

SUPPLEMENT

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# APPLICATION OF TOPICAL DESSICANTING AGENT INDEHISCENT COMPLEX WOUNDS AFTER CARDIAC SURGERY

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**Keywords:** *Surgical Wounds; Wound Biofilm; Wound Infections/Diseases;*

## INTRODUCTION

Late dehiscence of a surgical wound is a problem due to the consequences it entails. When the dehiscence presents devitalized tissue that is difficult to debride, the treatment is prolonged and may cause more complications. The application of topical desiccating agent (TDA) with active ingredient methane sulfonic acid, a chemical debridement is an effective tool in the debridement of these complex wounds, combining the application of local anesthetic for better pain control.

## METHODS

Series of cases of application of TDA in dehiscence of three sternotomies and three saphenectomies with more than 30 days after surgery, with devitalized tissue that is difficult to remove, in hypocoagulated patients, with local anesthetic instilled in the wound bed.

## RESULTS

After instillation of local anesthetic, TDA was applied, in which the reported pain was on average 5 in 10 in the first minute and in the following hours it decreased, remaining on average 1 in 10. Negative pressure wound therapy was applied in sternotomies, conventional treatment with topical antimicrobials and compression therapy was applied in saphenectomies. In seven days, the reduction of devitalized tissue was noticeable, as was the ease of removal.

## DISCUSSION

Chemical debridement, despite being described as very painful, was well tolerated after instillation of local anesthetic. After seven days, the amount of devitalized tissue was significantly reduced, allowing the remainder to be removed more quickly in hypocoagulated patients in whom sharp debridement is contraindicated. The healing process was faster, and less treatments required with a better quality of life.



# CHALLENGES IN THE TREATMENT OF MEDIASTINITIS: A CASE STUDY ON SURGICAL DEBRIDEMENT

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**Keywords:** *Mediastinitis; Treatment; Microdacyn60®;*

## INTRODUCTION

Mediastinitis is a rare but severe infection, defined as an inflammation of the connective tissues and structures within the mediastinum. Due to its proximity to vital structures, mediastinitis represents highly morbid pathological process associated with a high risk of mortality. Mediastinitis management depends on the underlying aetiology and can be divided into deep sternal wound infection, oesophageal perforation and descending necrotizing mediastinitis.

## METHODS

A retrospective analysis was performed on the patient's clinical record during the 24 days hospitalization

period in a thoracic surgery department, February 9 to March 4 2022. The evaluation focused on the clinical response after the introduction of Microdacyn 60®.

## CONCLUSIONS

In the presented case study, the use of Microdacyn60®, in combination with conventional antibiotic therapy, resulted in a significant improvement of the patient's clinical condition, leading to a faster resolution of the mediastinitis. The inclusion of this antimicrobial agent in the treatment protocol may, in the future, contribute to reduced hospitalization time and better clinical outcomes in similar cases.



# CONE SURGERY - AN INNOVATIVE APPROACH TO THE EBSTEIN ANOMALY SEEN BY PERIOPERATIVE NURSES (CASE STUDY)

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**Keywords:** *Nursing; Surgery; Teamwork;*

## INTRODUCTION

Ebstein's anomaly is a rare disease that consists of a malformation of the tricuspid valve and right ventricle.

Cone surgery, presented by da Silva is an innovative technique for surgical reconstruction of the valve, revealing post-surgical excellent valve function.

Implementing a new procedure in a surgical team represents a challenge, due to the delicate disease in question, the unfamiliarity of the team with the methodology, and a clear concern for outcome optimization.

## AIM

This case study is meant to describe the steps taken to prepare the nursing team for the implementation of an unfamiliar procedure, performed by an external expert, meant to be included in their daily practice.

## METHODS

This is a case study, following a qualitative approach. The experience was analyzed according to its strengths, weaknesses, opportunities, and threats (SWOT). It was based on a collective reflection of the team involved in the perioperative period, consultation of the patient's clinical file, participatory observation, and informal and formal meetings which included the teams of surgeons, anesthesiologists, nurses, and cardiopneumology technicians, culminating in a multi-disciplinary reflection of this implementation approach

## RESULTS

The presentation of the procedure that would be performed by the external expert surgeon allowed the multidisciplinary team to outline strategies, prepare the stakeholders and all the necessary material, and create a safe environment to promote adequate medical practices.

One of the pillars for a healthy, safe environment is teamwork and collaboration between professionals, and the sense and meaning that each assigns to the team's work. In this context, teamwork is not limited to the union of forces to achieve the determined shared goal with a high productivity rate, it is also bound by a shared feeling of belonging, recognition, and mutual support.

Communication and the creation of purposeful moments to share information between the members of a team in the health sector is a key element to solving problems, overcoming challenges, and thus being successful.

The combination of these factors resulted in a procedure that took place in a safe environment, without complications, making it a positive experience for the team, which was able to learn and make the most out of this moment.

## CONCLUSIONS

The team's unity, assertive, and intentional communication, transformed a new event, prone to stress generation into a successful experience, with great health gains for the patient and knowledge for the team.





# DEHISCENCE CLOSURE BY SECOND INTENTION AFTER CARDIAC SURGERY – NEW APPROACHES

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**Keywords:** *Dehiscence; Acellular tissue component; Second Intention closure;*

## INTRODUCTION

Dehiscence associated with cardiac surgery is one of the surgical site complications that can lead to local infection, and in more complex cases to a deep infection, namely mediastinitis, when referring to sternotomy. In the case of saphenectomy, dehiscence can lead to serious infections which, in the most serious cases, can result in amputation of the limbs.

In some cases, closure by first intention may not be the most indicated, either due to tissue loss that prevents approximation, due to successive debridement of non-viable tissue, or due to hemodynamic instability that may arise from closure or if the patient is on a regimen outpatient, in which closure by secondary intention reflects a reduction in the cost associated with a new hospitalization and a new surgery, which could not have the initially expected result.

The use of new technologies and highly differentiated material in the closure by secondary intention of these dehiscences constitutes an effective and economically sustainable response to meet the needs that the closure of these wounds requires.

## AIM

Demonstrate the effectiveness of using acellular tissue component with advanced technology in closing wound dehiscence by secondary intention after cardiac surgery.

## METHODS

The use of acellular tissue component, concomitantly with advanced technology in closing wounds by secondary intention, is a differentiator in controlling this complication.

Applications of acellular tissue component from the pig's small intestine were made, in association with negative pressure therapy in sternotomy, and in association with topical oxygen therapy in saphenectomy.

In this approach, three and two patients with sternotomy and saphenectomy dehiscence, respectively, were involved. The wounds presented viable healing conditions, no signs of infection, controlled pain, and had been on an outpatient basis for more than 90 days. Treatments were carried out according to the selected dressing material, as the acellular tissue component could remain in place for up to 7 days.

## CONCLUSION

After starting to use this approach, the closure of dehiscences was accelerated, and the average time until full closure was around 20 days. All of these wounds had been dehiscent for more than 120 days.

The effectiveness demonstrated in the combination of different approaches provided patients with quality of life, with faster closure of the dehiscence, without the need for hospitalization or new surgical intervention, and with a resulting scar with functional quality.



# PROGRAMA DE REABILITAÇÃO À PESSOA SUBMETIDA A CIRURGIA CARDÍACA NA UCI

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**Keywords:** *Reabilitação Cardíaca; Unidade de Cuidados Intensivos; Enfermagem de Reabilitação;*

## INTRODUCTION

A cirurgia cardíaca está associada a um conjunto de alterações fisiopatológicas, que colocam a pessoa suscetível ao desenvolvimento de complicações no pós-operatório, particularmente respiratórias, com impacto negativo no tempo de internamento hospitalar, na morbilidade, mortalidade e nos custos em saúde. Os programas de Reabilitação Cardíaca (RC) têm evidenciado resultados benéficos a nível da prevenção e minimização das referidas complicações, constituindo, atualmente, recomendações de diversas guidelines internacionais. O Hospital de Santa Marta - Unidade Local de Saúde de São José, é o único centro a nível nacional que integra EEER nos programas de RC na fase I e II. Deste modo, no serviço de Cirurgia Cardiorácica (CCT) do mesmo hospital, surgiu a necessidade de desenvolver um programa de reabilitação à pessoa submetida a cirurgia cardíaca na UCI, assente na RC fase I que será integrado num projeto de melhoria contínua da qualidade dos cuidados.

## AIM

Prevenir/minimizar as complicações decorrentes da cirurgia cardíaca, nomeadamente, respiratórias, com vista a reduzir o número de dias de internamento hospitalar; promover a capacitação da pessoa e família para a alta.

## METHODS

A conceção do programa teve como base uma re-

visão narrativa da literatura e assentou nas seguintes etapas: identificar o problema, perceber o problema, delinear objetivos, planear intervenções e definir resultados.

## RESULTS

O EEER deve iniciar a sua intervenção nas primeiras 24 horas de pós-operatório, quando garantidas condições de segurança que assentam na estabilidade clínica, hemodinâmica e elétrica do cliente. As suas intervenções devem ser direcionadas à reeducação funcional respiratória (exercícios respiratórios e técnicas de limpeza das vias aéreas); à reeducação funcional motora (mobilizações articulares dos membros, treino de marcha); e ao treino de AVD.

## CONCLUSION

O presente programa foi concebido por EEER e será desenvolvido em parceria com a equipa multidisciplinar. É constituído por três protocolos, tendo em conta as diversas especificidades da UCI CCT: cirurgia cardíaca (valvular/coronária/da aorta), transplante cardíaco e presença de dispositivos de assistência circulatória. As sessões terão como base os referidos protocolos, no entanto, serão individualizadas, adaptadas a cada situação clínica, de acordo com uma avaliação prévia e individual à cabeceira, seguida de registo em folha própria.

O levante precoce, a diminuição das complicações respiratórias e a redução do tempo de internamento foram os indicadores de resultado sensíveis aos cuidados de Enfermagem de Reabilitação definidos para este programa.



# SUPOORTE AVANÇADO DE VIDA EM CIRURGIA CARDÍACA - DELINEAMENTO DE UM PROJETO DE INTERVENÇÃO NO ÂMBITO DA QUALIDADE DOS CUIDADOS DE ENFERMAGEM

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**Keywords:** *Reabilitação Cardíaca; Unidade de Cuidados Intensivos; Enfermagem de Reabilitação;*

O conceito de “failure-to-rescue” (FTR) está relacionado com a capacidade de prevenir a morte das pessoas submetidas a cirurgia cardíaca quando surgem complicações (4).

O FTR nos cuidados de enfermagem é caracterizado por uma cascata de eventos, entre eles, a omissão de informação, falhas na comunicação ou reconhecimento de alterações hemodinâmicas da pessoa operada e erros na tomada de decisão (3).

O algoritmo Cardiac Surgical Unit—Advanced Life Support (CSU-ALS) é um algoritmo específico de atuação na paragem cardiorrespiratória (PCR) após a cirurgia cardíaca. A maioria das causas de PCR após a cirurgia cardíaca são reversíveis como a hipovolémia e o tamponamento cardíaco. Em 60%-70% destas situações, a ressuscitação cardiopulmonar normal não é eficaz e, por conseguinte, a re-esternotomia de emergência é a única abordagem viável (1,2). O curso do algoritmo CSU-ALS tem uma componente e-learning e 8h de prática simulada com casos reais em que enfermeiros e médicos, em equipa, desempenham seis papéis previstos no protocolo (Fig.2). Este algoritmo tem uma eficácia estudada

na diminuição da FTR de 65% para 35% (6).

O projeto a que nos propomos definir tem como objetivos: 1) capacitar a equipa para uma resposta eficiente à pessoa submetida a cirurgia cardíaca em situação de paragem cardiorrespiratória; 2) Monitorizar eventuais complicações no pós-operatório nas pessoas submetidas a cirurgia cardíaca; 3) Melhorar o indicador de qualidade dos cuidados (failure to rescue) após a implementação do projeto; 4) Monitorizar a taxa de efetividade na prevenção de complicações nas pessoas submetidas a cirurgia cardíaca em situação de paragem cardiorrespiratória nos 30 dias subsequentes.

Como metodologia iremos usar a metodologia PDCA (Plan; Do; Check; Act/Adjust). As unidades do estudo serão: utilizadores incluídos na avaliação - todos os utentes adultos no pós-operatório de cirurgia cardíaca nos primeiros 10 dias. Os profissionais envolvidos farão parte da equipa de enfermagem e da equipa médica. O período de tempo estabelecido para a realização do projetos será de junho de 2024 a junho de 2026.



# TRANSPLANTE DUPLO CARDÍACO E RENAL – A NOSSA EXPERIÊNCIA

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## **Keywords:**

Com os avanços na transplantação individual dos órgãos sólidos surgiu um incremento da transplantação múltipla.

O transplante duplo Cardíaco e Renal foi descrito pela primeira vez em 1978 por Norman et al., em Portugal o hospital pioneiro foi Coimbra, o Profo Manuel Antunes e Dro Alberto Bastos, em 2009.

Internacionalmente os números têm vindo a crescer,

com bons resultados, este procedimento deu uma nova esperança aos doentes no tratamento da falência simultânea da função renal e cardíaca.

O objetivo deste trabalho é partilhar a experiência do Unidade Local Saúde Lisboa Ocidental neste procedimento, tendo efetuado até ao momento 4 procedimentos, quais as particularidades mais relevantes e os resultados.





# CHEST WALL RECONSTRUCTION SURGERY – A MULTIDISCIPLINARY APPROACH (CASE STUDY)

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**Keywords:** *nurse care; chest wall reconstruction; Ewing's sarcomas*

## INTRODUCCION

Primary tumors of the chest wall are rare, and in children the most common are Ewing's sarcomas. A multidisciplinary approach, where major surgical resections and reconstructions are required, pose unique challenges to nursing care to optimize outcomes.

## OBJETIVES

To describe the nursing intervention in the care provided to an adolescent undergoing chest wall resection and reconstruction, with a posterior surgical approach, in a joint intervention of the pediatric orthopedics team with thoracic surgery.

## METHODS

It is a descriptive study, with a qualitative approach, of the case study type, focused on the application of the nursing process in the perioperative period, where the implementation of the PDCA cycle (Plan-Execute-Check-Act) was preponderant in the control of the entire process. It was based on consultation of the patient's clinical file, participant observation, informal and formal meetings between teams (anesthesiologists, pediatric hospital operating room nurses, pediatric orthopedic surgeons, cardiac surgery nurses, thoracic surgeons).

## RESULTS

This rare and unique case was seen as an evolution opportunity for the specialized nursing care provided, due to the various challenges it posed to the team. The advance

planning of the team that would be involved in the procedure allowed the deepening of the case, the involvement and the outline of strategies. Effective communication was an essential contribution to the preparation of all the necessary material and to streamline the entire process; preparation for all possible complications and surgical treatment strategies to be implemented. The surgery was long due to the scope of procedures performed, however, the peaceful transition between the procedures stands out, from admission to the operating room, anesthetic induction, positioning, as well as surgical turn over (partial spine resection surgery, spine fixation, pulmonary resection, rib resection, and chest wall reconstruction with rib replacement implant). As results, stands out a procedure without complications (neurological, vascular with hemorrhage, lesions of nerve structures, hemodynamic, pulmonary, thromboembolic lesions, pressure injuries, surgical wound infection, aesthetic or lesions resulting from positioning). The postoperative period was uneventful, however, controlling pain after surgery was essential for a successful recovery.

## CONCLUSIONS

The care systematization provided with individualized care planning focused on results and effective communication was considered in the analysis carried out, as an enhancer of the quality of care provided. The collaboration between the different specialties has contributed to a more holistic and personalized approach to treatment with a reduction in perioperative complications.



# NURSING CARE FOR PATIENTS WITH SUBCUTANEOUS CELLULAR EMPHYSEMA AFTER THORACIC SURGERY: A SCOPING REVIEW

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**Keywords:** *nursing care; subcutaneous cellular emphysema; cardiothoracic surgery;*

## INTRODUCTION

Subcutaneous cellular emphysema results from a rupture of the airways or pleura caused by a surgical procedure or thoracic trauma. This is a common complication in the postoperative period of thoracic surgery, which mostly resolves spontaneously, although it can cause discomfort to the patient and/or nurse. Thus, nurses play a key role in assessing and monitoring complications (Silva et al., 2021).

## RESULTS

To identify and summarize the most appropriate nursing practices in caring for patients with subcutaneous cell emphysema after thoracic surgery;

Method: A systematic review of studies from the last 10 years (2013- 2023), in English, Portuguese and Spanish, based on the PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) and a search of the following databases: PubMed, Scielo, Lilacs and CINAHL, using the terms: "subcutaneous emphysema", "nursing care", "thoracic surgery" and "postoperative". The inclusion criteria were primary studies, reviews and guidelines on nursing care for subcutaneous emphysema after thoracic surgery; publications on preventive interventions and nursing care for subcutaneous cell emphysema; and studies on complications associated with the presence of chest drains in the postoperative period. Studies that did not specify nursing interventions in the treatment of subcutaneous emphysema or that were only based on medical or surgical treatment were excluded.

Results: 123 studies were identified, of which 20 met the inclusion criteria. After analysis, the main nursing care included early identification and monitoring of clinical signs, continuous respiratory assessment with ventilatory support, optimization of chest drains, pharmacological intervention and early support, teaching and emotional support for the patient and rapid assessment and intervention in situations of clinical worsening.

## DISCUSSION

Subcutaneous emphysema after thoracic surgery is one of the complications that requires vigilance and continuous monitoring. Studies show that early identification, use of chest drains and oxygen supply are interventions that can reduce the duration and severity of subcutaneous emphysema. Factors such as emotional support for the patient, teaching about their clinical situation and rapid intervention in more serious situations are central to nursing care.

## CONCLUSION

Nursing care is crucial when it comes to monitoring patients with subcutaneous emphysema. The latest state of the art highlights the importance of continuous monitoring in order to reduce the patient's discomfort and avoid complications. It also emphasizes the importance of implementing nursing protocols and training nursing teams in order to improve care.



# PREOPERATIVE NURSING CONSULTATION FOR SPATIENTS SUBMITTED TO THORACIC SURGERY: INFLUENCE ON THE SATISFACTION OF INFORMATIONAL NEEDS

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**Keywords:** *Nursing consultation; Information; Satisfaction;*

## INTRODUCTION

The incidence of lung cancer has been increasing and thoracic surgery being the most frequent treatment for patients diagnosed in the initial stage. Restlessness and doubts, associated with its complexity, can result in a low adhesion to the therapeutic plan. A nursing consultation, when implemented pre-operatively, allows the evaluation of the patient in respect to their expectations and knowledge, sharing information that will allow them to be part of their recovery.

## PURPOSE

To identify the influence of the preoperative nursing consultation in the satisfaction of informational needs by the patient submitted to thoracic surgery.

## METHOD

A descriptive, correlational and quasi-experimental study was developed, involving a control group, awaiting elective thoracic surgery.

Data was collected from all patients, on the day of clinical discharge, applying a questionnaire divided in two parts. The first consisted of the characterization of the sample and the second was the adaptation of the "Satisfaction of patients with nursing care in the hospital (SUCEH21)" scale and the "Preoperative Assessment Information Scale".

The experimental group had a preoperative nursing consultation (where a support guide was offered) and the control-group followed the institutional protocol.

Data were analyzed using data-analyzing software IBM-SPSS, version 29.0. The ethics commission gave their approval.

## RESULTS

The sample consisted of 88 participants (42 from the control group and 46 from the experimental group). There was a balanced distribution regarding sex in the control group, while in the experimental group was a predominance of males. The average age varied between 36 and 87 years. Most of the patients were married or cohabiting, were retired and had already undergone a surgery. Regarding the type of surgery, most patients were submitted to Video-Assisted Thoracoscopy Surgery (92%), and the most common surgeries were excision of lung nodules and right superior lobectomy.

Regarding the assessment of preoperative information, the results revealed significant statistical differences, suggesting that participants that integrated the experimental group felt more informed. Also regarding patient satisfaction, the total Score revealed significant statistical difference, showing a higher global satisfaction in the experimental group.

## CONCLUSION

The preoperative nursing consultation has influence on satisfying the informational needs of the person undergoing thoracic surgery, and can contribute to better adherence to the therapeutic plan and have gains in health.

Replicating this study in other hospitals and surgical specialties can help to extrapolate the data, valuing the importance of pre-operative consultation in the surgical patient's journey.



# PULMONARY LOBECTOMY IN ONCOLOGY - POST-OPERATIVE IMPACTS BETWEEN UNDERWATER SEAL DRAIN SYSTEM (UWSD) AND DIGITAL CHEST-TUBE DRAINING SYSTEM (CTDS): NURSING RECORDS ANALYSIS

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**Keywords:** Nursing; Thoracic Surgical Procedures; Chest Draining Systems

## INTRODUCTION

The hospital stay of a patient submitted to thoracic surgery is influenced by how long the draining system is maintained.

The draining systems can be, among others, UWSD or digital, and these influence the patients recovery. Comparing both systems, the digital one allows: more accurate assessment of drainage and air leaks, greater patient autonomy, less postoperative complications, reduced time of drain maintenance and reduced hospital stay.

## PURPOSE

Compare, by analyzing nursing records, the recovery of pre-operative status in 4 standards: hygiene, sanitary-use, positioning and transferring themselves, in patients submitted to Pulmonary Lobectomy with Mediastinal Lymphadenectomy using an UWSD system or Digital CTDS.

## DISCUSSION

A quantitative, descriptive and retrospective study. Analysis of patients' records that underwent Pulmonary Lobectomy with Mediastinal Lymphadenectomy with UWSD between September 2019 and September 2020 and patients submitted to the same surgery using the digital CTDS during the year 2022. Exclusion criteria were defined as patients who:

- Didn't have records of the 4 standards evaluated pre- and post- operatively,
- Weren't independent pre-operatively in those standards
- Had initial thoracoscopy converted to thoracotomy
- Had peri-operative complications.

## RESULTS

It was verified that patients with UWSD:

- In the hygiene standard, 50% recovered their autonomy on the fourth to fifth day
- In the sanitary-use and positioning standards, 66,6% recovered their autonomy, and 58,3% in transferring themselves. The highest incidence was on the fourth day.

In the digital CTDS sample, it was verified:

- In the hygiene and transferring standards, 83,3% recovered their autonomy, with highest incidence on the third to fourth day.
- With the positioning themselves and sanitary-use standards all recovered autonomy, with highest incidence on the third day.
- In the hygiene, positioning themselves and sanitary-use standards, the patients were autonomous on the first day, whereas with the UWSD system, the patient's autonomy was met on the third day.

## CONCLUSION

With the UWSD system, at least 33,3% didn't recover previous levels of autonomy. When using the digital CTDS, the positioning themselves and sanitary-use standards, all patients recovered autonomy, whereas in relation to hygiene and transferring themselves 16,7% didn't achieve autonomy.

Comparing the haste with which patients recover autonomy, it was noticeable that digital CTDS allowed a quicker recovery.

The limitations of this study included: the four standards evaluated weren't referenced in nursing records and these standards weren't updated, which limited the size of the study's sample.





# REPERCUSSIONS OF THE SURGICAL APPROACH IN THE PATIENT'S POST- OPERATIVE RECOVERY AFTER PULMONARY LOBECTOMY: NURSING RECORDS ANALYSIS

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**Keywords:** *Nursing; Thoracotomy; Thoracoscopy;*

## INTRODUCTION

The surgical approach in patients submitted to Pulmonary Lobectomy with Mediastinal Lymphadenectomy has implications in patient's postoperative recovery. Comparing surgical approaches by Thoracotomy and Video-Assisted Thoracoscopic Surgery (VATS), the latter has advantages like a smaller incision, less pain and less postoperative complications.

## PURPOSE

To compare repercussions between surgical approaches made with VATS and open Thoracotomy, in patients submitted to Pulmonary Lobectomy with Mediastinal Lymphadenectomy, in recovery of the pre- operative status in the standards of hygiene, sanitary use, positioning and transferring themselves, through analysis of nurses' records.

## METHOD

A quantitative, descriptive and retrospective study. Nurses records of patients submitted to above-mentioned surgery with open thoracotomy in 2022 and patients submitted to the same surgery using VATS in 2023 were analyzed. The exclusion criteria defined were:

The 4 standards evaluated were not listed in the nursing records.

The patient was not autonomous in the 4 standards evaluated, prior surgery.

### Peri-operative complications.

Initial approach with VATS, converted to thoracotomy.

### Use of digital thoracic draining system

A sample of 12 elements for each study group was defined.

## RESULTS

It was verified that patients who underwent this surgery with thoracotomy:

In the hygiene standard, 83,3% recovered autonomy, with higher incidence on the third to fourth day.

In the positioning themselves and sanitary use standards, 100% recovered autonomy, with higher incidence on the third day.

In the transferring standard, 83,3% recovered autonomy, with higher incidence on the third day.

In the sample submitted to the same surgery by VATS, all patients recovered their autonomy on the 4 standards evaluated and it was verified that:

In the hygiene standard, 50% recovered on the second to third day.

In the sanitary-use standard, more than 50% of patients recovered until the second day.

In the standards of positioning and transferring themselves, 50% of patients recovered until the second day.

## CONCLUSION

Of the 4 standards evaluated, it is perceptible that with patients who undergo the Thoracotomy approach, not all patients recover autonomy until discharged, whereas all patients with whom the VATS approach is used, recover autonomy.

Comparing the hastiness with which a patient becomes autonomous in these 4 standards, is it perceptible that the thoracoscopy with VATS is hastier.

The study had 2 limitations: the fact that the 4 standards were not described in the nurses' records, and that the level of autonomy status wasn't updated, which limited the sample.



# THE ELABORATION AND VALIDATION OF A NURSING REHABILITATION PROGRAM: THE EXPERIENCE REPORT

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**Keywords:** *nursing; physical exercise; thoracic surgery;*

## INTRODUCTION

Patients diagnosed with lung cancer submitted to thoracic surgery, often experience postoperative complications that affect their quality of life (Zhou et al., 2020).

Within these complications, the ones that affect their functional capacity are especially relevant, being of utmost importance the development of rehabilitation programs centred on the self-management of physical exercise, both pre- and post-operatively, in order to prevent and/or reduce complications related with surgery. Therefore, the selfmanagement of physical exercise emerges as a fundamental strategy to promote physical activity and contribute to enhancing the physical condition and quality of life of patients.

## PURPOSE

To describe the elaboration of a nursing rehabilitation program centred on selfmanagement of physical exercise for patients diagnosed with lung cancer and submitted to thoracic surgery; discuss the challenges confronted through it's implementation; evaluate the importance of self-management of physical exercise as a crucial part of the rehabilitation progress.

## METHOD

Literature review on self-management and rehabilitation practices; definition of objectives for creating

the protocol; study design; protocol development.

Results: a team consisting of three nurses, a physiotherapist and two doctors elaborated a program of physical exercise self-management, enhancing a safe, multidisciplinary approach, defining each stage of the protocol: the study design, definition of inclusion and exclusion criteria of participants, questionnaire and evaluation scales selection and defining the plan of monitored physical exercise.

## DISCUSSION

the elaboration of a rehabilitation program that prioritizes self-management seems promising. Previous studies have demonstrated that self-management may lead to significant improvement in the adhesion to treatment and quality of life in patients (McCoy et al., 2020). However, challenges like the resistance to change and the need for continuous support were identified during the elaboration of this program.

## CONCLUSION

The elaboration of a nursing rehabilitation program, centred on the selfmanagement of physical exercise, for patients submitted to thoracic surgery, may represent a significant step in nursing rehabilitation. The validation and future implementation of the program are essential to increase quality of the care provided to patients submitted to thoracic surgery, contributing to a healthier, more resilient society, with greater health literacy.