



**THE EFFECTIVENESS OF MOBILISATION BY ADDING D5%
FOR POST OPERATION PATIENT OF INTESTINES PERISTALTIC
IN THE ICU ROOM**

Emyk Windartik¹, Ima Rahmawati², Eka Nur So'emah³

Bina Sehat PPNI Health Science Institute of Mojokerto

ABSTRACT	Keywords
<p>The surgeon was a medical treatment using the invasive technique; it was ended by needling and closing of the wound assisted with anesthesia. The most primary grievance occurred for the post-surgical operation were a body weakness, lack of muscle strength, query, vomit, a decreasing of nutrient and the duration of hospitalizing for the patient after surgical operation affected by an abdominal surgical. The intestine was possibility manipulation during an operation involving immobility and lack of orally. Those can affect the intestine function cause of various grievances. The purpose of this research was to discover and the concept of view deeply. Due on ambulation experience early at Islamic Hospital Sakinah, Mojokerto for post-surgical operation appendectomy. The research design used question experiment design, nonequivalent control group design. The population of this research was for all patients of post appendix surgical using anesthesia SAB through surgical at Sakinah Islamic hospital, Mojokerto in 43 respondents. The sample of this research was inference population by having selected for post operation in specific criteria of 30 people consist of 15 conducting person group and 15 in controlling group. The independent variable of this research is a mobilization variable, and the dependent variable is an intestine peristaltic. The result of paired-test of mobilization impact shows an interesting data point $p=0.000$, And $\alpha=0.05$ thus $p < \alpha$ means that the given H_0 mobilization affected for intestine peristaltic therefore, the final result showed there was a mobilization causing of intestine peristaltic for appendectomy surgical operation at RSI Sakinah, Mojokerto. A given D5% mobilization is more effective in increasing for intestine peristaltic than non giving mobilization.</p>	<p><i>Post Operation, Intestines Peristaltic, mobilization</i></p>

BACKGROUND

A surgical operation is a medical treatment using an invasive technique opening or presenting a part of the body that will be handled by slicing and then being ended covering and needling work of the wound assisted by anesthesia (Susetyowati et al., 2010). The main grievance that often occurs for post-surgical operation is the weakness of body, decreasing of patient strength muscle, queasy and vomit, nutrients decreasing and duration time of hospitalizing for post-surgical operation patient and also the impact of an abdomen surgeon (Jensen et al. 20110). A movement normal of peristaltic intestine will be decreasing in a few days depends on various and duration of surgical. Appendicitis disease is a well-known disease in the society as an appendix. The case of appendix perforation for men is 38,7% meanwhile for women is 23,5%. The case perforation for appendix is 10% up to 32% case. The most cases occur for children and old person (Smeltzer and Brenda, 2001).

The population of the appendix in development state such as in Indonesia increased rapidly due to the economic rise and the human alteration lifestyle (Santacrose, 2005). This indication showed that the appendix sufferers in Indonesia ranked a fourth of the world in 2006. The highest appendix case is for a female at the age of 10-14 years and boy is at 15-19 years. The men, getting an appendix disease are more than the women at the puberty age and 25 years old (Evlin 2009). The mobilization is an individual action for nurses in doing treatment. There are a lot of advantages can be gained from the early exercise after a surgical operation, one of those is enhancing rapidly for depth breathing and circulation, and also it can increase urinate and body metabolism (Taylor, 1997). The mobilization is a basic

human need, needed by an individual to do daily activity namely hinges movement, demeanor, walk-style, exercise and activatable (Perry & Potter, 2006). The early successful mobilization not only fastens the recovery process of the wound but also fasten the peristaltic intestine recovery for the patient after surgical operation (Israfi d akhrita, 2011). Based on the background above we will therefore research analysis the giving early mobilization for the post-surgical operation of the peristaltic intestine at Sakinah Hospital Mojokerto.

PURPOSE OF RESEARCH

1. General purpose
To analyze the impact of giving an early mobilization for post operation appendix Patient performs at Sakinah Hospital Mojokerto.
2. Particular purpose
 - a. To identify the peristaltic alteration before and after being given mobilization at Sakinah Hospital Mojokerto.
 - b. To analyze the peristaltic alteration before and after being given mobilization at Sakinah Hospital Mojokerto.

RESEARCHED METHOD

The research method used quasi-experimental design. Population in this research was all Patient Post Op Appendix in RSI Sakinah Mojokerto 43 respondents. The sampling technique used purposive random sampling so that the sample in this study 30 respondents was divided into 15 respondents treatment group and 15 respondents were the control group. In this study the independent variable was Mobilization, the dependent variable was Peristaltic Perfection. Data analysis used Paired T-Test.

RESULT OF RESEARCH

Table 1

Respondent distribution based on age, gender at RSI sakinah Mojokerto 2016 (n:30)

No	VARIABEL		Frequency %			
			Group			
			Treatment		Control	
1	Age	≥ 45 tahun	10	67%	9	60%
		< 45 tahun	5	33%	6	40%
2	Gender	Male	12	80%	12	80%
		Female	3	20%	3	20%

Based on table 1 above, it showed that due to the age of treatment group. The most respondents are >45 years totally ten respondents (67%). And controlling group showed that the most respondents are >45 years totally nine respondents (60%). Meanwhile for the gender criteria on treatment group can be known that part of respondents are male totally 12 respondents (80%) and for control group most respondents are male totally 12 (80%).

Table 2

Distribution of frequency respondents for peristaltic intestine post-operation patient before And after treatment

NO	PERISTALTIK USUS			PERISTALTIK USUS		
	SEBELUM	SESUDAH	SELISIH	SEBELUM	SESUDAH	SELISIH
1	2	12	10	2	13	11
2	2	11	9	3	14	11
3	3	13	10	3	12	9
4	3	10	7	3	14	11
5	3	12	9	2	12	10
6	3	12	9	2	13	11
7	3	11	8	2	9	7
8	4	8	4	2	13	11
9	4	12	8	3	13	10
10	3	12	9	3	8	5
11	3	13	10	3	12	9
12	2	7	5	3	13	10
13	2	6	4	4	13	9
14	2	12	10	2	13	11
15	2	12	10	2	8	6

Based on table 2 above gained that the result those all are ever having had peristaltic increasing after being given mobilization in an average of 8,1 for early peristaltic intestine whereas for mobilization group and D5% average on 9,4 of early peristaltic. Both groups have different average 1.3 means peristaltic for the patient post operation were increasing more for mobilization +D5% than the mobilization of the group only. The result of the paired test for the impact of mobilization shown the point data gaining $p=0,000$, $\alpha=0,05$ thus $p<\alpha$ means the given of H_0 mobilization effected the peristaltic.

DISCUSSION

1. The Intestine Peristaltic Alteration Before And After Being Given Mobilisation

Based on the table gained the point that those all are getting an increase after mobilization in average 8,1, it can be concluded that from the final result stated increasing rapidly of the peristaltic case in average 8,1 for those in the treatment group only with mobilization. This case appropriated closely to Indarti theory

(2007), stated that the early mobilization is a nursing treatment that being able to recover intestine peristaltic. After having had an operation and the patient is already awake, it will probably occur intestine peristaltic. If the peristaltic doesn't rise yet but the patient forced to have some drinks or foods, it worried that the intestine wouldn't normally work so it probably happens of wadding when the food is passing into the intestine (Bararah, 2010). The intestine peristaltic is affected by many factors: age, liquid needed, anesthesia, psychologist, surgeon and physic activity or mobilization (Potter & Perry 2010, pg 405). The early ambulation is extremely important to recover the patient health. The function of early ambulation is clear enough that the physic activities can strengthen the hinge and body muscle. Thus it can decrease the duration time hospitalizing (Halpern 2017). The early mobilization is the nursing action step which can recover the peristaltic (Indiarti 2007, pg 46). The mobilization is an ability to move our body freely confidence and aim unto society (Kozziel et al., 2011, pg 587). The early mobilization is the vital aspect physiology function due to defend of autonomous (Fitriyachsari, 2009). The advantage of an early mobilization to increase blood circulation caused the decreasing of pain, giving nutrient to the wound and keep increasing digestion status normally (Mundy, 2005).

The impact If the early mobilization is not done, it will cause the difficulty of taking urine and an abdomen distention, nuisance of cardiovascular and breathing up (Mochtar, 2005). The time periodic intestine peristaltic for treatment group and group control faster than treatment

group therefore the early mobilization is so effective to control metabolism system body after the spinal anesthesia immobilization will become compulsive. A motility intestine such as pelvic muscle and the weakness of an abdomen muscle meanwhile the mobilization can increase the intestine peristaltic (Saryono & Widiarti, 2010, Page 37). According to WHO (2012 pg 128). The mobilization can increase the body system usually runs. A normal peristaltic in the intestines will disappear in a few days, and it depends on sort of surgical operation duration. The peristaltic intestine movement is a movement occurring indigestion muscle caused a swell that arising the effect of inhaling or swallowing some foods into the digestion. The effect of the anesthesia agents can closure the nerve parasympathetic impulse into intestine muscle. The anesthesia blocked or closed peristaltic ileus. The patient who doesn't recover the intestine peristaltic after anesthesia it will get obstructive if within the time given foods bestowing. The intestine obstruction is a risky frequently occurs in an abdominal surgical about 60-70% of all abandonment critical cases. The intestine function will be running faster as usual within 2 or 3 days after operation (Oswards 1993). Sjamsulhidayat and Jong (1997) explained that the ileus peristaltic that is a situation in which the intestine failed or unable to do peristaltic contraction to spread out its contents. A laparotomy its self is done caused by an intestine sticky and usually happens into the small intestine (Arif major 2001). The function of peristaltic intestine elimination needs and also to fasten the recovery process. The diet program can be given after being operated for the function

peristaltic intestine signed gastrointestinal canal will run normally. Early mobilization is a significant activity in the post-surgical period to prevent various complications (Barbara, 2009). Mobilization is an important aspect of physiological function because it is essential to maintain independence (Fitriyahsari, 2009). The benefits of mobilization were increased blood circulation which can lead to pain reduction, nourish the wound healing area and improve the digestive status back to normal (Mundy, 2005). Impact if not performed early mobilization can be difficult to defecate and urinate, gastric distension, respiratory disorders, cardiovascular disorders (Mochtar, 2010). As Kozier (2004) points out, an activity may stimulate the recovery of intestinal peristaltic function to return faster and have a positive effect on the patient's recovery. Immobilization will suppress intestinal motility such as weak pelvic muscles and abdominal muscles, while mobilization may improve intestinal peristalsis (Saryono & Widiarti, 2010). According to WHO (2012) mobilization can improve blood circulation and speed up the body system back to normal. So early mobilization is a significant activity in the post-surgical period to prevent various complications (Erlin Kurnia, 2018).

2. The Intestine Peristaltic Alteration Before And After Being Given Of Mobilisation And D5%

Based on the table previous gained that the point of mobilization group and D5% all are having peristaltic increasing in average 9,4 from peristaltic early. This case due to Indiarti theory (2007) stated that the early mobilization is a nursing

action treatment which able to recover from intestine peristaltic. The DeRosa utility is a liquid needed for the patient at the intravenous therapy and is necessary for dehydration during the patient is still having a surgical operation or after. The liquid must have several compositions. Glucose fluids 50 gr/l as the substitution of the body vanishing fluids, and our body was re-energy to do its metabolism. And the calory source has the glucose dosage used 5% of the formula. It added NaCl to have an isotonic fluid in which the glucose here is hypotonia, example, in producing Aqua Pi plus H₂O₂ purposed to disappear off the pyrogen, and in creating of this formula added by Norris to vanish the more of H₂O₂. (Halpern, 2017)

CONCLUSION

There is a mobilization for the appendectomy post-operation patient at RSI Sakinah Mojokerto applying of mobilization D5% is more effective in increasing intestine peristaltic than applying to the mobilization only. By giving D5% fluid can stimulate the intestine branch then it causes the peristaltic stimulation.

SUGGESTION

For health service especially at Sakinah Hospital. They can preserve early ambulation for post operation appendectomy perforate patient. With purpose was to increase the recovery process and their life quality for nursing service. So the nurses can serve the intervention of the early ambulation for the right treatment in post-operation. And it needed and ran optimally for the patient after the post operation, not only by a mobilization just but also begiving for the mobilization + D5%.

REFERENCES

- Akhrita, Z. (2011). Influence of Mobilization on Bladder Recovery Post Surgery With Spinal Anesthesia at RSUP Padang. Padang: Faculty of Medicine Andalas University
- Alin, P. (2010). Flatus. <http://www.bascommetro.com/flatus-kentut.html> was obtained date December 30, 2013
- Anggarani, D., & Subakti, Y. (2013). Peel Together About Pregnancy Jakarta: Agromedia
- Asmadi. (2009). Procedural Techniques of Nursing: Concepts and Applications of Client's Basic Needs. Jakarta: Salemba Medika
- Bararah, V.F. (2010). The Importance of Fart After Operation. <http://health.detik.com/the-importance-be-on-the-after-operation/> obtained date December 11, 2010
- Gruendemann, B. J. (2006). Nursing Teachers Perioperative Principles Volume 1. Jakarta: EGC
- Berman, A., Snyder, S., Kozier, B., & Erb, G. (2009). Clinical Practice Nursing Book. Jakarta: EGC
- Dahlan, M. S. (2013). Statistics For Medical and Health. Jakarta: SalembaMedika
- Fitriyalsari. (2009). Basic human needs. Jakarta: EGC
- Gallagher, C.M. (2004). Post Cesarean Surgery Recovery. Jakarta: Erland
- Hegner, B.R & Caldwell, E. (2003). Nursing Assistant Nursing Approach Edition 6. Jakarta: EGC
- Hidayat, A.A. (2011). Research Methods & Technical Analysis Data Edition 1. Jakarta: Salemba Medika
- Indarto & Trihendardi, C. (2010). Wonderpa-Beautiful Mentoring. Yogyakarta: Andi
- Jitowiyono, S., & Kristiyanasari, W. (2010). Nursing Care Operations. Yogyakarta: Nuha Medika
- Erlin Kurnia, N. Y. (2018). MOBILIZATION INFLUENCES TO THE SYSTEMIC PERUSAHAAN IN POST POST OPERATING LAPARATOMY. National Seminar And Scientific Publication Workshop "Nurses Professionalism Development Strategy Through Improving Quality Of Education And Scientific Publication," I (ISSN 2579-7719), 157-164. Retrieved from ejurnal.stikesbaptis.ac.id/index.php/PSB/article/download/.../233
- Halpern, L. W. (2017). Early Ambulation Is Crucial for Improving Patient Health. AJN, American Journal of Nursing. <https://doi.org/10.1097/01.NAJ.0000520240.29643.e2>
- Barbara. C. Long. (2009). Medical Treatment Surgery 2. Foundation of Alumni Association of Nursing Education: Bandung.
- Fitriyalsari. (2009). Basic human needs. Jakarta: EGC
- Mundy. (2005). Post Cesarean Surgery Recovery. Erland: PT Gelora Aksara Pratama
- Muchtar, Rustam. (2010). Synopsis Obstetrics, Obstetrics Operative, Obstetric Social, EGC: Jakarta
- WHO. (2012). Guidelines for Patient Care. Jakarta: EGC
- Saryono & Widiati, A. (2010). Basic human needs. Yogyakarta: Nuha Medika