

## ASSESS THE RISK OF CONSTIPATION AMONG PATIENTS UNDERGOING ABDOMINAL SURGERY

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### ABSTRACT

**Background:** Constipation is becoming main problems with related of modifiable lifestyle which mainly disturbing health of the person. Constipation can found at any age due change in life style , eating habits , fast foods, lack of exercise, lack of time for drinking water this are mainly reason of getting constipation. Constipation suffering person can mostly have this symptom which are abdominal and rectal pain, bloating, forcing, bowel movement stop or rare, hard stool, quantity of stool is less, difficulty in defecation, frequency of stool is less than three par weeks.

**Objective :** In this study planned to assess the risk of constipation among undergoing abdominal surgery patients and also associate the risk of constipation among undergoing abdominal surgery patients with selected demographic variables

**Methodology:** It is descriptive research design used in this research study conducted on patients are undergoing among abdominal surgery. Unlikely purposeful sampling technique used to select samples for analysis. This research study included 85 patients of AVBRH Rural hospital Sawangi (m). Patients must select according to requirements for inclusion and exclusion. For this study, patients who were undergoing abdominal surgery like as stomach, gall bladder, liver, spleen, pancreas, small intestine, and large intestine would mainly take. Age criteria above 18-year male, female can be the sample for the study.

**Expected Results:** Outcome includes risk of constipation on patients undergoing abdominal surgery patients for the study are Low risk , moderate risk and severe risk of constipation by using risk assessment constipation scale.

Ethics approval was obtained from (DMIMS(DU)/IEC/DEC-2019/8641). The conclusion will be drawn from the results.

**Conclusion:** Conclusion will be drawn from the statistical analysis.

**Keywords** –Assess, risk, constipation, abdominal surgery, patients

### Introduction

One of problem which affecting person more severely and also reducing their quality of life , disturbing excretion is constipation<sup>1</sup>. Basically constipation is symptoms not any kind of disease. Incidence of constipation varies 2-34% according to communities. According to result of studies conducted in Turkey incidence rate of constipation is Reported to be between 22-40%.<sup>2</sup>Constipation is expresses stool characteristics , stool transit time through intestinal tract and the passage content through anal sphincter <sup>3</sup>. Dry stool and hard thrown out abnormal

frequency and with difficulty.<sup>4</sup> Usually defecating less than 2 times, difficulty to pass and evacuate stool and hard defecation are the most common symptoms. <sup>5</sup> Nurses play a key role in determining the factors that cause constipation and the development of effective coping strategies<sup>6</sup>. Nurses, while helping to eliminate problems associated with constipation, should be aware of the factors that influence constipation and its causes<sup>7</sup>. Within this scope; the nurse diagnoses previous bowel habits of the individual, listens to bowel sounds, palpates the abdomen in terms of distension and makes a diagnosis using some diagnostic tools<sup>8</sup>. The most important nursing role towards preventing constipation is education of the patient and family<sup>9</sup>.

Constipation symptoms change from one person to another person, it can usually defecating less than 2 times, difficulty to pass and evacuate stool and hard defecation are the most common symptoms. It can be observed that constipation can be one of the symptoms of damage to the peripheral nerve, also autonomic neuropathies. More people have problems of alternating diarrhea and constipation problems commonly found in diabetic people.<sup>10</sup>

**Objective:** In this study going to assess the risk of constipation among undergoing abdominal surgery patients and also associate the risk of constipation among undergoing abdominal surgery patients with selected demographic variables

**Methodology:** It is an academic hospital based study. It will be conducted AVBRH Sawangi respectively.

#### **Inclusion criteria**

1. Patients who are undergoing abdominal surgery such as stomach, gall bladder, liver, spleen, pancreas, small intestine, and large intestine
2. Patients will in hospital after 3 days surgery.
3. Patients will available during of collecting of data.

#### **Exclusion criteria**

1. Patients who are participated in similar kind of study

#### **Sample size**

$$N = \frac{2\alpha/2^2 \cdot P(1-p)}{d^2}$$

$2\alpha/2^2$  – It is the level of significant at 5% i.e. 95% confidence interval = 1.96

P – Proportion of patient at moderate risk = 11.71% = 0.1171

D – Derived error of margin = 7% = 0.07

$$\begin{aligned} N &= \frac{1.962 \times 0.1171 \times (1-0.1171)}{0.07^2} \\ &= 81.05 \\ N &= 85 \end{aligned}$$

#### **Outcome Measures**

Primary outcome : It includes assess the risk of constipation among undergoing abdominal surgery patients

Secondary outcome : It consist of risk of constipation among undergoing abdominal surgery patients And aware patients about constipation risk.

#### **Data management and monitoring**

Data collection will be conducted for a single month span. This research will be carried out after receiving authorization from the authorities concerned.

### Tool for data Collection

#### Section A – Demographic Variable

A demographic information which gives baseline information obtained from patients such as age, sex, educational status, occupation, family income, BMI, previous constipation history.

#### Section B – Constipation risk assessment scale

Category	Score
1. Mild constipation	<10
2. Moderate constipation	11-15
3. Severe Constipation	>16

### Statistical analysis

#### Descriptive method:

For analysis of demographic data will be going used frequency and mean, mean percentage and standard deviation will be used for assessing the risk factor of constipation undergoing abdominal surgery patients

Inferential statistics: For association between risk factor which contributing will be use to assess constipation of among undergoing abdominal surgery patients Chi- square going to use.

#### Ethics and dissemination-

This study will approve by the Institutional Ethics Committee of DMIMS (DMIMS). All participants will asked to read and sign the informed consent. Proper explanation about purpose of study and nature of adjustment scale involved in the study will be given to the samples. Information about the samples will handle properly so that confidentiality and anonymity will maintain. Information will not use or release outside the terms of the agreement.

#### Expected Outcomes/Result

In this present study, output includes risk of constipation on patients undergoing abdominal surgery patients. Low risk, moderate risk and severe risk of constipation among patients undergoing abdominal surgery by using risk assessment constipation scale.

### Discussion

A study will be conducted to assess the risk of constipation among undergoing abdominal surgery patients. Cross sectional descriptive research design will selected for this study. There will be 85 patients of AVBRH Hospital Sawangi (m), Wardha will going to selected for this study. The Sample will be randomly selected with constipation risk assessment scale will be used assess the risk of constipation from subject and obtained data was analyzed using descriptive, inferential statistics and was interpreted in terms of objective of the study. There are some evidence to suggest that risk of constipation has occurs in undergoing abdominal surgery patients and affect health status of patients. Incidence of constipation varies 2-34% according to communities. According to result of studies conducted in Turkey incidence rate of constipation is Reported to be between 22-40%. Few of the related studies from local context were reported<sup>8-9</sup>. Studies related to gastric problems were reported by Wanjari et al<sup>10</sup>, Gantasala et al<sup>11</sup> and Gupta et al<sup>12</sup>. Yeola et al reflected on passage of gangrenous small bowel per rectum following superior mesenteric vessel thrombosis<sup>13</sup>. Also some studies on causes related to liver<sup>14,15,16</sup> and kidneys<sup>17</sup> are available.

**Conclusion:** Conclusion will be drawn from the statistical analysis.

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**Fig.1: Schematic diagram of Study Methodology**

