

POSTER

Health and Self-Esteem

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Purpose To compare the incidence of the Delayed Surgical Recovery over four weeks in the group followed by telephone and in the control group. The use of telenursing has increased in conjunction with the search to provide high quality care, and improve cost-effectiveness. **Method** Randomized blinded clinical study to evaluate the effectiveness of a telephone follow-up performed by nurses in the surgical recovery of elderly in postoperative period of cataract extraction. The study follows the recommendations of the CONSORT Statement/2010. The sample consisted of 95 participants in preoperative cataract surgery, from two hospitals located in the city of Niteroi, Rio de Janeiro, Brazil. The participants were divided into an experiment and a control group. The experiment group had access to the conventional follow-up and the nursing intervention telephone follow-up, of four calls in the four-week period, using a semi-structured call instrument (Figure 1). The control group had access only to conventional treatment, without telephone monitoring. Both groups were followed-up in the outpatient clinic that lasted four weeks, being developed three follow-ups to identify the outcome: days of post-operative, pain, mobility, expectative post-operative. **Results & Discussion** From the three evaluations was statistically significant in the second and third evaluations, in which the occurrence of delayed surgical recovery was 36.2% in the control group and 6.3% in the experiment group ($p=0.000$). Odds ratio was 0.118 (CI=0.032; 0.437), which indicates the possibility of a protective effect of the telephone follow-up against delayed surgical recovery. Patients submitted to the telephone follow-up intervention have a significantly reduced chance of presenting DSR. The chance of a patient accompanied by telephone presenting a DSR diagnosis is 0.118 times the chance of a patient who is not accompanied by telephone presenting the diagnosis. In other words, the chance of a patient who is not accompanied by telephone to have the DSR diagnosis is $1/0.118 = 8.5$ times greater than the chance of a patient accompanied by telephone being diagnosed with DSR. In conclusion, Patients submitted to the telephone follow-up intervention have a significantly reduced chance of presenting delayed surgical recovery. Relevance to the clinical practice: the technologies incorporated in clinical practice may be an important tool to the continuity of the nursing care and decreasing of chances in the post-operative complications.

References

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Address: University of Federal Fluminense, Brazil, Rio de Janeiro;
E: rosifesa@gmail.com



Figure 1. A semi-structured call instrument