BMJ Open Patient perspectives on indwelling urinary catheters and fluid balances after transsphenoidal pituitary surgery: a qualitative study

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ABSTRACT

Objectives. To explore the perceptions and experiences. of patients who underwent transsphenoidal pituitary gland and (paralsellar turnour surgery regarding indwelling urinary catheters (IDUCs) and the postoperative fluid bollamoe.

Design Qualitative study using semistructured interviews based on the attitudes, social influence and self-efficacy model and expert knowledge.

Participants Twelve patients who underwent transsphenoidal pituitary gland tumour surgery and received an IDUC during or after surgery.

Setting One patient was interviewed in the endocrinology outpatient clinic and 11 patients were interviewed on the neurosungery ward.

Results Five major themes emerged: (1) conflicting information and preoperative expectations, (2) IDUCs. perceived as patient-friendly during bedrest, particularly for women, (3) little room for patients' opinions, (4) physical and emotional limitations and (5) fluid balance causes confusion. Information regarding IDUC placement. and fluid balance given to patients both preoperatively and postoperatively did not meet their expectations, which led to confusion and uncertainty. The IDUC was perceived as preferable if bedrest was mandatory, preferred particularly by women. Patient could not mobilise freely due to the IDUC and felt ashamed, judged by others and dependent OUT THURSDAYS

Conclusions This study provides insight into the challenges patients experience in relation to the IDUC and fluid balance. Perceptions on the necessity of an IDUC varied among patients and were influenced by both physical and emotional impediments. A clear, frequent and daily communication between healthcare professionals and patients to evaluate IDUC and fluid balance use is: necessary to increase patient satisfaction.

INTRODUCTION

To evaluate hospital care and the corresponding processes, patients' perspectives play a crucial role as they offer information that goes beyond the scope of regular hospital staff evaluations."

Times firequently: studied topics. gain insight in hospital care during the

STRENGTHS AND LIMITATIONS OF THIS STUDY

- -- This qualitative study provides a broader understanding of challenges related to indwelling urinary catheters and fluid balance in relation to bed rest and diabetes insipidus.
- -- Semistructured interviews were used to systematically explore set topics while allowing flexibility to explore participants' thoughts, feelings and beliefs.
- Two researchers listened to the interviews and individually coded the papers, before discussing the
- -- This study sample consisted of more female participants than male participants.

postoperative phase are indwelling urinary catheters (IDUCs) and fluid balances. While studies investigating fluid balances have focused primarily on accuracy and diagnostic value in critical care settings rather than focus on patient perspectives, patient experiences with and perceptions of IDUCs in the postoperative phase have been widely researched.2-4 Patients have connected IDUCs with both infectious, including urinary tract infections (UTIs), and non-infectious problems, such as pain and discomfort. These studies focused on general surgical populations despite literature indicating that patients' perspectives could be influenced by their specific illness. and operation and that research should therefore keep the individual needs and specific situations in mind."

One group of patients who are a useful source of information about IDUC and fluid balance experiences are patients who underwent transsphenoidal pituitary gland and (para)sellar namour surgery. In the university hospital, IDUCs are not routinely placed during this surgery due to the relatively short operation time of 2-3hours.' Despite this policy, IDUCs are frequently inserted postopcratively at the neurosurgical ward.

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J. Kiffin Penry

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Perspectives in Surgery Clare Gray Peterson, William Wonn Krippaehne, 1960 Current Catalog National Library of Medicine (U.S.), 1979 First multi year cumulation covers six years 1965 70 Microsurgery: Global Perspectives, An Issue of Clinics in Plastic Surgery Jin Bo Tang, Michel Saint-Cyr, 2017-03-30 This issue of Clinics in Plastic Surgery guest edited by Drs Jin Bo Tang and Michel Saint Cyr is devoted to Microsurgery Global Perspectives Articles in this issue include Digital Replantation Current Status in the World Exploring New Frontiers of Microsurgery From Anatomy to Clinical Methods Free Flaps Toe Transfers and Microsurgery for Crush Injury in the Hand Vascularised Bone Grafting for Scaphoid and Lunate Diseases Vascularised Small Bone Grafting to Treat Scaphoid Non Union Outcomes Compound or Specially Designed Flaps and Other Tissue Transfers in Upper and Lower Extremities Special Considerations in Upper and Lower Extremity Pediatric Microsurgical Reconstruction Microsurgical Tissue Transfer in Breast Reconstruction Non abdominal Based Free and Pedicle Flaps in Autologous Breast Reconstruction Complex Microsurgical Reconstruction after Tumor Resection in the Trunk and Extremities Keystone and Pedicle Perforator flaps in Sarcoma Reconstruction New Modifications and Applications Innovations and Future Directions in Head and Neck Microsurgical Reconstruction New Frontiers in Robotic Assisted Microsurgical Reconstruction and Current Methods to Deal with Vascular Crisis After Microsurgery A Global View

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Sahgal, 2021-07-15 Following recent developments in hypofractionated stereotactic radiation therapy SRT for brain and spine tumors this new edition offers a fully updated and comprehensive how to guidance on hypofractionated SRT for brain and spine metastases glioma benign tumors and other tumor types Presenting the state of the art of the technology and practice this book Discusses the pros and cons of hypofractionated SRT compared to single fraction radiosurgery providing a deeper understanding of radiosurgery and radiobiology Explains the toxicity and adverse effects of hypofractionated SRT including the dosage of 24 Gy in two spine SBRT fractionation schemes aiding practitioners in communicating the risks and benefits of treatment and in obtaining consent from their patients Outlines the current standards for safe practice including checklists for implementation Explores new technologies for brain and spine tumors including LITT MR guided focused ultrasound and Zap technology with chapters authored by well recognized experts in the radiation oncology and neurosurgery communities this book delivers a level of technological and clinical detail not available in journal papers This book is suitable for radiation oncologists neurosurgeons and medical physicists who specialize in brain and or spine radiosurgery or want to start a program and need a comprehensive reference with key checklists for practice **Technologies of Modern Medicine** Ghislaine Lawrence, 1994 Many practices now central to modern medicine first came to prominence in the years after World War Two This book examines three areas of particularly rapid change the development reception and uptake of new machines for clinical use within a medical and industrial context new concerns with defining and measuring the health of populations and the functioning of laboratory research within twentieth century medicine Technologies of Modern Medicine is made up of papers given at a symposium held at the Science Museum in 1993

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