Hysterectomy is one of the major gynaecological surgeries performed worldwide. It is understood that surgery causes stress among people that may handicap them physically, psychologically and socially. Hysterectomy may exacerbate these effects because of its symbolisation to a female’s sense of womanhood. Therefore emotional and social support along with education is of paramount importance to patients undergoing abdominal hysterectomy. Assisting a patient to understand and mentally prepare for surgery is possible through an effective pre-operative instruction, which further decreases complications, increases patient satisfaction, shortens the length of hospitalisation and promote physical well-being.

A study in St John’s Medical College Hospital, Bangalore in 2006 to assess the fears, concerns and health needs of the women who had undergone hysterectomy showed that women who had undergone hysterectomy had significant levels of fear and concerns in physical, psychological, sexual, and social dimensions. The investigator had worked with patients who had undergone hysterectomy and found many complications like bladder problems, wound infections. Many questions were asked by patients regarding post-operative care and recovery. Review of literature and working area suggested that there is wide prevalence of complications related to hysterectomy, and this inspired the present study.

**Objectives**

This study aimed to: (a) assess the knowledge of women regarding post-operative care before and after a structured teaching programme; (b) evaluate the effectiveness of the structured teaching programme in terms of gain in knowledge scores; (c) compare the knowledge score with selected variables; and (d) observe the practice of post-operative care in women after abdominal hysterectomy.

Conceptual framework used for study was General Systems Model theory developed by Ludwig Von Bertalanffy (1968) and modified by JW Kenney.

**Methodology**

Research approach selected is an evaluative research type and the research design selected was one group pre-test and post-test design. On the basis of conceptual framework and objectives of the study the following instruments were developed to collect data.

**Section I - Baseline Data**: This consisted of 6 items seeking information about the personal characteristics like age, education, occupation, monthly income, marital status and previous abdominal surgery.

**Section II - Interview Schedule**: To elicit knowledge of clients undergoing abdominal hysterectomy on post-operative and home care which consisted of 24 multiple choice items.

**Section III - Observational check list to observe the 2nd and 4th day practice of women after hysterectomy**: It consisted of four major aspects such as ambulation, hygiene, nutrition and exercise with a total of 15 items in each post-operative day.

**Section IV - Structured teaching programme (STP)**.

**Data Collection Procedure**

The study was conducted in Gynaecology ward and private wards of St. John’s Hospital Bangalore, which is a tertiary care teaching institution. Data collection period was from 12 July to 22 August 2007. Formal permission was obtained from the college for conducting the study. The sample consisted of 30 women undergoing abdominal hysterectomy selected using purposive sampling technique. The investigator first introduced herself to the participants, and obtained their verbal consent. They were given pre-test using structured interview schedule to elicit the existing knowledge. After the pre-test, each subject was given teaching on post-operative care which lasted for about 30 minutes. A post-test was taken on day 7. In order to see the effectiveness of the teaching, their practice was observed done on
Results

The findings (Table 1) revealed the following:

- The pre-test findings showed that women had inadequate knowledge regarding selected aspects of post-operative hysterectomy care. The maximum possible knowledge score was 24 but the samples’ means score was 11.7 ± 3.06.

- The STP on post-operative care of abdominal hysterectomy was found to be effective in improving the knowledge of women as evidenced by the significant difference between pre-test and post-test knowledge scores (mean score 20.17 ± 1.9 at p<0.001).

- A significant relationship was present between selected variables like age, education, previous abdominal surgery and prior information, but no relationship was established between the economic status of family and pre-test knowledge.

- Women participated well in the post-operative self care and activities were more in post operative day 4 compared to day 2.

Conclusion

Pre-operative teaching is increasingly recognised today as an important component of health care. The deficit in knowledge area suggests that basic facts regarding any surgery and its associated care aspects need to be explained well in advance in a language which they can understand.

Nurses have unique role in educating the public regarding different aspects of post-operative care. The study also highlighted that nurses should develop skill and knowledge to provide pre-operative instruction and counselling for patients undergoing hysterectomy in order to help the patients to achieve a fast recovery. Therefore, curriculum should provide opportunities for the students to plan and conduct health education and counselling for the patients.

References


Figure 1: Conceptual Framework of the Study

Table 1: Paired t’ test to find out difference in pre-test and post-test knowledge

<table>
<thead>
<tr>
<th></th>
<th>Max Score</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
<th>Mean difference</th>
<th>Paired ‘t’ test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>24</td>
<td>6-17</td>
<td>3.06</td>
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</tr>
<tr>
<td>Post-test</td>
<td>24</td>
<td>15-23</td>
<td>1.90</td>
<td>8.47</td>
<td>23.87**</td>
<td></td>
</tr>
</tbody>
</table>

$t_{29} = 3.36$ $p<0.001$

$^* p<0.001$ highly significant