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THE EFFECTIVENESS OF PREOPERATIVE CARDIOPULMONARY REHABILITATION FOR IMPROVEMENT OF POSTOPERATIVE QUALITY OF LIFE IN PATIENTS UNDERGOING CORONARY ARTERY BYPASS SURGERY

Mei-Tien Yeh
Cardinal Tien College of Healthcare, Taiwan

Background: After the heart surgery, the patient had surgical wounds pain induce the respiratory dysfunction, sleep disorders, anxiety and other issues lead to the patient delaying getting out of bed, which may easily reduce postoperative activity endurance, and affect the daily activity progress, prolonging postoperative recovery and life quality.

Purpose: To compair the differences in quality of life and the degree of improvement in patients undergoing coronary artery bypass surgery who receives cardiopulmonary rehabilitation before and after surgery.

Object: The case about to undergo coronary bypass surgery

Result: I. Comparison of the quality of life indicators at each time point with the two groups at each time point. (I) At the time of receipt (T0): The average score of the two groups of samples due to physical physiology problems limited role (RP) was less than 20 points. The average score of Role-Restricted Functions (REs) due to emotional problems is less than 50 points. The average scores of the two groups of samples in the remaining quality of life and each scale were greater than 50 points. However, there were no statistically significant differences between the scales. (II) One month after surgery (T5): Between the two groups, only the general quality of life (GH) and physical and physiological function (PF) were statistically significantly different (p=0.002, p=0.010). This indicates that in the month after surgery (T5), the general health status and physical and physiological function subscales of the experimental group were also better than those of the control group. II. Second, the two groups in the quality of life indicators before and after intervention measures (I) The average scores of the general health status (GH) ' mental health (MH) ' physical function (PF) and vigor (VT) at the time of receipt (T0) in the control group and the experimental group were both lower than those in the first month (T5) after surgery (p<0.001). (II) The control group (T0) was higher than the one month after surgery (T5) (p=0.010). The experimental group (T0) was lower than the one month after surgery (T5) (p=0.048). This indicates that the social function of the control group sample (T0) was better than the one month after the surgery (T5), and the social function of the experimental group sample at the time of receipt (T0) was worse than that of the surgery one month (T5). (III) The control group (T0) was lower than the one month after surgery (T5) (p=0.008). The experimental group (T0) was higher than the one month after surgery (T5) (p=0.021). This indicates that the control group sample at the time of receipt (T0) due to emotional problems caused by the degree of limited role (RE) compared with one month after surgery (T5) time difference; experimental group sample (T0) caused by emotional problems The degree of restricted role (RE) is better than one month after surgery (T5). IV Physical Restriction (RP) due to Physiological Physiological Problems: The physical and physiological problems (RP) and Body Pain (BP) of the control and experimental groups were similar (p > 0.05).

fortum.yeh@gmail.com