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INTEGRATIVE REVIEW ARTICLE

# EDUCATIONAL STEPS ADOPTED IN POST-OPERATIVE PERIOD OF PROSTATECTOMY: AN INTEGRATIVE REVIEW

## MEDIDAS EDUCATIVAS ADOTADAS NO PERÍODO PÓS-OPERATÓRIO DE PROSTATECTOMIA: REVISÃO INTEGRATIVA

## MEDIDAS EDUCATIVAS ADOPTADAS DURANTE EL PERÍODO POSTOPERATORIO DE PROSTATECTOMÍA: UNA REVISIÓN INTEGRADORA

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**ABSTRACT**

***Objectives:*** identifying the educational steps used in patients in the postoperative prostatectomy and establishing a relationship between these measures and the Letters of Health Promotion. ***Method:*** an integrative review, with a view to answering the question << What educational measures were adopted in the postoperative period of prostatectomy? It searched at the bases SciVerse Scopus, Cumulative Index to Nursing and Allied Health Literature, Medical Publications, Latin American and Caribbean Literature of Health Sciences and The Cochrane Library, between October and November 2012. For the analysis it was used a validated instrument for filing, it was built table and a figure. ***Results:*** main educational measures: delivery of educational material, psychosocial and physiological care, support groups, and particular orientation and training. The Ottawa Charter and the Declaration of Santafe were related to all measures. ***Conclusion:*** employing the principles of promoting health coadunated with educational measures is important for self-care. ***Descriptors:*** Nursing; Health Education; Prostatectomy; Postoperative Care.

**RESUMO**

***Objetivos*:** identificar as medidas educacionais utilizadas em pacientes no pós-operatório de prostatectomia e estabelecer relação entre estas medidas e as Cartas de Promoção à Saúde. ***Método*:** revisão integrativa, com vistas a responder a questão << Quais as medidas educativas adotadas no período de pós-operatório de prostatectomia? >> Buscou-se nas bases *SciVerse Scopus*, *Cumulative Index to Nursing and Allied Health Literature*, Publicações Médicas, Literatura Latino-Americana e do Caribe em Ciências da Saúde e *The Cochrane Library*, entre outubro e novembro de 2012. Para a análise, utilizou-se um instrumento validado e para a apresentação, construiu-se tabela e uma figura. ***Resultados*:** principais medidas educativas: entrega de material educativo, atenção psicossocial e fisiológica, grupos de apoio e, principalmente, orientação e capacitação. A Carta de Otawa e a Declaração de Santafé estiveram relacionadas com todas as medidas. ***Conclusão*:** empregar os princípios da promoçaõ da saúde coadunadas com as medidas educativas é importante para o autocuidado. ***Descritores*:** Enfermagem; Educação em Saúde; Prostatectomia; Cuidados Pós-Operatórios.

**RESUMEN**

***Objetivos:*** identificar las medidas educativas utilizadas en pacientes en el postoperatorio de la prostatectomía y establecer relaciones entre estas medidas y las Cartas de Promoción de la Salud. ***Método:*** una revisión integradora, con el fin de responder a la pregunta << ¿Cuáles las medidas educativas adoptadas en período postoperatorio de prostatectomía? Se buscó en las bases *SciVerse Scopus*, *Cumulative Index to Nursing and Allied Health Literature*, Publicaciones Médicas, Literatura Latinoamericana y del Caribe en Ciencias de la Salud y *The Cochrane Library*, entre octubre y noviembre de 2012. Para el análisis utilizó se un instrumento validado para la presentación, se construyó la tabla y una figura. ***Resultados:*** principales medidas educativas: la entrega de material educativo, atención fisiológica y psicosocial, grupos de apoyo, y en particular la orientación y la formación. La Carta de Ottawa y la Declaración de Santafé estaban relacionadas con todas las medidas. ***Conclusión:*** emplear los principios de promoción de la salud coadunadas con medidas educativas es importante para el auto-cuidado. ***Descriptores:*** Enfermería; Educación para la Salud; Prostatectomía; Cuidado Posoperatorio.

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## INTRODUCTION

Prostate cancer is the most common malignancy among men and the second leading cause of male death from cancer in the Western world.[1] The treatment commonly used is a radical prostatectomy, a surgical procedure that removes the prostate and all its surrounding tissues.[2]

This procedure improves the symptoms presented by the patient up to 90% and has the lowest rate of reoperation, however, for being highly invasive, it is mostly related to hemorrhage and other post-operative complications[3-4], as incontinence urine, painful bladder spasms, fatigue, decreased physical functioning, impotence and loss of the libido.[5] These functional losses modify the physical and psychosocial well-being of patients and also generate changes in the quality of life of these men.[6]

The prostatectomized customers should be monitored carefully during the pre/post-operative and receive guidance regarding home care after discharge. However, few professionals, specifically nursing, do not use correctly with this clientele, the therapeutic communication, which is configured in an important tool for health education. This assertion is confirmed by identifying the nursing diagnosis decreased knowledge about treatment and post-operative care, commonly present in this clientele.[3,7-8]

The nurse should be the responsible professional for advising on the postoperative and home care, through verbal instructions and written about the need to maintain the drainage system, monitoring of urine output, about the care of the surgical wound and strategies to avoid possible complications, such as infection, bleeding and thrombosis.[3] Moreover, it should also address the issue of sexuality in the postoperative period, having in mind the great possibility of the occurrence of urinary incontinence and dysfunction erectile, and they consider the complications that plague most such patients.[8]

It is necessary, therefore, that these health professionals develop appropriate communication and education skills in order to care for and guide the users according to their needs. By employing these strategies in its operations, nursing can provide a more holistic and comprehensive care, which is reflected in improved quality of life and better recovery of these patients.[9] Moreover, nursing, using the approach of knowledge exchange and practices involving the participation of health professionals, service users and civil society in the health-disease process, enable the empowerment of individuals and consequently the health promotion of these.[10]

Increasing the knowledge about educational measures turned to the needs of those men in postoperative phase will provide them a better nursing care as well as to their families. Such knowledge can improve the conduct of nursing professionals and guide them to realize a higher quality of care able to meet the real needs of this population.

Based on the above, the aim of this study is:

- Identifying the educational measures used in patients in the postoperative prostatectomy and establishing relationship between these measures and the Letters of Health Promotion.

## METHOD

An integrative review by having the purpose to gathering and synthesizing results of research on a particular question in a systematic and orderly manner, contributing to a deeper understanding of the topic investigated.[11]

For this review, the following steps were covered: identification and elaboration of the theme of the research question; establishment of criteria for inclusion, exclusion and literature search; categorization of studies; assessment of studies; interpretation of the results of the publications and the synthesis of knowledge evidenced.[11]

The proposed theme was the following: educational measures adopted in the post-operative prostatectomy, and the guiding question: << What are the educational measures adopted in the post-operative prostatectomy? >> In order to contemplating such a question in the literature search was conducted during November and December 2012 in the following databases: SciVerse Scopus, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Publications (PubMed), Literature Latin American and Caribbean Health Sciences (LILACS) and The Cochrane Library.

Controlled descriptors (DECs) were used: health education, prostatectomy and postoperative period, however, in some databases, there were used terminologies in English of the vocabulary Medical Subject Headings (MeSH). These descriptors were integrated in two combinations through the Boolean operator "AND", namely: "Health education AND Prostatectomy AND

Postoperative Period" and "Health Education AND Prostatectomy".

The inclusion criteria for the selection of the articles were as follows: articles available in selected databases, full-text, in Portuguese, Spanish or English that addressed educational measures in the post-operative prostatectomy. Already exclusion criteria were editorials, articles and letters to the reader that did not cover the relevant range of the objective of the review content. Regarding the time frame, were captured all publications available in each database through the month of December 2012, without previous limit, in order to conduct a comprehensive assessment of the object of study.

From the identified publications, reading all the titles and abstracts of articles found was carried out, taking into consideration the criteria of inclusion and exclusion and their suitability to the research question. In the Scopus and PubMed four articles were selected respectively. In other bases, no publications that met the study criteria were selected. Therefore, there were selected eight articles as samples.[1-2,5-6,12-5]

For extraction and analysis of data from the selected articles we used a data collection instrument adapted from a validated instrument in a previous study.[16] For the organization and synthesis of these data, we constructed a table containing the characterization of selected manuscripts and synoptic contemplating educational measures used issues addressed these measures and health promotion letters involved in these measures.

There were used as a theoretical basis Promotion Letters of Health, these being the Ottawa Charter, Sundsvall, and Santa Fé de Bogotá and Jakarta.[17] From these we established a relationship between the concepts developed in these Letters and educational measures among the analyzed studies.

## RESULTS

Regarding the characterization of identified articles, a brief summary will be presented below. From the selected publications, 50% were conducted by nurses and 50% by physicians. As the study site, it was evident that these studies have focused on hospitals, although some studies do not identify this aspect. Much of these studies had as country of origin Canada (50,0%), followed by the United States of America (37,5%) and Australia (12,5%). Regarding the publication year, 75% were published between the years 2005 to 2008. Regarding the levels of evidence, four studies (50%) were classified as randomized controlled study with evidence level II clinical trial, and the other four (50%) as a qualitative descriptive study with evidence level VI. The following Table 1 for the characterization of items evaluated.

**Table 1.** Characterization of selected articles through the integrative review. Natal, 2013.

| Variable | n | % |
|---|---|---|
| Country | | |
| Canada | 4 | 50 |
| USA | 3 | 37,5 |
| Australia | 1 | 12,5 |
| Total | 8 | 100 |
| Year of publication | | |
| 1999 | 2 | 25 |
| 2005 | 2 | 25 |
| 2006 | 1 | 12,5 |
| 2007 | 1 | 12,5 |
| 2008 | 2 | 25 |
| Total | 8 | 100 |
| Area of the journal | | |
| General Nursing | 4 | 50 |
| Medical publications | 4 | 50 |
| Total | 8 | 100 |
| Levels of evidence | | |
| II | 4 | 50 |
| VI | 4 | 50 |
| Total | 8 | 100 |

The data relating to educational measures adopted, the issues addressed by these measures and Promotion Letters to health highlighted in the selected articles will be exposed by Figure 2.

| Study | Educational measures (theme) | Educational measures (method) | Letters to health promotion identified |
|---|---|---|---|
| Study [1] | • Maintenance of sexuality after Prostatectomy;<br>• Experience with incremental changes of prostate cancer, aging and menopause of the companion. | • Delivery of written educational materials;<br>• Video education on DVD delivered to the patient;<br>• Counseling by phone with a nurse specialized in Oncology;<br>• Therapy sessions with couples formed by post-prostatectomized patients and their partners. | • Ottawa Charter and<br>• Declaration of Jakarta. |
| Study [2] | • Experience with incremental changes of prostate cancer;<br>• Tackling the symptoms related to treatment;<br>• Tackling depression related to the cancer and the treatment. | • Counseling sessions with a nurse specialized in Oncology. | • Ottawa Charter and<br>• Declaration of Jakarta. |
| Study [5] | • Education of patients and families about self-care to improve quality of life;<br>• Experience with incremental changes of prostate cancer;<br>• Side effects of Prostatectomy. | • Home visits from nurses, from post-prostatectomized patients discharged from the hospital and for a period of four weeks;<br>• Counseling by phone with a nurse specialized in Oncology. | • Ottawa Charter and<br>• Declaration of Jakarta. |
| Study [6] | • Side effects of Prostatectomy;<br>• Quality of life coping prostate cancer;<br>• Development of the coping capacity of prostate cancer and its aftermath. | • Standard intervention: usual consultations with the urologist;<br>• Test procedure: support group formed by former patients on par with each current patient, with use of didactic support in Extramural environment (restaurant and coffee shop). | • Ottawa Charter and<br>• Declaration of Jakarta. |
| Study [12] | • Experience with incremental changes of prostate cancer;<br>• Pre-and postoperative experiences of Prostatectomy;<br>• Coping strategies employed that may help others. | • Individual and group interviews with patients after Prostatectomy to stimulate debate and reflection on their experiences. | • Ottawa Charter and<br>• Declaration of Jakarta and<br>• Declaration of Santa Fé de Bogotá. |
| Study [13] | • Experience with incremental changes of prostate cancer;<br>• Pre-and postoperative experiences of Prostatectomy;<br>• Tackling the symptoms related to treatment;<br>• Maintenance of sexuality after Prostatectomy. | • Counseling by phone with a nurse specialized in Oncology;<br>• Interviews conducted personally with the intention of encouraging patients to describe their experiences since the surgery and clarify your doubts and. | • Ottawa Charter and<br>• Declaration of Sundsvall,<br>• Declaration of Santa Fé de Bogotá and<br>• Declaration of Jakarta. |
| Study [14] | • Education about prostate cancer and the sexual impact of surgery;<br>• Medical and surgical treatments for erectile dysfunction;<br>• Skills training to improve sexual communication and general communication. | • Therapy sessions with couples formed by post-prostatectomized patients and their partners;<br>• Standardized questionnaires at the beginning and after the treatment. | • Ottawa Charter and<br>• Declaration of Jakarta,<br>• Declaration of Santa Fé de Bogotá and Declaration of Sundsvall. |
| Study [15] | • Experience with incremental changes of prostate cancer;<br>• Pre-and postoperative experiences of Prostatectomy;<br>• Tackling the symptoms related to treatment;<br>• Side effects of Prostatectomy. | • Home visits from nurses to patients post-prostatectomy from hospital discharge;<br>• Counseling by phone with a nurse specialized in Oncology;<br>• Delivery of written educational materials. | • Ottawa Charter and<br>• Declaration of Sundsvall and<br>• Declaration of Jakarta. |

**Figure 2.** Summary of the articles analyzed in accordance with the letters of health promotion, educational measures and themes in these measures. Natal, 2013.

The data presented in Figure 2 revealed the existence of a relationship of selected articles with the Letters of Health Promotion, being identified in 100% of the articles, the guidelines of the Ottawa Charter and the Jakarta Declaration. In contrast, the Declaration of Bogotá and Sundsvall were identified in 37,5% of articles.

Regarding educational measures implemented in the studies analyzed, most were related to orientation and training (100%), delivery of educational materials (50,0%), psychosocial and physiological (37,5%), and attention to group display support (25,0%). The topics addressed by these educational measures versed mainly on the changes arising from prostate cancer, the side effects of prostatectomy, the maintenance of post-prostatectomy sexuality and coping of treatment-related symptoms.

## DISCUSSION

As noted in the analysis of the selected articles, the articles published in nursing presented quantitative equated to medical publications. We note, therefore, the need to increase interest in nursing produce knowledge in this subject, able to generate scientific evidence to assist clinical practice of these professionals.

It was observed also that the majority of articles published on the topic focuses on North America (100%) and was published five years ago, showing a certain lack of recent studies addressing this issue in Brazil. Because of this, it highlights the relevance of Brazilian nursing address in his research the subject at hand, keeping in mind that prostate cancer is considered the most common malignancy among men, the prostatectomy one of the most common treatments and nursing professionals responsible for the recovery and post-operatory orientation.[3] Only a nursing team prepared and informed can provide postoperative care and guidance appropriate for this clientele.

In this context, one should emphasize not only the importance of these professionals researching the subject, but also to produce quality studies. In this review, half of the studies were classified as level II evidence. This level has strong strength of evidence being found in well-designed randomized controlled trials. In contrast, the level of evidence VI, found in other articles, has weaker strength of evidence being found in descriptive and qualitative studies.[18]

Levels of evidence correspond to the approach used to classifying the strength of evidence from scientific studies, reflecting the level of uncertainty as to the method used in obtaining information from patients. It can be classified from level I to VII.[19] The levels of evidence I and II have the force of strong evidence, the first found in systematic reviews or meta-analysis of clinical trials and the second in well-designed randomized controlled trials. Already, evidence levels VI and VII have the force of weak evidence, and are found in descriptive and qualitative studies and opinions of authorities or expert committees report respectively.[18]

Concerning the topics addressed during the educational measures became evident themes concerning sexuality, coping with treatment-related symptoms and side effects of prostatectomy; however, there was not detected in these themes depicting some issues that care should be guided by the nurses to customers in postoperative prostatectomy, with a view to preparation for hospital discharge, such as: care indwelling catheters, infection prevention, care nutrition and hydration, return to activities, hygiene care, education about exercise to the pelvic muscles and pain control.[20] These themes are key to a good recovery in patients undergoing this treatment.

With regard to educational measures adopted in the studies, it was observed that a greater number of measures was facing orientation and training of the patient, the development of self-care, thus stimulating health promotion. These measures involve mainly the delivery of written materials or the use of videos, counseling sessions by telephone, home visits and meetings among patients recently underwent the procedure and those who have gone through the problem.

From the foregoing, it is assumed as part of the process of health education that each individual may be able to take care of themselves through self-knowledge. Therefore, the interaction of this with the promotion, maintenance and/or restoration of health, can reflect on improving its health.[21] In addition, the acquisition of knowledge about care of health-disease process may make the patient responsible for changes the conditions of life, both individually and collectively, aiming to increase the wellbeing and health.[22] In this sense, it is believed that the use of knowledge and the teaching of care for patients and their families, by health professionals, can provide greater adherence to programs of health promotion for individuals.

Thus, thinking on promoting the health of individuals, we emphasize the Letters of Health Promotion, which aim to promote the health of the subjects, and in which strategies are presented for the development of health education activities. Therefore, regarding the relationship between educational measures identified in Articles and Letters of Health Promotion, it was identified in most manuscripts, stemmed guidelines of the Ottawa Charter and the Jakarta Declaration. The Declaration of Bogotá and the Sundsvall Statement were also mentioned, but to a lesser extent.

These Letters of Health Promotion emerged from several International Conferences on Health Promotion that took place in different countries. In the First International Conference on Health Promotion, held in Ottawa - Canada, in 1986, there was the enactment of the Ottawa Charter. This defines health promotion as a process of empowerment in which to seek a better quality of life and health, making the individual and the community partakers of this process .[17]

The Ottawa Charter recommends five fields of action to ensuring the promotion of health: development and implementation of healthy public policies; creating supportive environments; strengthening community action; developing personal skills; and reorientation of the health system.[17]

Among these points covered in the above Chart, it was found in all analyzed studies, the development of personal skills in order to ensuring the promotion of the health of individuals, having in mind that from the personal and social development through information, education and training, the skills to care for themselves improve.[1-2,5-6,12-15] Such thought is corroborated from a study of patients with newly prostatectomy, which showed that patients better prepared for the postoperative period, had a better response to treatment than those who did not receive any guidance.[12] Reinforcing the importance of empowerment through information and health education to improve personal development and self-care skills.

The Letter of Sundsvall, elaborated in the Third International Conference on Health Promotion, held in 1991, in Sweden, adds the actions to ensure the health promotion, the interdependence between health and the environment in all its aspects. Among the strategies that this Conference has identified, in order to promote the creation of supportive environments in the community, it is cited in this training and its individuals. Therefore, it is understood that through education and creating opportunities for participation in decision-making, these actors can gain greater control over their environment and health.[17]

It is believed that the lack of information interferes with the lack of autonomy of the patient in relation to its power of decision to treat, because from the moment that the individual feels integrated and informed about that particular context, it can contribute positively in their recovering.[7] Thus, in order to promoting the active participation of the patient in decision making, health professionals must consider the patient as a subject, determining the construction of the learning process, thus favoring the participation of people in the process health and disease, in which all consider themselves as a source of information and decision to analyze the problems and contribute solutions.[23]

The active participation of patients, also reinforced by the Declaration of Bogotá, which stimulates the commitment of the active participation of people in changes in lifestyles, is evidenced in the selected articles.[17] These articles reveal be teaching pre and post-operative one fundamental action to empowerment and recovery of the individual in the process of treatment of prostate cancer; being cited as a method of teaching done by nurses to these patients, telephone contact and counseling sessions. Patients evaluate such care as therapeutic procedures to support and promote the adaptation of form after surgery.[13-15]

At the Fourth International Conference on Health Promotion held in Jakarta - Indonesia, in 1997, the main theme was about the Promotion of Health in the XXI century. In this event five priorities for the field of health promotion were defined: to promote social responsibility for health; increase investment in health development; consolidate and expand partnerships for health; increase community capacity and empower individuals; and provide an infrastructure for health promotion. The Charter also comments on the importance of the accumulation of knowledge on best practices and facilitating shared learning.[17]

Facilitating learning is a point to highlight patients who underwent prostate surgery and that started the post-operative period because often the information about self-care are passed at inopportune times.[13] Period in which this patients are under high stress, such as after the diagnosis of prostate cancer, before surgery and at discharge from hospital. And so, the information provided by the

health team is often not well understood by the patient, directly affecting the postoperative results.[15]

In order to ensure quality care, the physician must be trained and attentive while guiding the customer, because often this is in a state of euphoria due to the high, anxious, distressed or even stressed out due to the process that is experiencing, and often are not aware of the information passed. Therefore, we highlight the importance of printed leaflets, so that with proper care the patient to process the data contained in the written materials.

In one of the studies analyzed it was observed also that the support given to newly prostatectomy for patients who also experienced the problem had significant influence on the way men reacted emotionally and socially, significantly improving the quality of life of these. This form of intervention was facilitated by shared learning among people who have had similar problems and who is living,[6] corroborating with the provisions of the Charter of Jakarta.

From the foregoing throughout the article, it is evident the process of teaching and training with emphasis on promotion and health education to individuals newly prostatectomized, as this is recognized as a promising strategy in dealing with multiple health problems affecting the populations and their social contexts. It stands out in this process, the nurse, considering being one of the key players in the process of care by promoting and health education.[24]

Finally, it is understood that in order to implementing a holistic approach, in which physiological, psychological, social and spiritual aspects of the patient are integrated into the health-disease process, health professionals, especially nurses, should use the principles present in the Letters of health Promotion and establish an effective therapeutic communication, contributing to better care and promotion of healing the patient prostatectomized.

## CONCLUSION

There were found eight articles, half of which was developed by nurses. Countries of origin responsible for these studies were Canada, followed by the United States and Australia. The year of publication ranged from 1999 to 2008, and half of the articles possessed evidence level II and another level VI.

In search for educational measures, we found a few lines of care focused on individual patient care and its family. Care followed the line of providing educational materials, psychosocial and physiological attention, meetings with support groups and, especially, guidance and training. Fitting the health professional, especially nurses, guidance and encouragement to the patient/family to follow the guidance provided.

The issues addressed by educational measures versed mainly about sexuality, coping with treatment-related symptoms and side effects of prostatectomy. As evidenced gaps relating to other aspects that should be approached by nurses in adopting such measures.

It was observed also that mainly the Ottawa Charter and the Declaration of Santa fé were related to those educational measures identified, regarding the acquisition of personal skills by the individual to the development of self-care, accumulation of knowledge and shared learning.

Thus, we find it necessary to health assistance employing the principles of health promotion as an important measure for continuity of care. Since, newly prostatectomized patients require specific care, because they face a number of questions and problems in various aspects.

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