

# Patient's Experiences and Difficulties at Home Following Day Surgery

## Günübirlik Cerrahi Sonrası Hastaların Evde Yaşadıkları Deneyim ve Güçlükler

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This study was presented as a poster in 2<sup>nd</sup> International and 10<sup>th</sup> National Turkish Operating Theater and Surgical Nursing Congress 2-5 November 2017, Antalya, Turkey.

**ABSTRACT Objective:** The aim of this study was to determine patients' experiences and difficulties at home following day surgery. **Material and Methods:** This descriptive and cross sectional study was conducted with 160 patients who had undergone an outpatient surgical intervention. In the study three question forms were used. The patients were monitored through telephone enquiry in the first 24 hours after their discharge. When they came to the clinic for control 7 days after the discharge in a face-to-face interview in order to observe whether there had been any difference in the in-between period of 2-7 days. **Results:** The experiences of the patients in the first 24 hours showed that 75% of the patients experienced pain, 46.2% fatigue/feeling of weakness, 29.3% nausea/vomiting, 26.2% loss of appetite, 20.6% discharge/bleeding at wound site, 64.3% of the patients had difficulty in walking and moving around. The experiences that the patients had within 2-7 days after the surgery, were as follows: 35.6% had pain, 14.3% fatigue/feeling of weakness. While, of the patients, 51% found that the training for the time after discharge was sufficient, 82.0% wanted to have written training material. **Conclusion:** According to the difficulties experienced by the patients at home, it is recommended to increase the scope of discharging education specific to each clinic and to give written educational material.

**Keywords:** Day surgery; outpatient surgery; home health nursing; patient; nurse; discharge

**ÖZET Amaç:** Çalışmanın amacı günübirlik cerrahi işlem uygulanan hastaların evde yaşadıkları güçlükleri belirlemektir. **Gereç ve Yöntemler:** Araştırma günübirlik cerrahi işlem uygulanan 160 hasta ile, tanımlayıcı ve kesitsel olarak yapılmıştır. Çalışmada üç soru formu kullanılmıştır. Hastaların taburculuk sonrası ilk 24 saat içerisinde telefon ile izlemi yapılmıştır. Taburcu olduktan 7 gün sonra kliniğe kontrol için geldiklerinde 2-7 gün arasında bir fark olup olmadığını tespit etmek için yüz yüze görüşülmüştür. **Bulgular:** Hastaların ilk 24 saat içerisinde, %75'inin ağrı, %46,2'sinin yorgunluk/güçsüzlük, %29,3'ünün bulantı/kusma, %26,2'sinin iştah kaybı, %20,6'sının ise yara yerinde akıntı/kanama yaşadığı, %64,3'ünün yürüme ve gezinmede zorlandığı belirlenmiştir. Hastaların 2-7 gün içinde ise; %35,6'sının ağrı, %14,3'ünün yorgunluk/güçsüzlük, sorunu olduğu belirlenmiştir. Hastaların %51,0'inin verilen taburculuk eğitimi yeterli bulduğu, %82,0'sinin yazılı eğitim materyali istediği saptanmıştır. **Sonuç:** Hastaların evde yaşadıkları güçlük durumlarına göre her kliniğe özgü taburculuk eğitimi kapsamının artırılması ve yazılı eğitim materyali verilmesi önerilmektedir.

**Anahtar Kelimeler:** Günübirlik cerrahi; evde bakım hemşireliği; hasta; hemşire; taburculuk

Outpatient surgery, also called ambulatory surgery, is a surgical intervention in which patients with proper health condition allowing to plan a day surgery can undergo a surgical operation and be discharged home still on the same day. Nowadays, the number of patients treated in outpatient surgery

units has substantially increased compared with those who have to be hospitalized after a surgical intervention.<sup>1-9</sup>

Outpatient surgery has many advantages: Patients undergoing an outpatient surgical intervention rapidly recover from anaesthesia and are discharged home on

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the same day in a process substantially shortening the hospital stay, where the surgical procedure is postponed only in exceptional cases and poses fewer risks in respect of infections. It is a cost-effective procedure that can be performed with less personnel, where patients and families are more satisfied in a process causing less stress on them.<sup>4,6,10</sup> If, however, the process is not effectively planned, outpatient surgery can cause several problems, as a result of which patients can experience some difficulties.<sup>5,7,10,11</sup> Of the various problems that might arise in outpatient surgery, the most prominent are the need for sufficient number of personnel with experience, the short span of time nurses allocate to patients in the post-surgery period, the need for an efficient training for the period after discharge, but, on the other hand, insufficient time available for such a training, lack of insufficient time for the assessment of complications that might come into the picture in the post-surgery period, making it impossible to monitor the complications after the discharge and the need for a caregiver in the first 24-48 hours.<sup>2,3,12</sup>

Patients can have difficulty in coping with the problems they experience at home after their discharge. Various complications such as pain, nausea and vomiting, fever, fatigue, feeling of asthenia, discharge, bleeding, hoarseness and gag reflex can be observed in patients who receive insufficient training at discharge.<sup>2,7,12</sup>

In order to prevent such complications, patients should be equipped at discharge with knowledge and skills that would enable them to manage their own self-care at home. Requirements of patients and their relatives in respect of care after an outpatient surgery vary depending on the surgical intervention implemented and personal traits of each patient.<sup>13-15</sup> On the other hand, in outpatient surgery where patients are discharged home in a rapid process, other factors decrease the self-care power of patients, paving the way for a probable rehospitalisation, which include surgery and treatment options, anaesthesia and the related complications, pain control, non-delivery of written material guidance in respect of care at home and wound care.<sup>13-16</sup>

It is thought that the present study would be beneficial especially for physicians and nurses serving in outpatient surgery units with respect to extending their knowledge in terms of doing the planning work,

determining the conditions requiring support through a caregiver and reviewing the training before discharge in line with these needs by taking due account of the most prominent and most persistent problems patients experience at home and difficulties they encounter in performing their daily activities. No previous studies found about this subject in republic of North Cyprus.

## MATERIAL AND METHODS

The study was conducted descriptive and cross-sectional between 10 December 2014 and 31 March 2015 at a university hospital in Cyprus. The sample consisted of 160 patients whose universe was determined by using the known sample calculation formula (95% confidence interval, 5% error margin)

The areas where daily surgery is performed are as follows;

- General Surgery (hernia repair, pilonidal sinus, breast biopsy, etc.)
- Urology (urethral dilatation, cystoscopy, renal biopsy, etc.)
- Orthopedics (arthroscopy, fracture reduction, tenectomy, etc.)
- Ear Nose Throat (septoplasty, nasal polyp excision, etc.)
- Cardiovascular Surgery (varicose veins, etc.)
- Obstetrics (termination of pregnancy, cyst excision, etc.)
- Eye (cataract etc.)
- Plastic Surgery (rhinoplasty, breast enlargement, reduction, liposuction, etc.)

In all these areas, at least 10 surgical procedures performed in a week. Patients are discharged within 3-6 hours after the procedure. Discharge training is given verbally by physicians and nurses and no written material is given.

The patients included in the study were over 18 years of age and able to express themselves, who had undergone an outpatient surgical intervention and were willing to take part in the study. Individuals who met the study criteria and agreed to participate were included in the study.

In the previous year the number of outpatient surgeries performed in all areas was 50 per month and 200 patients for four months. Using the known sample calculation formula, the population was calculated as n: 132 with 95% confidence interval and 5% error margin. The study lasted 3.5 months and reached 160 patients.

In the study question forms were used designed by the researcher on the basis of models available in previous research and it was applied after being reviewed by three specialist academic nurses.<sup>2,6-9,12</sup> After reviewed, the form did not require any change.

**1) Introductory Information Form:** This form, which comprises of 15 questions, contains the demographic data, contact information about patients and questions about their general health condition.

**2) Post-Procedure Assessment Form:** This form contains 12 questions about the outpatient surgical procedure, complications experienced by the patient in the post-operative period such as pain, bleeding, nausea and vomiting and those that would provide insight with respect to the duration of clinic stay in the post-surgery period.

**3) Discharge Inspection Form:** This form contains questions that might provide a hint in respect of whether the patients have experienced fatigue, nausea, pain, bleeding, constipation, flatulence and difficulty in taking liquid via the mouth in the first 24 hours at home, the experiences of the patients and their coping strategies and difficulties they experience in daily activities such as dressing-undressing and eating.<sup>7,10,13,14</sup>

In the first stage, the introductory information form was filled out based on the information in their file designed at the admission to the clinic and information obtained in face-to-face interview held with them. In the second stage, post-procedure assessment form was filled out basing on the interview realized face-to-face with them, when patients contact the clinic after the procedure. In the third stage, discharge inspection form was filled out by the researcher through telephone interview 24 hours after the patient had been discharged. Patients were asked the questions in the discharge inspection form when they came to the clinic for control 7 days after the dis-

charge in a face-to-face interview in order to observe whether there had any difference in the in-between period of 2-7 days.

## ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Near East University Scientific Researches and Ethics Committee (2014/26-164). Before starting the study, permissions in written form were obtained from the Office of the Chief Physician of the hospital. Before applying the question form, patients were informed about the objective of the study, then their consent in oral and written form was obtained. The study was carried out in accordance with the principles of the Helsinki Declaration.

## STATISTICAL ANALYSIS

The Statistical Package of Social Sciences v.20.0 software (SPSS Inc.; Chicago, IL, USA) was used for assessing the data. The personal data about the patients included in the study such as gender, age group were subjected to frequency analyses and displayed on frequency distribution tables. Frequency analyses were also performed on other indicators about the patients such as their general health condition, the involved clinic, the type of anaesthesia and the symptoms seen after the procedure, level of information communicated in the pre- and post-surgery period, troubles which patients experienced in the first 24 hours as well as within the time-span of 2-7 days after their discharge home, the difficulties that patients experienced in performing their daily activities in the first 24 hours as well as within the time period of 2-7 days after the discharge home, which were then displayed on frequency tables.

## RESULTS

While, of the patients who participated in the study, 60% (n:64) were women, 37.5% (n:60) were in the age group of 26-35 and 20.0% (n:32) in the age group of over 56 years. Of the patients included in the study, 73.7% (n:118) were not diagnosed with any chronic disease. Of the patients who had a chronic disease, on the other hand, 64.2% (n:27) had hypertension, 30.9% (n:13) diabetes. While 24.3% of the patients stated that they regularly used medicines, 78.1%

(n:125) said that they had undergone no surgical interventions. As for the surgical procedures patients had to undergo, 24.3% (n:39) in gynaecology department. In respect of the type of anaesthesia applied to patients, while general anaesthesia was implemented in 65.0% (n:104), 35.0% (n:56) were operated under local anaesthesia.

With regard to the level of information relayed to patients, 90.6% (n:145) stated that they had been informed in detail before the intervention. While 69.0% (n:110) of the patients received the information from a physician, it was a nurse who informed 31% (n:50) of the patients. As for the discharge training, 72.5% (n:116) said that they received training for post-discharge period, whereby 96.5% (n:154) of these patients were trained by a physician, and 51.0% (n:82) of them stated that they found the discharge training to be sufficient. Besides, 82.0% (n:131) of the patients said that they would have liked to have written material in respect of home care after the discharge.

Asked about the troubles they experienced in the first 24 hours after their discharge home, 75.0% (n:120) of the patients said that they had pain, 46.2% (n:64) fatigue/feeling of weakness, 29.3% (n:47) nausea and vomiting, 20.6% (n:33) discharge/bleeding at the wound site, 26.2% (n:42) loss of appetite, 15.6% (n:25) trouble in urination, 12.5% (n:20) insomnia, 12.5% (n:20) diarrhoea/ constipation, 6.2% (n:10) difficulty in liquid intake via the mouth.

In respect of the problems which patients experienced within 2-7 days after their discharge, the study found that 35.6% (n:57) of the patients had pain, 14.3% (n:23) fatigue/feeling of weakness, 5.6% (n:9) discharge/bleeding at wound area, 4.3% (n:7) loss of appetite, 6.8% (n:11) difficulty in urination and 2.5% (n:4) nausea and vomiting.

Taken altogether, the results show that the patients experienced several problems such as nausea/vomiting, difficulty in taking liquid oral, distention, difficulty in breathing and orientation difficulties within 2-7 days after their discharge home.

According to the degree of difficulties experienced by the patients, 64.3% (n:103) had difficulty in walking and moving around, 79.3% (n:127) in going up the stairs, 75.0% (n:120) in managing their own

self-care, 67.5% (n:108) in bathing, 69.3% (n:111) in dressing and undressing and 80.6% (n:129) in going to toilet in the first 24 hours after their discharge.

In respect of the difficulties which patients had at home in the time-span of 2-7 days after discharge, that 3.1% (n:5) had difficulty in walking and moving around, 5.6% (n:9) in going up the stairs, 10.0% (n:16) in self-care, 1.2% (n:2) in bathing, 6.8% (n:11) in eating and drinking and 2.5% (n:4) in shopping. Of the patients participated, while 69.3% (n:111) stated that they could not care for the household, 9.3% (n:15) said that they “could not do” their shopping.

## DISCUSSION

Most of the patients who participated in the study were women and were in the 26-35 age group and surgery was performed in the gynecology clinic (Table 1). Previous research has provided evidence that the patients undergoing a surgical intervention experience several troubles at home, the ones associated with pain, oedema, exercise, self-care and wound area being the difficulties experienced by the majority, and that they need support from the family in performing daily activities in recovery period.<sup>14,16-19</sup> The study results have shown that while 75% (n:120) of the patients experienced pain in the first 24 hours after their discharge, 35.6% (n:57) said that they had pain within 2-7 days after their discharge home (Table 2). Even though patients can return home in relatively shorter time after an outpatient surgical intervention, patients do experience some problems if the preparations for the surgical procedure and the post-surgery period are not planned well. The most common problem seen in patients undergoing a day surgery is pain, and it is the reason that retards the discharge or leads to hospitalization in most of the patients. It is reported in previous research that patients can be hospitalized or patients themselves consult healthcare institutions due to pain, even in cases where all the measures are taken to provide sufficient analgesia.<sup>7,18</sup> Dal et al. found that the most frequent troubles which patients experience at home after discharge are those in connected with pain, oedema, exercise and self-care,



**TABLE 1:** Descriptive characteristics of the patients (n=160).

Descriptive characteristics	n	%
<b>Age</b>		
<=25	28	17,5
26-35	60	37,5
36-45	19	11,8
46-55	21	13,1
>=56	32	20,0
<b>Gender</b>		
Male	96	40,0
Female	64	60,0
<b>General Health Status</b>		
<b>Chronic disease*</b>		
No	118	73,7
Yes*	42	26,2
<b>Current disease*</b>		
Hypertension,	27	64,2
Diabetes	13	30,9
Thyroid disease	2	4,7
<b>Clinic for surgical procedures</b>		
Gynaecology	39	24,3
Urology	22	13,7
Ophthalmology	21	13,1
General surgery	20	12,5
Cosmetic surgery	18	11,2
Otolaryngology	16	10,0
Orthopaedics	16	10,0
Cardiovascular surgery	8	5,0
Total	160	100

whereby the majority of the patients had pain problem at home.<sup>18</sup> The findings of our study are similar to those observed in the studies indicated above, giving rise to thought that proposals about solutions to prevent pain, one the most prominent problems experienced by patients in the post-surgery period after an outpatient surgical intervention, should be taken into account and implemented.

The study has further shown that 46.2% (n:64) of the patients feel fatigue/weakness (Table 2). Erkal reported that patients who were examined by cystoscopy in the outpatient surgery department and later monitored through telephone interviews for three days after discharge reported fatigue, being restricted in activities and insufficiency in liquid in-take as the

most frequent problems.<sup>1</sup> Gilmartin reported that patients felt intensive fatigue and weakness on the first day after the operation, which, however, showed a decline on the days that followed.<sup>6</sup> In our study, fatigue-weakness has been reported as the second most frequent trouble following pain among the problems which patients experience in the first 24 hours.

The tired feeling, fatigue/weakness after surgery is the usual situation for most patients and there are some reasons for this outcome. Some reasons begin even before surgery. For example, many patients have anxiety about undergoing any type of surgery and find it difficult to sleep, especially right before the date of surgery. Consequently, many patients have a sleep deficit even before they undergo surgery.

The patients included in the study, experienced nausea, vomiting in the first 24 hours, discharge/bleeding at the wound site, loss of appetite, difficulty in urination, insomnia and difficulty in taking liquid via the mouth. In their study conducted to investigate the problems which patients undergoing nose surgery experience at home in the first 3 days in the post-surgery period and the solutions for these problems, Çilingir and Bayraktar reported that problems that are frequently observed after ambulatory surgical interventions such as bleeding, discharge/leakage at the area operated were seen in the post-discharge period.<sup>7</sup> Gilmartin, on the other hand, showed that nausea and vomiting ceased in the 5<sup>th</sup> day after the operation in some patients, being with an incidence of 7%.<sup>6</sup> Postoperative nausea and vomiting (PONV) related with anesthetic methods and drugs are among the most important postoperative problems. Age, gender, weight, personal factors, anxiety, preoperative medications, operation area and surgical method, anesthetic method and drugs, postoperative factors are effective over PONV. Postoperative nausea and vomiting (PONV) is one of the complex and significant problems in anesthesia practice, with growing trend toward ambulatory and day care surgeries. Combination of drugs from different classes with different mechanism of action are administered for optimized efficacy in adults with moderate risk for PONV. Multimodal approach with combination of pharmacological and

**TABLE 2:** The distribution of problems which patients experienced in the first 24 hours and within the time-span of 2-7 days at home after the discharge (n=160).

Troubles	In the first 24 hours		Within 2-7 days after the discharge	
	n	%	n	%
Pain	120	75.0	57	35.6
Fatigue/feeling of weakness	64	46.2	23	14.3
Nausea and vomiting	47	29.3	4	2.5
Loss of appetite	42	26.2	7	4.3
Bleeding at wound site	33	20.6	9	5.6
Trouble in urination	25	15.6	11	6.8
Insomnia	20	12.5	4	2.5
Diarrhoea/constipation	20	12.5	7	4.3
Difficulty in liquid intake orally	10	6.2	-	-
Flatulence,	6	3.7	-	-
Difficulty in breathing	5	3.1	-	-
Orientation disorder	4	2.5	-	-

\*More than one option marked.

nonpharmacological prophylaxis along with interventions that reduce baseline risk is employed in patients with high PONV risk.<sup>20-22</sup>

Several studies in the literature report that inability of patients in respect of maintaining their self-care at home after an outpatient operation is one of the disadvantages of this type of surgical intervention.<sup>2,7,18</sup> In respect of the daily life activities within the first 24 hours in the post-surgery period, our study found that patients had difficulty in walking and moving around, going up the stairs, in meeting their needs with respect to self-care, bathing and dressing-undressing (Table 3). Patients undergoing a surgical intervention need more care in the first three days, the time where the patients experience more difficulties in performing their daily activities. Several studies in the literature also report that patients discharged after having undergone an outpatient surgical intervention have difficulty in moving, wound care, concentration, driving and performing household chores.<sup>2,6,18</sup> Our study has also found that the difficulties patients discharged home after an outpatient surgical intervention experience in the first 24 hours shows a declining trend within 2-7 days in the post-surgery period (Table 3). Tepe et al. have demonstrated that the daily life activities patients had the most difficulty in the post-discharge period are walking/moving, going up stairs and dressing/undressing.<sup>2</sup> The care needs of the patients

who underwent surgical procedures are higher on the first day and during this period, patients may have more difficulty in performing their daily activities. The patients in our study stated that they experienced less difficulty in performing these activities. We think that the availability of relatives who helped the patients to perform the household chores and cooking or patients themselves who did the household chores and cooked their meals prior to the operation did play a role in this respect. Some of the patients, though a few in number, stated that they needed support in activities such as cooking, housekeeping and shopping also in the time-span of 2-7 days after the operation.

A closer look into the relation of clinics/units where the operation was performed with the difficulties patients experienced in the first 24 hours and 2-7 days at home in the post-discharge period revealed that it was the patients treated in the general surgery department who experienced the most pain and fatigue, and those treated in the ear, nose and throat department had the highest incidence in respect of emergence of nausea, vomiting, discharge/bleeding and loss of appetite. Nausea and vomiting are the complications that can also be seen in the post-discharge period in patients undergoing a surgical intervention.<sup>6,12,20</sup>

Costa found that patients treated in the orthopaedics department had the highest incidence (16.1%) of pain in the pre-discharge period, and 5.3%

**TABLE 3:** The distribution of problems which patients experienced in the performance of daily activities in the first 24 hours and within the time-span of 2-7 days at home after the discharge (n=160).

	In the first 24 hours						Within 2-7 days after the discharge									
	I did		I could hardly		I did with help		I could not		I did with help		I could not					
	n	%	n	%	n	%	n	%	n	%	n	%				
Walking and moving around	30	18.7	103	64.3	27	16.8	-	-	155	96.8	5	3.1	-	-	160	100
Going up the stairs	25	15.6	127	79.3	8	5.0	-	-	151	94.3	9	5.6	-	-	160	100
Self-care	15	9.3	120	75.0	25	15.6	-	-	144	90.0	16	10.0	-	-	160	100
Bathing	13	8.1	108	67.5	15	9.3	24	15.0	144	90.0	2	1.2	14	8.7	160	100
Dressing and undressing	18	11.2	111	69.3	31	19.3	-	-	160	100	-	-	-	-	160	100
Eating and drinking	126	78.7	31	19.3	3	1.8	-	-	133	83.1	11	6.8	16	10.0	160	100
Going to toilet	20	12.5	129	80.6	11	6.8	-	-	132	82.5	28	17.5	-	-	160	100
Phone use	158	98.7	-	-	2	1.3	-	-	160	100	-	-	-	-	160	100
Household	-	-	-	-	11	6.8	149	93.2	21	13.1	11	6.8	17	10.6	111	69.3
Shopping	-	-	-	-	11	6.8	149	93.2	130	81.2	4	2.5	11	6.8	15	9.3

of patients suffered from moderate to severe pain in the first 24 hours.<sup>21</sup> Rawal reported that 65% of the patients suffered from moderate to severe pain depending on the type of the surgical intervention, of whom 41% were patients who had undergone daily surgery.<sup>20</sup>

Of the patients included in the study, 90.6% (n:145) received information about the intervention before the operation, of whom 69.0% (n:100) were informed by a physician and 31% (n:45) by a nurse. On the other hand, 72.5% (n:116) stated that they received training for the post-discharge period, of whom 96.5% (n:154) were trained in this sense by a physician. It is observed that physicians play an active role in informing patients in the post-surgery period. Previous research has reported that the relatively short time from the admission to undergo outpatient surgery to their discharge is a factor that restricts the assessment of patients by nurses in the pre-surgery period, the information of patients and their families before the operation, their monitoring in the post-surgery period and providing them care in line with their needs and monitoring the problems arising in the post-surgery period.<sup>1,5,18,19</sup> It is thought that such a situation comes into the picture due to nurses' negligence to meet their responsibilities with respect to training, a negligence probably arising from the increased workload. There is also a shortage of nurses and nurses' workload is high in the hospital where the research was conducted.

Asked about the discharge training, 51.0% (n:82) of the patients said that they found it satisfactory. Besides, 82.0% (n:131) of the patients said that they would have liked to have written material containing information about home care after their discharge.

Several researchers have underlined that, because the oral information cannot be fully understood and forgotten in the course of time, the training has to be provided in written form in any case.<sup>14,15,18</sup> It is also reported in existing accounts that information relayed in written form plays an important role to remove the uncertainties patients experience both during their stay at hospital and at home after their discharge, and that the majority of patients want to have the training materials in written form.<sup>2,7,9,18</sup> It is very important to direct the nurses to patient care practices and patient

education in order to provide a quality and safe service. Informing the patient reduces medical error, improves care quality and patient satisfaction, and increases the visibility of the nurse.<sup>23,24</sup>

## CONCLUSION

The present study has found that the most frequent problems patients experience in the post-surgery period after an outpatient operation are pain, feeling of weakness/fatigue, loss of appetite, and nausea/vomiting. The study has also demonstrated that the most frequent difficulties which the patients experience in activities at home are walking and moving around, going up stairs, self-care, bathing, dressing, undressing and going to toilets.

Another result is that most of the patients received detailed information about the surgery to be applied before the operation, whereby the majority was informed by a physician, and fewer number of patients received information from a nurse. The majority of patients do want to have the training materials in written form.

The study suggests that nurses should play an active role in informing the patients about the difficulties they can experience at home and the care to be provided after an outpatient surgical intervention. The study further proposes that nursing interventions should be reviewed to increase the

effectiveness of pain management and to manage the problems they experience in performing daily life activities after a day surgery. The study results indicate that delivering written material to the patients would be a reasonable approach that can be proposed.

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### Conflict of Interest

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

### Authorship Contributions

**Idea/Concept:** Özlem Aydoğdu, Ümran Dal Yılmaz; **Control/Supervision:** Özlem Aydoğdu, Ümran Dal Yılmaz; **Control/Supervision:** Ümran Dal Yılmaz; **Data Collection and/or Processing:** Özlem Aydoğdu; **Analysis and/or Interpretation:** Ümran Dal Yılmaz, Özlem Aydoğdu; **Literature Review:** Özlem Aydoğdu; **Writing the Article:** Ümran Dal Yılmaz, Özlem Aydoğdu; **Critical Review:** Ümran Dal Yılmaz.

## REFERENCES

1. Erkal S. Patients' experiences at home after day case chytoscopy. *J Clin Nurs.* 2007;16(6): 1118-24. [Crossref] [PubMed]
2. Karahan A, Kav S, Abbasoğlu A, Doğan N, Tepe A. [Patient's experiences and difficulties at home following day surgery]. *HEMAR-G.* 2010;12(3):38-48.
3. Gül R, Göksu S, Mızrak A, Öner Ü. [Ambulatory surgery during first eight month applications in our clinic]. *Gaziantep Tıp Dergisi.* 2008;14:23-7.
4. Sarihasan B, Kelsaka E, Taş N. [Outpatient anesthesia management]. *OMÜ Tıp Dergisi.* 2008;25(3):111-5.
5. Mitchell M. Day surgery nurses' selection of patient preoperative information. *J Clin Nurs.* 2017;26(1-2):225-37. [Crossref] [PubMed]
6. Gilmartin J. Contemporary day surgery: patients' experience of discharge and recovery. *J Clin Nurs.* 2007;16(6):1109-17. [Crossref] [PubMed]
7. Çilingir D, Bayraktar N. [Day surgery process and nursing care]. *Journal of Hacettepe University School of Nursing.* 2006;69-81.
8. Suhonen RA, Iivonen MK, Välimäki MA. Day-case surgery patients' health related quality of life. *Int J Nurs Pract.* 2007;13(2):121-9. [Crossref] [PubMed]
9. Kanan N, Öztekin D, Altun Uğraş G. [Informative approach to the patients exposed to ear surgery on home-care]. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi.* 2011;14(1):24-30.
10. Dolgun E, Candan Dönmez Y. Determination of patient's knowledge requirements belonging to preoperative period. *Maltepe Üniversitesi Hemşirelik Bilim Dergisi.* 2010;3(3):10-6.
11. Rhodes L, Miles G, Pearson A. Patient subjective experience satisfaction during the perioperative period in the day surgery setting: a systematic review. *Int J Nurs Pract.* 2006;12(4):178-92. [Crossref] [PubMed]
12. Çilingir D, Bayraktar N. [The problems the patients who had a nose surgery are exposed to at home following the postoperative in three days and the solutions to the problems]. *Türkiye Klinikleri J Nurs.* 2009;1(2):71-80.
13. Çatal E, Dicle A. A [Validity and reliability study of the patient learning needs scale in Turkey]. *DEUHYO ED.* 2008;1(1):19-32.



14. Tan M, Özdelikara A, Polat H. [Determination of patient learning needs]. F.N. Hem Derg. 2013;21(1):1-8.
15. Doğu Ö. [Meeting the needs of education and training in patients with planned surgery preparation psychological effects of individual patient-Sakarya sample]. Düzce Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi. 2013;3(3): 10-3.
16. Taşdemir N, Çelik Şenol S. [Patients' experience towards postoperative abdominal distention]. Ege Üniversitesi Hemşirelik Yüksek Okulu Dergisi. 2010;26(3):11-22.
17. Polikandrioti M, Ntokou M. Needs of hospitalized patients. Health Science J. 2011;5(1):15-22.
18. Dal Ü, Bulut H, Güler Demir S. [The problems experienced by the patients at home after surgery]. Bakırköy Tıp Dergisi. 2012;8(1):34-40. [[Crossref](#)]
19. Özkum İzveren A, Dal Ü. [The early period complications in patients who were performed abdominal surgery intervention and the nursing practices for these complications]. Hacettepe University Faculty of Health Sciences Nursing Journal. 2011; 18(2):36-46.
20. Rawal N. Postdischarge complication and rehabilitation after ambulatory surgery. Curr Opin Anesthesiol. 2008;21(6):736-42. [[Crossref](#)] [[PubMed](#)]
21. Costa MJ. The lived perioperative experience of ambulatory surgery patients. AORN J. 2011;74(6):874-81. [[Crossref](#)] [[PubMed](#)]
22. Shaikh SI, Nagarekha D, Hegade G, Marutheesh M. Postoperative nausea and vomiting: a simple yet complex problem. Anesth Essays Res. 2016;10(3):388-96. [[Crossref](#)] [[PubMed](#)] [[PMC](#)]
23. Oxelmark L, Ulin K, Chaboyer W, Bucknall T, Ringdal M. Registered nurses' experiences of patient participation in hospital care: supporting and hindering factors patient participation in care. Scand J Caring Sci. 2018;32(2):612-21. [[Crossref](#)] [[PubMed](#)]
24. Karayurt Ö, Erol Ursavaş F, İşeri Ö. [Examination of the status of nurses to provide individualized care and their opinions]. ACU Sağlık Bil Derg. 2018;9(2):163-9.