Bol i obilježja boli nakon kardiokirurškog zahvata te mogućnost provođenja fizioterapijskih postupaka

Pain and features of pain after cardiac surgery and the possibility of conducting physiotherapy procedures

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UVOD: Kardijalni operacijski zahvati, kao i ostali oblici kirurških zahvata su intervencije koje uključuju nastanak i pojavu boli osjetljivih struktura. Gotovo svatko ima bol nakon operacije. Bol je česta, stalna, povremena, oštra, siječavajuća, tup... Pojačava se pomicanjem osobe, kašljanjem, plitkim ili dubokim disanjem.

Bolni sindromi koji se javljaju nakon kardiokirurških zahvata mogu biti višestruki, visceralnog, mišićno-koštanog ili neurogenog porijekla. Čimbenici rizika za nastanak ovakve boli su dob pacijenta, dužina i vrsta operativnog zahvata te ostala nepredviđena postoperativna događanja. Obično se nakon operacije propisuju opioidni analgetici i kao farmakološki pristup liječenju akutne boli su najdjelotvorniji. Kao nefarmakološki, a učinkovit pristup liječenju boli je provođenje fizioterapijskih postupaka već u jedinici intenzivne skrbi.

CILJ: Opisati karakteristike boli, njen intenzitet, lokaciju i njenu distribuciju nakon kardiokirurškog zahvata te mogućnost provođenja fizioterapijskih postupaka uz kombinaciju farmakološke terapije.

METODE: Istraživanje je provedeno na Zavodu za kardijalnu i transplantacijsku kirurgiju, Kliničke bolnice Dubrava tijekom dva mjeseca na uzorku od 250 pacijenata. Za istraživanje se koristio strukturirani upitnik. Ispitivala se jačina boli pomoću verbalne ocjenske ljestvice i monitora te vizualne skale boli (VAS), mjesto boli i širenje boli, od prvog do desetog dana nakon operacije pomoću slike anatomske tijela podijeljenog u 32 numerirane regije.

REZULTATI: Rezultati istraživanja pokazali su da je jačina i mjesto boli u prvim postoperativnim danima u regiji prsišta i gornjeg abdomena najveća, s ocjenskom skalom 8, max. zona boli (3-7 dana) u regijama 5, 7, 9, 11. U kasnijim postoperativnim danima bol po VAS-u je od 0-3, a max. zona boli (od 7-10 dana) u regijama 25, 23 i 6. Uz kombinaciju farmakoloških pripravaka fizioterapija se provodila svakodnevno.

ZAKLJUČAK: Rezultati su pokazali da se ne smije umanjiti važnost pojave boli nakon operacije. Bol je vrijedan pokazatelj ishoda operacijskog zahvata te se ne smije zanemariti. Pravilnom detekcijom jačine, mjesta, lokalizacije i dugotrajnosti boli osigurat će se kvalitetniji oporavak kardiokirurških bolesnika. Treba pronaći dobru kombinaciju farmakološkog i nefarmakološkog pristupa kod svakog bolesnika, tj. postići individualizirano tretiranje boli.

INTRODUCTION: Cardiac surgical procedures and other forms of surgical procedures are the interventions that include the appearance and occurrence of pain of sensitive structures. Almost everyone feels pain after surgery. Pain is common, continuous, intermittent, sharp, shooting, dull... It increases in case of movement by a person, in case of coughing, shallow or deep breathing.

Pain syndromes that occur after cardiac surgical procedures may be multiple, of visceral, musculoskeletal or neurogenic origin. Risk factors for the occurrence of such a pain are the age of a patient, a length and a type of surgical procedure and other unforeseen postoperative events. After the surgical procedure, opioid analgesics are normally prescribed which are the most efficient as the pharmacological approach to the treatment of acute pain. Physiotherapy procedures are to be conducted already in the intensive care unit as a non-pharmacological but effective approach to the treatment of pain.

OBJECTIVE: To describe the characteristics of a pain, its intensity, location and its distribution after the cardiac surgery and the possibility of conducting physiotherapy procedures in a combination with the pharmacologic therapy.

METHODS: The study was conducted at the Department of Cardiac and Transplant Surgery, University Hospital Dubrava, for two months on a sample of 250 patients. A structured questionnaire was used for the trial. The intensity of the pain by using a verbal rating scale, monitor and visual analogue scale for pain (VAS), pain location and spread of pain was tested from the first to the tenth day after the surgery by using the image of anatomical body divided into 32 numbered regions.

RESULTS: The results of the trial showed that the intensity and location of the pain in the first postoperative days in the region of the chest and upper abdomen is the highest with the rating scale 8, max. zone of pain (3-7 days) in the regions 5, 7, 9, 11. In later postoperative days the pain by VAS ranges from 0-3, and the max. zone of pain (from 7-10 days) in regions 25, 23, and 6. Physiotherapy was conducted on a daily basis in a combination with pharmacological preparations.

CONCLUSION: The results showed us that we must not minimize the importance of a phenomenon of pain after the surgery and we should appreciate it as a valuable outcome of the surgical procedure. The proper detection of intensity, place, location and duration of pain will help us be better experts in providing comprehensive recovery of our patients by using both pharmacological and non-pharmacological approach as a good combination.

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