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PHONE FOLLOW-UPS AS A NURSING INTERVENTION IN THE SURGICAL RECOVERY OF PROSTATECTOMIZED ELDERLY

ACOMPANHAMENTO POR TELEFONE COMO INTERVENÇÃO DE ENFERMAGEM NA RECUPERAÇÃO CIRÚRGICA DE IDOSOS PROSTATECTOMIZADOS

ACOMPAÑAMIENTO POR TELÉFONO COMO INTERVENCIÓN DE ENFERMERÍA EN LA RECUPERACIÓN QUIRÚRGICA DE ANCIANOS PROSTATECTOMIZADOS

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ABSTRACT

Objective: to analyze the effect of Nursing intervention in telephone follow-ups of the elderly undergoing prostatectomy surgery. **Method:** randomized controlled trial, with quantitative approach, performed in a teaching hospital. The sample consisted of 40 patients, followed up for four weeks. The *BioEstat 5.3 Program* was used as a randomization and the telephone follow-up was used as a Nursing intervention from July 2014 to December 2015. **Results:** it was observed that there was a significant difference in the defining characteristics - Difficulty to move and Perception - and that more time is needed for recovery in the control group. Elderly patients healed difficulties in home care, mainly medication use, surgical wound, and handling of the delayed bladder catheter. **Conclusion:** telephone monitoring can be accessible to the majority of the population, with a good adherence rate, which can be widely implemented in the health network. **Descriptors:** Telenursing; Postoperative Care; Geriatric Nursing.

RESUMO

Objetivo: analisar o efeito da intervenção de Enfermagem no acompanhamento por telefone de idosos submetidos à cirurgia de prostatectomia. **Método:** ensaio randomizado controlado, com abordagem quantitativa, realizado em um hospital de ensino. A amostra foi composta por 40 pacientes, acompanhados por quatro semanas. Para a randomização utilizou-se o *Programa BioEstat 5.3* e, como intervenção de Enfermagem, o acompanhamento por telefone, no período de julho de 2014 a dezembro de 2015. **Resultados:** observou-se que houve diferença significativa nas características definidoras - Dificuldade para movimentar-se e Percepção - e que é necessário mais tempo para a recuperação no grupo controle. Os idosos tratados sanaram dificuldades em relação aos cuidados em domicílio, principalmente uso de medicações, ferida operatória e manuseio da sonda vesical de demora. **Conclusão:** o acompanhamento por telefone pode ser acessível à grande parte da população, com boa taxa de adesão, e pode ser amplamente implantado na rede de saúde. **Descritores:** Telenfermagem; Cuidados Pós-Operatórios; Enfermagem Geriátrica.

RESUMEN

Objetivo: analizar el efecto de la intervención de Enfermería en el acompañamiento por teléfono de ancianos sometidos a la cirugía de prostatectomía. **Método:** ensayo aleatorizado controlado, con enfoque cuantitativo, realizado en un hospital de enseñanza. La muestra fue compuesta por 40 pacientes, acompañados por cuatro semanas. Para la randomización se utilizó el Programa BioEstat 5.3 y, como intervención de Enfermería, el acompañamiento por teléfono, en el período de julio de 2014 a diciembre de 2015. **Resultados:** se observó que hubo diferencia significativa en las características definidoras- Dificultad para moverse y Percepción - y que se necesita más tiempo para la recuperación en el grupo de control. Los ancianos tratados sanaron dificultades en relación a los cuidados en domicilio, principalmente uso de medicamentos, herida operatoria, y manejo de la sonda vesical de demora. **Conclusión:** el acompañamiento por teléfono puede ser accesible a la gran parte de la población, con buena tasa de adhesión, que puede ser ampliamente implantado en la red de salud. **Descriptores:** Teleenfermería; Cuidados Posoperatorios; Enfermería Geriátrica.

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INTRODUCTION

The World Health Organization - WHO classifies the elderly as any individual who is 60 years old or older. The elderly now represent 14.5 million people - 8.6% of the total population of Brazil, the latter of which is the fastest growing today.¹

With the aging process, there is decline and changes in the functions and systems of the human body, leading to the occurrence of chronic non-transmissible diseases, a factor that increases the demand for healthcare services and the clinical and surgical procedures in this age group.²

The increase in the number of surgical procedures in the elderly requires knowledge in Surgical and Geriatric Nursing due to the physiology of the aging process, such as changes in skin turgor, loss of muscle mass, increase in adipose tissue, decrease in nutrient and drug absorption, loss of balance and gait, slowness in speed and difficulty in processing information.³

In the postoperative period, the elderly patient may present doubts regarding the care performed at home, once the hospitalization period becomes shorter and post-operative education can be quite extensive, making it impossible to understand how to follow the necessary care at home, thus, increasing the risk of developing postoperative complications.

Surgical complications are indicative of delayed recovery, a phenomenon of global concern that affects care outcomes and costs of treatment.⁴

The Nursing diagnosis of delayed surgical recovery is defined as the extension of the number of postoperative days required to initiate and perform activities that maintains life, health, and well-being.

Some strategies have been used for the postoperative follow-up of these clients and for the detection of problems in an early and efficient manner, including, the use of telephone follow-up, which is related to the continuity of post-operative care, providing relevant teaching and guidance as needed.

Telephone follow-up is a Nursing intervention, established by the Nursing Interventions Classifications (NIC), that allows monitoring the health conditions of a patient

to act in situations of an abnormal state. In addition, it can reduce the anxiety of patients and still resolve doubts in a timely manner, increasing the link with professionals and the satisfaction of those who receive care.⁵

It is believed that telephone follow-up is a proposal for Nursing intervention to reduce the incidence of the diagnosis. Delayed Surgical Recovery, aiming at completing the postoperative care service at home, helping and encouraging the elderly to perform self-care, seeking to promote their full recovery.

OBJECTIVE

♦ To analyze the effect of Nursing intervention in telephone follow-up of the elderly undergoing prostatectomy surgery.

METHOD

A randomized, controlled intervention study to evaluate the effect of telephone follow-up on the surgical recovery of the elderly in the postoperative period of urological surgeries, prostatectomy, at a university hospital in the State of Rio de Janeiro. For the randomization, the BioEstat 5.3 Program was used.

The blind group was composed of three expert examiners in evaluation of the diagnosis of delayed surgical recovery who had previously undergone a diagnostic training. The data collection period consisted of July 2014 to December 2015.

In this way, the training of the standard operating procedure of the research to be performed began. The examiners approached all the patients even during the preoperative period presenting to them the Informed Consent Term. After the consent, the first evaluation was scheduled for detection of the diagnosis through an instrument, on the second postoperative day (D2). The second evaluation with the instrument on the fifteenth (D15) and the last on the thirtieth postoperative day (D30), both for the control group and the experiment, at the four-week follow-up time, as described in figure 1.

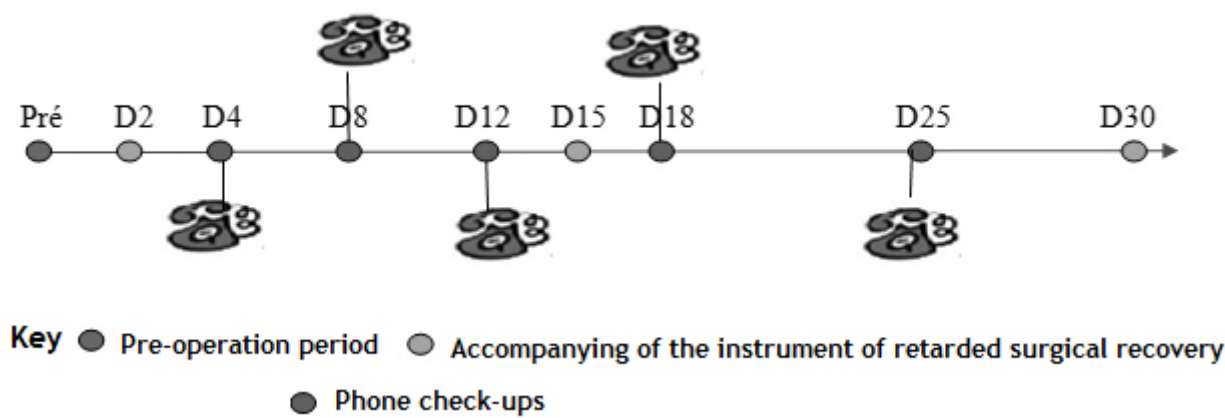


Figure 1 - Design of the research in the experimental group.

The experiment group received the intervention, telephone follow-up, carried out by the researcher, who knew the sample selection. During the fourth (D4), eighth (D8), twelfth (D12), eighteenth (D18) and twenty-fifth postoperative days (D25), with five total telephone follow-up visits, or the day closest to those dates, when in case of holidays and weekends.

The instrument for telephone follow-up was elaborated through questions about complications in the postoperative recovery, according to the defining characteristics and related factors of the Nursing Diagnosis Surgical Recovery Delayed. Through the patient's response, guidelines were offered to them for specific care at home in relation to the postoperative period of the surgeries, according to the standardized NIC and literature review. The instrument allowed the patient to withdraw their doubts regarding the treatment and recovery.

The outpatient unit operated as an accessory for the second (D15) and third (D30) evaluation of the presence of the Nursing Diagnosis of Delayed Surgical Recovery in all study participants. In order to evaluate the diagnosis of Delayed Surgical Recovery, the participants used an instrument containing data characterizing the subject, such as identification, age, family composition, origin, educational level, use of continuous medication, telephone, pathology, and surgical procedure. Shortly thereafter, the instrument had the defining characteristics and related factors associated with signs and symptoms or changes corresponding to the postoperative period.

The inclusion criteria of the study were: elderly patients aged 60 years or older, coming from the preoperative surgery service of any type of urological surgery; have a cell phone or landline available for the contact. And, the exclusion criteria: patients diagnosed with dementia; hearing impaired patients without an accompanying person who could

receive telephone counseling; patients submitted to surgeries to treat complications of previous surgeries. As the criteria of discontinuity: to meet less than 75% of telephone calls; and do not make time for the directions on the phone. The sample consisted of 40 elderly patients hospitalized for urological surgeries (20 patients in the experimental group and 20 in the control group).

To enable the data analysis to be performed, they were organized by typing in a simple Excel spreadsheet. The results were later analyzed through descriptive and inferential statistics, being coded, tabulated and presented in the format of tables.

Resolution 590/16 of the National Health Council was approved, with approval by the Local Research Ethics Committee, approved with opinion number: 791,556.

RESULTS

◆ **Social and demographic variables**

Regarding the categorical variable for postoperative monitoring, the total sample counted 40 patients, of which twenty patients were in Group A (telephone follow-up) and twenty patients in Group B (control group).

Table 1 provides the frequency (n) and percentage (%) of social and demographic characteristics, according to the experiment and control group.

Table 1. Characterization of the sample according to the groups (n = 40). Niterói (RJ), Brazil, 2015.

Variable	Category	Experiment		Control	
		n	%	n	%
Age (average)		67.5		66.2	
Sex	Male	17	85	18	90
	Female	3	15	2	10
Marital status	Not married	3	15	7	35
	Married	11	55	9	45
	Widower	4	20	3	15
	Divorced	2	10	1	5
Education	Illiterate	1	5	03	15
	Incomplete primary	10	50	09	45
	Complete primary	3	15	-	-
	Complete primary	2	10	7	35
	Incomplete highschool	4	20	1	5
	Complete highschool				
Income	Retired	11	55	11	55
	Pensioner	2	10	5	25
	House worker	3	15	3	15
	Works	4	20	1	5
Comorbidities	Cancer	12	60	11	55
	Benign prostatic	4	40	6	30
	hyperplasia	4	40	3	45
	Hypertension	1	05	6	30
	Diabetes	4	20	6	30
	Dyslipidemia	3	15	1	5
	Anemia	3	15	2	10

In both groups, the most frequent social and demographic variables were males (87.5%), mean age of approximately 69 years, married (50.0%), incomplete elementary school (47.5%), pensioners (55.0%), and have cancer (55.0%).

Regarding the surgical procedure performed, 5 (25%) patients underwent transurethral resection of the prostate, seven (35%) patients undergoing suprapubic prostatectomy, one (5%) underwent prostatovesiculectomy, two (10%) underwent partial nephrectomy, two (10%) underwent total nephrectomy and three (15%) underwent radical cystectomy. In the control group, seven (35%) patients underwent transurethral prostate resection, eight (40%) radical prostatectomy patients, one (5%) patient, prostatovesiculectomy, one (5%) total nephrectomy patients and two (10%) patients, underwent radical cystectomy.

◆ **Comparison of the defining characteristics of the diagnosis of delayed surgical recovery between groups**

To examine whether there was a significant change in the evolution of the defining characteristics (DC) of the RCR within each group, table 2 gives the frequency (n) and percentage (%) of the defining characteristics (DC) in the three evaluations (D2, D15 and D30).

In order for the subjects to present the Nursing diagnosis of delayed surgical recovery, it was necessary to identify at least one defining characteristic. In addition, the same individual could present one or more of these characteristics or factors.

Table 2. Evolution of the Definitive Characteristics of the diagnosis of delayed surgical recovery in the groups (n = 40). Niterói (RJ), Brazil, 2015.

Defining characteristics	Group*	1º Eval.		p-valor	2º Eval.		p-value	3º Eval.		p-value
		N	%		N	%		N	%	
Postpones the return of work / employment activities	A	0	0.0	00	0	0.0	00	1	5.0	0.605
	B	0	0.0		0	0.0		3	15.0	
Difficulty in moving	A	9	45.0	0.028	2	10.0	0.661	1	5.0	0.605
	B	16	80.0		4	20.0		3	15.0	
Fatigue	A	10	50.0	0.197	1	5.0	0.812	0	0.0	0.231
	B	14	70.0		5	25.0		3	15.0	
Perception that more time is needed for recovery	A	4	10.0	0.047	2	10	1.000	0	0.0	00
	B	10	50.0		3	15		0	0.0	
Evidence of interruption in healing of the surgical area	A	0	0.0	00	1	5.0	0.812	1	5.0	0.605
	B	0	0.0		5	25.0		3	15.0	
Loss of appetite with nausea	A	0	0.0	1.000	2	10.0	0.407	1	5.0	0.342
	B	1	5.0		5	25.0		4	20.0	
Loss of appetite without nausea	A	1	5.0	0.342	0	0.0	00	0	0.0	00
	B	4	20.0		0	0.0		0	0.0	
Need help completing self-care	A	5	20.0	0.182	4	20.0	0.342	0	0.0	1.000
	B	1	10.0		1	5.0		1	5.0	
Discomfort report	A	4	20.0	1.00	1	5.0	0.342	0	0.0	0.487
	B	5	25.0		4	20.0		2	10.0	

*Group A (Experiment) Group B (Control)

Likewise, the related factors were evaluated in the two groups presented in table 3.

Table 3. Evolution of the Related Factors of the diagnosis of Delayed Surgical Recovery in the groups (n = 40). Niterói (RJ), Brazil, 2015.

Related factors	Group	1ª Eval.		p-value	2ª Eval.		p-value	3ª Eval.		p-value
		n	%		n	%		n	%	
Ache	A	11	55.0	0.342	4	20.0	0.558	0	0.0	0.231
	B	8	40.0		7	35.0		3	15.0	
Postoperative Feeling	A	7	35.0	0.523	10	50.0	0.121	1	5.0	0.342
	B	10	50.0		8	40.0		4	20.0	
Postoperative infection at the incision site	A	0	0.0	00	1	5.0	0.505	0	0.0	0.106
	B	0	0.0		4	20.0		4	20.0	
Obesity	A	1	5.0	1.000	1	5.0	0.505	1	5.0	1.000
	B	2	10.0		2	10.0		2	10.0	
Extensive surgical procedure	A	7	35.0	0.127	7	35.0	0.127	7	35.0	0.127
	B	2	10.0		2	10.0		2	10.0	
Prolonged surgical procedure	A	1	5.0	0.605	1	5.0	0.605	1	5.0	0.605
	B	3	15.0		3	15.0		3	15.0	

*Group A (Experiment) Group B (Control)

The significance of the difference between the incidences was assessed by Fisher's Exact test. A significant difference was detected in the defining characteristics "Difficulty in moving" and "Perception" that requires more time for recovery were higher in the control group. However, in the experiment group, a higher incidence of p-value, with a tendency

to fall was observed. Regarding the factors related in the experiment and control groups, in the three evaluations there were no differences.

Time and cost effective connections

Table 4, shows the duration of the minutes in the experiment group over the five-week follow-up.

Table 4. Duration of connections in minutes. Niterói (RJ), Brazil, 2015.

Calls	Average	Median	SD	Minimum	Maximum
Call 1	23,3	22	10,2	09	45
Call 2	15,1	13,5	5,9	07	31
Call 3	9,5	09	3,2	04	17
Call 4	7,0	6,5	1,9	05	10
Call 5	5,7	5,5	1,8	03	10

*SD=Standard deviation.

We can observe that, from the first to the fifth connection, the calls had a shorter duration. The calls were answered by the

elderly, who were able to hear and present their doubts and concerns. In other cases,

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such as absence of the elderly, the family answered the telephone.

Considering that the total duration of all calls was 1,203 minutes, and that the average cost of a fixed-to-mobile telephone connection is in R\$: 0.44, the total cost would be in R\$: 529, 32. However, 90% were executed for the fixed telephone, the plans of mobile telephony in Brazil for fixed DDD with unlimited calls of R\$39.90, would be in R\$: 678,30, in the period of one year and five months, estimated price Of the spending on this survey for the device.

With this, it should be noted that telephone monitoring has a low cost for continuity of care.

DISCUSSION

The knowledge of the difficulties experienced by the elderly undergoing urological surgeries is important for planning the postoperative Nursing care to be provided to the patient, in order to meet their real information needs and reduce stress and anxiety at home.

Regarding the characteristics of the elderly according to sex and marital status of the present study, similar data were found in another study, in which 72% of the population studied were male, 28% were female, and 71% were married.²

As for age, the findings of this study corroborate with the literature, demonstrating the predominance of elderly individuals in the age group of 60 to 69 years (56.8%) seven in the postoperative period of urological surgeries.

According to data from the Perseu Abramo / SP Foundation, about 50% of the elderly population in Brazil has only elementary education and 26% have completed high school. Other studies have confirmed that people with less education adhere less to treatment and have poorer control of care.⁶

Prostate cancer has a higher prevalence in the elderly and is a very important health concern when considering the significant increase in the life expectancy of the population.⁸ Among the surgical procedures, the majority of patients underwent suprapubic prostatectomy surgery. According to one study, suprapubic prostatectomy is currently, the most employed in Brazil, because it presents lower rates of complications.⁹

The complications presented in the telephone follow-up period were mainly related to the fragility caused by aging, characterized by its multifactorial aspect.¹⁰

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These changes induced a pronounced propensity for the emergence of the defining characteristics, associated with loss of functional capacity.¹¹

Thus, such changes associated with aging, would explain the appearance of the defining characteristics, "difficulty to move" and "need help for self-care" more frequently in the first connection, because, in this period the elderly are even more fragile due to the surgical procedure recent.

Elderly patients undergoing surgery should be evaluated for functional capacity, which, if diminished, may prolong the recovery of normal physiological functions, making it difficult to perform activities of daily living (AVDS) and, consequently, causing dependence and delay in surgical recovery.¹²

Pain is considered to be an unpleasant sensory and emotional experience associated with actual or potential tissue injury; it promotes functional and organic changes that compromise recovery, either due to the difficulty of healing, the occurrence of sequelae or even the risk of death.

In the hospital setting, the most prevalent pain is postoperative pain, which, can manifest itself in 40 to 60% of the cases, being moderate to severe. It is present mainly in subjects who undergo extensive surgeries, such as the abdominals,¹³ this may explain the high number of patients with pain in both groups in this study, in the first two connections.

Some factors may influence the incidence of infection in the operative wound, including the preoperative clinical conditions of the patient, the technical conditions in which the surgery was performed and the hospital stay in the postoperative period.¹⁴ The criteria evaluated to identify whether there was Or infection at the site of the incision during the connections included: pain; body and local temperature; odor; color change; exudate increase; hyperemia; inflammation; fragile granulation tissue (bleeding easily); abscess formation, increased discomfort and sensitivity.

The extensive surgical procedure comprised another associated factor, present in more than half of the subjects in both groups and is related to large surgeries involving large resections and bleeding, body cavities or large vessels exposed to room temperature and, therefore, contribute For delayed surgical recovery.¹⁵

Telephone follow-up was related to the continuity of post-operative care, offering relevant teaching and guidance as required by

each individual.¹⁶ Phone calls allow the nurse and their staff to reinforce post-operative education as well as provide confidence and alleviate anxiety in the continuity of care, through planning for the actions developed.

Older people monitored by telephone felt more comfortable and satisfied with the answers to their home-based doubts, positively assessing telephone follow-up.¹⁷

The elderly, at the time of the postoperative, feel the responsibility in disengaging from the continuous care of the health service and may feel vulnerable in their homes. The presence of doubts and concerns was constant in the connections and mainly, involved the use of medications at home and doubts about the operative wound. With this, it can be affirmed, that even with the guidelines offered to the patients at the time of discharge, many elderly people still have difficulties with regard to the care at home.

This study shows that postoperative telephone follow-up, already common in developed countries, can be transposed into the Brazilian reality, even within the scope of the Unified Health System, thanks to its low cost and high rate of adherence to treatment. Studies with greater casuistry are necessary to confirm that there is statistical superiority regarding the improvement in the time and quality of the surgical recovery, when compared to the conventional treatment, a limitation of the study.

CONCLUSION

The telephone follow-up was aimed at complementing the postoperative care at home. It is recommended to be a resource of reduced cost, accessible to a large part of the population, who have available mobile phones. Contrary to what was expected the elderly attended and handled cell phones well, and were satisfied with the continuity of care. Therefore, there was good adhesion, so it can be used for health care. It can also be a potentiating intervention in the communication of the follow-up team by telephone, with surgical teams and outpatient follow-up.

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