Factors Associated with Quality of 24 Hours Post Laparoscopic Surgical Recovery in Benign Gynecologic Patients

Kanya Kaewmanee, RN, MNS¹, Siriorn Sindhu, RN, DNSc¹, Suporn Danaidutsadeekul, RN, DNS¹, Prasong Tanmahasamut, MD²

Abstract

Purpose: To examine the correlations between severity of pelvic pain, preoperative hematocrit, intraoperative blood loss, duration of general anesthesia and quality of 24 hours post laparoscopic surgical recovery.

Design: A descriptive correlational study design.

Methods: The sample consisted of 126 benign gynecologic patients undergoing laparoscopic surgery, over 18 years of age, and admitted to a university hospital in Bangkok. Data were collected using demographic data records, health status records, pelvic pain and postoperative quality of recovery evaluation form (the Quality of Recovery-40; QoR-40). Descriptive statistics and Pearson's product moment correlations were employed for data analysis.

Main findings: Severity of pelvic pain, intraoperative blood loss and duration of anesthesia were significantly and negatively correlated with the quality of 24 hours post laparoscopic surgical recovery (r = - .30, p < .01, r = - .39, p < .01 and r = - .21, p < .05 respectively). Preoperative hematocrit was not correlated with the quality of 24 hours post laparoscopic surgical recovery (r = .06, p > .05).

Conclusion and recommendations: Nurses and healthcare providers should consider providing intervention to promote postoperative quality of recovery in patients with massive blood loss in order to promote better quality of postoperative recovery.

Keywords: blood loss, laparoscopy, quality of recovery