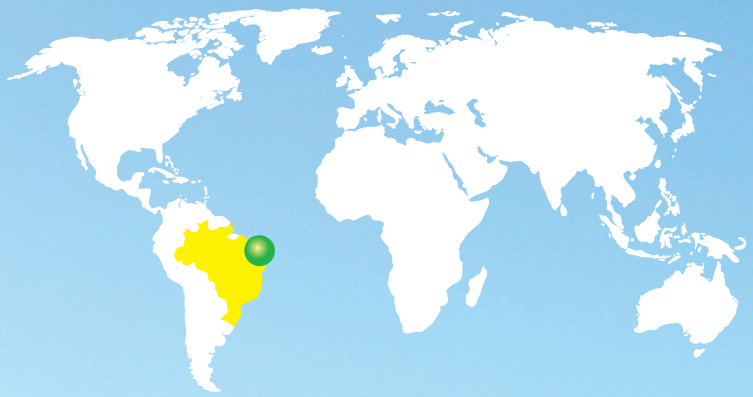
CLEFT 2009

11TH INTERNATIONAL CONGRESS ON CLEFT LIP AND PALATE AND RELATED CRANIOFACIAL ANOMALIES

FORTALEZA/BRAZIL - SEPTEMBER 10TH TO 13TH, 2009



International Confederation for Cleft Lip and Palate and Related Craniofacial Anomalies

Cleft and Craniofacial Care:
Experience, Evolution and Innovation

Congress Organized by:

SOBRAPAR

11.01

AMBULATORY SURGERY FOR PATIENTS WITH CLEFT LIP AND PALATE

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Introduction: The purpose of this study was to demonstrate the clinical and economic advantages of the surgical treatment in an ambulatory fashion in patients with cleft lip and palate.
Method: This retrospective study included examination of 1692 records of patients that were operated between 2002 and 2008 with a short stay after surgery. Data were collected including diagnosis, type and age of surgery, complications and the cost of the surgery.
Results: In 8 years 1693 cases were operated: 700 primary surgeries including 339 lips, 123 soft palate and 249 palate repair. Secondary surgeries were 769 mostly revision of lip and nose 562, closure of fistulas 78 cases, bone graft 61 and insertion of tympanic tubes 68 and others 132 cases.
The mean age of surgery in lip was 4 months, the soft palate 10 months and the palate15 months
The stay at the hospital was between 4 to 12 hours. Complications: 3.5% in primary surgery including 0.6% post op bleeding in palate surgery; infection 1.4% and 1.7% of partial palate dehiscence. Complications after secondary surgery were 0.9% mostly infections. Two cases of palate repair required more than one day of stay because respiratory problems. Comparing the cost of the short stay and traditional way is almost 1/3 lower.
Conclusions: The advantages are low cost and few complications. It is required a selections of patients, a close nurse vigilance and pre operatory educations of the parents.

11.02

TELEPHONE FOLLOW-UP NURSING INTERVENTION

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Telephone follow-up nursing intervention hen preparing for hospital discharge the patient and caretaker are told to communicate the hospital throughout surgical intercurrence. Telephone follow-up intervention must be qualified and precise in terms of orientation. An instrument on this issue was built to collect data in 2001 and implemented in 2008. A nurse answers the calls and fills in this instrument with the information. 16 records filled by a nurse were analyzed .In 8 of them the caller was the mother of the patient, 11 were aged until 11 years old, 9 had been under palatoplasty and 8 complained mainly about the surgical wound healing. Diagnosis obtained by the nurses were: infection risk (10), altered oral mucosa (2), damaged tissue integrity (7), aspiration risk (1), pain (2), nutrition below body needs (1); hyperthermia (2). Nurse intervention consisted of: schedule a follow-up appointment and communicate the surgeon, advise on the physician orders, recommend the intensification of oral hygiene, assist on feeding techniques and observe acceptance; advise about the care with surgical wounds and healing; recommend contact to the hospital and return the calls. Results indicated that follow-up calls informing the patient's conditions were performed; faxes were sent to the respective Social Work departments to arrange the patient's next appointment at HRAC-USP and callers were aware of the physician orders. Nurses also answered all doubts from the patient and caretaker and reaffirmed previous recommendations.

11.03

NURSING ASSISTANCE TO PREGNANT WOMEN AT HRAC-USP

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Introduction: The nursing assistance of HRAC-USP systematized ambulatory appointment to pregnant women who come for assistance at the hospital when aware of their babies' craniofacial malformation associated to cleft lip and palate.
Objective: Characterize the sample and show the main emotional reactions of the pregnant and the couple.
Method: data was collected through an instrument filled in by a nurse during the appointment.
Results: 12 pregnant women aged about 29 years old, about 27-week pregnant, followed by their partners were informed of their babies' malformation through the ultrasound physician during a routine appointment around the 24th week of pregnancy. 8 of them are from the state of São Paulo, 7 had cleft lip and palate history in family, and found out about HRAC on the web or by their doctors. Most of the pregnant women reactions were: shock, sadness, concern, scare, guilty, nervousness, fear, insecurity, apprehension and balance. Couples demonstrated the wish of seeing a baby with cleft and were happy when they did. They also showed their need to learn about the issue in order to get some experience and emotional preparation before the birth of their children.
Conclusion: nurses assisted these families in terms of encouragement to breastfeeding, importance of creating and keeping family-child attachment, ideal feeding and hygiene conditions, doctors' follow-ups, vaccination, maintenance of clinical conditions for the first surgery and the registration of the baby in the institution.

11.04

NANDA, NIC, NOC UTILIZATION ON THE NURSING ELETRONIC RECORDS

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Introduction: This prospective study aims to create an electronic database of nursing proceedings. The current system is manual with a list of printed nursing diagnosis and prescriptions on the profile of patients in the Semi-intensive Care Unit. This way, systematization of nursing assistance such as: history, diagnosis, prescriptions and evolution is performed. An electronic database may contribute to time optimization in the patient's care, decrease the time used for registration, keep and organize data and cooperate to the management of processes and professional activity. Thus, the language used must be standardized. The utilization of nursing classifications North American Nursing Diagnosis Association (NANDA), Nursing Interventions Classification (NIC) and Nursing Outcomes Classification (NOC) provide theoretical basis to the creation of an electronic database. Objective: to elaborate an electronic database with the most used diagnosis, interventions and results of the Semi-intensive Care Unit. Method: crossed mapping between diagnosis, most frequent care utilized by the nurses in the hospital and diagnosis, interventions and result indicators of Nanda, Nic and Noc. Partial Result: 13 nursing diagnosis, 9 to the patient and 4 to the caretaker or family were listed with an average of 22 interventions and 49 nursing outcomes for each diagnosis.