

NURSING CARE FOR PATIENT MR. W POST-OP HEMORRHOIDECTOMY IN THE KEMUNING WARD OF WALED REGIONAL GENERAL HOSPITAL IN CIREBON REGENCY

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ABSTRACT

Haemorrhoids or better known as piles or haemorrhoids are the discharge of flesh from the anus (rectum) due to complex and repeated bowel movements and are often accompanied by blood due to injury. Hemorrhoids are a dangerous disease that can interfere with daily activities, decreasing a person's quality of life. Hemorrhoidectomy is a surgical process to remove haemorrhoids. This study aims to carry out nursing care actions on clients with post-op hemorrhoidectomy. The research method used is a descriptive method with a case study approach. The results of this study include the assessment, diagnosis, intervention, implementation and evaluation. After nursing care was provided to Mr. W's client, the nursing problems were resolved. W obtained the results of resolved and unresolved nursing problems. The patient said the pain was reduced, he did not grimace, and he looked calm; the patient said he was afraid of defecation due to post-op wounds and hard faeces, and the client was allowed to go home. Application of nursing care to clients with post-op hemorrhoidectomy in Mr. W's client between theory and case. W between theory and case. This can be proven in the application of theory to clients. This research aims to increase understanding and practice of nursing care in post-hemorrhoidectomy patients to achieve more optimal results.

INTRODUCTION

Haemorrhoids are dilated blood vessels in the anus that originate from the hemorrhoidal plexus, which will cause discomfort so that swelling occurs, commonly called haemorrhoids or hemorrhoids (Annisa, 2022). Many factors affect the occurrence of haemorrhoids, including the consumption of foods that are low in fibre so that it is difficult to defecate and needs effort when defecating, lack of fluid consumption, the habit of sitting too long and also due to genetic factors. Haemorrhoids can occur bleeding during defecation, which causes pain around the anus, and if chronic, it can cause anaemia (Damayanti, 2017).

Based on data from the WHO (World Health Organization), diseases of the digestive system are pretty dangerous and are the sixth cause of death in the world. In 2008, around 230 million people in the world experienced haemorrhoids. Meanwhile, according to Riskesdas, Indonesia in 2007 had 12.5 million people who experienced haemorrhoids. Every year, haemorrhoid sufferers continue to grow, even estimated to reach 21.3 million people in 2030. Based on data from the Ministry of Health in 2008, Indonesia had 355 reported cases in every

hospital in 33 provinces (Maulana & Wicaksono, 2020). The results of a review of the prevalence of diseases that are often felt by the world community are such as diarrhoea, anal fissure and haemorrhoids that occur in toddlers to adults. Generally, haemorrhoids occur in individuals over 50, both men and women (Pradiantini & Dinata, 2021)..

Haemorrhoids are said to be normal tissue that exists in everyone. However, patients will feel very uncomfortable due to the symptoms they cause (Butar-Butar et al., 2020). Patients who experience haemorrhoids will feel pain (pain) due to straining during defecation and when experiencing constipation (difficulty defecating). Haemorrhoids will cause pain, triggering discomfort during activities for sufferers. In addition, the signs and symptoms experienced during haemorrhoids are that individuals will feel itchy, bright red bleeding during defecation, tumours (swelling) and necrosis in the anal area (RAHMAWATI, 2021). Therefore, if haemorrhoids are not treated immediately, bleeding will occur, resulting in iron deficiency anaemia and intense pain due to thrombosis (Ediyanto, 2018).

The role of nurses needs to be improved to assist and provide nursing care to patients. In this case, nurses need to apply their role as promoters and educators to provide health education to patients and families. Nurses can provide nursing care that educates patients to improve healthy eating patterns, such as high-fiber and low-fat foods. Preventive education can also be provided, such as mobilizing every 4 hours or when sitting for a long time, drinking water at least 2 litres a day and encouraging patients to exercise regularly (leisurely walking) to reduce the incidence of haemorrhoid risk factors, namely, constipation, long sitting habits and obesity (Wibowo et al., 2018).

Based on the background, the objectives of this study to carry out nursing care actions on clients with post-op hemorrhoidectomy in the Kemuning room of Wales Hospital, Cirebon Regency. The benefits of this study are the increased understanding and skills of nursing care practice in patients with a medical diagnosis of haemorrhoids in the Kemuning room of Wales Hospital, Cirebon Regency. This is expected to help improve the quality of health services, provide more effective and comfortable care for post-hemorrhoidectomy patients, and reduce the negative impacts that may arise from hemorrhoidal disease. In addition, this study can also contribute to developing more innovative and efficient nursing care methods in dealing with medical conditions such as haemorrhoids.

RESEARCH METHOD

The research method used is a descriptive method with a case study approach. A case study is where researchers explore programs, events, processes, and activities against one or more people. A case is bound by time and researcher activities to collect data in detail using various data collection procedures within November 28-29, 2023, at Kemuning Waled Hospital, Cirebon Regency, which is continuous (Sugiyono, 2016).

RESULT AND DISCUSSION

Discussion of the results of nursing care for Mr. W with Hemorrhoidectomy. The following are the results of the assessment.

Table 1. Data Analysis

| No | Data | Etiology | Problem |
|----|--|--|--|
| 1 | <p>Ds: Patient complains of post op pain Do: The patient appears groggy - There is a post op wound at the anus. P: Post op pain Q: Stabbing and burning pain. R: in the anal area S: Pain scale 5 T: pain is intermittent K/U: Moderate, kes: cm BP: 140/80 mmHg N: 88x/min R: 20x/min S: 36.5oC1</p> | <p>Physical injury agents (surgical procedures)</p> <p>↓</p> <p>Eksisi flexus hemoroialis discotinult</p> <p>↓</p> <p>Chemical mediator discharge network</p> <p>↓</p> <p>Stimulates nerve endings perceived pain</p> <p>↓</p> <p>Acute Pain</p> | <p>Acute pain b.d Operating procedure d.d Complaining of pain</p> |
| 2 | <p>Ds: Patient says fear of defecation and abdominal pain Do: Hard stool K/U: Medium BP: 140/80 mmHg N: 88x/min R: 20x/min S: 36.5 oC</p> | <p>Tissue Diskotinultas Surgery</p> <p>↓</p> <p>Fear of defecation Hardened feces</p> <p>↓</p> <p>Weakness of the abdominal muscles</p> <p>↓</p> <p>Constipation</p> | <p>Constipation b.d Muscle weakness Abdominal</p> |

This study will discuss the care taken with the title "Nursing Care for Clients Mr W with Post-op Hemorrhoidectomy in Kemuning Room, Waled Hospital, Cirebon Regency". W with post-op Hemorrhoidectomy in Kemuning Room Waled Hospital Cirebon Regency ".

Haemorrhoids or better known as piles or haemorrhoids, are the discharge of flesh from the anus (rectum) due to complex and repeated bowel movements. They are often accompanied by blood due to injury. Hemorrhoids are a dangerous disease that can interfere with daily activities, decreasing a person's quality of life. Hemorrhoidectomy is a surgical process to remove haemorrhoids (Damayanti, 2017).

The nursing process began on November 28 to November 29, 2023. This discussion is made on the steps of the nursing process, starting with assessment, diagnosis, intervention, implementation, and evaluation.

Assessment

This stage is the first step taken in providing nursing care to clients. In conducting the assessment, the author found no difficulties due to the author getting support from the client and family, where the client and family were willing to provide information and were cooperative. Another supporter of this data collection is the primary assessment format that the author obtained from the educational institution, which can be a guideline for obtaining complete information about the client's health condition. Mr W is 75 years old, entered the hospital on November 24, 2023, and performed hemorrhoidectomy surgery on November 27, 2023 and the author conducted an assessment on November 28, 2023, with a diagnosis of post-

hemorrhoidectomy. In the assessment of the client's main complaint is pain. In the present medical history, the client complains of post-op wound pain, P: Post-op wound, Q: Pain like stabbing and stinging, R: In the anal area, S: Pain scale 5 (0-10), and T: Pain is intermittent, pain disappears when the patient sleeps and feels pain when the patient moves a lot.

In clients with a medical diagnosis of haemorrhoids, it is a medical condition characterized by pain (pain) due to straining during defecation and when experiencing constipation (difficulty defecating). Haemorrhoids will cause pain that triggers discomfort during activities for sufferers. In addition, the signs and symptoms experienced during haemorrhoids are that individuals will feel itchy, bright red bleeding during defecation, tumours (swelling) and necrosis in the anal area (Rahmawati, 2021)

Diagnosis

Nursing diagnosis is a clinical assessment of the client's response to health problems or life processes that he experiences, both actual and potential (T. P. S. D. Ppni, 2019). Based on this, researchers in nursing care cases on clients establish nursing problems based on the assessment obtained.

In this case, the researcher enforces nursing diagnoses, namely the first acute pain associated with surgical procedures. Subjective Data: The patient said the post-wound pain. Objective Data: The patient looked grimacing; vital signs: BP: 140/80 mmHg, N: 68x/min, R: 20x/min, S: 36.5° C. Nursing problems of acute pain by the theory can arise due to the surgical process there is a specific disease injury, but the pain can be controlled by giving/teaching non-pharmacological techniques (deep breathing techniques).

According to (NURYANTI, 2023), the Deep breath relaxation technique is used to suppress pain in the thalamus and delivered to the cerebral cortex where the cerebral cortex is the centre of pain, which aims to reduce pain during pain. The things that need to be considered during relaxation are that the client must be comfortable, the client's mind must be calm, and the environment must be calm. A relaxed atmosphere can increase endorphin hormones, which function to inhibit the transmission of pain impulses along sensory nerves from peripheral nerve nociceptors to the dorsal cornu, then to the thalamus and cerebri, and ultimately have an impact on decreasing pain perception. Diagnosis is based on major and minor data.

The second nursing diagnosis is constipation associated with abdominal muscle weakness. Subjective Data: The patient said he was afraid of defecation and abdominal pain. Objective Data: Hard faeces. In this case, the author argues that the patient's data supports this diagnosis, including major data (complaining of pain, grimacing, being protective) and minor data (withdrawal, self-focused).

Intervention

Nursing interventions are all treatments carried out by nurses based on knowledge and clinical judgment to achieve the expected outcomes. Meanwhile, nursing actions are specific behaviours or activities carried out by nurses to implement nursing interventions (T. Ppni, 2018).

The third stage of the nursing process is planning nursing actions on clients, which are compiled after all the data collected has been analyzed and prioritized. This nursing planning consists of establishing nursing diagnoses, determining goals and objectives, determining criteria and evaluation, and compiling nursing interventions and actions.

Implementation

Implementation is the management and realization of nursing plans that have been compiled at the planning stage of nursing interventions provided to clients related to support, treatment, actions to improve conditions, education for families or actions to prevent health problems that arise in the future (Siregar, 2020).

For the successful nursing implementation of the nursing plan, nurses must have cognitive (intellectual) abilities in interpersonal relationships and skills in taking action. The implementation process must be centred on client needs and other factors that affect nursing needs (Supratti & Ashriady, 2018). Implementation is divided into four components, namely observation actions, therapeutic actions, educational actions, and collaborative actions. The implementation carried out by researchers is adjusted to the planning that has been prepared.

Evaluation

In the evaluation stage, the activities carried out are evaluated using the SOAP method. Nursing evaluation is an activity of nursing action to determine the effectiveness of actions that have been taken against patients. Nursing care evaluation is the final phase of the nursing process of nursing care provided (Parellangi, 2014). The results of the evaluation on November 29, 2023, with the first diagnosis of acute pain carried out by researchers on clients, were marked S: the patient said the post-op pain was reduced, pain scale three from 0-10. O: The patient looked calm, TTV, BP: 120/80 mmHg, N: 78x/min, R: 20x/min. S: 36° C A: Pain resolved. P: Intervention stopped, and the patient planned to go home.

The second diagnosis, namely constipation, which researchers on clients carried out, was marked S: The patient said he was afraid of defecation due to post-op wounds. O: Hard stool. A: Constipation still needs to be resolved. P: The patient may go home; recommend eating high-fibre foods, drinking plenty of water and taking laxatives from the doctor. After caring for the client, Mr. W obtained nursing problems that have been resolved and still need to be resolved.

CONCLUSION

The results of the study show that the application of nursing care in patients with hemorrhoidectomy, such as in the case of Mr W's client, is by the theory applied. W has applied the theory. The nursing care process is carried out comprehensively from assessment to evaluation. Some nursing problems in patients were successfully resolved, such as decreased pain and behavioural changes such as not grimacing and looking calm. However, there are still some problems that still need to be fully resolved, such as fear of defecation and still experiencing hard faeces. Suggestions for future research are to deepen understanding of the factors that influence the success of nursing care in post-hemorrhoidectomy patients, including more effective intervention strategies in overcoming problems that still need to be resolved. In addition, further research can also consider long-term evaluation of the effectiveness of nursing care in patients with hemorrhoidectomy to ensure optimal results over a more extended period. This study aims to improve the understanding and practice of nursing care in post-hemorrhoidectomy patients. This can provide significant benefits in improving the quality of care and life of patients undergoing hemorrhoidectomy procedures and provide a foundation for better nursing care research and practice in the future.

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