

**CONTRIBUTIONS OF NURSING TO RESTRUCTURE THE KNEE SURGERY
SERVICE OF A SCHOOL AMBULATORY****CONTRIBUIÇÕES DA ENFERMAGEM NA REESTRUTURAÇÃO DO SERVIÇO
DE CIRURGIA DE JOELHO DE UM AMBULATÓRIO ESCOLA****CONTRIBUCIONES DE LA ENFERMERÍA A LA REESTRUCTURACIÓN DEL
SERVICIO DE CIRUGÍA DE RODILLA EN UN HOSPITAL ESCUELA**

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ABSTRACT

Objective: to report the experience of restructuring the knee surgery service in a school clinic, with a view to systematizing the nursing care delivered to people who will be submitted to total Knee replacement. **Method:** experience report of the strategic planning actions carried out from 2016 to 2018, in an outpatient clinic in Belo Horizonte. **Result:** The main results were: collective elaboration of a line of care; implementation of a multidisciplinary educational group and courseware development. Health education strategies provided relevant information about patient safety and recovery in knee surgery perioperative

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period, encouraging self-care. **Conclusion:** the continuity of this work is of fundamental importance for the consolidation of these achievements, in addition to other studies and research, in order to contribute to the advancement of knowledge in the area of health and in orthopedic nursing in outpatient clinic.

Descriptors: Strategic Planning; Perioperative Nursing; Orthopedics; Ambulatory Care Facilities; Health Education.

RESUMO

Objetivo: relatar a experiência de reestruturação do serviço de cirurgia de joelho, de um ambulatório escola, tendo em vista a sistematização da assistência de enfermagem prestada aos usuários que serão submetidos à artroplastia de joelho. **Método:** relato de experiência das ações do planejamento estratégico realizado, no período de 2016 a 2018, em um ambulatório localizado em Belo Horizonte. **Resultados:** Os principais resultados foram: elaboração coletiva de uma linha de cuidado; implementação de um grupo educativo multidisciplinar e elaboração de materiais didáticos. As estratégias de educação em saúde utilizadas fornecem informações pertinentes à segurança e recuperação do paciente no período perioperatório de cirurgia de joelho, estimulando o autocuidado. **Conclusão:** a continuidade deste trabalho é de fundamental importância para a consolidação destas conquistas, além da realização de outros estudos e pesquisas, a fim de contribuir para o avanço do conhecimento na área da saúde e na enfermagem ortopédica no ambulatório de especialidades.

Descritores: Planejamento Estratégico; Enfermagem Perioperatória; Ortopedia; Instituições de Assistência Ambulatorial; Educação em Saúde.

RESUMEN

Objetivo: relatar la experiencia de reestructuración del servicio de cirugía de rodilla de un hospital escuela, a fin de sistematizar la atención de enfermería brindada a los usuarios que serán sometidos a artroplastia total de rodilla. **Metodología:** relato de experiencia sobre las acciones de planificación estratégica realizadas de 2016 a 2018. **Resultados:** los principales resultados fueron: elaboración colectiva de esquema de atención, implementación de un grupo educativo multidisciplinario y elaboración de material didáctico. Las estrategias de educación para la salud utilizadas brindan información relevante para la seguridad y recuperación del paciente durante el período perioperatorio de cirugía de rodilla, estimulando el autocuidado. **Conclusión:** la continuidad de este trabajo es fundamental para consolidar estos logros y para realizar otros estudios e investigaciones, a fin de contribuir al avance del conocimiento en el área de la salud y de la enfermería ortopédica en el servicio ambulatorio de especialidades.

Descriptor: Planificación Estratégica; Enfermería Perioperatoria; Ortopedia; Instituciones de Atención Ambulatoria; Educación para la Salud.

INTRODUCTION

Strategic Situational Planning (SSP) is a management tool aimed at solving problems in which social actors effectively participate in its process.¹ Thus,

SSP was developed in a specialty clinic, with a view to reorganizing the work process and the best qualification of the assistance provided.

In the nursing action planning process, priority was given to the systematization of care for patients who would undergo knee surgery, including total knee arthroplasty (TKA), due to its specificity, complexity and the number of surgeries performed in the month (at least 20).

TKA is one of the indications for the treatment of osteoarthritis (OA), being the most performed and most successful procedure, making the knee more functional and creating a reconstruction durable. OA is a joint dysfunction, with an inflammatory and degenerative character, resulting from biological and mechanical events, and its prevalence in people over 60 years of age.^{2,3} Therefore, considering the aging population, a large increase in the number of OA cases is expected and, consequently, an increase in surgeries, especially in Brazil, where 4% of the population is affected by this pathology.³

In ATJ, all joint surfaces are replaced by metal or polyethylene parts. The main purpose of surgery is to ensure knee alignment, pain relief, and stability. It is a procedure considered to be large and costly, which requires adequate medical and hospital resources to perform it. Because of this, the more familiar the patient and the team are with the surgical intervention process, the better the results.²

Thus, health education can provide positive results, constituting a fundamental strategy for the patient to receive adequate information in the period comprising the perioperative period.⁴ One study carried out with patients undergoing cardiac surgery revealed that the fact that they were able to express their feelings and expectations in the educational group had a positive influence on reducing anxiety.⁵

The starting point for systematize care at the TKA surgery service it was the elaboration of the “Joint Reconstruction” line of care, which called for assistance with multidisciplinary and interdisciplinary, which had an interface with health education actions.

In this direction, the orthopedics service of the outpatient clinic recommended in its line of care, the preoperative educational group, as one of the health education strategies, which aims to guide patients regarding care in TKA surgeries, with aimed at reducing anxiety and fear of the unknown present in all phases of the surgical process.

The present study aims to report the experience of restructuring the knee surgery service at a school outpatient clinic, with a view to systematizing the nursing care provided to users who will undergo knee arthroplasty.

METHOD

This is an experience report, descriptive and analytical, of the actions developed, in the period from 2016 to 2018, in the restructuring of the knee surgery service of an outpatient clinic, linked to a public university hospital in Belo Horizonte, Minas Gerais.

This work is part of an Extension Project that was approved by the manager of the Outpatient Care Unit, which dispensed with the approval of the Research Ethics Committee, as it is not characterized as a research, but rather an analysis of situations that emerged of professional and academic practice. However, we tried to preserve the identity of the institutions under analysis and the professionals involved in the activities.

In the restructuring of the service, the following stages of strategic planning were performed: situational diagnosis (explanatory moment), action plan (normative and strategic moment) and implementation of actions (tactical-operational moment).¹

Among the problems listed in the situational diagnosis were the lack of delimitation of the nurse's role in orthopedics and the fragmentation of care provided to patients, which was restricted to medical consultations. The second stage

consisted of the elaboration of the action plan carried out collectively and the third stage in the implementation of the line of care and an educational group.

RESULTS

The elaboration of the line of care for patients, who are candidates for knee surgery, especially for TKA, was the first intervention of the action plan carried out and that, little by little, has been building the transposition of the biomedical model to the user assistance model centered on the specialty clinic under study. For this, meetings were held with the directors of the hospital, of which the clinic is a part, and the main leaders of the sector, to present the proposal and the main points about the infrastructure, human and operational resources needed to structure this type of care.

One of the main purposes of this line of care is to provide patients with osteoarthritis access to information and health education regarding the goals of treatment and the importance of changes in lifestyle, to reduce the impact on injured joints and care in the postoperative. This was done through the creation of a multidisciplinary educational group, among other actions.

To define the theme to be addressed in the group and to prepare educational materials, a search was carried out in the scientific literature. In addition, the experience of the teams in caring for orthopedic patients also supported the definition of the themes of the guidelines provided in the educational group. After defining the themes, the strategies for making teaching material were discussed with the team, initially opting for the development of multimedia material, consisting of slides and video to facilitate the visual demonstration of the procedures, equipment and materials necessary for the patient's understanding of the knee surgery process.

The educational group began in the second half of 2016, with an average of ten people participating, including patients who are candidates for knee surgery and their companions, who attended the service for their first consultation. The educational action was carried out once a week, lasting approximately 60 minutes, being conducted by the sector nurse, volunteer nursing students, physiotherapist and orthopedist.

During the dialogued exposition of the themes, patients and companions elaborated questions and doubts were clarified by professionals and nursing students. There was an effective

participation of users who, in addition to doubts, also brought testimonies about their personal experiences. At the end, the participants were taken to the waiting room, where they awaited their medical appointment. Over two years of its implementation (2016-2018), the educational group had the participation of approximately 597 people, including patients and caregivers.

The team also chose to prepare a booklet containing, in a succinct manner, the information covered in the educational group. This teaching material was intended to provide information relevant to patient safety and recovery in the perioperative period of knee surgery, encouraging self-care and a better perception of their health status.

In summary, the main achievements of the knee surgery service process of reorganization, the products and results obtained so far, which counted on the nursing contributions were: collective elaboration of the line of care; implementation of the multidisciplinary educational group in the preoperative period and preparation of teaching materials (slides and booklet) for presentation and distribution to patients and caregivers.

DISCUSSION

The development of a line of care is a fundamental action to promote the articulation of actions and knowledge of the members of the multidisciplinary team, seeking to overcome fragmented care.⁶ In the case of the “Joint Reconstruction” care line, the integrality of health actions for users in orthopedics was gradually introduced, including health education.

Preoperative guidance can be defined as any educational activity carried out before the surgical intervention that aims to contribute to increasing the knowledge of those involved, improving results and modifying health-related behaviors.⁵ A systematic review of the literature pointed out that this type of health education is usually carried out by a multidisciplinary team and the contents of their actions, for orthopedic patients, include the stressful environments related to surgery, the steps of the surgical procedure, pre and post care. -operative, possible complications, pain control and physical therapy exercises.⁷

In this sense, the evidence in the literature is highlighted, especially in the international scenario, which demonstrate that educational actions for patients who are candidates for TKA contribute to improving knowledge about the disease,

pain control, adherence and exercise performance, in addition to reducing the length of stay, reducing costs and the rate of surgical revision.⁴

Educational groups that provide the space and time needed for discussion and inquiries from patients and caregivers are beneficial as they allow the participant to share answers and questions from other group members. According to the authors, the topics of the preoperative educational group should be taught by all members of the multidisciplinary team involved in their care, in addition to being part of the patient's support network, and using visual methods such as slides and videos in association with verbal communication.⁸

The construction of teaching materials is an essential part of educational interventions in health. It is a light and light hard technology that, when well structured, allows to guide the education process, raise awareness, transform and enable the construction of bonds of trust between professionals and users.⁹

In this sense, it is essential to include health education activities in the training of future health professionals, as their whole constitutes a social practice that aims to promote reflection and critical awareness of individuals about their life situation and health.¹⁰

Therefore, the implementation of some actions, including the educational group, is increasingly contributing to the redefinition of the role of the nurse and, consequently, to the role of nursing in the orthopedics sector of the school clinic, which provides the qualification of the care provided. , based on the principle of completeness and autonomy of users and workers.

CONCLUSIONS

From the strategic planning, it was possible to start the restructuring of the orthopedic surgery service at the school clinic. Thus, the participation of nursing workers in all its stages, from diagnosis to the execution of actions was imperative for the success achieved.

This commitment, added to the work organized into a plan and goals, brought remarkable achievement and motivation to the nursing professionals involved. This motivation was due to the construction and clear definition of the importance and role of nursing within the sector and in the multidisciplinary team.

The reorganization of the service allowed for some changes that influenced pre- and postoperative care in knee surgeries, allowing a more effective

participation of nurses in the care provided to patients, especially those undergoing TKA.

The participation of the nursing team in the construction of the line of care “Joint reconstruction” was one of the relevant actions, as it was possible to verify its recognition by the multidisciplinary team. In addition, the creation of the educational group is a first step towards comprehensive care provided to users in orthopedics and gives more meaning to the work of nurses in the clinic.

The structuring of the group and the creation of educational material constituted important actions to prevent postoperative complications, reduce anxiety related to surgical intervention and, consequently, improve the quality of life of patients.

The greater participation of nurses facilitated the identification of problems, thus cooperating for the integration of other professionals in this care, as there was the integration of physiotherapy and an increase in the referral of patients to the social worker and to the outpatient psychologist. It is expected that, with this, health care in the service will be more effective and efficient and that surgical results will be improved.

It is noteworthy that this experience unfolded in a research project

that aims to assess the understanding of patients about the guidelines performed and the actions taken in relation to them, considering the health education strategies used in knee surgeries, such as the educational group and the primer.

Finally, there is a need to carry out other studies and research that can contribute to the advancement of knowledge in the area of health and orthopedic nursing, especially in the specialty outpatient clinic.

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