

Perception of Patients for their Biopsychosocial Status, Subjected To Total Hip Replacement

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لحالاتهم الجسدية و النفسية والاجتماعية**

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مقدمه من
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Abstract

Total hip replacement is a one of the most common surgical procedures in the world among elder patients. This surgical procedure has been effective in relieving patients' pain and improving their walking ability **Aim:** of this study was to assess the perception of patients subjected to total hip replacement for their biopsychosocial status. **Methods:** This study was conducted at the orthopedic department and clinical out patients in Eldmerdash surgical hospital which is affiliated to Ain Shams University. **Sample:** A purposive sample of (77 patients) adult& old age from both genders with were recruited for the conduction of this study. **Tools:** 1) patient's interviewing questionnaire sheet to assess Socio-demographic characteristics , past and present history and patients' information about total hip replacement .2) Patients' perception assessment sheet to assess their perception as regard biopsycosocial status before and after the surgery, and 3) Neurovascular assessment sheet to evaluate the neurological & vascular integrity of the affected limb before and after the surgery. **Results:** the present study revealed that more than half of the patients were female and illiterate. There was a significant difference as regards patients' positive perception as well as neurovascular assessment before and after the surgery. **Conclusion:** Significant improvement was found in the perception of patients subjected to total hip for their biopsycosocial status (physical, psychological, social & spiritual) after the surgery. **Recommendations** Furthers study should be designed to study the impact of perception on quality of life of patients subjected to hip replacement.

Key wards: Biopsycosocial status, Perception, Total hip replacement

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List of Abbreviations

- ADLs: Activities of Daily Living*
- AIDS: Acquired Immune Deficiency Syndrome*
- BP: Blood Pressure*
- BUN: Blood Urea Nitrogen*
- CBC: Complete Blood Count*
- HCT: Hematocrit*
- HIV: Human Immunity Virus*
- HGB: Hemoglobin*
- NVA: Neurovascular Assessment*
- OA: Osteoarthritis*
- PTT: Partial Thromboplastin Time*
- THR: Total Hip Replacement*
- WBCs: White Blood Cells*
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Introduction

Total hip replacement is the replacement of a severely damaged hip with an artificial joint. Indications for this surgery include osteoarthritis (degenerative joint disease), rheumatoid arthritis, trauma, and congenial deformity. Some fractures (e.g., femoral neck fracture) may cause disruption of the blood supply and subsequent a vascular necrosis (**Mayo, 2010**).

Primary elective total hip replacement is performed for the relief of pain caused by severe primary or secondary arthritis of the hip joint. Very simply, it involves removal of the damaged hip joint and its replacement with an artificial prosthesis. This operation usually produces complete or almost complete relief of pain and results in a significant improvement in mobility, physical function and physical well being. The artificial hip joint usually consists of a metal ball, which replaces the original femoral head, attached to a metal stem which is inserted into the medullar cavity of the proximal femur. The metal ball articulates with a plastic cup which is inserted into the acetabulum (**Frost; Betocci, Wassinger, Munin, and Fitzgerald, 2008**).

Total hip replacement is one of the most successful procedures available today, with risk of serious complications such as infection, dislocation, nerve injuries, loosening, heterotrophic ossification, bone fracture, leg length discrepancy so; patient with (THR) may experience deficits in areas such as self care, locomotion and transfer. These deficits may will affect their ability to regain the functional skills in their future life (**Shrafe, 2003**).

Over one million total hip replacements are implanted every year in the world. (**Fortina et al, 2005**). Hip replacement surgery is one of the most important surgical advances of the last century. Since 1960, improvements in joint replacement surgical techniques and technology have greatly increased the effectiveness of total hip replacement. Today, more than 120,000 total hip replacements are performed each year in the United States. Similar surgical procedures are performed on other joints, including the knee, shoulder, and elbow (**American academy of orthopaedic surgeon, 2009**).

In Egypt, according to statistics from the information center at El-dmerdash surgical hospital, which states that in the year 2008, the number of cases admitted to El-dmerdash surgical hospital which is affiliated to Ain Shams University report that 80 patients were subjected to total hip replacement.

Even though (THR) is widely performed but many studies have focused on overall health status and (THR) reported changes within the group of patients receiving (THR). In a French study, subjects with (THR) reported more difficulty in bending, climbing stairs, walking >300 m, dressing, and getting in and out of a chair than the general population. Also many studies have identified health status among older patients after (THR) or identified whether specific groups of patients are at risk of having a low health status after (THR) (**Hordam, Soballe and Pedersen, 2009**).

Assessing biopsychosocial needs for patients subjected to hip replacement surgery is very important for facilitating their recovery, helping them cope with any problems experienced after the operation. The assessment should be undertaken of the need to adapt the home to facilitate recovery and attention should be paid to the willingness and ability of familial and social networks to provide support during rehabilitation. The need for rehabilitation therapies and advice should be tailored to meet the needs of the individual patient (**Smith & Ross, 2004**).

Patient's perception is very important factor that should be taken into consideration when providing care for patients with total hip replacement. Perception is the process of the physical, physiological and psychological recognition of information pattern coming from self and environment (**Haber, Mcmhon, and Sideleau, 2000**).

Nursing management plays essential role in improving self efficacy to regain health and facilitate the rehabilitation process by educating patients with appropriate knowledge of preventing complication associated with hip replacement such as postoperative infection and dislocation. A printed nursing guide for hip replacement commonly consist of joint anatomic structure, post- surgical rehabilitation and exercise, cautions to be taken about changing position, standing, sitting, lying down, climbing up and down stairs(**Yeh, Chen & Liu, 2005**).

Significance of the study:-

This study is important because it supports us with information regarding to the perception of THR patients for their biopsychosocial status before and after surgery. The study is primarily descriptive and describes process of care, characteristics of patients being operated upon, and variation in outcome, including complications and patient-defined

outcomes. However, long-term follow up of this cohort is considered essential in order to gain a clearer picture of true outcome.

This study has been conducted to assess perception of patient subjected to total hip replacement for their biopsychosocial status before and after surgery .it is essential for such a group of patients to be oriented with alteration or limitation in their biopsychosocial status to prevent complication and to promote their quality of life.

From the clinical experience and observation for the actual situation, it is obvious that patients with THR have low perception toward biopsychosocial status for them. They always readmitted to hospital with complications such as dislocation of the hip prosthesis, infection, thromboembolism, excessive wound drainage, leg length inequality, complication associated with immobility, social and psychological problems.

On other hand, patients with THR suffering from low perception toward their biopsychosocial status that contribute to diminish quality of life, increase morbidity mortality. Because low perception is a problem that affects the sense of self, interactions with the environment and the ability to behave appropriately and in ways that met basic needs