ORIGINAL ARTICLE

FEELINGS OF HEALTH USERS IN THE PRE AND POST-OPERATIVE OF CORONARY ARTERY BYPASS GRAFTING

SENTIMENTOS DOS USUÁRIOS DE SAÚDE NO PRÉ E PÓS-OPERATÓRIO DE REVASCULARIZAÇÃO MIOCÁR迪CA

SENTIMENTS OF USERS OF HEALTH IN THE PRE AND POSTOPERATIVE OF REVASCULARIZATION MIOCARDICA

Francisca Elisângela Teixeira Lima¹, Ursula Karla Viana Melo², Fernanda Jorge Magalhães³, Ires Lopes Custódio⁴, Fernanda Macedo de Oliveira Neves⁵

ABSTRACT

Objective: to characterize the users of health of the Brazilian Unified Health System (Sistema Único de Saúde - SUS), submitted to Coronary Artery Bypass Grafting. Method: descriptive study carried out in a tertiary hospital of the SUS in the city of Fortaleza/CE/Brazil. The study consisted of 52 participants. Data collection was through semi-structured interview, were organized and presented in a picture and tables. The study was approved by the Ethics Research Committee of a referral hospital, under protocol number 739/10. Results: we verified that the feelings presented are divided into positive and negative, with a prevalence of joy, fear and anxiety. Conclusion: we notice the importance of health professionals, especially the nursing staff, to understand and be sensitive to the feelings of health users undergoing Coronary Artery Bypass Grafting, during pre and post-operative periods. We emphasize the importance of strategies to minimize the negative feelings and highlight the positives, in order to promote the biopsychosocial aspects of this procedure for the health disease process of such individuals.Descriptors: Myocardial Revascularization; Emotions; Nursing.

RESUMO

Objetivo: caracterizar os usuários de saúde do Sistema Único de Saúde (SUS), submetidos à cirurgia de revascularização do miocárdio. Método: estudo descritivo, realizado em um hospital terciário do SUS na cidade de Fortaleza/CE/Brasil, com 52 participantes. A coleta se deu por entrevista semiestruturada, foram organizados e apresentados em tabelas e uma figura. O projeto de pesquisa foi aprovado pelo Comitê de Ética, e foi apresentado ao Hospital de referência sob protocolo n. 739/10. Resultados: foram divulgados os sentimentos apresentados, através de positivos e negativos, com prevalência de alegria, medo e ansiedade. Conclusão: percebe-se a importância dos profissionais da saúde, especialmente, a equipe de enfermagem, de compreender e estar sensíveis aos sentimentos dos usuários de saúde submetidos à RM, no momento do pré e pós-operatório. Ressaltar a importância de estratégias para minimizar os sentimentos negativos e destacar os positivos, de modo a favorecer o aspecto biopsicosocial de tal procedimento para o processo saúde-doença de tais indivíduos. Descritores: Revascularização Miocárdica; Emoções; Enfermagem.

RESUMEN

Objetivo: caracterizar usuarios de salud de Sistema Único de Salud sometidos a la cirugía de Revascularización Miocárdica. Método: estudio descriptivo, realizado en un hospital de tercer nivel de SUS, de Fortaleza/CE/Brasil, con 52 participantes. La colección fue realizada por entrevista semi-estructurada, fueron organizado y presentado en cuadro y tablas. El estudio fue aprobado por el Comité de Ética del hospital, con referencia 739/10. Resultados: los sentimientos presentados se dividieron en positivos y negativos, con prevalencia de la alegría, del miedo y de la ansiedad. Conclusión: se percibió la importancia de profesionales de la salud, especialmente el personal de enfermería, para entender y ser sensible a los sentimientos de usuarios de salud sometidos a RM en el pre y post-operatorio. Además, es esencial estrategias para minimizar sentimientos negativos y resaltar lo positivo, con el fin de promover los aspectos biopsicosociales de este procedimiento para el proceso salud-enfermedad de estas personas. Descriptores: Revascularización Miocárdica; Emociones; Enfermería.
INTRODUCTION

Increasingly, it is possible seeing the increased incidence of cardiovascular diseases (CVD), which are responsible for leading causes of hospitalizations, morbidities and mortalities worldwide level, it is considered, often, a growing severity to the public health.¹

Among such diseases, Coronary Arterial Disease (CAD) is the most common cause of ischemia of the heart muscle and can manifest itself in different forms, ranging from a chest angina to an acute myocardial infarction.² Coronary Artery Bypass Grafting (CABG) is indicated for those patients in whom medical therapy fails to control the chest angina or those sick who have a high degree of obstruction of major coronary arteries arising the risk of death of such individuals. The results of CABG surgery are considered positives for improvement of the life quality of individuals with CVD, as well as to increase the life expectancy of those users of health services.³

Despite many technological advances in the diagnosis and treatment of CVD, the cardiac surgery intervention can be considered a time of crisis for user of health, which, often, feels very close to death, because though there is a proper planning, the risks and post-surgical are real and can provoke feelings of anxiety and stress to the user, as well as fear and insecurity.

Thus, according to theory of Damasio, emotions and feelings can not only be addressed, measured, explained and understood scientifically, they also can be distinguished neurobiologically. Due to this discovery, the term emotion is reserved to refer to the set of changes that occur both in the body, for a certain mental content, and at mind. While the term feeling is used to refer to the perception of these changes.⁴

Negative feelings such as depression, anxiety and hostility appear to be more common among cardiac individuals than among those are healthy. It is known that negative emotional states affect life quality, the adherence to recommended treatment, costs of cares and physical outcomes in users with coronary artery disease and heart failure. The risks generated by these negative feelings may be similar, or higher than, those observed in traditional risk factors such as in the presence of diabetes, smoking, dyslipidemia and co-morbidities.⁵

It is worth noting that to ensure success in attendance to the user of health in pre and post-operative of CABG, it is necessary a holistic approach, having the need to meet the physical, emotional, social and spiritual demands.⁶ It also includes the importance of a genuine dialogue between user and health professional, in order to favor the emergence of doubts and concerns which may generate anxiety and insecurity during the post-operative period, especially at the time of hospital discharge, when users feel away from the surveillance of the multiprofessional health care team.⁷

Knowing the positive and negative feelings that surround the patient, related to insecurity with regard to the surgical procedure and post-operative certain care, thus, it directs the health professionals to provide a specific care and with quality.⁸

Given this context, we can realize the need to know the feelings and the psychological factors of the users of health in the pre and post-operative periods of CABG. Hence, it arouses a question: what are the main feelings experienced by users of health in the pre-and post-operative periods of CABG?

Thus, it is considered appropriate the development of this present study, aiming to favor changing in the assistential practice of the health professionals, particularly from the Nursing team, making them aware about the importance of identification of the main feelings of the users during the CABG. It is also proposed, with the resolution of this question, that the identification of the main feelings, in such users, may encourage the decision making in implementation of care to the user in the pre-and post-operative periods of cardiac surgery.

Given these considerations, there has as its objectives: characterize the users of health of Unified Health System - Sistema Único de Saúde (SUS) who underwent cardiac surgery of CABG and ascertaining the main feelings experienced by patients in the pre-and post-operative periods of surgery of CABG.

METHOD

It is a descriptive and cross-sectional study, performed in a tertiary level hospital of great size, specialized in the diagnosis and treatment of cardiac and pulmonary diseases, it has covenant with SUS in the city of Fortaleza (CE), Brazil.

The population was composed by users of health admitted in that institution for submission of CABG. The sample consisted of...
52 users who met the following inclusion criteria: have been submitted to the cardiac surgery of CABG; being admitted in a unit of cardiac pre and post-operative, be older than 18 years old. The study excluded users of health who were unable to verbalize and / or provide reliable data.

The data was performed from August to September 2010, in two occasions. The first was through a semistructured interview with data of identification of the user such as: age, gender, schooling, marital status, family income and labor activity, as well as an instrument with questions directed to the feelings of users in the pre and post-operative periods; at the second time, it was performed a clinical assessment of the user with the verification of the Systemic Blood Pressure (SBP) as a vital sign, following the preconization from the VI Brazilian Guidelines of Arterial Hypertension of 2010, in order to confirm the change of the pressure level as one of the risk factors for cardiovascular diseases, including it in the characterization of users.

Data were compiled using Microsoft Office Excel 2007, and analyzed descriptively using speeches of users, identified by U1, U2, U3 ... U52. To organize the data, we used tables and, figures which were discussed from the literature pertinent to the theme.

In order to meet the legal and ethical issues, the research project was approved by the Ethics Research Committee of the hospital institution in question, under the protocol number 739/10.

RESULTS

For the characterization of user of health submitted to CABG, we verified, as shown in Table 1, that 59.6% (31) were male; while 40.4% (21) were females. With respect to age group, there was a variation of 5.8% of users aged less than 40 years old and 61.5% (32) with age greater than or equal to 60 years old. So, it was the average age of 62 years old, thus demonstrating one high rate of elderly people.

Regarding the marital status, there was a prevalence of 78.9% (49) of married or living in a stable relationship, followed by 11.5% (6) of singles and 9.6% (5) of divorced people.

With regard to the schooling, it was found that 40.5% (21) of the respondents attended school for eight years, followed by 57.6% (30) who studied from 9 to over 12 years, while 1.9% (1) was considered illiterate.

With regard to the labor activity, it was found that 67.3% (35) of the users were retired and 32.7% (17) perform activities such as: farmer, camelô (street vendor), homemade, seamstress, maid, laundress and maison, before onset of CVD. The family income ranged from half-one to three minimum wages.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n=52</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>40.4</td>
</tr>
<tr>
<td>Male</td>
<td>31</td>
<td>59.6</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 40 years</td>
<td>3</td>
<td>5.8</td>
</tr>
<tr>
<td>From 40 to 59 years</td>
<td>17</td>
<td>32.7</td>
</tr>
<tr>
<td>&gt; 60 years</td>
<td>32</td>
<td>61.5</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/ Stable relation</td>
<td>41</td>
<td>78.9</td>
</tr>
<tr>
<td>Single</td>
<td>6</td>
<td>11.5</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
<td>9.6</td>
</tr>
<tr>
<td>Schooling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Until 8 years of study</td>
<td>21</td>
<td>40.5</td>
</tr>
<tr>
<td>From 9 to 12 years</td>
<td>15</td>
<td>28.8</td>
</tr>
<tr>
<td>&gt; 12 years</td>
<td>15</td>
<td>28.8</td>
</tr>
<tr>
<td>Labor Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>25</td>
<td>67.3</td>
</tr>
<tr>
<td>Active</td>
<td>17</td>
<td>32.7</td>
</tr>
<tr>
<td>Family Income*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 minimum wage</td>
<td>24</td>
<td>46.2</td>
</tr>
<tr>
<td>&gt; 1 minimum wage</td>
<td>28</td>
<td>53.8</td>
</tr>
</tbody>
</table>

Caption: * the prevailing minimum wage during the study period was R$ 545.00.

Regarding family history that characterized the users, we can observe, in the Table 2, the following percentages of risk factors: family history of CVD (57.7%) having kinship with first and second degree; Systemic Arterial Hypertension - SAH (80.8%), Diabetes Mellitus - DM (40.4%) and dyslipidemia (38.5%).
Regarding the verification of Systolic Blood Pressure (SBP), it was found that 17.3% (9) had hypertension in the first stage, while the majority 40.5% (21) were considered within the normal standard; perhaps it is a controversy in comparison with data found for the risk factor of CVD. For SBP, we obtained an average of 119 x 76 mmHg, from the users in question.

### Table 2. Characterization of patients regarding cardiovascular risk factors such as family history of CVD, presence of SAH, diabetes mellitus, dyslipidemia and SBP. Fortaleza-CE, set/2010.

<table>
<thead>
<tr>
<th>Characteristics of patients</th>
<th>n=52</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family history of CVD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>57.7</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>42.3</td>
</tr>
<tr>
<td><strong>SAH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>42</td>
<td>80.8</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>19.2</td>
</tr>
<tr>
<td><strong>DM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>40.4</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>59.6</td>
</tr>
<tr>
<td><strong>Dyslipidemia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>38.5</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>61.5</td>
</tr>
<tr>
<td><strong>SBP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nice (BP &lt; 120 x 80 mmHg)</td>
<td>18</td>
<td>34.6</td>
</tr>
<tr>
<td>Normal (&lt; 130 x 85 mmHg)</td>
<td>21</td>
<td>40.5</td>
</tr>
<tr>
<td>Limited (130-139 x 85-89 mmHg)</td>
<td>4</td>
<td>7.6</td>
</tr>
<tr>
<td>Hypertension Stage 1 (140-159 x 90-99 mmHg)</td>
<td>9</td>
<td>17.3</td>
</tr>
</tbody>
</table>

As for the feelings of users of health who were submitted to CABG, we could note that exist positive and negative feelings as shown in the Figure 1. We should mention: joy, tranquility, relief and satisfaction, as well as negative feelings which were: fear, anxiety, doubt, sadness and distress; there was still a report of not having any kind of feeling.

![](image)

For this purpose, it was noticed that the majority of users reported negative feelings before surgery as fear 55.7% (29), anxiety 48.0% (25), sadness 38.4% (20) compared to positive feelings before the surgery in which joy was the most cited 7.9% (4), followed by tranquility, relief and satisfaction, both with 1.9% (1).

Regarding the feelings after CABG, the positive were the most cited, being prevalent the satisfaction 23.0% (12), relief 25.0% (13) and joy 17.3% (9). As for the negative feelings, we noted the fear as the most cited, with 13.5% (7), followed by anxiety and doubts, both with 5.7% (3) and distress, 3.8% (2).

Identifying the feelings of users of health in the pre-and post-operative periods, enables the qualification of nursing care to be provided, thus detecting early the postoperative complications, providing an individualized care.

For get a better clarification of feelings experienced by users who have gone through surgery of CABG, we could resolve categorize the speeches in: feelings of survival, directed to the labor activity, family relationships and feelings of apprehension of surgery; according to the speeches of some users, identified as "U52 … U1".

For the first category, which was denominated feelings of survival, we can notice some feelings such as fear and anxiety, as well as the doubts from the post-operative period such as: survive after therapy of CABG, if would have consequences and if the procedure would...
occur quietly, according to the following statements:

- I think I will not withstand the surgery! Will I survive? (U1).
- I wonder if I’ll stay with any sequel (U13).
- Does everything happen right after surgery? (U14).
- I wonder if it will occur well […] will survive? (U32).

In the second category feelings directed to the labor activity, we perceived reports of feelings as concern about leaving the family without financial conditions, if after surgery the patient could return to the labor activities normally, after surgery, according to the following speeches:

- I think of stop working, dying and leaving the family without support (U3).
- Will I be able to work after surgery? (U8).
- Will it be all right in the surgery? Can I go back for doing the domestic tasks (U10).
- Can I return to the work activities normally? (U12).

As for the category of feelings related to the family members, we can emphasize feelings like sadness by being away from the family ambit, anxiety to return to the home and care for loved ones as children and grandchildren, and concern due the waiting for the surgical procedure and for the welfare of family members, as described in the speeches below.

- Being away from home, without family close him/her (U1).
- I like to get my hospital discharge soon, to stay at home with my family (U5).
- I would like to know the day of surgery, if I’m going back home fastly, if I can take care of my granddaughter (U13).
- I have concerns about my children and with this wait for the surgery (U20).
- I worry about my family members who stayed at home (U32).

One of the main feelings which were highlighted was the apprehension by the time of surgery, which is represented in the fourth category, feelings of apprehension of surgery as described below:

- I’m anxious about getting to know the day of surgery; I’m waiting for a long time (U9).
- The wait for the day of surgery, which has already been postponed once (U11).
- It seems that will never come the day of surgery (U12).

DISCUSSION

Regarding the characteristics of identification of users who were submitted to CABG, we perceived a predominance of males with 59.6% (31) with an average age of 62 years old, showing consistency with other studies as for risk factors for CVD. Therefore, these data correlate themselves with a study performed with 55 users, in which there was a predominance of males, 78.2%, aged over 60 years old, and who had like most relevant co-morbidity the SAH, smoking and other ischemic heart diseases.

In this present study predominated the marital status of married or in a stable relationship with 78.9% (41), this finding as another study may be positive for the recovery of the operated patient, considering that a partner provides psychological support and encouragement, which raises the self-esteem.

As for education, it was found that 40.5% (21) attended school for eight years, demonstrating favorable condition to be driven and can properly adhere to the therapeutic treatment. A study performed with 54 users of health assessed the life quality of these subjects after the CABG, indicating a low socioeconomic and educational level what characterizes the vast majority of patients treated in public hospitals under contracts with the Sistema Único de Saúde.

Regarding the labor activity, it appears that 67.3% of participants were retired. This may be related to the age of respondents, from who the results showed age equal or over 60 years old. Another factor, which may have contributed to this implication, was that they get retired even before the CABG, because of having cardiovascular diseases which caused removal of labor activities. These results as a break in their daily routine or inability to perform a job, could mean the “end of line”, arousing feelings of worthlessness.

Data from this present study demonstrated that 57.7% (30) of the participants reported having a family history of CVD. It is consistent
with a study that examined the SAH in the nursing team as a risk factor for CVD and that 71.5% (93) of the professionals had a family history of hypertension, while only 15.4% (20) did not have this hereditary factor, since 13.1% (17) were unaware of cases of hypertension or CVD in their family.12

It is known that there are several risk factors that may contribute to CVD - among them - it could be highlighted, in this study, SAH, DM and dyslipidemia. The results showed that the most 80.8% (42) of the respondents were carriers of SAH. However, although to be hypertensive, they presented with the Blood Pressure (BP) controlled at the time of measurement, this may result from the appropriate use of medicaments, since the average of BP was equal to BP = 119 mm Hg x 76.

In another study, with 52 users, it was found that 61.5% (32) of them had the diagnosis of SAH, corroborating up with the data from this present study, as well as other studies which estimate that this disease may be a risk factor favorable to the acceleration of the atherosclerosis process and several other cardiovascular changes.13

Regarding the DM and dyslipidemia 40.6% and 38.5%, respectively, of the participants showed these risk factors, basing on a study with 226 users, in which were verified the symptoms and psychosocial impact post surgery of CAGB; stood out as most common risk factors: hypertension and dyslipidemia with 74% for they both, followed by 25% of diabetes mellitus.14

As for the feelings of users in the pre-and post-operative periods, it was possible to reveal feelings such as joy, relief and fear. For this purpose, we can be confronted with a study, in which the feelings presented in face of the news on the necessity of performing the surgery were: fear, worry, anxiety, suspicion, schism and nervousness, as well as positive feelings like hope, possibility of cure from the faith in God, pain relief and acceptance of the need for surgical intervention.15

It is believed that the patients, after the CAGB period, have substantially higher levels of anxiety, hostility and depression, pointing out as relevant feelings, usually, negative forms, related to mortality and morbidity; since the need for active listening of these users so that to intervene carefully in the individual, in a holistic manner, specially, in the psychological domain.4

With regard to the doubts from users in the pre and post-operative periods, it was perceived circumstances related to survival, family relationships, labor activities and apprehension for the time of surgery. It was possible to observe many concerns before and after the CAGB, as death, pain and being away from the family ambit and from the job, as well as pain or discomfort, were important factors, because they are like sources of stress during the entire process of recovering the health.16

It is noteworthy to note that they still bothered with the ability to reassume its lifestyle previous to the discovery of pathology, showing immediate issues of survival, but also with the effect in long-term from the cardiac surgery. Given this aforementioned, there is the role of the Nursing staff, especially, the nurses who must take a welcoming attitude and with genuine dialogue, in order to contribute with information about steps provided for the recovery and rehabilitation of users who have undergone by a surgical procedure and are being prepared for the hospital discharge, reflecting the surgical success for the life quality of such individuals.16

Therefore, it is necessary that the nursing professional place itself as a friendly professional to the user and its family, requiring involvement, awareness and commitment of these professionals along with such subjects. Given this issue, we should perceive the importance of building bonds and understand the feelings, doubts and needs of users of health services who underwent the surgery of CAGB.17

It should also be noted that in the pre-and post-operative periods, the users are likely to change their lives, in order to follow certain guidelines, as they are in a moment of insecurity with regard to stop smoking, performing physical activities, adhere to guidelines, as they are in a moment of change their lives, in order to follow certain

**CONCLUSION**

We conclude that in this study the following rates prevailed: 59.6% of users of health undergoing CAGB, males with range age greater than or equal to 60 years old (61.5%), married or in a stable relationship (78.9%) who attended nine or more than 12 operative periods, it was possible to observe many concerns before and after the CAGB, as death, pain and being away from the family ambit and from the job, as well as pain or discomfort, were important factors, because they are like sources of stress during the entire process of recovering the health.16

It is noteworthy to note that they still bothered with the ability to reassume its lifestyle previous to the discovery of pathology, showing immediate issues of survival, but also with the effect in long-term from the cardiac surgery. Given this aforementioned, there is the role of the Nursing staff, especially, the nurses who must take a welcoming attitude and with genuine dialogue, in order to contribute with information about steps provided for the recovery and rehabilitation of users who have undergone by a surgical procedure and are being prepared for the hospital discharge, reflecting the surgical success for the life quality of such individuals.16

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It should also be noted that in the pre-and post-operative periods, the users are likely to change their lives, in order to follow certain guidelines, as they are in a moment of insecurity with regard to stop smoking, performing physical activities, adhere to adequate diets, among other. Unfortunately, it is clear that this mood is not always fulfilled, because as users recover the health, they forget what was promised by themselves.
that 57.7% had relatives with some form of CVD, and the rates were about SAH (80.8%) and Diabetes Mellitus (40.6%).

As for the main feelings that the users have in the pre-and post-operative periods of CABC were included positive and negative feelings: joy, tranquility and relief, as well as fear, anxiety and doubt, the latter is mainly present in the post-operative period and already near to the hospital discharge time.

It was noticed that many of these feeling as concerns and anxiety levels are likely to interventions, may be included during Nursing care at admission or during the hospitalization time, and may contribute for the provision of information about the surgical procedure, pain relief and recovery of their lifestyle after CABC, favouring, also, the improvement of the life quality of these users.

Therefore, as suggestions for modification of health care practice, especially, in Nursing, it should becomes relevant the qualification and sensibilization of them so that for building bonds along with these users and their families, to obtain relevant guidance regarding the self-care, habits changing and psychosocial support in the pre-and post-operative periods.

It is also relevant, the need of the institution to develop occupational activities for such users who are hospitalized, awaiting the surgery of CABG, because the wait, often, is prolonged, and thereby, contribute to emergence of negative feelings, as were evidenced in this study. Above all, develop activities for multiprofessional teams, thus encouraging a quality care and a more effective monitoring of these individuals.

Therefore, it is believed that the execution of this research project may contribute to the dissemination of knowledge, as well as building a framework to guide health teams, in particular, the assistance provided by nurses, specially, with regard to the feelings presented by the users of health in the pre- and post-operative periods of Coronary Artery Bypass Grafting (CABG).

REFERENCES


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