CLINICAL CASE REPORT ARTICLE

DIAGNOSES, RESULTS AND NURSING INTERVENTIONS FOR THE PROSTATECTOMIZED PATIENT

DIAGNÓSTICOS, RESULTADOS E INTERVENÇÕES DE ENFERMAGEM AO PACIENTE PROSTATECTOMIZADO

DIAGNÓSTICOS, RESULTADOS E INTERVENÇÕES DE ENFERMERIA AL PACIENTE PROSTATECTOMIZADO

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ABSTRACT

Objective: to identify diagnoses / results and Nursing interventions to a prostatectomized patient, using CIPE® 2015. Method: qualitative study, a case report, performed with a patient from the Surgical Clinic of a school hospital. CIPE® 2015 and Cmap Tools were used to construct a conceptual map. Results: the priority Nursing diagnoses were Acute Pain, Infection Risk, Impaired Skin Integrity, Impaired Implantation and Anxiety. A care plan was designed to reduce acute pain; to evaluate the operative wound aiming to minimize the risks of infection and improvement of the cicatrization; encourage walking, as well as offer information about surgery. Conclusion: it was possible to draw up a plan adequate to their health needs, providing comprehensive and individualized care for the patient. Descriptors: Nursing; Nursing Process; Prostatectomy.

RESUMO

Objetivo: identificar diagnósticos(resultado) e intervenções de Enfermagem a um paciente prostatectomizado, utilizando a CIPE® 2015. Método: estudo qualitativo, tipo relato de caso, realizado com um paciente da Clínica Cirúrgica de um hospital escola. Utilizou-se a CIPE® 2015 e o Cmap Tools para a construção de um mapa conceitual. Resultados: os diagnósticos de Enfermagem prioritários foram a Dor Aguda, o Risco de Infecção, a Integridade da Pele Prejudicada, a Deambulação Prejudicada e a Ansiedade. Para os mesmos, foi construído um plano de cuidados que consistiu em reduzir a dor aguda; avaliar a ferida operatória visando a minimizar os riscos de infecção e melhoria da cicatrização; encorajar a deambulação, bem como ofertar informações sobre a cirurgia. Conclusão: foi possível traçar um plano adequado às suas necessidades de saúde, proporcionando ofertar cuidado integral e individualizado para o paciente. Descriptors: Enfermagem; Processos de Enfermagem; Prostatectomia.

RESUMEN

Objetivo: identificar diagnósticos / resultados e intervenciones de Enfermería a un paciente prostatectomizado, utilizando la CIPE® 2015. M étodo: estudio cualitativo, tipo relato de caso, realizado con un paciente de la Clínica Quirúrgica de un hospital escola. Se utilizó CIPE® 2015 y Cmap Tools para la construcción de un mapa conceptual. Resultados: los diagnósticos de Enfermería prioritarios fueron la Dolor Agudo, el Riesgo de Infección, la Integridad de la Piel Perjudicada, la Deambulación Perjudicada y la Ansiedad. Para los mismos, fue construido un plan de cuidados que consistió en reducir el dolor agudo; evaluar la herida operatoria con el fin de minimizar los riesgos de infección y mejora de la cicatrización; fomentar la deambulación, así como ofrecer información sobre la cirugía. Conclusión: fue posible trazar un plan adecuado a sus necesidades de salud, proporcionando ofrecer atención integral e individualizada para el paciente. Descriptores: Enfermería; Procesos de Enfermería; Prostatectomía.
INTRODUCTION

With the increase in life expectancy, prostatectomy has been classified as the most common urologic intervention among men. It is indicated for cases of Benign Prostate Hyperplasia (BPH) or Prostate Cancer (PCa). The former affects more than 50% of men over 60 years of age. The second, is the sixth most common type of cancer in the world and the most prevalent in men, accounting for about 10% of total cancers. The most common symptoms include urinary tract obstruction, weak flow, nocturia, dysuria, and incontinence. But it is not always a reason for surgical intervention, since it depends on the etiology of BPH or PCa, the severity of the obstruction and the patient's condition.

Prostate cancer is one of the most feared by this population, due not only to surgical intervention but, also, to aspects related to sexuality, since the individual presents innumerable sensations such as anxiety, anguish, fear, suffering, and doubts. Data from the National Cancer Institute indicate that, 61,200 new cases of prostate cancer occurred in 2016, resulting in 28.6% of cancer cases, and, in 2017, 161.36 new cases of cancer were registered in the United States, accounting for 19% of the total number of all cancers diagnosed in men. In Spain, prostate cancer is a public health problem, the third leading cause of death among men, accounting for 9.1% of deaths for cancer.

Men undergoing prostatectomy have specific needs in the physical, emotional, social, and spiritual spheres. Nursing has an important role, in providing individualized, systematized and quality care, contributing to the comfort and safety of the client and his family. For this, it is important that nurses create strategies to ensure that the patient and his / her relatives receive adequate information about the possible occurrences after the surgery and about the care that should be performed at home, in order to contribute to the recovery of the best as possible.

Thus, Nursing care should be directed to identifying and meeting these needs, offering assistance based on the principles of the Nursing process. The identification of Nursing diagnoses in these patients becomes an important step to guide the selection of appropriate Nursing interventions to meet their needs, which aim to achieve the results for which the nurse is responsible.

Although the application of the Nursing process is seen as a methodology for solving the client's health and illness situations, in a critical and reflexive manner, it draws attention to the lack of familiarity of nurses with the operationalization of nurses, especially with the elaboration of Nursing. One of the greatest difficulties reported is in the area of relationship building and data grouping, because there are too broad or complicated terms. The nurse must therefore recognize the human needs so that she can identify the priority Nursing diagnoses.

Among the elements that characterize the Nursing process, the Nursing diagnosis must be seen as a tool for describing the phenomena inherent in professional practice, which under clinical reasoning leads to intervention, in order to achieve results for which Nursing is responsible. Formulate a Nursing diagnosis requires the professional scientific knowledge, critical judgment and practical experience. Critical judgment, also called diagnostic reasoning, corresponds to the ability to group data, to distinguish relevant data from irrelevant ones, to identify problems, to prioritize and make decisions in a timely manner, to investigate, comprehensively, and systematically, to identify ethical problems and technical information and humans it can use.

Studies focusing on the identification of diagnoses / outcomes and Nursing interventions in patients undergoing prostatectomy are scarce, even with the evident importance of elucidating the phenomena of interest for professional practice to this surgical intervention.

Taking advantage of the opportunity for the incipience of researches and publications in this area, it was felt the need to carry out this study aiming at the application of the Nursing process to a patient undergoing prostatectomy, believing that the study may contribute to the elucidation of phenomena of interest to Nursing, in the sense to meet the affected needs of patients undergoing prostatectomy.

OBJECTIVE

- To identify diagnoses / outcomes and Nursing interventions for patients undergoing prostatectomy, using ICNP 2015.

METHOD

A qualitative study, a clinical case report, which emerged as a proposal for the final study of the topic topic: conceptual map, offered by the Graduate Program in Nursing, Federal University of Paraíba / PPGENF / UFPB. The content of this discipline was based on the study of theoretical and practical aspects of the conceptual map, its application...
as a teaching strategy in the development of critical thinking skills, and its implications in Nursing practice and research.

The data collection was performed through an interview and physical examination, by signing the Informed Consent Term, carried out in the months of August to September 2013, with a patient hospitalized in a Surgical Clinic of a school hospital in João Pessoa -PB, in the postoperative period of prostatectomy. In the first moment, an instrument of the surgical clinic was used to collect data referring to the patient's history, composed of three main points and their subtopics: Psychobiological Needs, Psychosocial Needs and Spiritual Needs. As inclusion criteria, it was necessary for the patient to be in the postoperative period, to be over 18 years old and to agree to participate in the study. The study was approved by the Research Ethics Committee of the Lauro Wanderley University Hospital of the Federal University of Paraíba, receiving a favorable opinion for its publication under Protocol No. 122/09 and CAAE 00866812.1.0000.5188.

In order to elucidate the diagnostic reasoning, a conceptual map was used as a tool to demonstrate the identification, the relation between the patient and the patient and the grouping of constituent concepts of Nursing diagnoses / results. Data analysis was performed using descriptive statistics. The tool CMap Tools, in its version 5.03, is a software developed and distributed free of charge by the Institute for Human Machine Cognition of the University of West Florida, which allows the user to construct, navigate, share and critique models of knowledge represented with conceptual maps. CMap Tools is used to create conceptual maps in which the user creates and creates the pictures and can share the expressed knowledge with other users.

Among the strategies used by nurses to assist in the diagnostic reasoning, a Conceptual Map is highlighted as a tool to help the nurse in the grouping of patient data, for the elaboration of Nursing diagnoses, aiming at the evaluation of results and selection of Nursing interventions and assisting in the visualization of the phenomena of the practice of Nursing. It consists in the graphic representation, through diagrams, of one or more concepts to demonstrate their relations in the context of a certain body of knowledge. This tool can help the nurse in the construction of diagnostic statements, since it is possible to insert concepts in circles or boxes, interconnect them through connection lines, and group them together, facilitating reasoning and critical thinking for the elaboration of diagnoses to evaluate results and the selection of Nursing interventions.

Thus, we identified concepts, considered in this study as signs, symptoms, risk factors and living conditions, which were organized hierarchically, presenting the relationship and grouping, among them, through the conceptual map. In this way, it was possible to identify them, order them and group them, observing their relationships for later construction of the nursing diagnosis / results statements. Based on the identification of Nursing diagnoses / results, it was possible to plan Nursing interventions.

RESULTS

At this moment, a clinical case of a patient submitted to prostatectomy is presented to identify human responses, focuses of the Nursing practice, for later construction of diagnoses / results and Nursing interventions.

Clinical case

LVC, 59, from his residence located in the urban area of the municipality of João Pessoa (PB). Reason for hospitalization: patient reports that three years ago she had difficulty urinating. He consulted with a urologist, who diagnosed Benign Prostatic Hyperplasia and treated himself with medication for one year, until he chose to perform the surgical treatment. Interned in the company of the daughter, who helps him to realize the self-care. He is anxious to have doubts about the sexual pattern after surgery, is afraid of sexual impotence risk, but reports that he was advised about the surgical procedure. In the first postoperative day, is in venous hydration with packed red blood cells, bladder catheter of delay with open continuous instillation and collection bag, and suprapubic catheter with Penrose drain. In the operative wound, one can detect a bloody exudate in a moderate amount. It presents with extravasation of urine and pain due to obstruction of SVD, which did not allow him to fall asleep. Patient has difficulty wandering. Checked vital signs: PA = 100X60 mmHg, P = 74 bpm, R = 20 irpm and T = 36º C.

Based on the identification of the main data of the presented clinical case, Figure 1 was drawn up illustrating the relationship between them to assist in the identification of priority Nursing diagnoses / results.
Based on the identification of the diagnoses / results, as shown in figure 1, figure 2 shows, the diagnoses / results and Nursing interventions identified in the patient and the evaluation of the Nursing behavior in face of the observed phenomena.
Considering the specific characteristics of the surgical patient, several studies point out and emphasize the importance of the efforts to obtain the improvement of Nursing care quality. The nurse is responsible for planning the Nursing care provided to the surgical patient, which concerns the physical and emotional needs of the patient, orientation regarding the surgery itself and the physical preparation necessary for surgical intervention in the pre- and postoperative period.5, 8-10, 14

Surgical intervention may lead to an imbalance of the individual's basic human needs and it will be up to the Nursing team to mitigate or reverse them by providing information, self-care instruction to the patient and family, postoperative patient follow-up, prevention or treatment of complications and help in the return to daily activities.5

The clinical judgment regarding the needs affected subsidizes the nurse for the construction of the Nursing diagnoses. Nursing diagnoses are clinical focuses of the profession and the diagnostic activity brings professionals and users closer together, enabling them to better understand the physical and emotional responses presented during the development of the nurses' work process9, and will provide subsidies for the development of care planning, implementation and evaluation of your care.

In this study, priority Nursing diagnoses were identified for the patient undergoing prostatectomy, using CIPE® 2015, on the first postoperative day: Acute Pain, Infection Risk, Impaired Skin Integrity, Impaired Implantation and Anxiety. And later, a care plan was built to reverse or mitigate the problems identified.

Speaking about the subject, he affirms that pain is an indication of alertness and, when it does not stop, it is because its cause has not yet been detected14. Considering the importance of alleviating it, the care plan, developed for the resolution of the Acute Pain diagnosis, was associated with the Nursing diagnosis of Impaired Sleep, since the patient presented Pain during the night, which resulted in a loss of Sleep. The following Nursing interventions were therefore sought for the reversal of Pain: Constantly evaluate pain; Provide adequate sleep; Assess bladder catheter obstruction and Provide comfort. As a result of the interventions implemented, the patient presented pain relief, after bladder catheter clearing, resulting, consequently, in the improvement of sleep.

Prostatectomy is a procedure that raises the risks of immediate complications and late sequelae, including, intraoperative bleeding, urinary incontinence, sexual impotence and hospital infections.14 The Nursing diagnosis Risk of Infection, identified in this case study, is also presented in other studies5,14, which classified it as a common risk in these patients. For this diagnosis, the expected result was to reduce the risk of infection, and the interventions implemented were: Evaluate sites of invasive devices; Monitor SSVV; Supervise the skin, avoiding moisture; Check the surgical incision site after each dressing and use aseptic techniques. After the ducts were implemented, the patient did not present infection in the surgical site / urinary tract during the period of hospitalization, considered as satisfactory the interventions developed.

Figure 2. Distribution of Nursing diagnoses / results identified in internal patients in the surgical clinic by basic human need. João Pessoa (PB), Brazil, 2013.
Another Nursing diagnosis identified as a priority was Impaired Skin Integrity, which resulted, in improved skin integrity, and the implemented Nursing interventions: Stimulate the change of position; Explain skin care and surrounding areas; Keep skin clean and dry; Guide bodily and intimate hygiene and take care of the place of insertion of invasive devices. The results achieved were satisfactory, as the patient presented improvement in the surgical wound healing process, and skin and ostomy care was maintained during hospitalization.

For the diagnosis of Impaired Ambulation, it was established, as an expected result, Present ambulation, and Nursing interventions: Encourage ambulation and Inform about its importance. The evaluation for this diagnosis was satisfactory, since the patient was able to walk alone in the room and in the corridors at regular intervals (morning and afternoon).

The Nursing diagnosis Anxiety, also identified in this case study, are presented in the studies5,14, which identified Anxiety as a common symptom in these patients, being one of the most frequent diagnoses in a group of prostatectomized patients. The care plan developed for the Nursing diagnosis Anxiety had the expected result, the Absence of Anxiety, and as implemented Nursing interventions: Establish trust relationship with the patient; Provide information on diagnosis, treatment and prognosis; Stimulate the reporting of your anxiety; Offer a quiet and pleasant environment and provide wellness. In the evaluation of the care plan for this diagnosis, it was observed that the patient did not reach the expected result, but reduced the anxiety during the hospitalization period, being able to verbalize their anxieties and fears about the sexual pattern after the surgical intervention.

A study developed with the objective of constructing diagnostic / outcome statements and Nursing interventions for clients submitted to prostatectomy, using CIPE® 1.0, identified, among other diagnoses, Anxiety, Risk of Infection, Acute Pain and Impaired Skin Integrity, similar to those identified in this study. However, it was realized, at that time that it was not possible to carry out case studies to identify, in clinical practice, what actually applies to said patient.

Nursing care for the prostatectomized patient consists of reducing anxiety and providing information about the prostate disorder and the surgical experience. In addition, the main postoperative goals include maintenance of fluid balance, relief of pain and discomfort, ability to perform self-care activities and absence of complications, examples of bleeding, infections, deep venous thrombosis, catheter or even complications related to catheter removal and the one that most concerns men: sexual dysfunction and urinary incontinence, which may significantly affect the quality of life of these individuals.15

To this end, it is necessary for nurses to create strategies to ensure that the patient and his / her family members receive adequate information about possible occurrences after the surgery and about the care that should be performed at home, in order to contribute to the restoration the best way possible. These care begin in the postoperative period, still in the hospital, and complement each other at home after discharge.5

Given the specific characteristics of the surgical patient, it is understood that the systematization of Nursing care enables the improvement of the quality of care provided to the patient, since it becomes an individualized, planned, evaluated and, mainly, continuous process, that is, it covers the preoperative, intraoperative and postoperative periods of the patient's surgical experience. Applying all steps of the Nursing process, it is possible to provide holistic care and evaluate how clients respond to health problems.

Thus, when caring for the surgical patient, the nurse must be aware not only of the surgical procedure and of the factors that influence it, but must understand the anguish and fear experienced by the patient and his / her relatives, identify affected needs, use critical thinking and diagnostic reasoning, to provide holistic and quality care.

CONCLUSION

The planning of Nursing care, for patients undergoing prostatectomy, provided comprehensive and individualized care for the surgical patient. Based on the data collected and the clinical judgment of the researchers, it was possible to trace interventions that would meet their real needs (pain relief, infection prevention, attention to surgical wound healing, stimulation of ambulation), minimizing their anxiety and the risks inherent to the post surgery.

It is emphasized that the use of the conceptual map was a fundamental tool to facilitate the process of diagnostic reasoning in the presented clinical case. Their use made it possible to compile information, associate concepts and group them as a way of observing their interrelationships, and thus
enable the identification of Nursing diagnoses prior to that patient, expected results and interventions. This tool assists the organization of thinking and enables the understanding of the sequence of events in a given clinical situation. However, it should be emphasized that critical thinking and graphical representation of terms consistently depend on the theoretical and practical knowledge of the diagnostician.

This study aimed to present the Nursing diagnoses identified in a prostatectomized patient, signaling the conceptual map as an instrument for their elaboration, and, in this way, contribute to the refinement of the clinical judgment of the nurse regarding the responses of the prostatectomized client in the postoperative period, to, later, select Nursing interventions for Nursing care planning.

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