

Nursing Outcome in Patients with Cleft lip and Palate who Underwent Operation: Follow-up Cases

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Background: Cleft lip and cleft palate are the most common craniofacial anomalies affecting approximately 2.5 of every 1,000 children born in North East of Thailand. Srinagarind Hospital has 150-200 cases of cleft lip and palate each year. The lengthy treatment process of care, requires continuity of care involving a multidisciplinary team. The holistic and interdisciplinary care is very important to patients, family, health care professionals and the health care system. After operation patients stay in hospital about 2-3 days, during this time they will receive information regarding how to take care of the wound, feeding and details about activities to avoid. Before patients leave hospital the nurse will confirm if parents can take care of patients wound, feeding, know about avoiding activities. The Nurses or health care professional can check patients progress again when they come back to hospital for follow-up.

Objective: To promote continuity care and resolve any problems for developing quality of care.

Material and Method: The present study is retrospective descriptive study. Data was collected from follow-up case forms using 205 medical records of patients with cleft lip and palate who were admitted in 3c ward Srinagarind Hospital between June 2010 to May 2011. The records were purposively selected for the study and recorded with a data collection form.

Results: 95.12% of patients with cleft lip and palate came back for follow-up. 2.44% of patients had wound infection. 7.69% of patients have flap separation. The authors also found that some care givers could not take care of the patients correctly and were not concerned about follow-up.

Conclusion: To contracts the patients and family when they visit hospital for follow-up can make health care professional ensure the patients understand what they need to know and do, also can find any uncomfortable points/problem of patients/family then can develop the strategies or system to solve the problem.

Keywords: Cleft lip and palate, Underwent operation, Follow-up

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Cleft lip and cleft palate are the most common craniofacial anomalies⁽¹⁾, affecting approximately 2.5 of every 1,000 children born in North East Thailand⁽²⁾. Srinagarind Hospital has 150-200 cases of cleft lip and cleft palate each year⁽³⁾. The lengthy treatment process for craniofacial anomalies care requires continuity of care involving a multidisciplinary team⁽⁴⁾. The holistic and interdisciplinary care is very important to patients, family, health care professionals and the health care

system⁽⁵⁾. After operation patients stay in hospital for about 2-3 days, during this time they will receive information about how to take care of the wound, feeding, activities to avoid, before patients leave hospital nurse will confirm parents if can take care of patients wound, feeding, understand about avoiding activities⁽⁶⁾. The authors can check patients condition and progress again when they come back to hospital for follow-up.

Objective

To promote continuity care and resolve any problems for developing quality of care.

Follow-up: Is the act of making further contact with a patient or caregiver, at a specified date to check on their progress regarding a change or action

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discussed at their last appointment or contact^(7,8).

Objective of follow-up⁽⁸⁾

1. Monitoring health such as checking blood pressure, blood sugar.
2. Reinforcing knowledge and action plans.
3. Confirming medication adherence.
4. Scheduling appointments.
5. Verifying follow-through on referrals.
6. Reporting lab results.

The present study concentrates on 3 of the objectives, reinforcing knowledge and action plans, confirming medication adherence and scheduling further appointments including referring patients to primary care unit if necessary.

Follow-up process⁽⁸⁾

Identify ways to initiate and track follow-up

The process to determine how to follow-up contacts is initiated. It may be desirable to use a system to keep track of who needs a follow-up and when.

Determine methods to provide follow-up

The method of follow-up with a patient depends on what needs to be followed-up on and the practice's capacity.

Visit: If a physician needs to physically examine the patient, a visit is the only way to do this.

Phone call: A phone call can save both the physician and the patient time. A phone call conversation can also be used to reinforce information provided to patients at their visits.

Automated call system: Some practices may benefit from an automated system that enables patients to call in or receive calls to report health-related information (*e.g.*, blood pressure, blood glucose), and get laboratory results.

Follow-up forms: Patients can be taught to record information at home and bring that record in at their next appointment.

E-mail: This can be a very efficient means of communicating to patients because it does not require that the patient and clinician are available at the same time. It is important to keep the following things in mind when using e-mail with patients: Make sure patients know when or how often to return the e-mail, and any life-threatening emergencies are not appropriate for e-mail. E-mail communication may not be appropriate for relaying sensitive health and personal information. It may not be the most confidential means of communication.

Mail: Mailing normal lab results and reminders can be efficient for the office staff, and patients may appreciate knowing that their lab results were within normal limits.

Identify who will do the follow-up

Clinician: If the follow-up is complex or sensitive, the clinician may prefer to provide follow-up over the phone. Consider a system for someone else on the staff to co-ordinate and perform the follow-up based on the needs determined by the patient or physician.

Nurse: Often nurses are in excellent positions to follow-up with patients. They have the training and expertise to review things like blood pressure and blood glucose values with patients, discuss and encourage specific health behaviors and review medication adherence.

Other staff: There may be opportunities for front desk staff or volunteers to contact patients for follow-up. Such follow-up could include scheduling appointments, confirming that patients followed through with referrals and providing patients with information on community resources.

For the present study the clinician and nurse do the follow-up.

Strategies of follow-up

Strategies to achieved the follow-up is SIMPLE, as follows⁽⁹⁾.

Simplifying regimen characteristics: Treatment or information has to be easy for patients to understand, easy to follow and matching patients' activity of daily living.

Imparting knowledge: Giving just the 3-4 main points or most important information, using simple language.

Modifying patients beliefs: Assess patients perception, patients susceptibility to incorrect beliefs can be a barrier to successful treatment. Inform patients about consequences of incorrect beliefs and the benefit of following treatment as provided. Provide time for patients and family to express their feeling.

Patients communication: Use simple language, any questions asked of patients should be easy and not too long. Active listening and providing clear, direct message and include patients in decisions. This should promote family support.

Leaving the bias: Avoid patients bias such as education, occupation, gender, age.

Evaluation adherence: Evaluation of treatment

from patient co-operation, progress of treatment including self report.

Material and Method

This project is one part of nursing outcome in patients with craniofacial anomalies who underwent operation. This is the descriptive study. It was approved by the ethics committee for human research, Khon Kaen University. Sample population were 205 patients with cleft lip and cleft palate who were admitted in 3c ward Srinagarind Hospital and have appointment with the surgeon at OPD no. 4 between June 2010 to May 2011.

Data collection: 205 patients with cleft lip and cleft palate who were admitted in 3c ward, Srinagarind Hospital between June 2010 May 2011 were recorded with a data collection form by nurse.

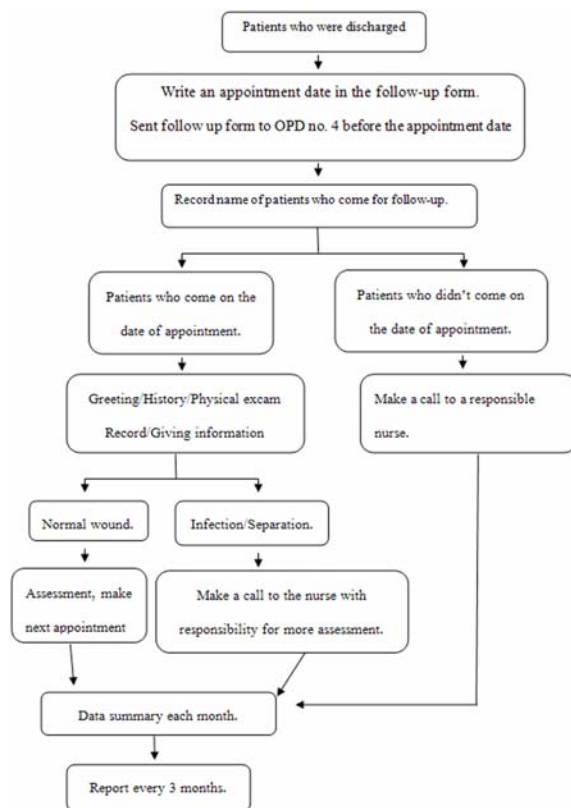


Fig. 1 Study flow of the study

Results

1. Demographic data: 61.46% of patients were male, age 3 month to 56 years, average 2 years. 39% of patients were cleft palate, 27.8% of patients were cleft lip, 44% of patients had other craniofacial anomalies.

25.8% of patients were cheiloplasty, 16.50% of patients were palatoplasty. 74% of parents/care giver graduated primary school, age 19-62 years old, average 57 years old. 67% of parents/care giver were farmers.

2. Wound healing: 2.44% of patients had wound infection and had to have antibiotics for 1 week, 1.47% of patients had flap separation, 7.32% of patients had wound fistula. During care giver assessment the authors found that some cannot take care of patients wound correctly.

3. Lost follow-up: 4.8% of patients lost follow-up this case including: 2 cases of patients after palatoplasty, 3 cases of patients after cleft lip nose correction, 1 case of patients after closure fistula operation and 4 cases of unilateral cleft lip with alveolar cleft after cheiloplasty.

4. The reasons of patients were lost follow-up:

4.1) 3 care givers did not understand about having to take the patients back to see the doctor because patient's mother worked in another city, care giver misunderstand if patients treatment finished, the lip look like normal, patients can drink milk, can eat food.

4.2) 4 care givers have no time to take patients back to see the doctor, because they have other children in family to take care at home.

4.3) 2 care givers think it is not important to take the patients for follow-up because they think the wound is good.

4.4) 1 patient needed to go to study in the same day as the follow-up date so they call to change an appointment.

Conclusion and Discussion

95.12% of patients with cleft lip and palate come back to follow-up 2.44% of patients had wound infection. The authors also found that some care givers could not take care of the patients correctly because they have incorrect beliefs and just do what they think is good for patients especially if grandmother be the care giver.

In rural areas parents often leave their children with the grandmother, so grandmothers have to take care of many children. They have no time to take patients back for follow-up, because they have work to do, also have to take care of other children at home, especially so if they think it is not crisis situation. That's the reason why from the present study the authors found 4 cases where the care giver did not take patients back to see the doctor. Regarding the patients who

have to study on the same day as the appointment date, nurses and patients/family already know if it the same time, so can change the appointment date while they are still in hospital (at the discharge day) and can save patients/family time and cost to call to postpone the follow-up date. So nurses need to be concerned about this point and sometime need to ask patients/family if it available for the appointment date before they go back home.

The relatives not concerned about follow-up and misunderstand that if the wound looks good then they do not need to comeback to see the doctor again, from this point the health care professional needs to give them information about the importance of coming back for follow-up, that it is not just about wound, but its holistic and for the further appointment and treatment and confirm if patients and family understand all information.

To contact patients when they visit hospital can enhance patients families' sense of care. The health care professional who contacts the patients can ensure the patients understand what they need to know and do, also can find any uncomfortable points/problem of patients/family then can develop the strategies or system to solve the problem including patients/family quality of life.

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Potential conflicts of interest

None.

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ผลลัพธ์การพยาบาลผู้ป่วยปากแหว่งเพดานโหว่ที่ได้รับการผ่าตัด: การติดตามผู้ป่วยหลังผ่าตัด

ดาราวรรณ อักษรวรรณ, กฤษณา พิขุนทด, สุมาลี พงศ์ภักทิพย์, พลากร สุรกุลประภา

ภูมิหลัง: ปากแหว่งเพดานโหว่เป็นความผิดปกติที่พบได้มากที่สุดในกลุ่มผู้ป่วยที่มีความพิการของศีรษะและใบหน้าแต่กำเนิด ในภาคตะวันออกเฉียงเหนือพบประมาณ 25: 1,000 ในทารกแรกเกิด โรงพยาบาลศรีนครินทร์มีผู้ป่วยเข้ามารักษา 150-200 ราย/ปี กระบวนการการรักษาดูแลผู้ป่วย เป็นการรักษาที่ใช้ระยะเวลาที่ยาวนานต่อเนื่องและเกี่ยวข้องสัมพันธ์กันหลายสาขาวิชาชีพ การดูแลแบบองค์รวมและการดูแลโดยทีมสหสาขาวิชาชีพมีความสำคัญมากสำหรับผู้ป่วย ครอบครัว ทีมสุขภาพและระบบการบริการสุขภาพ หลังการผ่าตัดผู้ป่วยจะนอนพักรักษาตัวในโรงพยาบาลประมาณ 2-3 วัน ในระหว่างที่นอนพักรักษาตัวผู้ป่วย และผู้ปกครองจะได้รับข้อมูลเกี่ยวกับการดูแลบาดแผล การรับประทานอาหาร กิจกรรมต่างๆ ก่อนผู้ป่วยจะออกจากโรงพยาบาลพยาบาลจะเน้นย้ำผู้ปกครองว่าสามารถให้การดูแลผู้ป่วยในเรื่องของบาดแผล การให้อาหารและกิจกรรมต่างๆ และทีมการดูแลจะทราบว่าผู้ป่วยและญาติได้ปฏิบัติตัวได้ถูกต้องหรือไม่อย่างไร เมื่อผู้ป่วยกลับมาติดตามผลการรักษาอีกครั้ง

วัตถุประสงค์: เพื่อส่งเสริมการดูแลที่ต่อเนื่องและแก้ปัญหาเพื่อพัฒนาคุณภาพการดูแล

วัสดุและวิธีการ: การศึกษาครั้งนี้เป็นการวิจัยเชิงพรรณนา โดยการเก็บข้อมูลย้อนหลัง เก็บข้อมูลจากแบบฟอร์มการเก็บข้อมูลผู้ป่วยที่มาติดตามการรักษา โดยเก็บข้อมูลจากแบบฟอร์มการติดตามผู้ป่วยมาติดตามการรักษาจำนวน 205 ราย ที่ได้รับการผ่าตัดและพักรักษาที่หอผู้ป่วย 3C โรงพยาบาลศรีนครินทร์ ระหว่างเดือนมิถุนายน พ.ศ. 2553-พฤษภาคม พ.ศ. 2554 และบันทึกข้อมูลลงในแบบบันทึกข้อมูล

ผลการศึกษา: ผู้ป่วยมาติดตามผลการรักษาร้อยละ 95.12 มีการติดเชื้อของแผลผ่าตัดร้อยละ 2.44 มีแผลแยกร้อยละ 7.69 และพบว่าผู้ปกครองบางรายดูแลผู้ป่วยได้ไม่ถูกต้อง และไม่เห็นความสำคัญของการมาติดตามผลการรักษาตามนัด

สรุป: การพบผู้ป่วยที่มาโรงพยาบาลเพื่อติดตามผลการรักษาทำให้บุคคลากรทางการแพทย์ สามารถมั่นใจได้ว่าผู้ป่วยเข้าใจว่าอะไรเป็นสิ่งที่ต้องรู้ และต้องปฏิบัติรวมทั้งสามารถหาจุดที่ไม่สะดวก หรือปัญหาสำหรับผู้ป่วย แล้วนำมาพัฒนากลยุทธ์ หรือระบบในการที่จะแก้ปัญหานี้ๆ
