

Customer nursing care with peritoneostomy

Cuidados de enfermagem ao cliente com peritoneostomia

Carlos Eduardo Peres Sampaio¹ • Ariane da Silva Pires²

Peritoneostomy is defined as a surgical technique known as “open abdomen”, which is a complex and crucial treatment, which consists of a procedure of damage control in cases of intra-abdominal hypertension (HIA) and abdominal compartment syndrome (ACS) besides severe suppurative peritonitis. According to the world literature, rapid recognition and decompressive laparotomy are the best treatments for HIA and postoperative SCA⁽¹⁾.

In the Intensive Care Units (ICUs), the team faces, among other therapeutic approaches, the open treatment for the abdomen in the septic state, which the therapeutic and prognostic considerations are quite complicated and at risk of the patients to evolve to syndrome of multiple organ dysfunction - SDMO⁽²⁾.

In the practice of care, it is also observed that nurses, in caring for the patient with peritoneostomy, face great challenges, requiring technical improvement, scientific rationale, use and/or elaboration of protocols, in order to provide better patient care, your rehabilitation⁽²⁾. In this sense, nursing care in the management of peritoneostomy should be based on differentiated knowledge with the right assistance at the bedside, monitoring, signaling and anticipating losses of fluids and possible entero-atmospheric fistulas⁽²⁾.

In the same perspective, it is relevant to provide specialized nursing care in Dermatology, since the early closure of this type of medical approach facilitated by technological innovation using negative pressure has the potential to reduce the complexity of an opened abdomen⁽²⁾.

It should be noted that the right to health care is conferred by law according to Administrative Rule No. 479/MS, of April 15, 1999, which emphasizes the importance of hospital care in patient care in emergency and emergency situations, providing peritoneostomy as one of the procedures available in the health system, being understood as accessible and quality human and technological resources.

Data from the Unified Health System (DATASUS), from 2010 to 2012, found the number of deaths due to the treatment of peritoneal diseases, with 408 cases in Brazil. In the southeastern region there are the largest number of cases compared to the other Brazilian regions, of which 244 are cases, evidencing the relevance of this health problem.

Thus, it is necessary to define strategic methods for the effective delivery of nursing care, using technological innovations that reduce the morbidity and mortality resulting from such problem. Recent innovations have provided a variety of techniques for permanent and temporary closure of the abdomen, resulting in several benefits and minimizing potential complications of the opened abdomen⁽³⁾.

Negative pressure dressing allows control of infection, decreases edema and exudation, considerably accelerates the healing process and prepares in an accelerated time the injured area to receive another topical therapy option⁽³⁾.

The clinical benefits of the open abdomen patient, which uses negative pressure dressing, is since the average closure time has increased, accelerating healing through the application of a non-adherent layer that helps to protect abdominal contents. In addition, this technology has advantages such as: reduction of contamination and infection, reduction of the number of dressings changes, effective drainage of the liquid and visceral fluid and possibility of measurement of abdominal content control⁽³⁾.

Clinical evidence of the effectiveness of peritoneostomy closure by the use of negative pressure compared

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¹Nurse. Doctor of Medical Biochemistry. Associate Professor, Department of Medical-Surgical Nursing, Faculty of Nursing Nursing, State University of Rio de Janeiro. Full Professor at the Veiga de Almeida University, Rio de Janeiro. RJ. Brazil. E-mail: carlosedusampa@ig.com.br. Corresponding author.

²Nurse. Master's in Nursing. Professor at the Department of Medical-Surgical Nursing, Faculty of Nursing, State University of Rio de Janeiro. Rio de Janeiro. RJ. Brazil. E-mail: arianepires@oi.com.br

to conventional methods is proven, since both temporary and permanent closure reduces septicemia and multiple organ failure⁽³⁾.

It is concluded that the negative pressure therapy is a technological innovation with good applicability in the situation of peritoneostomy, using it as temporary cover of the surgical lesion. It allows faster closure of the abdominal wound, reduces the number of reoperations and provides adequate protection of the intestinal loops against bacterial contamination. In addition, it slows nursing work pace, as it restricts dressing changes.

The multidisciplinary work is essential for the treatment of the person with the open abdomen. However, it is necessary to have a holistic view of the stomatotherapist nurse focused on the speed of healing, as well as the reduction of hospital costs and the decrease in the mortality rate of peritoneostomy patients. There is also the elaboration and use of institutionalized protocols to direct effective bedside assistance.

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