Patient Understanding and Experience of Their Sternotomy and the Promotion of Wound Healing

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Background

- Patient information and experience
  - Literature
    - Pre-operative
    - Discharge
  - Verbal Advice
    - Medical staff
    - MDT
Introduction

- Was advice given regarding sternotomy wound?
  - By whom
  - What format
  - What advice
- Was advice appropriate?
- Did advice need revising?
Methods

- Structured interviews
- Questionnaire
- Day 5
- 25 consecutive patients
- Introduced changes in advice given
- Repeated survey on a further 25 patients
Who gave information?

- Consultant Surgeon: 13
- Specialist Registrar: 1
- Nurse Practitioner: 3
- Physiotherapist: 3
- Physiotherapist assistant: 0
- Registrar: 6
- Health care Support Worker: 1
- Junior Doctor: 2
- Anaesthetist: 1
Retention of Preoperative Advice and Information
Negative Effect of Sternotomy
Information given and Patient Satisfaction

- In-house Booklet Given: 8
- Patient Happy With Pre-Op Advice: 4

Legend: Pre changes
Results

- Patients not retaining information given
- High levels of sternal pain
- Patients were not well informed
- Confidence levels affected
Intervention

- Team approach
- Improve written information
- Poster campaign
- Patient involvement
Patient Education Poster

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Please Don’t Do Safe To Do
Original Poster

Avoid

Seek Advice
Patient Education Poster

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X Please Don’t Do    ✓ Safe To Do
Who gave information?
Retention of Preoperative Advice and Information

- Aware of wound infection: Pre changes = 1, Post changes = 23
- Aware of stomal pain: Pre changes = 4, Post changes = 24
- Aware of movement restriction: Pre changes = 5, Post changes = 24
- Dietary Advice: Pre changes = 4, Post changes = 25
- Sleep Advice: Pre changes = 5, Post changes = 24
- Lifting advice: Pre changes = 6, Post changes = 23
- Skin Care Advice: Pre changes = 4, Post changes = 24
Negative Effect of Sternotomy
Results

- Overall improvement
- Posters and information booklets well received
- MDT approach moderately successful
- HCSW and SHO not providing education?
- Improvement in patient experience.
- Improved confidence
What audit demonstrates

- Pre-operative preparation cannot be isolated
- Involvement of MDT
- Clarity of information
- Education of education providers
- Preoperative/discharge information improved
Conclusions

- Empowering the MDT is vital in establishing good practice
- Creative ideas eg poster campaign are useful
- Knowledge improves the patients’ confidence and alleviates anxiety.