



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



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التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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MONA MAGHRABY

**Assessment of Awareness and Satisfaction for
Patients Undergoing Percutaneous Balloon
Mitral Valvuloplasty: Suggested
Self-Care Guide**

Thesis

*Submitted for Partial Fulfillment of the Requirement of
Master Degree in Nursing Science
(Medical-Surgical Nursing)*

By

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2021**

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List of Abbreviations

Abb.	Full Term "Meaning "
AF	Atrial Fibrillation
BUN	Blood Urea Nitrogen
CBC	Complete Blood Count
CMR	Cardiac Magnetic Resonance
CO	Cardiac Output
ICE	Intracardiac Echocardiography
LA	Left Atrium
LAA	Left Atrial Appendage
LV	Left Ventricle
MAC	Mitral Annular Calcification
MR	Mitral Regurgitation
MS	Mitral Stenosis
MV	Mitral Valve
MVA	Mitral Valve Area
OS	Opening Snap
PBMV	Percutaneous Balloon Mitral Valvotomy
RHD	Rheumatic Heart Disease
RV	Right Ventricular
TEE	Trans Esophageal Echocardiography
TTE	Trans Thoracic Echocardiography
VHD	Valvular Heart Disease

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ABSTRACT

Background: Balloon valvuloplasty is an alternative to valve replacement in patients with critical stenosis although the treatment of choice for valvular heart disease is surgery **Aim:** The aim of this study was to assess awareness and satisfaction for patients undergoing percutaneous balloon mitral valvuloplasty and suggest self-care guide. **Design:** An exploratory descriptive research design was used to achieve the aim of the current study. **Subjects:** A purposive sample of 50 adult patients from both gender undergoing PBMV. **Setting:** The study was conducted at the following two settings: Cardiology Departments and outpatients` Clinics in Cardio-Vascular Hospital, affiliated to Ain Shams University Hospitals & Cardiology Departments in National Heart Institute/Egypt. **Tools:** Three tools were used in the current study, I. Patients' interviewing questionnaire which composed of demographic characteristics, patients' medical data, and patients' knowledge regarding Percutaneous Balloon Mitral Valvuloplasty, II. A self-reported checklist, it was used to assess patients' self-care practices regarding PBMV procedure. III. Patients' satisfaction rating scale to assess satisfaction of patients under study with quality of health care service. **Results:** Total (100%) of the studied patients had unsatisfactory total knowledge. 88.0% of them had unsatisfactory total self-care practice. And 86.0% of them were satisfied with health-care service quality provided. Finally, there was a strong positive correlation between total self-care practice & total knowledge. Meanwhile, there was a weak positive correlation between total satisfaction & total knowledge. **Conclusion:** based on findings of the current study, it could be concluded that: All of the studied patients had lake of knowledge and the majority of them had lake of self-care practice, in spite of the majority of them were satisfied with health-care service quality provided. **Recommendations:** Provide an educational program regarding knowledge and self-care practices for patients undergoing percutaneous balloon mitral valvuloplasty (PBMV).

Keywords: Percutaneous Balloon Mitral Valvuloplasty, Awareness & Satisfaction.

Introduction

Mitral stenosis is an obstruction of blood flowing from the left atrium into the left ventricle. It is most often caused by rheumatic endocarditis, which progressively thickens the mitral valve leaflets and chordae tendineae, added to the leaflets often fuse together. Eventually, the mitral valve orifice narrows and progressively obstructs blood flow into the ventricle. Mitral stenosis is a progressive disease consisting of a slow, stable course in the early years followed by an accelerated course later in life. Typically, there is a latent period of 20-40 years from the occurrence of rheumatic fever to the onset of symptoms. Once symptoms develop, it is almost a decade before becoming disabling (*Saxena, 2018*).

Mitral Stenosis (MS) is the cardinal valvular lesion in Rheumatic Heart Disease (RHD) and is particularly amenable to transcatheter therapy when it is isolated or dominant and the anatomy is favorable. When left untreated, severe MS deteriorates the functional status of the patients and worsens long-term outcomes (*Iung & Vahanian, 2014*).

Percutaneous Balloon Mitral Valvotomy (PBMV) is the treatment of choice for symptomatic mitral valve

stenosis and recommended for older adults with surgical risks. This technique enlarges the orifice of a heart valve that has been narrowed by a congenital defect, calcification, rheumatic fever, or aging. Moreover, as a “bridge to surgery” when heart function is severely compromised. The PBMV is considered an invasive technique which performed in cardiac catheterization laboratory under either general or local anesthesia. A balloon catheter is inserted into the femoral vein or artery, then advanced into the heart and positioned with the balloon straddling the stenotic valve guided by fluoroscopy (*Mick et al., 2015*).

This process increases the size of the orifice, improving valvular function and helping complications from decreased cardiac output. Patients remain in the hospital 24 to 48 hours after the procedure (*Palacios, 2020*). Patients will need to continue after the procedure to make sure that cardiac valves are working properly. Lifestyle factors that can worsen valve disease may also need to be changed. An exercise program may be prescribed to improve health after the procedure (*Ali et al., 2020*).

Nurses need to be aware that patients with mitral valve disease desire information about the condition, and not just at the time of diagnosis or development of