

# بسم الله الرحمن الرحيم





# شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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# **Proposal Protocol for Management of Health Needs among Patients Undergoing Intestinal Obstruction Surgery**

A Thesis

Submitted for Partial Fulfillment of the Requirement of  
Master Degree  
in Nursing Science (Critical Care Nursing)

By

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**2021**

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**2021**



## 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 **Dr. Hanan Sobeih**, Professor of Critical Care 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 **Dr. Mohamed Ali Nada**, Professor of General Surgery, Faculty of Medicine, Ain Shams University, for his meticulous supervision, and his patience in reviewing and correcting this work,*

*I must express my deepest thanks to **Dr. Basma Mohamed Khalil**, Assistant Professor of Medical Surgical Nursing, Faculty of Nursing, Ain Shams University, for guiding me throughout this work and for granting me much of her time. I greatly appreciate her efforts.*

*Special thanks to my **Parents**, my **Wife** and all my **Family** members for their continuous encouragement, enduring me and standing by me.*

 **Mohamed Sayed Mohamed Abd-Elhamid**

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## **List of Abbreviations**

<b>Abbr.</b>	<b>Full-term</b>
<b>ANA</b>	: American Nurses' Association
<b>CT</b>	: Computed Tomography
<b>CTZ</b>	: Chemoreceptor Trigger Zone
<b>ED</b>	: Emergency Department
<b>ETNs</b>	: Enterostomal Nurse Therapists
<b>GIT</b>	: Gastrointestinal Tract
<b>IBS</b>	: Irritable Bowel Syndrome
<b>IO</b>	: Intestinal Obstruction
<b>IV</b>	: Intravenous
<b>LBOs</b>	: Large Bowel Obstructions
<b>MRI</b>	: Magnetic Resonance Imaging
<b>NG</b>	: Naso Gastric
<b>NSAIDs</b>	: Non Steroid Anti-Inflammatory Drugs
<b>QoL</b>	: Quality of Life
<b>SBOs</b>	: Small Bowel Obstructions
<b>SD</b>	: Standard Deviation
<b>SEMS</b>	: Self-Expandable Metallic Stent
<b>SPSS</b>	: Statistical Program for Social Science
<b>WHO</b>	: World Health Organization

## **Proposal Protocol for Management of Health Needs among Patients Undergoing Intestinal Obstruction Surgery**

### **Abstract**

**Background:** Intestinal obstruction surgery is a common surgical emergency procedure due to a mechanical or functional blockage of the bowel. Obstruction frequently causes abdominal pain, nausea, vomiting, constipation and distention. **Aim:** The aim of this study was to propose a protocol for health needs management among patients undergoing intestinal obstruction surgery. **Design:** A descriptive exploratory design was utilized in carrying out this study. **Setting:** The study was conducted at surgical departments and outpatients' clinics at El Demerdash hospital. **Subjects:** A purposive sample of 90 adult patients undergoing intestinal obstruction surgery constituted the study sample. **Tools:** One tool was used for data collection: Patients' interviewing questionnaire it was includes three parts 1-sociodemographic characteristics. 2-Medical data sheet. 3-Health needs assessment questionnaire to assess physical, psychological, social, educational and spiritual needs. **Results:** the result of the study showed that less than half of the studied patients had moderate level related to total physical needs, scores less than two thirds of them had moderate level related to total psychological needs scores and slightly less than three quarters of them had moderate level related to total social needs scores. Moreover, slightly less than two thirds of the studied patients had low level related to total educational needs scores. While, slightly more than half of them had moderate level related to total spiritual needs. **Conclusion:** The highest needs were social needs followed by scores psychological, educational, spiritual and then later physical needs. There were highly statistically significant positive correlations between total physical, psychological, social, educational and spiritual needs of the studied patients undergoing intestinal obstruction surgery. **Recommendation:** Continuous assessment of the needs of the patients undergoing intestinal obstruction surgery is highly recommended.

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**Keywords:** Health needs, Intestinal obstruction surgery.



# Introduction

**I**ntestinal obstruction also known as bowel obstruction is a mechanical or functional obstruction of the small or large intestines. The obstruction occurs when the lumen of the bowel becomes either partially or completely blocked. Obstruction frequently causes abdominal pain, nausea, vomiting, constipation and distention. This, in turn, prevents the normal movement of digested products. Small bowel obstructions (SBOs) are more common than large bowel obstructions (LBOs) (**Behman et al., 2018**).

The normal physiology of the small intestine is digestion of food and the absorption of nutrients. The large bowel continues to aid in digestion and is responsible for vitamin synthesis, water absorption, and bilirubin breakdown. Obstruction causes dilation of the bowel proximal to the transition point and collapses distally. A result of partial or complete blockage of digested products during obstruction is emesis (**Smith et al., 2020**).

Intestinal Obstructions are classified as a partial, complete, or closed loop. A closed-loop obstruction refers to a type of obstruction in the small or large bowel in which there is complete obstruction distally and proximally in the given segment of the intestine (**Doshi et al., 2018**).

Small and large intestinal obstructions are similar in incidence in both males and females. The overriding factor affecting incidence and distribution depends on patient's risk factors, including: previous abdominal surgery, colon cancer, chronic intestinal inflammatory disease, existing abdominal wall and/or an inguinal hernia, previous irradiation, and foreign body ingestion (**Behman et al., 2018**).

There are many potential etiologies of small and large bowel obstructions that are classified as either extrinsic or intrinsic. The most common cause of bowel obstruction is from extrinsic sources, with post-surgical adhesions being the most common. Significant adhesions can cause kinking of the bowel leading to obstruction. Other common extrinsic sources include cancer, which causes compression of the small bowel leading to obstruction. Less common but still prevalent extrinsic causes are inguinal and umbilical hernias. Untreated or symptomatic hernias may eventually become kinked as the small bowel protrudes through the defect in the abdominal wall and becomes entrapped in the hernia sack (**Ten Broek et al., 2018**).

A serious and life-threatening complication of intestinal obstruction is strangulation. Strangulation is more commonly seen in closed-loop obstructions. If the strangulated bowel is not treated promptly, it eventually becomes ischemic, and tissue