SUGGESTED NURSING GUIDELINE FOR ESOPHAGEAL VARICES PATIENTS UNDERGOING ENDOSCOPY

Thesis

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Dedicated to:

My parents,

My brothers and sisters,

Dr./ Ghada El-Guindy, and

My colleagues.

For their affection, tolerance, devotion, and encouragement for elaboration of this work.

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The candidate

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بسم الله الرحمن الرحيم
قَالُوا سُبْحَانَكَ لاَ عِلْمَ لَنَا
إِلاَّ مَا عَلَّمْتَنَا
إِنَّكَ أَنتَ العَلِيمُ الحَكِيمُ
صدق الله العظيم
(البقرة :٣٢)

ABSTRACT

Bleeding esophageal varices (BEV) accounts for approximately one third of deaths in patients with cirrhosis and portal hypertension. The mortality rate for each episode is 30-50% depending on the clinical status of the patient. This study was conducted to assess the nurses' role while caring for BEV patients undergoing upper gastrointestinal tract (GIT) endoscopy, and develop nursing care guideline based on needs of patients with BEV undergoing upper GIT endoscopy. In response to these aim three tools for data collection were used a) Patients' needs assessment sheet, b)Interviewing questionnaire sheet about nurses' knowledge, and c) Nurses' performance checklist. A convience sample of 100 adult patients was chosen for the study (76 males & 24 females) and 40 nurses caring for patients with BEV working in endoscopy units at: Al-Kasr El-Ani Hospital, The New Kasr El-Ani Teaching Hospital and the Medical Hospital. Results revealed that, the majority of patients with BEV were complaining of liver cirrhosis, and melena, more than half had dyspnea, most of them had haematemesis in all stages of bleeding (mild, moderate, and severe).They highly need to environmental safety. Patients had psychological problems from disease. The majority of patients were facing problems related to high cost of medications and endoscopy sessions. As regards to nurses' knowledge the majority of them had unsatisfactory level of knowledge related to anatomy and physiology,causes, and nursing care. As regards to nurses' performance, it was observed that, non of the nurses had satisfactory level of performance related to preparation of patient (pre, during, and post procedure).The study recommended for EV patients educational programs should be adopted. Health insurance should be available to all patients to meet the cost of medications and endoscopy sessions. Educational program and inservice training should be available for endoscopic nurses to improve their knowledge, and skills.

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INTRODUCTION

Chronic liver diseases (CLD) contribute to the most health problem in Egypt. This is simply due to endemicity of schistosomiasis and viral hepatitis. In Western countries, alcoholic and viral cirrhosis are the leading cause of portal hypertension and esophageal varices (EV). Thirty percent of patients with compensated cirrhosis and 60-70% of patients with decompensated cirrhosis have gastroesophageal varices at presentation. Bleeding from EV accounts for approximately10% of episodes of upper gastrointestinal tract (GIT) bleeding (Mustafa& Sabry, 1997, Halim, Garry, & Gerber, 1999 and Tsao, 2000).

Hepatitis B is endemic in the Far East and South East Asia, particularly, and South America, North Africa, Egypt, and other countries in the Middle East. Schistosomiasis is an essential cause of portal hypertension in Egypt, Sudan, and other African countries. Hepatitis C is becoming a major cause of liver cirrhosis worldwide. Patients who have bled once from esophageal varices have a 70% chance of rebleeding, and approximately one third of further bleeding episodes are fatal. The risk for death is maximal during the first few days after the

bleeding episode and decreases slowly over the first 6 weeks (Azer,Talavera,& Mechaber,2004).

Esophageal varices develop as a result of increase portal pressure, distended and tortuous vessels that can rupture secondary to coughing, sneezing, vomiting, or ingestion of food high in roughage. Bleeding can be abrupt and painless with mortality reaching 50%, ruptured EV are considered a medical emergency (Hogan & Madayag, 2004).

Bleeding esophageal varices (BEV) occurs in approximately one third of patients with cirrhosis. It is the most dreaded complication in patients with cirrhosis during the past10-15 years in the United States of America. The mortality rate resulting from the first bleeding episode is 45% to 50%. It is one of the major causes of death in patients with cirrhosis. The mortality rate increases with each subsequent bleeding episode. (Layrargues & Villeneuve, 2001, and Chalasani, Imperiale, &Thomas, 2001).

Bleeding esophageal varices accounts for 75% of all upper gastrointestinal tract GIT bleeding and is responsible for 20% of deaths among Egyptian patients between age of 20 and 50 years. Patient with BEV are critically ill, requiring aggressive

medical care and expert nursing care (Safwat, Abdalla, Maher&Ahmed, 2003).

In Egypt, the following statistics has been obtained from Endoscopy Unit in El-Kasr El-Ani Hospital which state that in 2002 the total numbers of patients undergoing GIT endoscopy were 8878 cases and 3176 cases of them were due to EV accounting for 35.7%. In Medical Hospital at the same year, the total numbers of patients undergoing GIT endoscopy were 2955 cases and 1637cases of them due to EV accounting for 55.4%. In 2003 the total numbers of patients undergoing GIT endoscopy were 8844 cases and 3237 of them were due to EV accounting for 36.6 %. In Medical Hospital at the same year, the total numbers of patients undergoing GIT endoscopy were 4348 cases and 2903 of them were due to EV accounting 66.8 %.These previous results indicate the important need to conduct this study to identify the needs of these patients, to assess the efficiency of nursing care given, and suggest a guideline of care for patients with BEV undergoing upper GIT endoscopy. Especially with observed increase in the number of patients in each year (The Center of Statistics El-Kasr El-Ani Hospital, 2003).

Endoscopy refers to direct visualization of the interior lining of the esophagus, stomach, and first part of the small intestine through a thin, flexible fiberoptic scope viewing instrument

called an endoscope. Through the endoscope, the physician can look for ulcers, inflammation, tumors, or bleeding and bleeding can be treated. Endoscopy is required at an early stage to formulate the management plan. If active variceal bleeding is observed, variceal hemorrhage can be diagnosed confidently. Emergency endoscopy is to be conducted within 2 hours from the onset of haematemesis. The presence of variceal red color signs indicates an increased risk of further bleeding. Primary prophylaxis should be initiated for any patient diagnosed with cirrhosis. A screening endoscopy is done and repeated every 2 to 3 years (Omar, Fakhry, &Mustafa1998, Greer2002, and Smeltzer& Bare, 2004).

The patients with BEV are acutely ill and require critical nursing care. Patient requires teaching, counseling and support. The nurse must set priorities for care on the basis of the patients' needs. The first priority of nursing care in the management of patient with BEV is to establish monitoring for a patent airway, parameters of cardiac output, adequacy of vascular volume, effectiveness of tissue perfusion, adequacy of hemostasis treatment, and adequacy of fluid and electrolyte, respiratory, renal, and neurologic status. Nursing support can be effective in relieving anxiety during this often-stressful experience. Careful monitoring can detect early signs of cardiac