# PRE - OPERATIVE TEACHING ON POST -OPERATIVE ADJUSTMENT AMONG PATIENT UNDERGOING SURGERY FOR ACOUSTIC NEUROMA

PROJECT REPORT



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# ***CERTIFICATE***

*Certified that this is the bonfide work of* **Rajalekshmi.V,** *Sree Chithra Thirunal Institute of Medical Scinece and Technology.*

*Submitted in practical fulfilment of requirement for the Diploma in Neuro Nursing form the Sree Chithra Thirunal Institute of Medical Science and Technology.*

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7/11/07

*Submitted to*

***Mrs. Saramma P.P, (MN)***

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# INDEX

# CHAPTER1

## INTRODUCTION

### BACKGROUND OF THE STUDY

Acoustic neuromas (AN) are the benign tumors. Originated from schwann cells at he vestibular portion of the acoustic nerve (CN VIII) with in the internal auditory canal, and rarely from cochlear canal.. As a result, the internal auditing canal and meatus enlarge. As the tumour grows it extends into the area between the cerebellum, pons and medulla known as the cerebello pontine angle. This triangular area, or cistern, contains the cerebellum pons cerebellum and medulla known as the cerebello pontine angle ( CPA). This triangular area, or cistern, contains the trigeminal, facial and acoustic nerve as well as the anterior inferior cerebellar artery (AICA) and superior petrosal vein. Although not contained with in the CPA, the glosso pharyngeal, vagus and spinal accessary nerves are located immediately in to the cisterns.

AN comprises 10-15 % of all intra cranial tumors. Through the surgery it can be removed completely or partially. Pre-operatively the patient may have the complaint of hearing loss, tinnitus vertigo, facial numbness, ataxic gaite.

Postoperatively facial palcies occure along with this and also having difficulty for clossing eye lids on affected side. Most of the patients are not aware about this pre-operatively, and it may affect the post operative outcome of the patient. And also patient may goes to depression due to this physical problems. If the patient knows it pre-operatively and proper health education he / she get, it will helps the patient to prepare his/ her mind to accept the changes and also it will improve the post-operative outcome.

Considering all these factors the investigator conducted a study. The purpose of the study was not only assessing the knowledge level but also giving health education about the postoperative outcome and anlaysis was done to find out whether there is any improvement after giving health education.

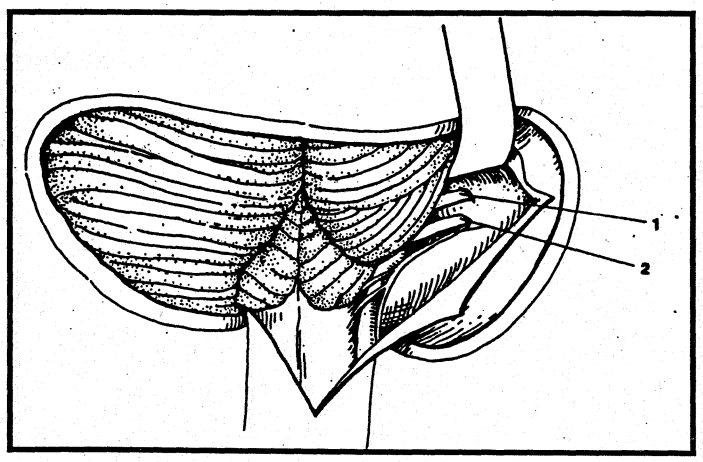



Fig 1. Cerebellopontine angle from a posterior view. The cerebellar hemisphere is retracted revealing the cerebellopontine angle with the acoustic facial nerve complex entering the porus acousticus (1). The glossopharyngeal-vagus-spinal accessory nereve complex is immedicately inferior and is seen entering the jugular foramen(2)

## NEED & SIGNIFICANCE OF THE STUDY

The investigator done a retrospective study of the patient about their post operative outcome. From the collected datas it was found that facial palcies, speach disturbance, swallowing difficulty, walking difficulties are common in post-operatively. The patients were only knowing this after the surgery. Most of the patient were very much depressed due to this problems. Most of the patients were not aware about the care of the eyes and home care management.

Considering all these factors the investigator found that there is a need to giving health eudcation about the disease condition, post - operative problems, and also home care management after assessing the knowledge level of the patient.

## STATEMENT OF THE PROBLEM

Effectiveness of pre - operative teaching on post-operative adjustment among patients undergoing srugery for Acoustic Neuroma.

## OPERATIONAL DEFINITION

**PRE - OPERATIVE TEACHING :** It means asessing the knowledge level of the patient and also giving awareness about the disease condition, post - operative health problems, and treatment modalities and home care management with the help of a health education pamphlet..

**POST - OPERATIVE OUTCOME : -** It means to assess the effectiveness of pre- operative health teaching through.

(i) assessing the knowledge level with the help of same questionair that was given Pre - operatively.

(ii) Faster recovery parameters

(a) Length of ICU stay

(b) Oral intake

(c) Self voiding

(d) Ambulation

(e) Need of pain medication.

## OBJECTIVE

***The objectives of this study was***

(i) To asses the knowledge level of the patient undergoing surgery for Acoustic Neuroma.

(ii) To evaluate the post - operative outcome of the patient as measure by

(a) assessing the knowledge level

(b) Faster recovery parameters.

***ie:*** ICU stay, Oral intake urination, ambulation, need of pain medication.

## METHODOLOGY

This was an expirimental study , for collecting the data the investigator used multiple choice questionair 12 question and a health education pamphlet. The validity of the questionair and the health education pamphlet was tested by the experts of SCTIMST.

Pre - operatively, The investigator assessed the knowledge level of the patient with the help of a multiple choise questionair, after this health teaching was given with the help of the health education pamphlet.

The knowledge level of the patient also tested post - operatively with the same questionair and post - operative outcome was assessed.

And also assessed one group of patients post operative outcome without giving any health education and assessing the knowledge.

The duration of the study was from July 2005 -October 2005.

## LIMITATIONS

**The study was limited to**

- The patient undergoing surgery for Acoustic neuroma.
- The patient who are conscious, oriented and co -operative.

## SUMMARY

This chapter deals with introduction, background of the study, need & significance of the study, statement of the problem, definition of term, objectives of the study methodology and limitation.

## ORGANISATION OF THE REPORT

Chapter II summary of related articles reveiwed.

Chapter III deals with methedology of this study, chapter IV analysis and enterpretation, of the findings, chapter V represents a summary of the study, conclusion, implication, limitation, and recommendation. This report also include a selected bibliography and appendices.

CHAPTER II

# REVIEW OF LITERATURE

Review olf literature is an important aspect of any research project from beginning to end. It gives greater insight into the problem and helps in selecting methodology, developing tool, and also analysing data. with these in view an intensive review of literature has been done.

*The review of literature relevant to this study is presented in the following sections:-*

(1) Semone A Betchen (2003) conducted a study about the self assessed quality of life after acoustic neuroma surgery. The objective of the study was to determine if factor such as postoperative learning, facial function, headaches, or other factors have an impact on self-assessed quality of life after acoustic neuroma surgery 135 consecutive patient are taken for surgery and he concluded that the QOL scores are not consitently lower than

population normative values compared with different normative studies. The stringest correlation was between the presence of persistent headache and QOL. Other correlation were not consistent in all these trends in some categories do not explain the difference seen between patient after acoustic neuroma surgery in this study and normal population in other studies.

(ii) Baumanni (2005) conducted a study about the quality of life after cenilateral acoustic neuroma surgery via middle cranial fossa approach. The objective of the study is to measure the quality of life(QOL) of the patient who underwent cenilateral Acoustic neuroma surgery via the middle cranial fossa approach. The material and method she used for this study is the short form - 36 health survey and a self - designed discuse specific questioaire were used during follow up examination to assess health related QOL. The pure -tone average was used to specify hearing ability facial nerve function was described using the House -backmann grading system. The result of the study is the patient QOL scores revealed significant reduction in QOL in comparison to neomative neuromal QOL data, gender, age, tareor size or location and clinical symptoms such as learning loss and restricted facial nerve function did not have an affect on QOL. The SF-36 scales physical functioning, role functioning, physical body pain, general health social functioning and role functioning emotional demonstrated significant QOL reduction.

(iii) Mac faclane & Hardy (2004), conducted a study about Facial paralysis and surgical management- A qualtiy of life analysis in a Cohort of 1995 patient after acoustic neuroma surgery. The objective of this study is patient ratings of facial dysfunction and outcomes for various facial rehabilitative therapies after surgical treatment of Acoustic neuroma and also assessment of patients received QOL and reveiwing the literature regarding facial dysfunction and its management associated with Acoustic neuroma. For this study they make a detailed questionair to 2372 members to identify pro-operative and post-operative symptoms, complication and long-term effect on physical and psycological function. The method of the study is respondents answered questions extended to quality and quantity the degree that facial dysfunction empacted QOL parameter. They concluded that facial dysfunction was a significant morbidity, physician should be aware of the risk factors, identified specifically large tumor size and impact facial dysfunction has on QOL, when councelling patient regarding optional management of Acoustic Neuroma.

(iv) Jong woo chang (2004) conducted a study about acoustic schwannorea; different manifestation and outcomes. The purpose of this study was to provide data on the different clinical presentation of acoustic schwannoma, the appropriate manning for the management of schwannoma of various origins and the predictive outcomes of surgical management. The method of the study was a retrospective study, in a teritory referal hospital. He reveiwed a consecutive cases of acoustic neuroma diagnosed and managed between 1993- 2001. After the study he concluded that Acoustic neuroma can present in various ways. By examinig the site of origin and the presenting symptomes and sign he can able to diagnose accoustic schwannonea pre - operatively. His finding could be pivotal in the management of the acoustic neuroma.

(v) Nikolopoulos TP, Johnson (1998) They conducted a study about the quality of life (QOL) after file after acoustic neuroma surgery. The objectives of the study was to assess now surgery affected the quality of life of patient with acoustic neuromas and to investigate possible predictors of the functional outcome following surgery. Study design was a questionaire based on the Glasgow benefit. Inventory well was completed by patients randomly selected following acoustic neuroma surgery setting was in skill base surgery unit of a university teaching hospital. Samples are 53 patient with acoustic tumor. After the study they concluded that Acoustic neuroma surgery has a significant impact on patient's overal QOL. Surgeons proposing to operate on small tumor should not assure that the impact on it's life will be necessarly less than that following the reneoval of larger tumor. All the patient expecially in the younger age group, should be prepared and thoroughly informed about the consequence of the operation on their QOL

(vi) Ms Campbell Cathy (1991) Pubished an article about Acoustic Neuroma: Nursing implicatio related surgical management. This article provides information about acqustic neuroma through a discussion of the etiology and pathophysiology of symptoms, surgical management, nursing implications, cline and famil teaching needs and discharge planning concernes, to prepare nurses to meet the needs of these clients, and she summarise that knowledgeable, confident nurses can make a difference in the acoustic neuroma clinet's recovery. By possessing a knowledge base from which nursing asessment, planning, implementation and evaluation can be performed the nurses can be successful in meeting the client's many needs. Through their holistic approach to the clients and family, the nurse recognize the need for client and family involvement to reduce complications and encourage effective coping mechanisms, thereby promoting the best possible outcome.

Mrs. Vergina D. Fickel (1991) in her article acustic neuroma: Post - Operative defecit and the role of the neuroscinece nurse. This article presents an overview of anatimical changes and related symptomes caused by acoustic nueroma and describes reason resective surgery can provoke, perpectuate and worson the symptoms. In addition, possible short and long term deficites are reviewe. The importance of the neuroscience nurse is minimizing these deficits for the acoustic neuroma patient is discussed. She summarised that with increased awareness of acoustic tumor as a possible couse of unilateral hearing loss and with imporved technology the neuroscience nurse will be managing more of these patients. Both management and educational skills are vtial preparing these patients for life after hospital discharge, as possible neurological deficits require self - care and caping skill to achieve maximum recovery.

Sandoorani D (2004) quality of life following microsurgery, radiosurgery and conservative management for unilateral acoustic schwannoma. This study is based on a retrospective database analysis postal questionaire survey of unilateral acoustic Schwannoma patient who had a either been managed conservatively or treated without microsurgery and radiosurgery. After the study he got a result that quality of life deteriorated after conservative management approach may be more appropriate for small tumors and that patient who are due to under microsurgery or may benefit from counselling about the potential impact of treatment on quality of life.

IX. Glaverssevich Mary (1991) conducted and educational programme to improve quality of life for individual acustic neuroma. In the study he describes that nursing management of patient with an acustic neuroma begins during the pre -operative period and continues into the rehabilitative face following hospital discharge. This article describes process of developing and implimenting an acustic neuroma educatioal programme content was determined by a survey which identified the typeof information, acoustic neuroma patient wanted before and after surgery. The survey also described the problems patients encountered in home Included in the programme is a pre-operative informational video, a discharge booklet, a multi disclplinary rehabilitation group for outpatient and educational session for nuses from the hospital and community.

X. Sharp M (2005) name of his article is team working to improve outcome in acoustic nueroma surgery. These article disucss out experience without consultant mentoring and compare the result of the first 100 translabyrinthine acoustic neuroma operation performed under the symptoms without first cohort of a similar to number of patient published them.

# CHAPTER III

# METHODOLOGY

This chapter deals with research, approach, research design, setting, the sample and sampling technique, development of tool, discription of tool, pilot study, data collection procedure and plan of analysis.

## RESEARCH APPROACH

*The objecetives of this expirimental study were*

(i) To assess the knowledge level of the patients undergoing surgery for accoustic neuroma about post - operative events.

(ii) To evalute the post - operative outcome as measured by

(a) Knowledge level

(b) Faster recovery paremeters.

## RESEARCH DESIGN

For fulfilling the objectives of the study, the following design was utilised for collection and analysis of data.

### SCHEMATIC DESIGN OF THE STUDY

| Attribute Variable | Study Samples | Tool | Criterias measured |
|---|---|---|---|
| Knowledge | | (1) Pre and post operate test with multiple choice questionair | (1) Gain in knowledge |
| | | | (2) Faster recovery parameter |
| | Study samples | (2) Health education | (a) Need of pain medication |
| Post - operative outcome | 12 patients | pamplet | (b) Oral intake<br>(c) ICU Stay<br>(d) Self voiding<br>(e) Ambulation. |

## SETTINGS

The study was conducted in Sree - Chithra Thirunal Institute of Medical Science and technology, Medical colege.

The rationale for selecting this hospital because the investigator doing Diploma in Neuro Nursing in this hospital and also the investigator was most familiar with this Institution. This is the one of the famous hospital in India doing surgery for Acoustic Neuroma.

## POPULATION

For this study the investigator selected all the patient those who are undergoing surgery for AN after July 2005 - October 2005. There were about 12 patient underwent surgery between this period.

## SAMPLE & SAMPLING TECHNIQUE

For this study two group patients were selected. Pre - and post test technique were used for selecting the samples. Two stage sampling was used for the present study. In the first stage 2 samples were selected for pilot study. In the first stage 2 samples were selected for pilot study. In the second stage 12 patients selected for the study for 4 month duration. The total duration of the study period include from July - October 2005.

## INCLUSION CRITERIA.

- ❖ Patients those who are posted for surgery for AN
- ❖ Patient those who are co-operative consious, oriented

## EXCLUSION CRITERIA

- ❖ Patients those who are unconscious, deaf and blind
- ❖ Patient admitted in the hospital but not fit for surgery.

## DEVELOPMENT OF TOOL

An extensive reveiw and study of literature and journal articles helped in preparing item for the tool. opinion multiple choice questionair and health teaching pamphlet was prepared. The tools are examined and validity is tested by the After obtaining permissin fom the patient pre - test was done, according to this health education given to the patient.

**The steps taken for the development of tools are :**

**Step I:-** A mutiple choice questionair of 12 questions for assessing the knowledge and a health education pamphlet was prepared based on the literature review and also with the help of experts openion.

**Step II:-** With the help of this tool a pilot study was done with 2 patient. Necessary modifications done based on the pilot study.

**Step III:-** Pilot study gave information regarding the feacibility and effectiveness of the study. For each respond scoring was done. Remaining the study was continued with the same method.

**Step IV:-** One group of patients were assessed without giving any health education.

## *Description of Tool*

*The tools used in the present study consisted of :-*

***Part I:*** Obtaining the demographic criteria of the patients. Such as name, age, sex, educational status, occupational status.

***Part II:*** It consisted of 12 multiple choice questionair for assessing the knowledge level of the patient. The knowledge assessment were done pre-operatively and also post-operatively. The questionair includes questions about the disease, disease condition, Intra-operative periods. Post-operative changes, ratritional status, elimination pattern, home care management , eye care and wound care. For each question scoring was done, by giving one mark for good response

***Part III*:-** After assessing the knowledge level a health education pamphlet was given to the patient and explained to them. The pamphlet contains the details about the disease condition, pre-operative preparation, Intra operative events, post-operative events, physicsal changes, elimination pattern, care of eyes and wounds, home care management, nutrition and medication.

***Part-IV*:-** Post operatively knowledge level of the patient was assessed 2 day before the discharge with the same questionair and also post-operative outcome of the patient was assessed with faster recovery parameters such as length of ICU stay, in which day the patient start self voiding, oral intake, ambulation and also the need of pain medication.

## Pilot study

After obtaining prior permission from the authorities study started on 5/7/05 .The purpose of this study was to modifying the original tool by checking the effectiveness and feacibility. The pilot study gave more information about the research study. The pilot study sample patients are excluded from the main study. After making necessary correction main study conducted.

## Data Collection

The data was collected from neuro surgical ward and also from neuro surgical icu of SCTIMST. The period of data collection was from 5th July-30th October.

After obtaining the permission form the concerned sister the investigator introduced to the patient those who are already posted for surgery, and explained about the purpose of the study. After getting consent from the patient. knowledge level was tested by conducting a test with a multiple choice questionair. After this a health education pamphlet was given to the patient and explained to them about the content, and also gave opportunity for clarification of doubts.

Post-operatively gain in knowledge was tested 2 days prior to discharge. Post-operative adjustment of the patient was assessed by faster recovery parameters. such as length of ICU stay, oral intake, self voiding, ambulation, need of pain medication and oral intake.

## Plan of analysis

A plan of data analysis was developed by the investigator after the study. The datas obtained from the study was analysed and interpreted. Interpretation was done by with the help of bar diagram and pie diagram.

# CHAPTER IV

## ANALYSIS AND INTERPRETATION

The chapter deals with the analysis and interpretation. Analysis and interpretation was done with the help of collected datas. The datas obtained from knowledge test and observation of post-opertaive outcome of 12 patient.

The purpose of the study was to assess the knowledge level of of the patient undergoing surgery for acoustic neuroma, to evaluate the postoperative outcome.

*The analysis of data are presented in:-*

(i) Datas or knowledge level of the patient before and after surgery.

(ii) Postoperative outcome of the patient without giving health education and after giving health education analysis by faster recovery parameters such as:-

(a) length of ICU stay

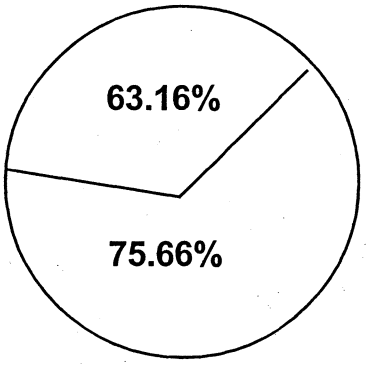
(b) Oral intake

(c) Self Voiding

(d) Ambulation

(e) Need of pain medication.

i. Datas or patients knowledge level pre-operatively and postoperatively




Pre-operative knowledge = 63.16%
Post-operative knowledge = 75.66%

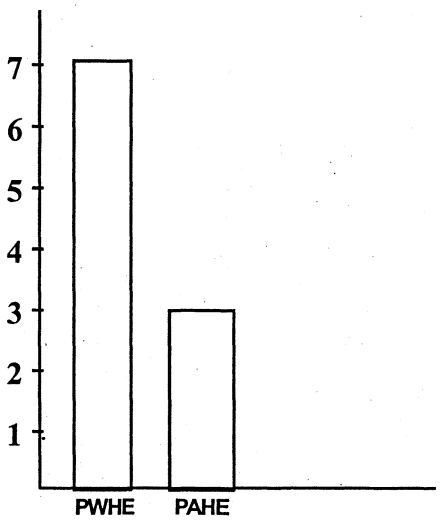
In this diagram knowledge level of the patient pre-operatively and post operatively reperesented.

From this it was found that the percentage of knowledge of the patient increased after the surgery.

(ii) Datas on postoperative outcome of the patient without giving health education and after giving health education.

Faster recovery parameters.

(a) Average length of ICU stay.




In this diagram percentage of average length of ICU stay represented.

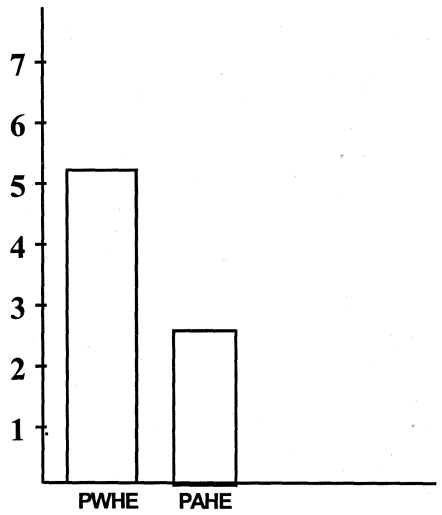
length of ICU stay of patient without giving health education (PWHEA) is 7%

length of ICU stay of patient after giving health education (PAHE) is 3.5%

From this it was found that after the health education the length of ICU stay was reduced.

(b) Average of post operative day in which the patient started oral intake.

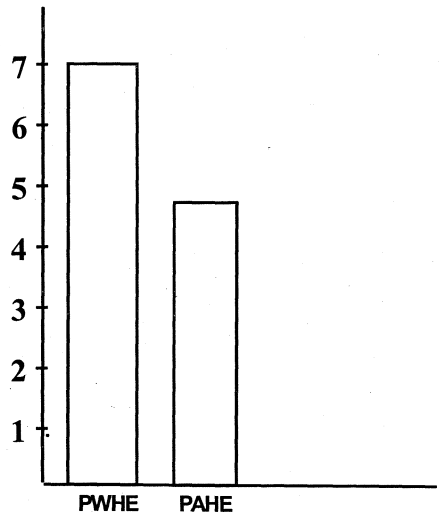
Average day oforal intake started among PWHE=5.3
Average day of oral intake started among PAHE= 2.5




Postoperatively PAHE started oral intake earlier than PWHE

(c) Average of postoperative day in which the patient started self voiding.

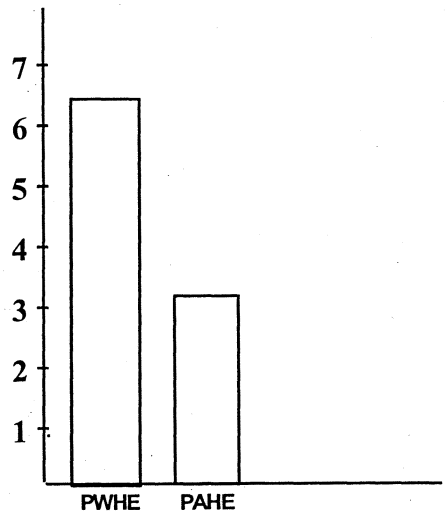
Average day of self voiding started among PWHE= 7%
Average day of self voiding started among PAHE=4.7%




Postoperatively PAHE started self voiding earlier than PWHE.

(e) Average of Postoperative day in which the patient ambulated.

Average day of ambulation started among PWHE is 6.5%
Average day of ambulation started among PAHE is 3.1%

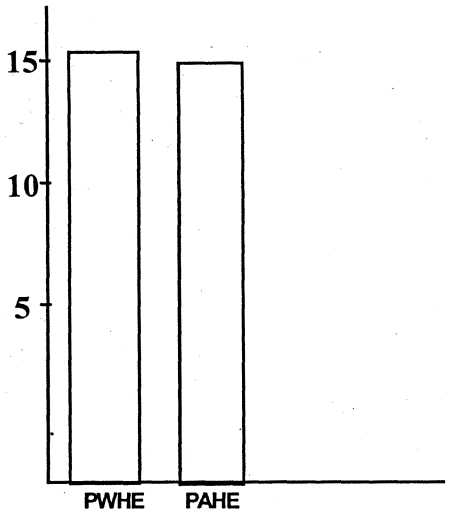



PAHE are ambulated earlier that PWHE

(e) Average number of need of pain medication.

Average number of need of pain medication among the PWHE is 15.2%

Average number of need of pain medication among the PAHE is 15%




There is no marked deviation in number of need of pain medication.

## Summary

The chapter deals with analysis and interpretation of data collected from 12 patient. Graphical representations and percentage values are used for representing the datas. After anlaysis the collected datas it was found that knowledge level of the patient after the health education is increased. And also from the comparitive study it was found that postopeartive outcome of the patient was good to those patient who get pre-operative health education than those who can not get pre-operative health education.

# Chapter V

## SUMMARY, CONCLUSION, & RECOMMENDATIONS

This chapter gives a brief details about the present study, conclusions extracted from the findings and possible application of the results. Recommendation for the future study end suggestions for improving the present study are also presented.

## Summary

This was an experimental study among the patient those who are undergoing surgery for Acoustic Neuroma in SCTIMST. The specific objective of the styudy were,

To aassess the knowledge level of the patient undergoing surgery for acoustic neuroma . and

To evaluate the postoperative outcome as measured by (a) Knowledge level, (b) Faster recovery parameter

The Investigator selected this topic for study because most of the patient do not know about the disease condition and postoperative changes. It will adversely affect the postoperative outcome of the patient.

Review of literature helped the investigator to know about the disease condition and it helped to prepare tools (Multiple choice questionair and health education pamphlet) for collecting the datas.

The investigator conducted the study in SCTIMST. Patients came in NS ward for the surgery for AN was selected for this study.

The period for the study from July 2005-October 2005. 12 patients were taken for the study. In which 6 patients postoperative outcome was assessed without giving health

education and 6 patients postoperative outcome was assessed after giving health education.

After the study the datas are collected and analysis and interpretation done. the datas are interpreted with the help of bar diagrams and pie diagrams. From this it was found that postoperative outcome of the patient were less than postoperative outcome of patient after the health education.

## Recommendations

After completing this study the following recommendations were made. Properly giving awareness about the surgery not only about AN but also for all cranial surgery may improve the outcome of the patient. A written homecare management should be given to the patient at the time of discharge.

# APPENDIX

## MULTIPLE CHOICE QUESTIONAIR

Name of Patient :

Age :

Sex :

Hospital Number :

Education Status :

Occupation Status :

1. Do you know the name of the disease?

Yes/No

2. Do you know the details about the disease?

Yes/No

3. Did you feel pain during the operation ?

Yes/No

4. After the operation where you will be ?

ICU/ ward

5. When you become conscious did you feel pain ?

Yes/No

6. For assessing your condition you know what the doctors and nurses are doing ?

Yes/ NO

7. After the operation how can you pass the urine

himself/ through tube

8 Are you afraid about the surgical wound

Yes /No

9. Do you know about your dietery?

Yes /No

10. Do you know about the possible difficulties after the operation?

Yes /No

11. After the discharge, did you know how to care the eye and surgical wound

Yes /No

12. If you can not able to swallow the food properly what kind of food you will take?

Soft, liquid or semisolid.

## HEALTH TEACHING

→ Acoustic neuroma is a benign tumour it can be completely removed through the surgery.

→ Before the operation your hair will be removed from the head.

→ For 10 hours before the surgery you can not be able to take anything through the mouth. If you feel tired the sister will give you intravenous fluid infusion.

→ On the day of operation you are shifted to the operation theator. Before going to the theator you can see your bistanders.

→ Before starting the operation the anaesthetist will give you some injection. Due to that injection you feel sleep.

→ During the operation due to anaesthesia you can not be able to know anything even pain. After the operation you will be shifted to Intensive Care unit.

→ After the operation you feel little pain and it can be reduced by pain medication.

→ After the operation frequent neurological assessment will be done by doctors and sisters and you must co-operative with them.

→ For 3-4 days you will be in ICU

→ Due to complete bed-rest you can not pass urine himself. So the urine will be drained through a tube. After 3-4 days the tube will be removed.

→ There will be an operated wound in your head, and also dressing.

→ Dressing will be done by the doctor. If you can able to take oral food, the food will be supplied from the hospital.

→ In these 4-5 day relatives are not permitted to enter in to the ICU. They will be informed about your condition.

→ After the operation there is possible chance for during loss and difficulty to speak and have also gaite disturbance and facial palsy. It will take time to get become normal.

→ After the surgery complete closure of affected side of the eye and eye blinking will be difficult ad there will be eye drops and eye lid placed over the eye to prevent ulceration.

→ After 4-5 days you will be shifted to be ward. If there is no other problem youn will be discharged from the hospital after 7-10 days.

→ In home situation eye care is very important, opthalmic medications that is prescribed by the doctor should be used daily.

→ If you feel difficulty in swallowing small and frequent semisolid food can be taken slowly to prevent aspiration.

→ Daily walking with the help of a person will help to improve the activity.

→ The incision site should be clean. You can take bath and after the bath the wound should be dried with clean cloth.

→ If there is any discharge or swelling or discoloration present at the wound site you should seak immediate medical attention.

→ medicine that the doctor prescribed at the time of discharge should be taken , correct follow-up is necessary for check-up.

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