

**FACTORS ASSOCIATED WITH RECOVERY AMONG  
PATIENTS AFTER ABDOMINAL SURGERY**



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WALLADA CHANRUANGVANICH, D.N.S**ABSTRACT**

Abdominal surgery is a common operation procedure among patients with gastrointestinal and other related diseases. The goal of surgery is to cure the disease as well as to restore the patients as they transit to their optimum function. The aim of this research was to study the level of postoperative recovery and identify relationships between age, postoperative pain, co-morbidity, intra surgical condition, length of surgical incision and recovery in patients after abdominal surgery. This was a descriptive correlation research conducted among 191 patients undergoing abdominal surgery at Bach Mai hospital, Hanoi, Vietnam. The patients' ages were 18 years and older. Data were collected by interviewing patients with questionnaires and obtaining demographic and medical data from patients' charts. Patients recovery was measured by the quality of recovery scale (QoR-15). Spearman's rho was employed to test the relationship among all variables. Transition theory was used as a framework for this study. The result revealed that 58.1% of the patients were male and 41.9% were female with ages ranging from 20 to 89. The average of age was 54.14 years (SD  $\pm$  14.94 years). The length of hospital stay ranged from 3 to 20 days with an average of 7.64 days (SD  $\pm$  3.36 years). Gastrointestinal disease was found in 114 patients (59.7%) followed by 54 patients with urological disease (28.3%). The surgical approach included laparotomy and laparoscopy. Postoperative surgical site infection occurred in 3 patients (1.6%). There were 38.2% of patients with one or more co morbid diseases. The overall quality of recovery scores was relatively in good pace with the mean of 128.91, (SD  $\pm$  12.82). However, considering each domain of recovery, it showed that patients had problem (the recovery) in their sleep pattern and their abilities to resume daily activities and work. Age, pain, co-morbidity, length of incision (cm) were negatively correlated with recovery  $r = -0.350$ ,  $r = -0.411$ ,  $r = -0.428$ ,  $r = -0.231$ , respectively and Surgical Apgar score was positively correlated with recovery ( $r = 0.289$ ),  $p$  value  $< 0.01$ . It is recommended that in order to enhance the patients' postoperative recovery to transit to their optimum health outcomes, pain control have to be taken into consideration. Patients with long surgical incisional wounds have comorbid diseases and show instability in their hemodynamic status during operation has to be closely monitored. Further research could be conducted in patients with other types of surgery to cover the overall picture of postoperative recovery.

**KEY WORDS: QUALITY OF RECOVERY/ POSTOPERATIVE PAIN/ ABDOMINAL SURGERY/ TRANSITION THEORY**

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