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## Effect of passive warming and innovative a technology active warming on unplanned hypothermia during perioperative period

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This study has investigated the implementation of active and passive heating method to examine the effects of unplanned hypothermia in patients in the perioperative period and waking up at the end of the period of operation of hypothermia, pain, chills, and complications of formation as well as conducted to examine the effects of the intensive care unit and hospital length of stay. This study comprised patients undergoing surgery related to abdomen surgery which are hospitalized at surgery of Abant İzzet Baysal University İzzet Baysal Education and Research Hospital. Ninety people were selected randomly in three groups. The first group patient was heated active during surgery (Istanbul Medikal- Medwarm resistive system-W-500D+190\*50 cm). The second group patients were heated preoperative as passive (blankets, socks, etc.) and third groups were taken as a control group. Resistive heating with carbon fiber is one of the innovative technologies in health care. Data were collected by face to face interviews with researchers and patient follow-up. In data analysis SPSS (statistical package for the social sciences) coded from the program of 20.0: number, percentage, test One-way ANOVA and Kruskal Wallis; and it was evaluated with the appropriate post hoc tests. The average body temperature of the group made active heating during the surgery was significantly rising ( $p < 0.001$ ), until the third hour was determined to be significantly higher than other groups. Average body temperature of active, passive heating and control groups at the end of heating operation respectively are,  $36.2 \pm 0.26$ ;  $35.4 \pm 0.49$ ; and  $35.2 \pm 0.47$  and it found that the difference was statistically significant ( $p \leq 0.001$ ). It was found to be  $1.05^\circ\text{C}$  higher than the average body temperature of the active heated group than the control group's average body temperature. The respiratory and  $\text{O}_2$  saturation of active heating group while significantly higher and pulse rate, the value of pain after operative was very less and duration of recovery from anesthesia was found to be shorter ( $p \leq 0.05$ ). As a result; for preventing unplanned perioperative hypothermia, passive warming was inadequate but resistive system with carbon fiber was found to be an effective active warming method.

### Biography

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