

A study to assess the effectiveness of early ambulation on post-operative recovery among women had undergone abdominal hysterectomy at Government Rajaji Hospital, Madurai.

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ABSTRACT

Introduction Reproductive health is a crucial feature of healthy human development and of general health. It may be a reflection of a healthy childhood, is crucial during adolescence, and sets the stage for health in adulthood and beyond the reproductive years for both men and women. **Objectives** is assess the post-operative recovery among the women, evaluate the effectiveness of early ambulation on post-operative recovery among the women who has undergone abdominal hysterectomy who has undergone abdominal hysterectomy, and associate the post-operative recovery among the women who has undergone abdominal hysterectomy and their selected socio demographic variables. **Hypotheses**, is a significant difference between the post-test level of post-operative recovery among women and a significant association between the post-operative recovery among the women who has undergone abdominal hysterectomy and their selected socio demographic variables. **Methodology:** Quantitative approach true experimental post-test design was used. 60 subjects were selected by simple random sampling. 30 studyal group and 30 in control group. Early ambulation among study group 15 to 20 minutes, three times a day for 3 consecutive days. **Results:** The findings revealed that chi square test reveals that, there was significant association between age ($\chi^2=7.08$, $P=0.05$) weight ($\chi^2=8.57$ $P=0.05$) and post-operative recovery (wound healing) among the women with abdominal hysterectomy and their socio demographic variables in the study group.

Keywords: early ambulation, post-operative recovery, abdominal hysterectomy women.

INTRODUCTION

“Happiness is a state of Activity.

Women’s health is a total well being of reproductive health of women’s it is the refers to the health of women is an example of population health it is patch workof guilt many of this around women’s health related to reproductive health including maternal health and child health, genital health, breast health, endocrine health, birth control and menopause. Total hysterectomy is bilateral salpingo oophorectomy removal of the uterus, cervix, fallopian tubes and ovaries. Radical hysterectomy is removal of the uterus and cervix, the parametrium, a vaginal cuff and part of or the whole of the fallopian tubes. This procedure is carried out in selected cases of cervical cancer.

Depending on the type of surgery, there are many potential complications that can arise. For example, many surgeries put patients at risk of infection, bleeding at the surgical site, and blood clots caused by inactivity. Prolonged inactivity can also cause to lose some of muscle strength and develop respiratory complications. Ask for more information about the potential complications of your specific procedure.

One of the major purposes of the early ambulation process is to help patients to achieve as high a level of functional independence as possible within the limit of their particular impairments. Human ambulation or gait is one of the basic components of independent functional, commonly affected by either disease process, injury or by surgery. The desired outcome of most physical therapy study is to either restore

or to improve a patient's ambulatory status.

- Early movements prevent deep vein thrombosis. The mobilization will help the bowels to move and the gasses to be expelled, thus eliminating the discomfort of abdominal distention, constipation as well as it improves appetite.
- Early ambulation prevents joint stiffness and contractures.

The 1st or 2nd days of minimal movements and gentle turning. Patients will be advised to undergo slow mobilization within their limit and depending on the surgical study as well as patient state. Early ambulation arises from the fact that, tissue recovery as well as returning of normal day to day functions would depend on the movements that take place at the phase of post operative recovery. Thus knowing what benefits will be brought would be useful in being motivated to do so even with significant discomfort of this time.

Materials and Methods:

Research Design

The research design used for this study is true -experimental design.

Sample: Postnatal Mothers

Sample size: 60 (30 subjects in Study group and 30 subjects in control group)

Sampling Technique: Probability (simple Random) sampling technique.

Setting of the study

Gynecology post operative ward at Government Rajaji Hospital Madurai.

Data Collection:

The main study was done from 04.06.2018 to 13.07.2018. The data was collected at Gynecology post operative ward in Government Rajaji Hospital Madurai.

Report established with abdominal hysterectomy women after a brief introduction about the study and its purpose. The informed oral and written consent was obtained from the women undergone abdominal hysterectomy after fully explaining the procedure of the study. Based on the inclusion criteria, 60 subjects for the study were selected by using simple random sampling technique (lottery method). In which the study group receives early ambulation for 15-20 minutes thrice a day for 3 consecutive days. Post test were conducted after 6 days for both groups by using the constipation assessment scale, same procedure followed for four weeks until the fulfillment of required samples. Then the results were analyzed and compared.

Results

Socio demographic variables		Group				χ^2
		Study(n=30)		Control(n=30)		
		f	%	f	%	
Age	< 50 years	11	36.67%	10	33.33%	$\chi^2=0.19$ P=0.91(NS)
	51 -60 years	16	53.33%	16	53.33%	
	>60 years	3	10.00%	4	13.33%	
Religion	Hindu	15	50.00%	14	46.67%	$\chi^2=0.32$ P=0.85(NS)
	Christian	9	30.00%	11	36.66%	
	Muslim	6	20.00%	5	16.67%	
Marital status	Unmarried	2	6.67%	3	10.00%	$\chi^2=0.55$ P=0.75(NS)
	Married	21	70.00%	22	73.33%	
	Others	7	23.33%	5	16.67%	
	No formal education	6	20.00%	7	23.33%	$\chi^2=3.94$

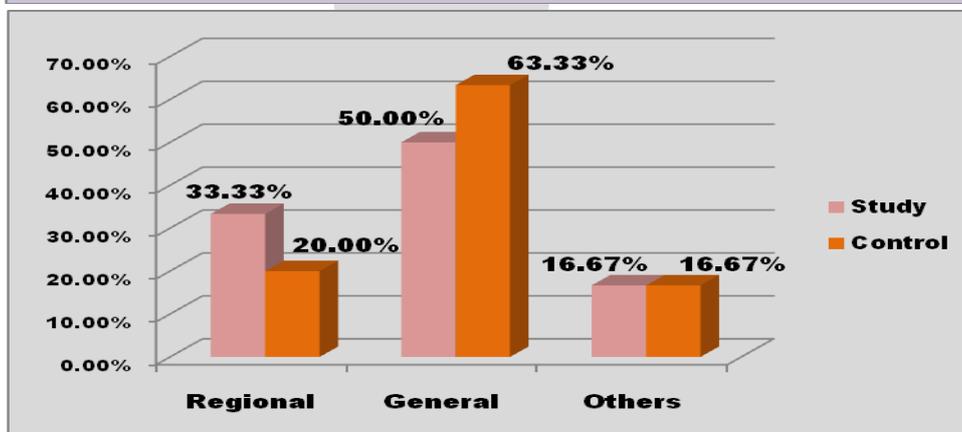
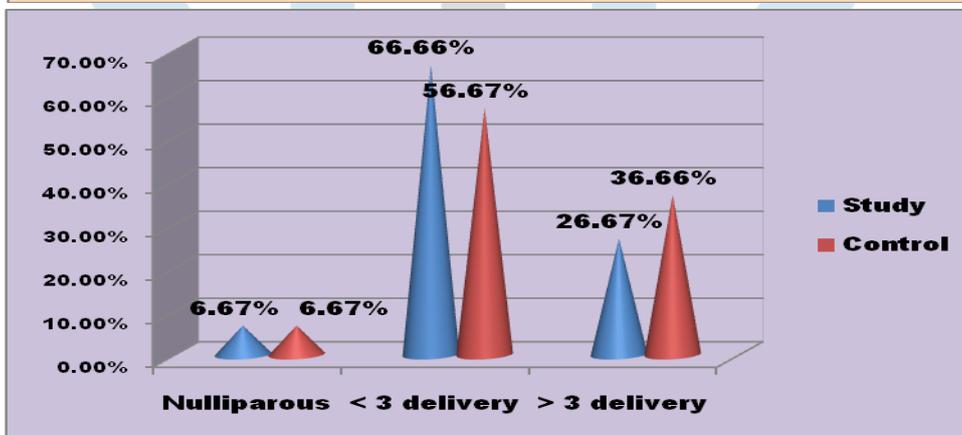
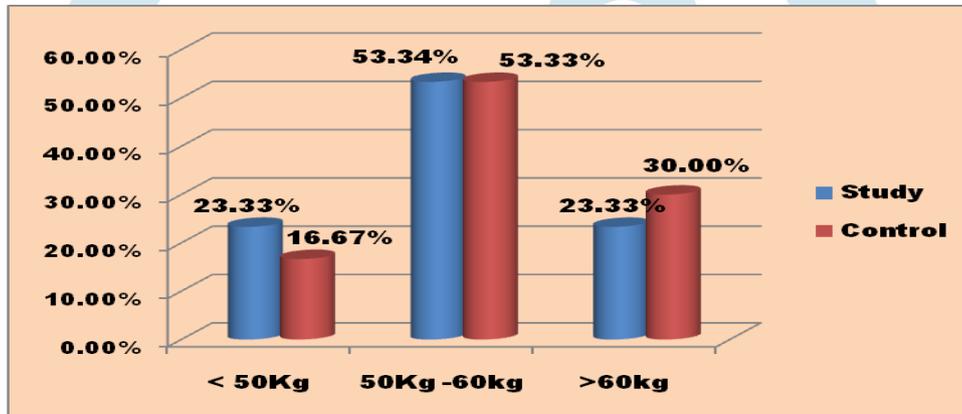
Education status	Primary Education	11	36.67%	17	56.67%	P=0.13(NS)
	Higher Education	13	43.33%	6	20.00%	
Occupation status	Home maker	5	16.67%	8	26.67%	$\chi^2=1.61$ P=0.44(NS)
	Govt. employee	14	46.66%	15	50.00%	
	Private employee	11	36.67%	7	23.33%	
	Former	0	0.00%	0	0.00%	
	Others	0	0.00%	0	0.00%	
Monthly income	Rs.1001 – 3000	4	13.33%	3	10.00%	$\chi^2=0.61$ P=0.73(NS)
	Rs.3001- 5000	15	50.00%	18	60.00%	
	> Rs.5000	11	36.67%	9	30.00%	
Place of residence	Urban	11	36.67%	14	46.67%	$\chi^2=0.61$ P=0.43(NS)
	Rural	19	63.33%	16	53.33%	
Dietary pattern	Vegetarian	9	30.00%	6	20.00%	$\chi^2=0.80$ P=0.37(NS)
	Non vegetarian	21	70.00%	24	80.00%	

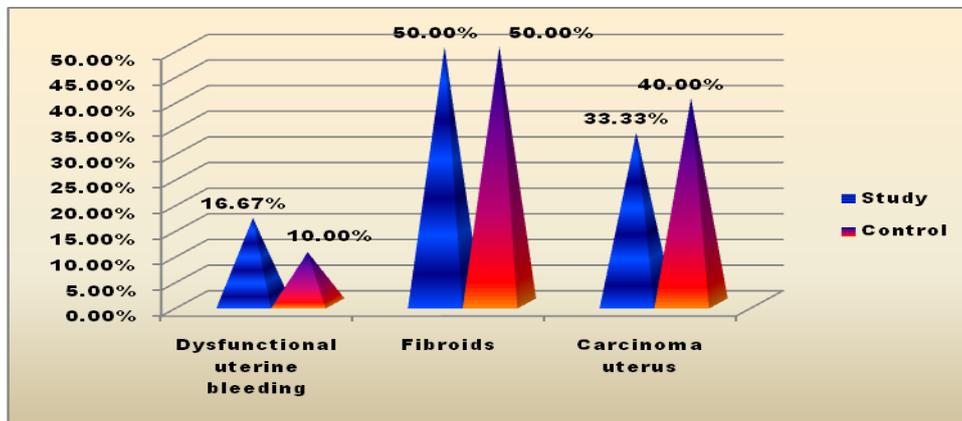
Majority of subjects 16 (53.33%) belongs to the age group between 51-60 years, 11 (36.67%) belongs to the age group less than 50 years, 3 (10.00%), Most of the subjects 15 (50.00%) were Hindu ,9 (30.00%), Highest of the subjects 21 (70.00%) of them were married, 2 (6.67%) were unmarried, majority of the subjects 13 (43.33%) were studied upto higher education, 11 (36.67%) were primary scholars, mostly the subjects 14 (46.66%) were Govt. employee, 11 (36.67%) were private employee, 5 (16.67%) were homemakers, highly the subjects 15 (50.00%) were earned between Rs.3001-5000, 11 (36.67%) were earned more than Rs 5000, majority of the subjects 19 (63.33%) were hailed from rural, 11 (36.67%) were hailed from urban. majority of the subjects 21 (70.0) were vegetarian, 9 (30.00 %) were non vegetarian.

Distribution of the abdominal hysterectomy women according to their clinical variable. n=60

Clinical variables		Group				χ^2
		Study group (n=30)		Control group (n=30)		
		f	%	f	%	
Weight	< 50Kg	7	23.33%	5	16.67%	$\chi^2=0.58$ p=0.74(NS)
	50Kg -60kg	16	53.34%	16	53.33%	
	>60kg	7	23.33%	9	30.00%	
Parity	Nulliparous	2	6.67%	2	6.67%	$\chi^2=0.71$ P=0.70(NS)
	< 3 Delivery	20	66.66%	17	56.67%	
	> 3 Delivery	8	26.67%	11	36.66%	
	Regional	10	33.33%	6	20.00%	

Type of anesthesia	General	15	50.00%	19	63.33%	$\chi^2=1.47$ P=0.48(NS)
	Others	5	16.67%	5	16.67%	
Indications	Dysfunctional uterine bleeding	5	16.67%	3	10.00%	$\chi^2=0.68$ P=0.71(NS)
	Fibroids	15	50.00%	15	50.00%	
	Carcinoma uterus	10	33.33%	12	40.00%	





Comparison of post test level of post operative recovery among abdominal hysterectomy women

	Group	n	Mean	SD	Student independent t-test
Constipation	Study	30	0.33	0.75	t=14.16 P=0.001***(S)
	Control	30	3.03	0.71	
Urinary	Study	30	0.33	0.75	t=10.01 P=0.001*** (S)
	Control	30	2.13	0.62	
Wound	Study	30	2.37	0.96	t=8.03 P=0.001*** (S)
	Control	30	5.53	1.85	

In study group, the mean constipation score was 0 .33, with SD 0.75. Where as in the control group, the mean score was 3.03, with SD 0.71.. The calculated “t” value 14.16 was greater than table value which was significant at 0.001 levels. In study group, the mean urinary infection symptoms score was 0.33, with the SD 0. 75. Whereas in the control group , the mean score 2.13, with SD 0.62. The calculated‘t’ value 14.16 was greater than table value which was significant at 0.001 level. In study group, the mean wound healing score was 2.37, with standard deviation 0.96. Where as in the control group, the mean score was 5.53, with standard deviation 1.85. The calculated “t” value 8.03 was greater than table value which was significant at 0.001 level.

Effectiveness of early ambulation on post operative recovery among abdominal hysterectomy women

	Group	n	Mean	percentage %	% of difference
Constipation	Study	4	.33	8.3%	67.5%
	Control	4	3.03	75.8%	
Urinary	Study	4	.33	8.3%	45.0%
	Control	4	2.13	53.3%	
Wound	Study	15	2.37	15.8%	21.1%
	Control	15	5.53	36.9%	

In study group, the mean score was 0.33 with % 8.3, whereas in the control group, mean score was 3.03 with % was 75.8, % of difference 67.5 in constipation score of post operative recovery. In study group, the mean score was 0.33, with % 8.3, whereas in the control group, the mean score was 2.13, with % was an % of difference 45.0 in urinary tract infection symptom score of post operative

recovery In study group, the mean score was 2.37, with % 15.8, whereas in the control group, the mean score 5.53, with % 36.9 and % of difference 21.1 in wound healing of post operative recovery.

Discussion:

Kendall scale was used to assess the post operative recovery (constipation), in study group , majority of subjects 25 (83.33%) had no problem, remaining 5 (16.67%) had mild problem and none of them had moderate problem.

Bristol scale was used to assess the post operative recovery (urinary infection symptoms) in study group, majority of subjects 25 (83.33%) had no problem, remaining 5 (16.67%) had mild problem and none of them had moderate problem.

Barber scale was used to assess the post operative recovery wound healing, in study group , majority of subjects 24 (80.00%) had normal wound healing , remaining 6 (20.00%) had good wound healing and none of them had poor wound healing .

The result of present study implies that early ambulation has contributed more benefits which in turn increase post operative recovery among women who has undergone abdominal hysterectomy.

Conclusion

Statistical evidence proved that early ambulation is an effective intervention to enhance the post operative recovery which increases the confident and motivate the women to do their daily activities and functional activities independently .during the first day of the post operative period

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