INTERDISCIPLINARY DEVELOPMENT OF A PRE-SURGICAL INTERVENTION FOR PATIENTS UNDERGOING ORTHOGNATHIC SURGERY AT PRIMARY CHILDREN’S HOSPITAL

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PROJECT METHODOLOGY

PEDIATRIC PATIENTS WITH OROFACIAL CLEFTS WITH MAXILLARY HYPOLYSIS AND ORTHODONTIC MALOCCLUSION OFTEN NEED TO UNDERGO ORTHOGNATHIC SURGERY BETWEEN THE AGES OF 9-12. THIS INVASIVE SURGERY RESULTS IN THE PATIENT WEARING AN EXTERNAL HA丽 DISTRACTION DEVICE POST-SURGICALLY FOR 3-4 MONTHS (1). ANTICIPATION OF THE SURGERY AND LACK OF INFORMATION ABOUT THE SURGERY AND POST-SURGICAL ACTIVITY AND DIET RESTRICTIONS MAY CAUSE INCREASED ANXIETY AND REDUCE COPING (1).

THE LITERATURE REVIEW SUPPORTS THE CONCEPT THAT PRE-SURGICAL EDUCATION CAN DECREASE ANXIETY AND IMPROVE COPING. PROJECT METHODOLOGY INCLUDED A COLLABORATIVE EFFORT TO PLAN, DEVELOP, AND EVALUATE EDUCATION MATERIALS FOR PATIENTS AND CAREGIVERS, AS WELL AS EDUCATING THE CLEFT/CRANIOFACIAL TEAM MEMBERS ABOUT THE AVAILABILITY OF THE PRE-SURGICAL EDUCATION INTERVENTION AND EDUCATION RESOURCES.

PLAN AND DEVELOPMENT

• PARTNER WITH CCLS TO DEVELOPAGE-APPROPRIATE EDUCATIONAL MATERIALS INCLUDING BOOKLET, DOLL, AND MICRO-LEARNING VIDEO. INVOLVE PEDIATRIC EDUCATION SERVICES TO DEVELOP SCRIPT AND FILM MICRO-LEARNING VIDEO.
• PARTNER WITH MEMBERS OF THE PRIMARY CHILDREN’S HOSPITAL (PCH) CLEFT/CRANIOFACIAL TEAM TO DEVELOP EDUCATIONAL HANDOUTS FOR CAREGIVERS.
• EDUCATE PCH CLEFT/CRANIOFACIAL TEAM MEMBERS ABOUT AVAILABILITY OF EDUCATION FOR THEIR PATIENTS SCHEDULED FOR ORTHOGNATHIC SURGERY.
• DEVELOP SURVEY TO EVALUATE PATIENT AND CAREGIVER RESPONSE TO THE INTERVENTION.

EVALUATION

• SURVEY PATIENTS AFTER RECEIVING PRE-SURGICAL INTERVENTION FROM CCLS AND RN.
• INTERVIEW FAMILY AFTER SURGERY TO EVALUATE RESPONSE TO INTERVENTION AND IMPROVE EDUCATIONAL MATERIALS.
• PRESENT SURVEY RESULTS TO PCH CLEFT/CRANIOFACIAL TEAM MEMBER VIA NEWSLETTER AND AT TEAM MEETING.
• PRESENT INFORMATION ABOUT THE INTERVENTION TO NURSES ON THE CHILDREN’S SURGICAL UNIT AT PCH.

THEORETICAL FRAMEWORK

• Kolcaba’s Theory of Comfort defines comfort as an outcome of care that promotes or facilitates health seeking behaviors (2).
• The 3 main types of comfort are relief, ease, and transcendence (3).
• When concern and anxiety are relieved, transcendence can be achieved. Transcendence is strengthening of the patient as well as supporting endurance of the patient and caregiver (4).
• When patients and family members engage in health-seeking behaviors, they have better health outcomes (5).

CONCLUSIONS

PATIENTS WITH OROFACIAL CLEFTS WHO UNDERGO LEFORT I DISTRACTION WITH HALO BENEFIT FROM A PRE-SURGICAL EDUCATION INTERVENTION. THE INTERVENTION ASSISTS WITH A REDUCTION OF PRE-SURGICAL ANXIETY FOR BOTH PATIENTS AND CAREGIVERS BY PROVIDING DEVELOPMENTALLY APPROPRIATE EDUCATION (5). THE EDUCATION INTERVENTION CAN EMPOWER PATIENTS TO FEEL MORE PREPARED PRE-SURGICALLY AND EMPOWERED POST-SURGICALLY TO TAKE A MORE ACTIVE ROLE IN SELF-CARE (6). FUTURE STUDY OF PRE- AND POST-SURGICAL ANXIETY LEVELS AND PAIN MEDICATION USAGE ARE NEEDED TO EVALUATE RETENTION AND EFFECTIVENESS OF THE INTERVENTION BETWEEN THE PRE- AND POST-SURGICAL PERIODS.

REFERENCES