

4th International Conference on **Nursing & Healthcare**

October 05-07, 2015 San Francisco, USA

The development and evaluation of a surgical site teaching tool

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Purpose: The purpose of this project was to develop, implement and evaluate a teaching tool for home assessment of the surgical incision in the postoperative laparotomy patient.

Background: Hospitalized patients have an increased level of acuity and are discharged earlier. Shorter length of stay limits the nurses' ability to provide comprehensive discharge instructions and validate understanding of surgical incision care.

Aims: To develop a patient self-assessment teaching tool for the inspection of the abdominal, surgical incision in the laparotomy patient; To compare patient comprehension of discharge instructions related to post-operative incision care between the current discharge teaching tool (text only) to a revised tool (text and pictures) and to evaluate the comfort level of patients who are discharged with text only discharge instructions to those patients who receive the revised discharge teaching tool (text plus pictures).

Description: Two sets of discharge instructions, one with text only and one with text and pictures were used in this project with post-operative exploratory laparotomy patients. A total of 60 patients were recruited over a 3-month period. The first 30 patients received standard discharge instructions (text only). The next 30 patients received discharge instructions utilizing the new tool (text and pictures) and a hand held mirror to assist with visualization of the incision. A follow up phone survey was completed on day seven post surgery to assess the patient's ability to evaluate their incision for infection and determine comfort level with discharge instructions.

Outcome: There was improvement in comprehension of the instructions in the group who received both pictures and text. This group of patients felt that the instructions were clearly stated were confident in their ability to identify normal healing versus a surgical site infection and felt confident as to when to notify their physician. They also felt that the pictures helped them feel more comfortable in identifying an infection and that the mirror assisted with visualization.

Conclusion: The revised teaching tool that included pictures and text and the use of a hand held mirror improved patient comfort and confidence for early detection of a surgical site infection.

Implications: The clinical nurse specialist can influence the patient, nursing staff and health care system as a change agent making a significant impact on patient outcomes.

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