



ISSN Print: 2394-7500  
ISSN Online: 2394-5869  
Impact Factor: 5.2  
IJAR 2017; 3(9): 500-502  
www.allresearchjournal.com  
Received: 11-07-2017  
Accepted: 12-08-2017

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## A study to assess the quality of life among post CABG patients in Narayan medical college Hospital, Nellore

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### Abstract

**Introduction:** Cardiovascular disease is the most common cause of morbidity and mortality in developed countries, and controlling it is a major challenge for health care systems. With a rapid increase in the mean age of the population, the incidence of heart disease is also increasing. Millions suffer from angina due to coronary artery blockages. One of the major surgery used in attempt to alleviate this disease is Coronary Artery Bypass Grafting (CABG) which can help to restore blood flow to an area of the heart. The measurement of treatment outcome or Quality of life (QOL) for the patient is the keystone of modern scientific medicine. Quality of life is defined as individual perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

**Methods:** A Descriptive cross sectional design research was adopted for this study. The study was conducted in selected hospital, Nellore district. 60 samples were selected by using Convenience sampling technique by means of lottery method. Structured questionnaire were used to assess the Quality of life of post CABG patient in NMCH, Nellore.

**Results:** The study results shows that with regard to quality of life in post CABG patients majority of the patients 31(31.6%) had neither poor nor good quality of life and 29(48.5%) patients had poor of quality of life

**Conclusion:** The study concluded that majority of post CABG patients had neither poor nor good quality of life so there is a need to improve quality of life in post CABG patients

**Keywords:** Quality of life, post CABG patients

### 1. Introduction

The measurement of treatment outcome or Quality of life (QOL) for the patient is the keystone of modern scientific medicine. Quality of life is defined as individual perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. treatment of Myocardial Infarction (MI), dysrhythmias, or heart failure, treatment for complication from and unsuccessful.

Coronary Artery Bypass Surgery is a surgical procedure performed to relieve angina and to reduce risk of death from coronary artery disease. CABG is the most common cardiac surgery. In this procedure arteries or vein from elsewhere in the patient's body is grafted to coronary arteries to bypass blockages and improve blood supply to the heart.

Caring for the client after CABG surgery involves many challenges, because the patient and family members are experiencing a major life crisis. The association of the heart with life and death intensifies their emotional and psychological needs. The post operative cardiothoracic patients after recovery from anesthesia feel pain due to the presence of chest tubes, IV lines; oxygen masks. These patients are prone to develop respiratory complications if they fail to practice respiratory exercise after surgery (Reddy, 2017) [1] The nurse can significantly impact the clients quality of life through the provision of education, encouragement, determining their psychological, emotional and spiritual needs, promotion of exercise and progressive activity, encourage the client and family to participate in supportive programmes (harika, 2015) [2]. The authors of the latest American Heart Association report predict a significant increase in the burden of cardiovascular disease in the USA by 2030, and a huge cost for its treatment.

More than 800 000 patients undergo surgery worldwide each year. In the Narayana medical hospital the no. of patients who underwent CABG surgery in the year 2013-2014 are 226 and no. of patients underwent CABG surgery in the month of January 2014 to July 2014 are 96.

## 2. Objectives

- To assess the quality of life among post CABG patients.
- To find the association between quality of life and the selected socio demographic variables of post CABG patients.

**3. Materials and Methods:** A descriptive cross sectional design research was adopted for this study. The study was conducted in selected hospital, Nellore district. 60 samples were selected by using Convenience sampling technique by means of lottery method. Structured questionnaire were used to assess the Quality of life of post CABG patient in NMCH, Nellore.

**3.1 Sample Size:** 60 samples were selected by using convenience sampling technique by means of lottery method.

Data were obtained by the following methods:

- Through questionnaire method by interviewing the samples for assessing their socio demographic variables
- Structured questionnaire were used to assess the quality of life among post CABG patients

**3.2 Ethical Clearance:** There was no drug administration or invasive procedure involved in the study. A written Permission was obtained from the institutional authority and ethical committee. Written informed consent was obtained from samples who participated in the study and Confidentiality and anonymity of the subjects was maintained throughout the study.

## 4. Results

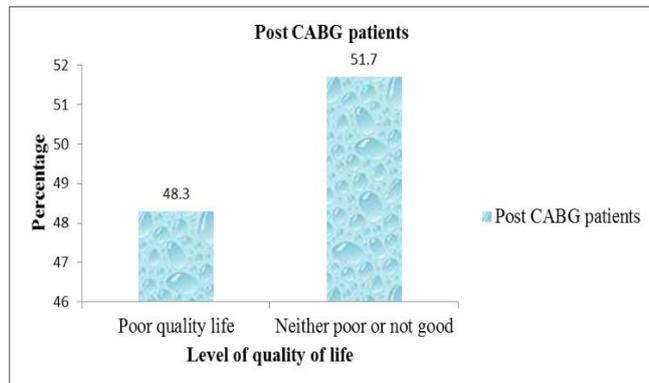
**Table 1:** Distribution of Demographic Variables of post CABBG patients (N=60)

S.no	Demographic Variables	Post CABBG patients (n-15)	
		f	%
1	Age		
	a) 35-45 yrs	2	3.3
	b) 46-55 yrs	14	23.3
	c) 56-65 yrs	36	60
2	d) above 65 yrs	8	13.4
	Gender		
3	a) Male	53	88.3
	b) Female	7	11.7
4	Marital Status		
	a. Married	59	98.3
5	b. Unmarried	1	1.7
	Education		
	a) Illiterate	24	40
	b) Primary	15	25
	c) Secondary	15	25
	d) Graduate	6	10
6	e) Post Graduate	-	-
	Occupation		
	a) Un Employed	19	31.6
	b) Private Employee	17	28.3
	c) Govt. Employee	4	6.7
	d) Business	15	25
7	e) Agriculture	4	6.7
	f) Retired	1	1.7
	Income		
	a) <Rs. 5000/-	37	61.6
8	b) Rs.5000-7000/-	21	35
	c) Rs.7001-Rs.9000/-	1	1.7
	d) Rs.9000/- and Above	1	1.7
	Diet Pattern		
9	a) Vegetarian	9	15
	b) Non Vegetarian	32	53.3
	c) Mixed Diet	19	31.7
10	Type of family		
	a) Sedentary	5	8.3
	b) Moderate work	50	83.4
11	c) Heavy work	5	8.3
	Previous history of CABG surgery		
	a) Yes	20	33.3
12	b) No	40	66.7
	Presence of Co-morbid disease)		
13	a) Hypertension	33	55
	b) Diabetes Mellitus	27	45

**Table 2:** Level of quality of life among post CABG patients

S. No	Level of quality of life	f	%
1	Poor quality of life	29	48.3
2.	Neither poor or nor good	31	51.7
	Total	60	100

Table no.2 Shows that 29(48.3%) post CABG patients had poor Quality of life and 31(51.7%) of patients had neither poor or nor good Quality of life.



**Fig 1:** Percentage distribution of post CABBG patients based on level of Quality Of Life

**Table 3:** Distribution of mean and standard deviation among post CABG patients (N=30)

Criteria	Mean	Standard Deviation
Quality Of Life	53.9	52.6

Table no-3 Shows that with regards to quality of life among post CABG patients mean of quality of life is 59.9 and the standard deviation is 52.6.

**4. Discussion**

The aim of the present study was to assess the quality of life among post CABG patients

**Findings of the Study Based On Objectives**

**Findings related to level of quality of life among post CABG patients**

Table no.2 Shows that 29(48.3%) post CABG patients had poor Quality of life and 31 (51.7%) of patients had neither poor or nor good Quality of life.

Geraldine A. Lee (2010) conducted coronary artery bypass graft (CABG) surgery is performed to treat the symptoms of coronary artery disease. The aim was to establish via multiple regression analyses the determinants of physical and mental health-related quality of life 5 years post-CABGA total of 109 patients agreed to participate in a face-to-face follow-up study 5 years after surgery and completed the Short-Form 36 (SF-36), dietary, physical activity, and psychologic well-being questionnaires Hierarchic regression analysis was performed using the SF-36 summary scores for the physical component score (PCS) and mental component score (MCS) as dependent variables. Preoperative angina scores and at follow-up, comorbid illness, anxiety and depressive symptoms, and physical activity accounted for 37% of PCS variance. Preoperative anxiety, interim myocardial infarction and age, diet scores, and anxiety and depression symptoms (at follow-up) accounted for 60% of MCS variance. This study demonstrates that both anxiety and depressive symptoms are strongly implicated in

determining PCS and MCS 5 years post-CABG using the SF-36.

**Findings related to Association between the level of quality of life of post CABBG patients with their selected socio demographic variables.**

There is a significant association between the quality of life and the socio demographic variables like age, gender, religion, education, occupation, income, diet pattern, type of work, previous history of CABG surgery and pressure of comorbid disease at P=0.001 level.

**5. Conclusion**

The study concluded that majority of post CABG patients had neither poor nor good quality of life so there is a need to improve quality of life in post CABG patients.

**6. Recommendations**

On the basis of the findings of the study, recommendations are:

- A similar study can be repeated with large samples to generalize finding.
- Similar study can be done on different settings.
- Intervention studies can be conducted to improve the Quality Of Life of patients.

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