

# COMPARISON OF THE GENERAL COMFORT AND PAIN LEVELS OF PATIENTS WHO UNDERWENT OPEN AND LAPAROSCOPIC SURGERY INTERVENTIONS IN UROLOGY

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## Introduction & Objectives

In the comfort theory developed by Kolcaba, comfort is defined as an expected outcome which has a complex structure in physical, psychospiritual, social and environmental coherence to provide assistance and relief for individual needs to overcome problems. This study was designed as descriptive type to determine the difference in comfort levels of patients who underwent open and laparoscopic surgery and how the pain levels affected the patients' comfort levels.

## Material & Methods

The study was designed in order to cross-sectional type. The study included 80 patients who underwent open and laparoscopic surgery. General Comfort Questionnaire (GCQ) developed by Katharine Kolcaba, VAS Pain Scale and Patient Survey Form were used in order to collect of data. Statistical analyses of the data obtained in the study are carried out by researchers using SPSS 10.0 software under the consultancy of statistic specialist.

## Results and Discussion

Comfort regarded as positive outcome of a patient, varies with met and unmet needs of patients. Determining the need of comfort which is on indicator of a quality of life, is one of the vital responsibilities of a nurse. The nurse should provide interventions that enhance comfort on a continuous base as well as determination of the comfort (2,4).

The study was conducted to compare pain and general comfort between urological patients who have undergone open and laparoscopic surgery. The results obtained from the study will be presented and discussed below.

**Sociodemographic characteristics of patients:** Median age of the sample was 54,5 (22-73) for open surgery group and 57,5 (20-82) for laparoscopic surgery group. Of the sample, 55 % were male, 72,5 % were graduated from primary or secondary school, 82,5 % were married, 40 % were retired and 67,5 % were not working.

**Table 2. Subscale Scores of General Comfort Questionnaire**

	Open Surgery n=40		Laparoscopic Surgery n=40		t	p
	Mean	SD	Mean	SD		
Physical	39,78	8,73	45,30	5,48	3,389	0,001*
Psychological	51,65	6,00	60,40	4,60	7,321	<0,001*
Environmental	50,30	8,06	55,50	6,76	3,128	0,002*
Sociocultural	36,38	4,52	41,50	3,54	5,646	<0,001*
General	178,10	23,49	202,70	14,77	5,607	<0,001*
	Open Surgery n=40		Laparoscopic Surgery n=40			

Giving with the mean scores of the comfort subscales in the study, the comfort mean score was found statistically higher in the patient group, that the laparoscopic surgical method was applied. The differences between the psychological, socioculturel subscales and the total scale score are statistically significant ( $p < 0.001$ )

**Tablo 1. Patient Self Assesment of Post Operative Discomfort**

Reports of Patients	Open Surgery		Laparoscopic Surgery	
	n	%	n	%
Any Discomfort After Surgery Patient Self Reported				
No	6	15,0	12	30,0
Yes	34	85,0	28	70,0
Cause of Discomfort				
Pain in arm, Shoulder or Back				
No	37	92,5	33	82,5
Yes	3	7,5	7	17,5
Pain in Operation Area				
No	6	15,0	25	62,5
Yes	34	85,0	15	37,5
Tiredness				
No	29	72,5	36	90,0
Yes	11	27,5	4	10,0
Nasuea and Vomiting				
No	31	77,5	37	92,5
Yes	9	22,5	3	7,5
Abdominal Distention				
No	25	62,5	35	87,5
Yes	15	37,5	5	12,5

Although surgical intervention methods of numerous illness are different (open or laparoscopic) that are essential for treatment, endamage to individual's bio-psycho-social wholeness. Because of this, patients would have trouble different types.

This result shows the effects of the factors which are the trauma for the patient such as the type (open/laparoscopic) contents and period of the surgical intervention.

This result is supported by several research and the literature (1,3,4,5,6). Comfort has a complex content that is based on individual needs such as assisting, provision of silence, and the integrity of the physical, psychological, social and environmental in order to achieve the problems.

**Table 3. Mean Scores of Pain Questionnaire (VAS)**

Type of Surgery	Severity of Pain				
	n	Mean	SD	t	p
Open Surgery	40	5,45	1,67	6,724	<0,001
Laparoscopic Surgery	40	2,65	2,03		

When post operative pain assessments of patients were examined it was found that mean scores of pain were lower in laparoscopic patients ( $p < 0.001$ ).

Our results presented in Table 3 and 4 were in concordance with results of other studies (1,3,5). Our results showed that laparoscopic surgery did not have a substantial impact on patients in term of bio-psycho-socially when compared to open surgery.

**In conclusion,** impact of surgery on patients' comfort in terms of physiology, social life and environment was lower and level of comfort was higher in laparoscopic surgery than open surgery.

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