EXPERIENCES OF PATIENTS AFTER MYOCARDIAL REVASCULARIZATION SURGERIES: LIFE STORIES

EXPERIÊNCIAS DE PACIENTES APÓS AS CIRURGIAS DE REVASCULARIZAÇÃO MIOCÁRDICA: HISTÓRIAS DE VIDA

EXPERIENCIAS DE PACIENTES DESPUÉS DE LAS CIRUGIAS DE REVASCULARIZACIÓN MIOCÁRDICA: HISTORIAS DE VIDA

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ABSTRACT

Objective: to describe the experiences experienced by patients after myocardial revascularization surgeries from the reports of their life histories. **Method:** qualitative, descriptive, exploratory study, with data collected from a semi-structured individual interview and evaluated by the Content Analysis technique, in the Thematic Analysis modality. **Results:** nine patients were considered as the five densest histories: three females and two males who reported their insecurities, fears and anxieties. The narratives were synthesized in three thematic categories, namely: I) feelings after the news of hospital discharge; II) changes that occurred in life after myocardial revascularization surgeries and III) life expectancy after myocardial revascularization surgeries. **Conclusion:** the experience of experiencing myocardial revascularization surgery brings significant changes to the lives of patients ranging from physical to biopsychosocial transformations, being often traumatic and unforgettable. **Descriptors:** Nursing; Autobiography; Myocardial Revascularization; Adaptation, Psychological.

RESUMO

Objetivo: descrever as experiências vivenciadas pelos pacientes após as cirurgias de revascularização miocárdica a partir do relato de suas histórias de vida. **Método:** estudo qualitativo, descritivo, exploratório, com dados coletados a partir de entrevista individual semiestruturada e avaliados pela técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** abordaram-se nove pacientes dos quais se consideraram as cinco histórias mais densas: três do sexo feminino e dois do sexo masculino que narraram as suas inseguranças, medos e ansiedades. As narrativas foram sintetizadas em três categorias temáticas, a saber: I) sentimentos após a notícia de alta hospitalar; II) mudanças que ocorreram na vida após as cirurgias de revascularização miocárdica e a III) perspectiva de vida após as cirurgias de revascularização miocárdica. **Conclusão:** a experiência de vivenciar uma cirurgia de revascularização miocárdica traz mudanças significativas para a vida dos pacientes que vão desde transformações físicas até biopsicossociais, sendo, muitas vezes, traumáticas e inesquecíveis. **Descritores:** Enfermagem; Autobiografias; Revascularização Miocárdica; Adaptação Psicológica.

RESUMEN

Objetivo: describir las experiencias vivenciadas por los pacientes después de las cirugías de revascularización miocárdica a partir del relato de sus historias de vida. **Método:** estudio cualitativo, descriptivo, exploratorio, con datos recolectados a partir de entrevista individual semiestructurada y evaluados por la técnica de Análisis de Contenido, en la modalidad Análisis Temática. **Resultados:** se abordaron nueve pacientes de los cuales se consideraron las cinco historias más densas: tres del sexo femenino y dos del sexo masculino, que narraron sus inseguridades, miedos y ansiedades. Las narrativas se sintetizaron en tres categorías temáticas, a saber: I) sentimientos después de la noticia de alta hospitalaria, II) cambios que ocurrieron en la vida después de las cirugías de revascularización miocárdica y la III) perspectiva de vida después de las cirugías de revascularización miocárdica. **Conclusión:** la experiencia de experimentar una cirugía de revascularización miocárdica trae cambios significativos para la vida de los pacientes, que van desde transformaciones físicas hasta biopsicosociales, siendo a menudo traumáticas e inolvidables. **Descriptores:** Enfermería; Autobiografía; Revascularización Miocárdica; Adaptación Psicológica.

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INTRODUCTION

This study aims at the experiences of patients after myocardial revascularization (MCR) surgery based on their life histories (LS). The choice of such object resides in the high level of commitment that can generate to the surgical patient, usually in a situation of stress, later being forced to adjustments of their activities of daily life that they did not expect. The observance of the behavior of patients with this characteristic, in many years of work in intensive care unit (ICU), has shown surprises, discomforts, fears and, especially, anxiety before a future that they consider uncertain and, often, of limited pleasures.

Cardiac surgeries (CC) are medical interventions defined in three types: correlative, reconstructive and substitutive. The most common is the so-called MCR reconstruction, where, in the standard technique the heart is stopped and maintained through Extracorporeal Circulation (ECC).¹ The purpose of restoration of the myocardial circulation is to attempt to preserve the patient's vital capacity, and this is indicated in cases of myocardial ischemia.²

The prospect of undergoing a MCR is frightening to any human being and surgery in this organ emotionally wears patients and their families by the threat to the future, as the surgical act, in addition to traumatic to the organism, reflects in its meanings in the aspects related to risk of death, where the individual and social perception of the sequelae resulting from surgery has repercussions on the cultural value of the organ and its functions.³⁻⁴

CC requires, the health team, to take action to ensure a rapid recovery and de-hospitalization, and it is up to the nurses to plan comprehensive assistance from the preoperative period to the postoperative period: immediate (IPO), mediate (MPO) and late (LPO).¹ Hospital discharge may be a difficult time for the patient and the family, as sleep disturbances, mood changes, pain, loss of muscle strength, risk of infection, impairment of intellectual functions and persistence of cardiovascular symptoms, make it difficult to return home for fear of both.

These clinical experiences and the behavioral changes of individuals in face of invasive treatments lead to the institution of measures in the evaluation of responses, since cardiovascular diseases and their respective invasive treatments may represent a new reality that can de-structure the patient,

causing him beyond the physical, or mental imbalance.

Faced with such factors, it is necessary that nurses participating in patient care submitted to the CC, especially the MCR, have technical and emotional competence, aligning their knowledge, skills and attitudes, so that they can collaborate to improve the quality of life of the patient. In this sense, the Nursing team has a relevant role because they are 24 hours close to the patient and, therefore, they need scientific elements to promote and plan the systematization of their care in a qualified and effective way.²

For this reason, caring about the patients' adaptation process is important for the Nursing team, since those professionals, who are directly linked to intra- and extra-hospital care can contribute to these experiences in other care plans after CC.⁶

OBJECTIVE

- To describe the experiences experienced by patients after CABG from the reports of their HV.

METHOD

A qualitative, descriptive, exploratory study⁷⁻⁸ developed with patients undergoing CABG and who were admitted to the ICU of a medium-sized private hospital in Maceió/AL and specialized in cardiology. This unit has 12 beds, for hospitalization of patients in critical state of life and has maximum monthly occupancy.

The search for possible participants was initiated in the IH digital archive, selecting them by address filter and surgical diagnosis. Once identified, all were contacted by telephone and asked if they would accept to talk about their lives after the CRM.

Of the 20 possible participants questioned, only 12 accepted to participate in the study. To better select the study participants, some inclusion criteria were chosen, namely: patients over 18 years of age who accepted to participate in the study, signing the Informed Consent Form (ICF); who remained during the IPO and MCR MPO in the respective ICU and who lived in an accessible place. We excluded patients who had disturbances of consciousness.

The data collection instrument was a semi-structured script prepared by the authors and based on the qualitative variables (gender, age, descendants/children, schooling and religion), the description under the lived moment and what changed in life after CABG. The semi-directed interview interviews were

marked in the homes of the narrators, guided by this instrument and recorded on a Sony branded MP3 player, accompanied by a trusted family member and research team.

The period of data collection was between July and February 2015, where nine patients were interviewed. From these, five narratives were selected, having obtained the saturation point at the moment when the hypothesis was ratified in relation to the number of interviewees from another similar study.^{3,9}

The narratives went through two stages: a) transcription, which is the passage from the oral recording to the writing and b) validation, where the narrators validate, with their signatures, their narratives transcribed to be used in this research.⁸ The narratives were read and the information contained therein was evaluated with a content analysis framework, being synthesized for better understanding in three thematic categories: I) feelings after hospital discharge, II) changes that occurred in life after MCR, and III) perspective of life discussed in the light of current literatures.⁷

The anonymity of these participants was respected and they were named by pseudonyms, elected for patients: the acronym PCT and a number in Roman numerals, as a way of protecting their identity.

The research project was approved by the Ethics and Research Committee of Estácio Faculty of Alagoas, under the opinion: 696.411/2014 and the CAAE 29098014.4.0000.5012.

RESULTS AND DISCUSSION

In Figure 1, the main characteristics of the nine study participants were synthesized, highlighting the five most relevant reports. The predominance of the age over 40 years, the female gender, the majority married, different religions and, in relation to the level of education, complete higher education were observed. For the narratives, excerpts were removed from the more complex explanations of the MPO, hospital discharge in the LPO with the return to daily life.

01	M	71	Divorced	Higher	03	Catholic non-practicing
02	F	45	Married	Higher	01	Evangelical
03	F	58	Married	Highschool	01	Catholic Practitioner
04	M	57	Widower	Technical	03	Non-practicing Catholic
05	F	59	Widow	Higher	04	Catholic Practitioner
06	F	35	Married	Higher	00	spiritist
07	F	63	Married	Highschool	02	Catholic Practitioner
08	M	49	Married	Higher	02	Buddhist
09	F	51	Married	Highschool	02	Catholic Practitioner

Figure 1. Characterization of the Participants. Maceió (AL), Brazil, 2017.

In a study with the same methodological design, carried out in a large public hospital in the Southern region of Brazil¹¹, in relation to the particularities of the narrators of the study, it was observed that there is harmony in relation to the characteristics of Figure 1, regarding the average of age and marital status, but, diverges in terms of schooling, since incomplete primary education is explained as predominant in the study.

It was also verified, in such a figure that each patient has particular characteristics that need to be recognized and respected, since in another study, as the same number of respondents and approaching the same MCR in relation to pain in the PO,⁹ stated that "MCR is capable to provoke from mild discomfort to some, while to others, being felt to be desolating, atrocious and perhaps to be considered unbearable. "

Referring now, to the different religions of the narrators, the data of this study showed different choices, such as in an ethnographic study carried out at the large public hospital

of the University of São Paulo, with patients also in MCR LPO,¹² which showed the religions: Catholic, Spiritist and Evangelical, with the exception of the Buddhism present in this study.

Another study³ revealed that these changes can be seen as an imposed adaptation, often unknown, where the health team orientations are fundamental for the recovery of the patient, being the form of transmission of information decisive for the understanding of their relatives and of these. Corroborating with the fact that the patient had to adapt to MCR, another study,¹¹ showed that the change goes beyond the continuous use of medications and lifestyle modifications, since the main focus is a constant concern in order to prevent a new acute ischemic event posterior.

Nursing, given its deep relationship nature with care subjects, does not dispense with detailed information about its life and study validates this affirmation when it states that knowing the reaction of patients to some

critical illnesses and surgical procedures becomes essential for the the Nursing team, in the sense that this knowledge can base their action as a professional that proposes a systematized and humanized assistance.¹⁰

The density of the narrated histories was a carefully analyzed characteristic to obtain consistent information and representative of the totality of the reports obtained.⁸ From the analysis of this study resulted in the choice of VT of PCT 02, 04, 06, 08 and 09, appearing, in the narratives, excerpts of greater complexity, which were divided into three thematic categories for better understanding.

♦ Category I: Feelings after the news of discharge

For the nurses² of bedside ICU care, who seek, through their work with the patient to improve their perception in an attempt to know the needs presented by the patients, these contribute actively to the evolution and early de-hospitalization of such patients.

At hospital discharge an unknown process begins and with possibilities for learning, achievements and changes, where the health team that attended it should question about some doubt between him and the family, as the family is an excellent link for promotion and recovery in POT.¹¹ Process highlighted in the PCT09 excerpt:

[sighed and looked up] replied [...] Afraid, because I was afraid to stay away from the hospital and something happened to me did not know what my life would be like from that day [...] Exams I did in my day to day, kind of finger glucose, I was afraid to do it at home [laughs] (PCT 09).

For this narrator, fear and consternation were observed at that moment, because, according to scholars,⁶ the return to the home after hospital discharge is a moment of anxiety for patients and their families, once they feel unprotected surveillance of the health team outside the hospital. In the same thematic category, different responses were observed, ranging from relief in patients two, six and eight, to returning with their independence in simple tasks of their daily life, return to the family bosom, the religiosity of PCT 02 and the question of putting into practice the change of life, observed in the narrative of PCT 04.

I took a weight off my back ... It was a Divine gift, which I thanked God very much for having done everything right and for being ready to go home [...] (PCT 02)

In accordance with the above deity approach¹², religious support is a relevant factor for coping after MCR, since faith in God

has provided them with strength and courage from the diagnosis of the disease to the surgical procedure. Although both were of different beliefs, the divine emanations impelled them.

[She smiled and spoke slowly] [...] I was very happy, I could not wait to go back to my house and stay with my husband, I really missed it, but I was very grateful to everyone at the hospital, were very important at this stage of my life ... Relief in the heart [...] (PCT06).

[...] Relieved, I could not wait to go home, watch my CSA game in the company of my friends and family [...] (PCT08).

This study¹² also pointed out that there is a dependency after the surgical procedure of the patients with the caregiver team who, in order to be released from this after discharge, had to support their relatives, while the minority mentioned that of their friends. In another study¹³ in Santa Catarina, at the Specialized Center of Cardiology, addressing as subjects of the study, the narrators, patients submitted to MCR, their relatives and the professionals involved in intensive care, points out that the patient, in face of their fragility after the CC, seeks safety and support in the family in order to rely on this environment in the face of the unknown situation.

The PCT04 excerpt did not support the care it considered excessive, offered by the hospital health team, so necessary for its recovery.

[She sighed]... I could not stand being in the hospital any longer and not depending on anyone, I could not drink water, go to the bathroom and eat alone in my house. I will change my way of life [...] [Laughter] ... Relief was the right word for that moment [...] (PCT04)

The Nursing team is the health category that most closely approximates patients and families, when compared to others, and the nurse is the professional who manages the entire assistance process to be developed in relation to the patient and the family. This assistance is in order to respect their specificities and needs, thus, constituting a quality of care rendered.¹¹

A study that used the nursing professionals' narratives in observance of the patients of a large public hospital in Rio de Janeiro, also in a cardiology ICU,² mentions that it is necessary for the Nursing team to orient the patient undergoing cardiac surgery (CC), in addition to providing Nursing care, during hospitalization and other periods of hospitalization, regarding their state of health and all the procedures to which they were

submitted, in order to relieve any present and future fears, perhaps, this way of behaving high because of good guidance received.

Given this, Nursing care should become more humanized, encompassing the entire evaluation of inter-related and unique systemic care for each patient, in the health actions related to the client's well-being in their general state, considering allied surgical experience to the limitations of each one, from the ecosystem perspective.⁹ As studies have pointed out that ² Nursing is one of the professions that most promote, for the patients, a safe, warm and humanized environment, only importing recovery and their return to routine activities.

♦ Category II: Life changes after CRM

Category II dealt with the changes that occurred in life after CABG, more precisely, their return home and were verified again in the narratives: fears, mistrusts, feelings of incapacities, religiosity and even stress in this adaptive phase.

[He spoke a little loudly] [...] I could no longer do the heavy work I did in the Church, but God soon gave me another job, which made me very happy. I would like to clean the house of your master, without having time to finish it, and today I find myself a bit lethargic [...] (PCT02)

Conforming to this idea, in the study¹⁴ with the patients with myocardial ischemia and who were later attended by the Family Health Unit of a city of São Paulo and that had several treatments, including the CRM, indicate that the process of having lived a CRM is configured as an opportunity for the maintenance of life, associated with the needs of coping with significant changes in their lifestyle, since maintaining life after any invasive cardiac or coronary treatment is complex due to the need for changes and adaptations that were imposed by the treatment.

For once again the changes faced in the excerpts of the narrators are verified, but the form of acceptance being distinct for each one:

[...] At first I was afraid to do everything, rest was almost absolute, but gradually I felt safer and my routine was returning to normal, of course my food and my habits have changed, and the scar is horrible, I do not wear cleavage [...] I felt mutilated, I'm ashamed to say that, because I survived a bypass surgery, but that's what I think [...] (PCT09)

According to the authors,¹³ in the adaptive process, there is a change in the life in

society, because for the patient, the CC can cause the patient to feel with his altered body image, causing him to develop difficulties the more coping of his life in community, being this fact also perceived by his relatives, thus producing in the individual, a deficit in the relation of this with the world.

On the other hand, in other excerpts, it was again observed that the desires and desires are different, since they have been verified from the impotence of PCT08 to the stress and the flight of problems of formerly of PCT04, and these are explained in these narratives: besides the wills of each one, changes after MCR.

[Laughs] [...] I had to stop doing much that I like, until today I'm still adapting and sometimes I slip away, I feel sometimes impotent for some situations [Silenced] [...] My wife Every once in a while he complains, but I'm not iron [Laughter] [...] (PCT08)

[...] The list of what I can not eat and drink is greater than allowed, I live under stress with so much limitation and I sleep on the basis of natural calming agents [...] (PCT04)

Still addressing previous authors,¹⁴ in the question of lifestyle changes, in relation to treatment only and the guidelines prescribed by the health team, a portion of the population (9.7%) persisted in following faithfully, while 41.8% changed only due to their new condition and already the majority (57.2%) follow these faithfully and still seek changes more of their lifestyle.

According to studies with female patients in the cardiology outpatient clinic of a public hospital of the Federal University of Maranhão, where the impact of coronary diseases on women treated by the Unified Health System was addressed,⁵ points out that these changes are accompanied by several restrictions, leading to new lifestyles.

In addition to lifestyle changes, the PCT06 aims to be a mother.

[...] I began to think more about my life and my health, I followed everything the doctor said and until today I have not stopped following because I want to fulfill my dream of being a mother, and for that I do everything I must, since my husband and I were afraid of not being able to conceive after surgery, I think that if a woman comes into the world she has to allow the most sublime and heavenly desire to shelter a life in her womb. Thank God the doctor said that I could [...] (PCT06)

The perspective of being a mother, in another study carried out at the University Hospital of Bahia, public, with primigrates explaining what it was to be a mother,¹⁵ pointed out, through narratives, that being a

mother is an immeasurable emotion when gestation is programmed and supported by relatives, this in the stage brings new situations and psychic restructurings.

According to the similar study,¹⁶ addressing the life expectancy of patients after CABG, performed in a public university hospital in the Southern region of Brazil, reference in public cardiological treatments, in most of the narrative excerpts, it was observed that the illness is a in the life of the subjects, and from that moment on, a new journey starts full of challenges and adaptations. When questioned about how they imagine their lives after surgery, it was noticed that a manifestation of anxiety, concern and the will to do everything they had not done yet.

The particularities described above becomes relevant in the study that occurred in Rio Grande Sul, in a private hospital and addressing the patient's needs in the MCR PO⁽¹⁷⁾, pointed out that it is of paramount importance that health professionals, especially Nursing, can aggregate scientific and technical knowledge from the understanding of the needs experienced by the patients, because it is through this that the nurse intervenes, optimizing a systematized assistance and, thus, providing a qualified care to CC patients.

These new conditions and mental restructurings are observed in the narrative also of PCT04, where, besides the changes faced after the CRM, this shows the mourning and again the issue of the scar, but, not as a mutilation, but, as a stimulus to move forward.

[...] Changes? There were many, since my wife died I did not take care of myself anymore, I ate everything, I drank, I did not go to the doctor, today I see that I was fleeing from all suffering, I had to change everything.

I see how my children need me and I want to be healthy to enjoy them every time I visualize in my reflection in the mirror the surgery [Silenced] [...] (PCT04)

In relation to the surgical incision,¹⁶ it is pointed out that, in most cases, the scar generated by the CC, in some cases generate memories of suffering and, most of the time, gives a survival status, referring to the idea of rebirth and making it stronger, despite the existing limitations.

In identifying the lifestyle and perspectives of each patient, self-knowledge was promote, which may avoid harmful habits for them. It is suggested that, strategies for prevention and health promotion should be developed that involve patients and their families so that

there is an extension of hospital care and a better adaptation to the new clinical condition.¹²

♦ Category III: Life expectancy after myocardial revascularization surgeries

In Category III, a life perspective was approached after experiencing MCR. Divergent responses were obtained, but they were all loaded with feelings and expectations, demonstrating that the experience of experiencing cardiac surgery, for the patient, modifies the living process of the patient, while the strategies used in coping with this process make the experience less traumatic and provide a theoretical basis for Nursing care.¹⁰

In the narratives of PCT09, emphasis is placed on the valuing of life, while learning with the surgical procedure was visualized with PCT02 and PCT03, but both explain the presence of the deity even though of a different religious denomination.

[Laughs] [...] Many feelings I experienced during all pre and post-operative period, one of them anxiety to finish everything as fast as possible moments that were of deep reflection and today I see that life is much more, she is valuable, it is a gift from God and we have to live in fullness with God, with others and especially with ourselves [Chorou] (PCT09)

One of the ways of reducing fears, fears and anxieties about MCR was outlined in the cohort study performed with patients in the preoperative period of CC, admitted to a referral hospital in Porto Alegre, Brazil,¹⁸ where she pointed out that the anxiety levels of the patients undergoing CC, significantly reduced after the guidelines received by the multidisciplinary care team, but, even with these some women still remained anxious, but with lower levels.

The explanation offered for this decrease is that the patients have how to express themselves and be revealed their fears through their narratives and, with this they were able to learn and improve the assistance during the period of hospitalization.³

[He spoke with enthusiasm] ... God has a much bigger plan for me, nothing happens by chance, this surgery came to show me a lot, I learned a lot from it. I asked God for my revolt at the beginning, but today I understand why I had to go through this period of suffering [...] (PCT02)

[...] I suffered a lot, but I know it was a necessary suffering, today I live with more certainty that God loves me and that everything he has laid down for my life is for personal growth and evolution [...] (PCT06)

It was evidenced¹⁹ that there also existed, from the narratives, a conscience as to the gravity of the lived moment where, insofar as it is quoted, all the unpleasant sensations coexisted were brilliant, and all the optimism and fear of the near future. It was also observed that family and friends support was indispensable at this stage and the emotional impact was decisive for their willingness to change.

Faith in divinity and hope were approached as one of the categories of another study that sought to explore the phenomena and their meanings with patients from a public health institution of reference in the area of cardiology in the southern region of Brazil,⁴ which mentions how patients of MCR use such mechanisms as a way to soften the conflicting situation experienced, and Nursing professionals guide according to each belief.

The idea is reinforced according to the result of the study^{1,3} which points out that knowledge about the impact of any disease or procedure that emotionally disturbs patients is relevant for health professionals to become aware of, in particular, Nursing, which is directly involved in the caring process, since it allows the professional to learn with the common sense of each other, in addition to configuring and opportunizing the way of being, feeling and perceiving each patient according to their inner world.

Each individual experience of the patients in the PO of CC becomes relevant so that the nurse learns to work from each LS of patients and relatives, in a humanized and individualized way, using, in addition to their professional knowledge, effective planning based on the needs of the patients. their public served.^{3,9}

Again, in the excerpt related to the lived adaptations, the limitations and the overload supported by PCT04's MCR are verified, but it emphasizes, as a perspective of life, to have survived. PCT05 mentions that, every day, relearning to live after MCR.

[...] At first I thought my life was over, why having surgery that could kill me was too heavy for me. I have limitations, this makes me sad a few times, but rather the limitations of what I have not survived [...] (PCT04)

The occurrence of the disease is associated with several situations described as sad and stressful, but the phenomenon of having survived, overcomes the limitations faced. The psyche is often perceived as fragile and, often, obsessive about the reestablishment after MCR.¹²⁻¹⁴ Many feelings are expected, such as: fear, worry, anxiety, fear, schism and

nervousness in the face of the fact experienced, but with the it may be an inversion of these feelings. As a consequence of the different emotional reactions that the patients present, it is understood that it is important to appreciate the perspectives presented by them in relation to the facts experienced.³

It is important to develop a therapeutic alliance with the sick person in an attempt to ensure that the person understands the relationship between behavior, health and illness, helping them to understand the barriers of behavioral change, involving them in identifying the conflicting factors for change their lifestyle and follow the improvements they have made.¹⁴

The nurse is the professional responsible for managing patient care and the systematization of Nursing care (NC) is important in the PO of the CC, because this professional is the one who plans and organizes the care, ensuring that the other members of the Nursing team make an individual and integral approach to each.

In conformation with such ideas, in an NC study developed at a referral hospital for the treatment of cardiovascular diseases located in the city of Natal, Rio Grande do Norte,²⁰ pointed out that the needs of each patient, after MCR, are based on the diagnosis of Nursing and adequate the need of each, resulting, in effective actions to solve the problems of patients undergoing surgery.

Since the experiences of those who have passed through a MCR mark a rupture in the way they live, work and understand the health-disease, process and know these problems from a group of people with common characteristics, it can direct Nursing care, providing preparation of care plans, implementation of interventions and evaluation according to the needs of the patient.^{3,21}

When corroborating with the authors above,⁴ the CRM is configured as a new chance to maintain life, coupled with the needs of coping with the marked adaptations of the lifestyle. Keeping alive, for the opportunity to undergo a surgical and invasive procedure, dispatches the need for the sudden change in lifestyle experienced by physically and emotionally frail, people in the face of such a situation.

CONCLUSION

The adaptation in the MCR MPO is conflicting and traumatic for the patients who experienced it, thus ratifying the hypothesis

proposed. Already in response to the guiding question, it was observed that, insofar as the excerpts in the thematic categories were described, they appeared loaded with the rites of experiences.

Regarding the characteristics of the narrators of the study, the average age, religion and gender of the study participants were found to be in harmony with the literature consulted, however, the schooling diverged. It is emphasized that the majority of the studies found were performed in public reference hospitals in cardiology.

In the first thematic category, the fear of returning home and staying away from hospital care was prevalent; for others, the character of relief and thanksgiving was apparent. However, in the excerpts, there were still complaints of lack of autonomy and independence, such as: doing routine tasks such as going to and going to the bathroom, drinking water and even being alone in the room, where it was imagined that would happen in their residences.

In the second and third categories, the changes that occurred in life after MCR in a late manner, when they were examined again in the narratives: fears, fears, feelings of incapacities and even stress in this adaptive phase were addressed. It was also noticed the flight with God, in relation to the exchanges of favors, and the difficult adaptation for all. The issue of aesthetics was expressed due to the scar of the apparent sternal operative wound and the shame of exposing it day by day, showing that the experience was traumatic in the biopsychosocial scope.

In addition, more clarification about the object is necessary because, as a limitation of the study, reference is made to the small sample, due to the reduced number of MCR of the period, and the shortage of studies addressing private hospitals. It is suggested, then, that the research proposal be extended to other realities and even in other institutions of cardiology.

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REFERENCES

1. Barretta JC, Auda JM, Barancelli MDC, Antonioli D. Pós-operatório em cirurgia cardíaca: refletindo sobre o cuidado de enfermagem. Postoperative in cardiac surgery: reflecting about nursing care. Revista de Pesquisa: Cuidado é Fundamental [Internet]. 2017 [cited 2017 Mar 5];9(1):259-64. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4042/pdf_1
2. Duarte SCM, Stipp MAC, Mesquita MGR, Silva MM. O cuidado de enfermagem no pós-operatório de cirurgia cardíaca: um estudo de caso. Esc anna nery [Internet]. 2012 [cited 2017 Mar 10];16(4):657-65. Available from: <http://www.scielo.br/pdf/ean/v16n4/03.pdf>
3. Moura RS, Lima VP, Albuquerque WDM, Costa VC, Barreto DML, Cavalcanti RC. Autobiografia após as cirurgias de revascularização miocárdica: história de vida na UTI cardíaca. Revista de Enfermagem do Centro-Oeste Mineiro [Internet]. 2017 [cited 2017 Mar 14];7:e1110. Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/1110>
4. Erdmann AL, Lanzoni GMM, Callegaro GD, Baggio MA, Koerich C. Compreendendo o processo de viver significado por pacientes submetidos a cirurgia de revascularização do miocárdio. Rev. Latino am. enferm [Internet]. 2013 [cited 2017 Mar 24];21(1):332-39. Available from: http://www.scielo.br/pdf/rlae/v21n1/pt_v21n1a07.pdf
5. Oliveira BS, Silva ACO, Azevedo PR, Silva LDC. Impacto da doença coronariana no cotidiano das mulheres. Revista Baiana de Enfermagem [Internet]. 2016 [cited 2017 Mar 20];30(1):305-15. Available from: http://portalseer.ufba.br/index.php/enfermagem/article/view/14591/pdf_29
6. Lima VR, Garcia CC, Custódio AG. Complicações pós-operatórias em idosos submetidos à revascularização do miocárdio. CuidArte, Enfermagem [Internet]. 2014 [cited 2017 Mar 19];8(1):48-54. Available from: http://fundacaopadrealbino.org.br/facfipa/ner/pdf/cuidarte_enfermagem_v8_n1_jan_jun_2014.pdf
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2014.
8. Meihy JCSB, Holanda, F. Historia oral: como fazer, como pensar. 2th ed. São Paulo: Contexto; 2013.
9. Fonseca GGP, Parcianello MK, Zamberlan K, Marinho MGR, Carmo DRP, Siqueira HCH. Dor no pós-operatório de revascularização do miocárdio e sua interrelação com a qualidade de vida. Rev. pesqui. cuid. fundam [Internet]. 2013 [cited 2017 Mar 10];5(2):3636-44. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2108/pdf_745

10. Marques PF, Bastos AQ, Souza RA, Souza FM. Reflexões sobre cuidados de enfermagem no pré e pós-operatório: uma revisão integrativa da literatura/Reflections on nursing care in the pre-and postoperative period: an integrative literature review. *Cienc. Cuid. Saúde* [Internet]. 2013 [cited 2017 Mar 20];12(2):382-90; 2013. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/15724/pdf>
11. Remonatto AR, Coutinho AOR, Souza EN. Dúvidas e expectativas de pacientes no pós-operatório de revascularização do miocárdio quanto à reabilitação pós-alta hospitalar: implicações para a enfermagem. *Rev. enferm. UFSM* [Internet]. 2012 [cited 2017 Mar 15]; 2(1):39-48. Available from: <http://cascavel.cpd.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/3829/3125>
12. Bin G, Costa MCS, Vila VSC, Dantas RAS, Rossi LA. Significados de apoio social de acordo com pessoas submetidas à revascularização do miocárdio: estudo etnográfico. *Revista Brasileira de Enfermagem* [Internet]. 2014 [cited 2017 Mar 25];67(1):71-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672014000100071
13. Koerich C, Baggio MA, Erdmann AL, Lanzoni GMM, Higashi GDC. Revascularização miocárdica: estratégias para o enfrentamento da doença e do processo cirúrgico. *Acta paul. enferm* [Internet]. 2013 [cited 2017 Mar 25];26(1):8-13. Available from: <http://www.scielo.br/pdf/apv/v26n1/03.pdf>
14. Oliveira LB, Püschel VAA. Conhecimento sobre a doença e mudança de estilo de vida em pessoas pós-infarto. *Rev eletr enferm* [Internet]. 2013. [cited 2017 Mar 21];15(4):1026-33. Available from: <https://www.revistas.ufg.br/fen/article/view/18442>
15. Barreto APV, Oliveira ZM. O ser mãe: expectativas de primigestas. *Saúde. com* [Internet]. 2010. [cited 2017 Mar 22];6(1):9-15. Available from: <http://www.uesb.br/revista/rsc/ojs/index.php/rsc/article/view/125/155>
16. Cielo C, Silveira M, Arboit EL, Camponogara S. Expectativas de pacientes submetidos à cirurgia de revascularização do miocárdio no momento da alta hospitalar. *Rev. pesqui. cuid. fundam* [Internet]. 2015. [cited 2017 Mar 22];7(3):2670-87. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3623/pdf_1603
17. Parcianello MK, Fonseca GGP, Zamberlan C. Necessidades vivenciadas pelos pacientes

- pós cirurgia cardíaca: percepções da enfermagem. *Revista de Enfermagem do Centro-Oeste Mineiro* [Internet]. 2011. [cited 2017 Mar 22];1(3):305-12. Available from: <http://seer.ufsj.edu.br/index.php/recom/article/view/89>
18. Almeida SM, Souza EM, Azzolin KO. Efeito da orientação pré-operatória por grupo multiprofissional na ansiedade de pacientes submetidos à cirurgia cardíaca. *Revista de Enfermagem da UFSM* [Internet]. 2013. [cited 2017 Mar 12];3(3):402-8. Available from: <https://periodicos.ufsm.br/index.php/reufsm/article/view/8809>
19. Felipe CM, Roque LO, Ribeiro IM. Contribuições das orientações pré-operatórias na recuperação de pacientes submetidos a cirurgias cardíacas. *Rev Pesq. Saúde* [Internet]. 2013. [cited 2017 Mar 12];14(3):160-5. Available from: <http://www.periodicoeletronicos.ufma.br/index.php/revistahuufma/article/view/2791>
20. Carvalho IM, Silva RAR, Ferreira DKS, Prado NCC. Sistematização da assistência de enfermagem no pós-operatório mediato de cirurgia cardíaca Systematization of nursing care in mediate post-operative of cardiac surgery. *Revista de Pesquisa: Cuidado é Fundamental Online* [Internet]. 2016. [cited 2017 Mar 22];8(4):5062-67. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3651>
21. Loaiza LFM, Cárdenas CYB. Cuidado y manejo del dolor en el paciente en posoperatorio de revascularización miocárdica. *Avances en Enfermería* [Internet]. 2015. [cited 2017 Mar 02];33(2):209-21. Available from: <http://www.revistas.unal.edu.co/index.php/avenferm/article/view/52477>

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