



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكرو فيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرو فيلم



MONA MAGHRABY



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY

**Informational Needs among Patients
undergoing Gastrointestinal Endoscopy:
A Comparative Study**

Thesis

Submitted for Partial Fulfillment of the Master
Degree Medical Surgical Nursing

By

Sultan Salem Al-Abed Mohamed Daher

B.s.c Nursing

Palestine College of Nursing

Nursing Unit - Ministry of Health - Palestine

**Faculty of Nursing
Ain Shams University
2020**

**Informational Needs among Patients
undergoing Gastrointestinal Endoscopy:
A Comparative Study**

Thesis

Submitted for Partial Fulfillment of the Master
Degree Medical Surgical Nursing

Under Supervision of

Prof. Dr. Salwa Samir Ahmed

Professor of Medical Surgical Nursing
Faculty of Nursing – Ain Shams University

Assist. Prof. Asmaa Abd El Rahman Abd El Rahman

Assistant Professor of Medical Surgical Nursing
Faculty of Nursing – Ain Shams University

**Faculty of Nursing
Ain Shams University**

2020

أَعُوذُ بِاللَّهِ مِنَ الشَّيْطَانِ الرَّجِيمِ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالُوا سُبْحَنَكَ لَا عِلْمَ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ

www.QuranHQ.com

مَسْرُوقُ الْعَلِيمِ

سُورَةُ النِّعَمِ ١٦



Acknowledgments

*First and foremost, I feel always indebted to **Allah**, the Most Beneficent and Merciful who gave me the strength to accomplish this work,*

*My deepest gratitude to **Prof. Dr. Salwa Samir Ahmed**, Professor of Medical Surgical Nursing, Faculty of Nursing – Ain Shams University, for her valuable guidance and expert supervision, in addition to her great deal of support and encouragement. I really have the honor to complete this work under her supervision.*

*I would like to express my great and deep appreciation and thanks to **Assist Prof. Asmaa Abd El Rahman Abd El Rahman**, assistant professor of Medical Surgical Nursing, Faculty of Nursing – Ain Shams University, for her meticulous supervision, and her patience in reviewing and correcting this work,*

*✍ **Sultan Salem***

Dedication

*I dedicate this work with sincere
thanks and appreciation to **My Father and
Mother**, for their constant support.*

✍ Sultan Salem

List of Contents

<i>Subject</i>	<i>Page No.</i>
Acknowledgement	-
List of Abbreviations	i
List of Tables	ii
List of Figures	iv
Abstract	v
Introduction	1
Aim of the work	5
Review of Literature.....	6
Subjects and Methods	50
Results	60
Discussion	87
Conclusion.....	100
Recommendations	101
Summary	102
References	109
Appendix	129
Arabic Summary	1

List of Abbreviations

AHA	: American Heart Association
ASGE	: American Society for Gastrointestinal Endoscopy
ED	: Emergency Department
EGD	: Esophago-GastroDuodenoscopy
FNA	: Fine-Needle Aspiration
GI	: Gastro Intestinal
GIE	: Gastro Intestinal Endoscopy
ICU	: Intensive Care Unit
IV	: Intra Venous
NPO	: Nothing Per Oss
NSAIDS	: Non Steroidal Anti-Inflammatory Drugs
OR	: Operating Room
PaCO ₂	: Partial Pressures Carbon Dioxide
PaO ₂	: Partial Pressures of Oxygen
PEG	: Percutaneous Endoscopic Gastrostomy
PEG	: PolyEthylene Glycol
SD	: Stander Deviation

List of Tables

Table	Title	Page
1	Number and percentage distribution of demographic characteristics of patients under study.	61
2	Clinical data of the patients in study groups undergoing gastrointestinal endoscopy.	64
3	Percentage distribution of information needs of patients undergoing gastrointestinal endoscopy in both groups regarding the disease nature and treatment.	66
4	Percentage distribution of information needs for patients undergoing gastrointestinal endoscopy in both groups regarding the necessary preparations before the endoscopy.	67
5	Percentage distribution of information needs for patients undergoing gastrointestinal endoscopy in both groups regarding the hand of food and drink before and after endoscopy.	70
6	Percentage distribution of information needs for patients undergoing gastrointestinal endoscopy in both groups regarding the medicines used before, during and after gastrointestinal endoscopy.	72
7	Percentage distribution of information needs for patients undergoing gastrointestinal endoscopy in both groups regarding the endoscopy and its equipments and endoscopy room.	74

Table	Title	Page
8	Percentage distribution of information needs for patients undergoing gastrointestinal endoscopy in both groups regarding the patient position on bed during and after the endoscopy.	75
9	Percentage distribution of information needs for patients undergoing gastrointestinal endoscopy in both groups regarding the recovery period.	77
10	Percentage distribution of information needs for patients in both groups undergoing gastrointestinal endoscopy regarding to the important activities and potential complications after the endoscopy.	78
11	Percentage distribution of patients opinion in both groups regarding the important or unimportant of the instructions for the patients.	80
12	Percentage distribution of information needs for patients undergoing gastrointestinal endoscopy in both groups regarding total information needs.	82
13	Percentage distribution of the satisfactory level of informational needs for the Egyptian and Palestinian patients regarding gastrointestinal endoscopy.	84
14	Relation between satisfied patients informational needs and their demographic characteristics.	85

List of Figure

Figure	Title	Page
1	Clinical Pathway of Care.	10

Abstract

Background: Gastrointestinal (GI) endoscopes are devices used for the examination and treatment of the GI tract. **The aim** of this study is to determine the informational needs for patients undergoing gastrointestinal endoscopy in hospital at two countries and compare the informational needs for patients undergoing gastrointestinal endoscopy in hospital at two countries. **Design:** Comparative descriptive design were used in this study. **Setting:** This study was conducted in gastrointestinal endoscopy unit at EL-Demerdash Hospital in Cairo, Arab republic of Egypt and gastrointestinal endoscopy unit at Al-Shefaa Hospital in Gaza Strip, Palestine. **Subjects:** A Purpose sample of 50 patients undergoing gastrointestinal endoscopy from each hospital was included in the study. **Tool:** Gastrointestinal endoscopy information needs assessment tool. **Results:** The current study found that there is a statistically significant difference between both groups of patients regarding total information needs about gastrointestinal endoscopy. **Conclusion:** There was a statistically significant difference between both groups of patients regarding total informational needs about gastrointestinal endoscopy. **Recommendations:** This study recommended to hold an educational program for nursing regarding the patient management before, during and after endoscopy procedures, and developing teaching program to improve knowledge of patients undergoing endoscopy.

Introduction

Gastrointestinal (GI) endoscopes are devices used for the examination and treatment of the GI tract. They have evolved from early rigid designs with limited capabilities to more sophisticated flexible instruments with advanced imaging capabilities, specialized features for advanced therapeutic interventions, and different designs to enable examination of specific areas of the gastrointestinal tract (*American Society for Gastrointestinal Endoscopy, 2011*). Endoscopy is the best method for diagnosis and exclusion of mucosal inflammation, recurrent ulcers, and tumors after upper gastrointestinal surgery (*Cotton, Williams, Hawes & Saunders, 2011*).

Endoscopy like all invasive procedures carries significant potential risks for the patient. In practiced hands, and with awareness of the problems that may arise, many complications may be avoided and others successfully managed (*Dehal & Tessier, 2014*).

Endoscopy is a very safe procedure. However, there are some risks associated with the procedure and with the sedation used. The risks associated with the procedure range