The resulting restriction in the disability and ability to perform an activity considered normal for a human being comes as a direct consequence of a response of the individual to a psychological, physical, or sensory disability. It represents the objectification of the disability and reflects the person's disorders in the activities and essential behaviors of daily life.⁷

Low visual acuity or vision loss is a traumatic situation because we live in a society organized by symbols, signs, and visual messages among others that are the biggest vehicles for the presentation of the environment. The lack of visual participation in this society hinders the performance of necessary activities in our day to day lives, often generating fears, trauma, and grief.

The inclusion and accessibility of people with visual impairment refer to orientation and mobility, i.e. the ability to come and go with confidence and autonomy. The earlier the patient seeks help; the better his adaptation will be with fewer consequences in his life.

Knowing that each human being is unique with his characteristics that shape his personality, character, and thinking, one cannot forget that the impact of visual impairment and the needs of all individuals undergo constant changes. Therefore, each person will be the target of efforts from the nursing staff in an attempt to empower patients to independence in performing daily activities.

CONCLUSION

The individual who carries out activities of daily living without aid feels independent, confident, and more useful. The individual who needs help becomes dependent, many times requiring a caregiver. It was observed that independence favors the performance of self-care, preventing the feeling of exclusion from the environment in which the individual is inserted.

Sometimes the individual becomes dependent on a caregiver not because of lack

of skills but because of lack of guidance. Thus, it is important to identify the capacity of the individual to perform self-care. Hence, the caregiver must be oriented to stimulate self-care in the visual impaired individual, encouraging independence in activities of daily living.

The loss or low visual acuity makes the individual insecure and leads this individual to have a misperception of invalidity. The greater the visual loss, the greater the functional consequences. It is necessary to accept the deficiencies to live independently. In addition, the environment adaptation is needed to facilitate the performance of self-care, generating confidence in the individual.

The limitation or loss of vision can be turned into fears and behaviors of habits, the patient can get used to living in a situation, sometimes assuming the role of a deficient person, leaving activities and behaviors essential to daily life in the background.

The results of this research show that the contribution of a multidisciplinary team has significant relevance in this process because the view of professionals from various specialties favors the perception of new ways and emerging strategies to make visual impaired individuals more independent.

The nurse must be aware of the unique features of patients. The comprehensive care requires qualified professionals in order to provide a higher quality of life for individuals, observing their degree of motivation and results obtained during the adaptation phase. The patient's motivation and results provide feedback to the work process of health professionals.

Knowledge is the basis of the orientation process for self-care; the purpose of the nurse is taking care of human beings, respecting their values and feelings, especially when it comes to the care of patients with visual impairment waiting for a cornea transplant, with the goal of empowering them for the performance of self-care.

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http://www.actafisiatr.org.br/detalhe_artigo.asp?id=225

Submission: 2014/04/26

Accepted: 2015/05/20

Publishing: 2015/06/15

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