Application of Discharge Plan among Postoperative Women with Genital Prolapse

Thesis

Submitted for Partial Fulfillment of Master Degree in Nursing Sciences ***(Maternity & Neonatal Nursing)***

By

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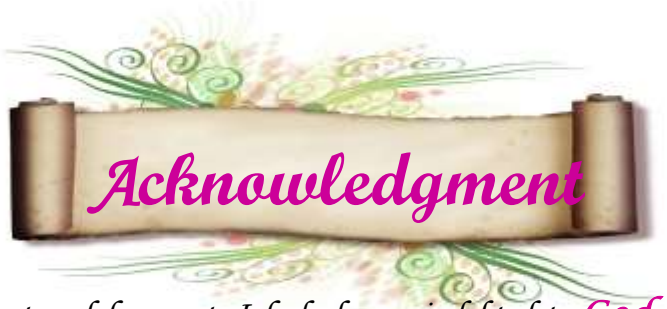

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Hagar Kamal Masaud

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List of Abbreviations

BMI : Body Mass Index.

DVT : Deep Venous Thrombosis

MRI : Magnetic Resonance Images.

PFME : Pelvic Floor Muscle Exercises.

POP : Pelvic Organ Prolapse.

POPQ : Pelvic Organ Prolapse Quantification

SUI : Stress Urinary Incontinence.

UI : Urinary Incontinence.

US : Ultra-Sonography.

USL : Utero-Sacral Ligament

Up : Uterine Prolapse

PC : Personal Computer

Abstract

Women with genital prolapse experience group of medical, psychological and social problems that affect their quality of life and their sexual activity. The present study **Aimed to** evaluate the effect of application of discharge plan among postoperative women with genital prolapse through; evaluation of the effect of discharge plan on women's knowledge, assessment of the effect of women's knowledge due to the discharge plan on self-care practices. **An intervention study design** was conducted at Beni-suef general Hospital &Ain shames maternity hospital. **A purposive sample** of 60 women was included in the study .They were divided into two groups (study & control).Data were collected through two types of tools; Structured interviewing questionnaire sheet, checklist of self-care practices with Supportive material (discharge plan) was given to study group. The **results of the study revealed** that there was a highly statistical significant difference for the study and control group between total score of knowledge and total score of self –care practices at pre-intervention, post and follow up in which the study group had higher score than the control group p (< 0.001). The study **Concluded** that discharge plan proved to have positive effect on women's knowledge and self- care practices of women undergoing surgery for genital prolapse, so study **Recommended** that disseminate the multidisciplinary collaboration approach for postoperative discharge plan among women with genital prolapse surgery, Preparing postoperative genital prolapse guide lines for women's self- care practices and further researches about nurse's perception and practices regarding discharge plan for genital prolapse.

Key words: Genital prolapse, postoperative care, discharge plan, self –care practices.

Introduction

Genital organ prolapse is the descent of pelvic organs from its normal position through the vagina. Often causing abnormal pressure in the pelvic region, vaginal prolapse might often cause problems with urination and bowel movements. In severe cases, the organs may actually drop out of the vaginal opening and protrude beyond the vagina. The pelvic floor keeps the uterus, bladder, urethra, rectum and vagina in place. Occasionally, the muscles, ligaments and tissues of the pelvic floor become weak and stretched. When this occurs, the pelvic organs are no longer supported properly and may fall out of place ***(Harding, 2017).***

Genital prolapse occurs due to the failure of a fibromuscular structures to maintain the pelvic organs inside the pelvic cavity. Although the most severe consequence of the failure is prolapse of the uterus and vagina outside the introitus, mild degree of genital prolapse exist which may or may not be symptomatic. So the exact number of women affected by pelvic organ prolapse is difficult to estimate because symptoms vary widely, and some women may be embarrassed to discuss it with health care providers ***(Magowon, Owen, Thomson, 2018).***

Pelvic organ prolapse is multifactorial condition. A genetic disorder is regarded as the attributable factor for almost 40%of the prolapse and the rest are contributed by various factors as ageing, hormonal status, birth and surgical trauma, pudendal neuropathy, stretching of the pelvic floor support and myopathy ***(Bø et al., 2013)***.

Risk factors for prolapse can be classified into confirmed risk factors and possible risk factors .confirmed risk factors include the: following increasing age, vaginal delivery, increasing parity, obesity, or previous hysterectomy. Possible risk factors include obstetrical factors such as prolonged second stage of labor, increased birth weight, pregnancy itself (as opposed to delivery factors) and use of forceps during delivery. Age more than 25 years at first delivery ,shape of pelvis, family history of prolapse, constipation, pulmonary diseases, connective tissue disorders eg, Marfan's syndrome, Ehlers-Danlos syndrome and occupations involving heavy lifting ***(Neels, 2018).***

Symptoms of genital prolapse include sensation of vaginal fullness, pressure in the vaginal area. Also, women may experience of soft mass bulging that may increase with coughing and straining. Back pain and pelvic pain are often

associated with prolapse. Also associated with urinary symptoms as sensation of incomplete emptying of bladder and need to push the bladder up to complete voiding. Women with advanced degree of prolapse may have stress incontinence, urinary frequency. Other non- specific symptoms as dyspareunia, low back pain, fecal and gas incontinence may be reported ***(Vergeld et al., 2015).***

Pelvic organ prolapse is diagnosed through; 1) medical history, a standardized questionnaire should be used to record the women specific medical history of pelvic floor symptoms and life style.2) Clinical examination, in addition to standard inspection of the external genitalia, the evaluation must include coughing, pushing or standing. 3) Ultrasonography for an in-depth discussion, Pelvic floor sonography can be a useful diagnostic tool in addition to vaginal and rectal examination. 4) MRI (Magnetic resonance imaging) can be used to obtain images during pressing, and during contractions of the pelvic floor and 5) Cystourethroscopy ***(Aigmullar et al., 2016).***

Pelvic organ prolapse can be treated according to the severity of symptoms. They may be treated with conservative measures as (changes in diet and fitness, Kegel exercises, etc) or with surgery such as colpocleisis.