

## Background

- ❑ In today's healthcare, readmission rates are increasing and insurance companies are not paying for many readmissions occurring within 30 days of discharge.<sup>1</sup>
- ❑ Preoperative education allows the patient to be knowledgeable about what to do after surgery and therefore may help decrease the risk of complications.
- ❑ Ambulation postoperatively decreases the rate of deep vein thrombosis and pulmonary embolism.<sup>2</sup>
- ❑ Early ambulation in post surgical patients has been shown to decrease paralytic ileus.<sup>3</sup>



## Purpose

The purpose of this study was to conduct preoperative education about early ambulation in patients undergoing outpatient abdominal surgery and to assess whether it helped increase the patient's knowledge about potential postoperative complications and how to prevent them.

## Research Questions

- 1) Will providing preoperative education about early ambulation to patients undergoing outpatient abdominal surgery increase a patient's awareness about potential postoperative complications?
- 2) Will providing preoperative education about early ambulation increase a patient's understanding about how to prevent complications?
- 3) Will providing preoperative education about early ambulation allow patients to recognize complications at the time of the follow-up phone call?

## Procedures

- 1) Participant inclusion and exclusion criteria were given to the surgeons and a surgical nurse navigator prior to recruitment.
- 2) The surgical nurse navigator determined if a participant met criteria during a preoperative phone interview. The participants were then mailed a flyer or given the contact information and asked to contact the researchers if they were interested in participating in the study.
- 3) The researcher screened the potential participant over the phone using a script. If the participant met inclusion criteria, a meeting time was set at a convenient place and time for the participant.
- 4) After the consenting process, the participant was given a pretest.
- 5) The education included a ten minute PowerPoint presentation and time to ask questions.
- 6) The participants took the posttest and completed an evaluation form.
- 7) The correct answers of the posttest were given to the participants via "oral teach back" method assisted by a PowerPoint Presentation
- 8) Participants were contacted by telephone four to seven days postoperatively for a follow up evaluation of the program.



## Results

### Participant Pretest and Posttest Scores

Participant	Pretest Score	Posttest Score
1	80%	100%
2	60%	90%
3	40%	80%
4	80%	90%

**All participants increased their knowledge as evidenced by increased posttest scores.**

### Self reported complications reported during follow up phone call:

- Swelling (1 reported)
- Abdominal pain (3 reported)
- Constipation (4 reported)
- Difficulty passing gas (1 reported)
- Nausea (1 reported)
- Vomiting (1 reported)
- Shortness of breath (1 reported)
- Cough (1 reported)

### Strategies utilized to prevent complications:

- Abdominal splinting (4 used)
- Taking pain medications prior to walking (3 used)
- Coughing and deep breathing (2 used)
- Calf and ankle pumps (4 used)

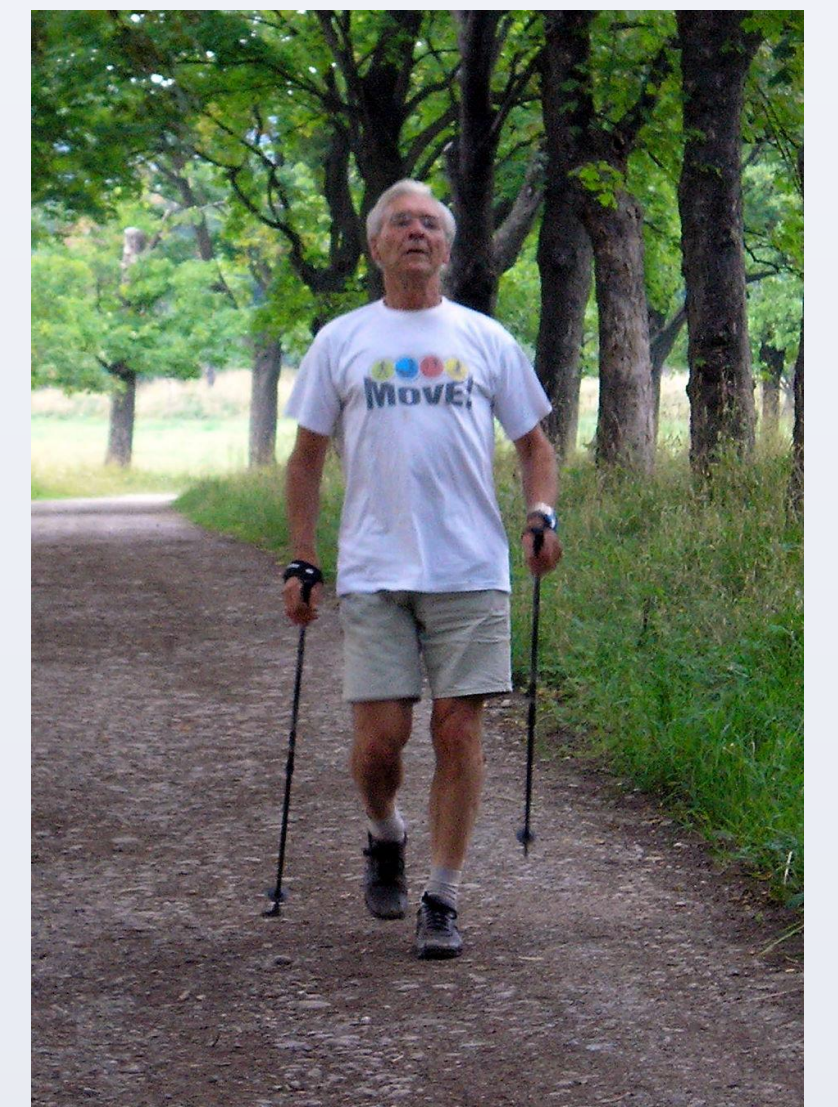
### Patient statements about the effectiveness of the program:

- *I received information that the doctor's office didn't give me. Dispelled some myths regarding walking, hydration, and incision.*
- *(I have an) understanding how to help myself.*
- *This should be given to all pre op patients.*
- *How often to walk and how it can help so much after surgery.*
- *All of the information given was very helpful. Know I need to walk.*

Statistical analysis was not able to be completed due to the small sample size.

## Conclusions

- ❑ Providing patients with education prior to a surgical procedure does increase their awareness of potential complications and how to prevent the complications.
- ❑ Providing patients with preoperative education regarding potential complications and expectations for self-care may assist patients in feeling more prepared for their surgical procedures.



## Limitations

- ❑ Small sample size
- ❑ Self reported results could be biased

## Implications

### Practice

- *Educating patients prior to surgery about the importance of ambulation after surgery has the potential of decreasing the risk of postoperative complications.*
- *Develop a role for an educational/resource nurse to provide preoperative education and postoperative support.*

### Research

- *Open study to more surgical offices and hospitals.*
- *Include family members in the educational program to provide support at home.*
- *Conduct further research with a larger sample size to evaluate for statistical significance.*
- *Include more types of surgical patients.*

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## References

1. Averill, R., McCullough, E., Hughes, J., Goldfield, N., Vertrees, J., & Fuller, R. (2009). Redesigning the Medicare inpatient PPS to reduce payments to hospitals with high readmission rates. *Health Care Financing Review*, 30(4), 1-15.
2. Frantzides, C. W., Welle, S. N., Ruff, T. M., & Frantzides, A. T. (2012). Routine anticoagulation for venous thromboembolism prevention following laparoscopic gastric bypass. *Journal of the Society of Laparoendoscopic Surgeons*, 16(1), 33-37.
3. Kibler, V. A., Hayes, R. M., Johnson, D. E., Anderson, L. W., Just, S. L., & Wells, N. L. (2012). Early postoperative ambulation: Back to basics. *The American Journal of Nursing*, 112(4), 63-69.