

Thesis Title The Effect of Various Body Heat loss Control
 Methods during Operative Procedures on Surgical
 Patients
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ABSTRACT

The intraoperative hypothermia is not an unusual complication in the patients undergoing general surgery. The adverse effects of hypothermia namely intraoperative cardiac fibrillation, shivering and anesthetic drugs metabolism are possible for prevention.

This study was performed to evaluate the two methods of prevention of intraoperative hypothermia in patients who underwent elective genitourinary tract surgery. The 45 consenting patients were randomized into 3 groups : group A (n=15) - the control group, group B (n=15) - the patients were covered with long sleeves gloves and long legging and group c (n=15) - in addition to long sleeve gloves and long legging, the patients were also covered with electrical blankets. The tympanic temperature probe (Sherwood medical, genius model 300 A St.Louis) was used to record the body core temperature intraoperatively

and every 15 minute interval up to 1 hour. After surgery the patients were continued to record temperature every 30 minute intervals up to 2 hours in the recovery room. The clinical shivering was closely observed throughout the recovery period.

The data was analysed by ANOVA and Newman Keuls : p less than 0.05 was considered statistically significant.

The study demonstrated that the intraoperative temperature of patients in all groups appeared to decrease significantly at the 15th and 30th minute intervals. However, the temperature of patients in group A continued to decrease significantly at the 45th and 60th minute intervals.

In the recovery room patients in group C showed a less decrease in temperature significantly at the 30th and 60th minute intervals.

We concluded that the use of long sleeves gloves and long legging together with electrical blankets should be a desirable method to prevent intraoperative hypothermia.