



Impact of Early Ambulation on Patients Outcome Post Transfemoral Coronary Procedures, at Assiut University Hospital

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Abstract:

Cardiac catheterization remains the most definitive procedure for diagnosis and evaluation of coronary artery disease. Aim: this study was carried out to investigate the impact of early ambulation post transfemoral coronary procedures on back pain, urinary discomfort and vascular complications. Design: a quasi-experimental design. Setting: in catheterization and coronary care units. Subjects: A convenience sample of all adult educable and mentally competent male and female patients aged from (18-60 years old) who are scheduled for non-emergency percutaneous coronary intervention (PCI) and coronary angiography (CA) through femoral artery during a period from July 2010 to June 2011 were eligible for inclusion in the sample. Tools: Four tools were utilized to collect data pertinent to the study, tool I: assessment of patients after femoral sheath removal and angioplasty data tool II: assessment of back pain tool III: urinary discomfort assessment tool. tool IV: vascular complications measurement after femoral cardiac catheterization Methods: patients in the study group were ambulate after four hours bed rest post transfemoral PCI and 2 hours after CA, whereas patients in the control group were ambulate after 12-24 hours post transfemoral PCI and 6-8 hours after CA (usual care). Results: Finding of the present study revealed that a significant statistical difference existed between both studied groups in relation to back pain and urinary discomfort for PCI and CA. As regards to vascular complication, no significant statistical differences were put into evidence between both studied groups. Conclusion: early ambulation is safe and feasible for patients undergoing PCI and CA. Key words: early ambulation, femoral coronary procedures, back pain, urinary discomfort, nurse's role, and vascular complications.

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