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CAPT. PATCHARAPORN UNTAJA: DURATION OF SHEATH REMAIN, COMPLICATIONS, PAIN, AND DISCOMFORT OF PATIENTS WITH SHEATH LEFT IN FEMORAL ARTERY AFTER PERCUTANEOUS TRANSLUMINAL CORONARY REVASCULARIZATION.

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This descriptive study was designed to explore patients with sheaths remaining in femoral artery after Percutaneous Transluminal Coronary Revascularization (PTCR). The objectives were to identify: 1) duration of sheath remain and factors affecting duration of sheath remain outside the recommended 4-6 hours, 2) complications and related factors, 3) pain and discomfort during sheath remain, 30 minutes and 24 hours after sheath removal. 110 PTCR patients were purposely selected from the 3 settings: 28 from Ramathibodi Hospital, 36 from King Chulalongkorn Hospital, and 46 from Pramongkutklao Hospital. The data was collected from January to May 1999. Five instruments were used in this study: 1) the Demographic Data Questionnaire and 2) the Treatment Data assessment tool, which were developed by the researcher, 3) the Pain Assessment tool, and 4) the Discomfort Assessment tool (modify from Johnson,1973), and 5) the Complication Assessment tool (Christenson,1976.; Agrawal & Roubin,1994.). The researcher collected data by structured interview and patient assessment. Descriptive statistics and Chi-square test were used for data analysis with SPSS for Windows, version 7.5.

The duration of sheath remain was ranged from 2 hours 30 minutes to 32 hours 9 minutes. 55.5 % of 110 patients had a sheath remaining from 4-6 hours. The patients with sheath remaining >6 hours was 33.3 %, because of internal and external factors. One external factor causing delay of sheath removal was the lack of physicians who were able to remove sheaths. The incidence rate of complication was 25.45% and the most frequent complication was vasovagal reaction (10.91%). The significant differential factor of complications and non-complications groups was the experience of PTCR ($p < .05$). First time PTCR patients had more complications than repeated PTCR patients. The level of pain within 30 minutes after sheath removal was moderate and mild levels of pain were recorded during sheath remain and 24 hours after sheath removal. The levels of discomfort during sheath remain and 30 minutes after sheath removal were moderate, while 24 hours after sheath removal the level was mild. The results can be used to improve after-PTCR patient care to reduce complications, pain, and discomfort. Furthermore, how to improve the sheath removal within standard time and with intervention research, which reduces vasovagal reaction and discomfort, were recommended.