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 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 1. Patient Self Assessment of Post Operative Discomfort

<table>
<thead>
<tr>
<th>Reports of Patients</th>
<th>Open Surgery</th>
<th>Laparoscopic Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Discomfort After Surgery</td>
<td>Patient Self Reported</td>
<td>n</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>85.0</td>
</tr>
<tr>
<td>Cause of Discomfort</td>
<td>Pain in arm, Shoulder or Back</td>
<td>False</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>85.0</td>
</tr>
<tr>
<td>Pain in Operation Area</td>
<td>No</td>
<td>29</td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>Nasuea and Vomiting</td>
<td>False</td>
<td>31</td>
</tr>
<tr>
<td>Abdominal Distention</td>
<td>False</td>
<td>25</td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>37.5</td>
</tr>
</tbody>
</table>

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

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.

Table 2. Subscale Scores of General Comfort Questionnaire

<table>
<thead>
<tr>
<th>Type</th>
<th>Open Surgery n=40</th>
<th>Laparoscopic Surgery n=40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Physical</td>
<td>39.78</td>
<td>8.73</td>
</tr>
<tr>
<td>Psychological</td>
<td>51.65</td>
<td>6.00</td>
</tr>
<tr>
<td>Environmental</td>
<td>50.30</td>
<td>8.06</td>
</tr>
<tr>
<td>Sociocultural</td>
<td>36.38</td>
<td>4.52</td>
</tr>
<tr>
<td>General</td>
<td>178.10</td>
<td>23.49</td>
</tr>
</tbody>
</table>

Table 3. Mean Scores of Pain Questionnaire (VAS)

<table>
<thead>
<tr>
<th>Type of Surgery</th>
<th>Severity of Pain</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Surgery</td>
<td></td>
<td>40</td>
<td>5.45</td>
<td>1.67</td>
<td>6.724</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Laparoscopic Surgery</td>
<td></td>
<td>40</td>
<td>2.65</td>
<td>2.03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.