Sitz bath for pain reliever in patient with hemoroidectomy

Abstract
Hemorrhoids are diseases affecting the rectum and anus caused by damage to the hemorrhoidal plexus or blood vessels around the rectum and anus. If hemorrhoids are large lumps, then one of the steps is hemorrhoid surgery. One of the effects of post hemorrhoidectomy is pain felt in post hemorrhoidectomy patients. This study aims to apply the application of sitz bath hydrotherapy to decrease pain intensity in post hemorrhoidectomy patients. The method used for this application is a case study. The length of pain felt was measured using the VAS and NRS pain scales. The results of this study indicate that the application of sitz bath hydrotherapy with the main ingredient of warm water at a temperature of 40-45OC can be applied to post hemorrhoidectomy patients who experience moderate to severe pain.

Keywords: pain reliever; nursing intervention; hemoroidectomy; nursing care; clinical nursing practice

Introduction
Lifestyle changes can cause various kinds of complaints that are felt by the community, one of which is hemorrhoids (Sun & Migaly, 2016). Hemorrhoids, which are often known to the general public as hemorrhoids or ambient, are an inflammatory condition in the anus with the criteria for a lump from outside or inside, the symptoms are fresh red blood when defecating, hemorrhoids (Rubbini & Ascanelli, 2019). WHO (World Health Organization) shows the number of hemorrhoids in Southeast Asia in 2019 reached 285 people and is estimated to increase to 350 people, in 2030 the prevalence of hemorrhoids is around 5.9%. The prevalence of hemorrhoids is 6.1%, but only 1.2% are diagnosed (Kibret, Oumer & Moges, 2021). Data from the Ministry of Health was obtained from hospitals in 33 provinces, there were 248 cases of hemorrhoids, while the prevalence of hemorrhoids in Central Java province based on data from Basic Health Research (Risksdas) in 2018 was 1.7%, and Health Office, (2018) data from health profiles. Temanggung Regency in 2019 reached 1.1% for all ages and genders (Utami, 2020).

Hemorrhoids of various classifications are often treated with surgical therapy, namely hemorrhoidectomy, because the results are better (Yeo & Tan, 2014). Post hemorrhoidectomy clients become a big problem with moderate to severe pain, and must receive good management. Pain management is a priority after hemorrhoidectomy surgery is carried out, as a result if pain is not resolved it can affect the physiological, psychological, and disturbed
behavior of the person (Lohsiriwat & Jitmungngan, 2022). Even post-hemorrhoidectomy clients can faint due to the pain they experience. The importance of efforts to reduce pain is done because after rectal surgery will cause pain in the sphincter and perianal due to spasm (Damayanti, 2017).

Non-pharmacological therapy used in postoperative hemorrhoidal patients with warm water is also good for maintaining health in the incision area. Pain after hemorrhoid surgery in patients will make the condition anxious, restless, and unable to concentrate, with this warm water therapy on the principle of helping reduce anxiety levels (Ediyanto, 2018). Research from the title "Effects of Warm Water Sitz Bath on Post-Hemorrhoidectomy Symptoms" in 2018 found that respondents soaked the hip area down in a sitting position with a dorcal recumbent position in warm water baths, except for other body parts it is not recommended because it has a systemic vasodilation effect. will reduce circulation in the area around the postoperative hemorrhoidal wound. the results are more effective than male respondents amounting to 15 with a scale of 7 and women amounting to 15 scale 8. pain scale assessment using the VAS (Visual Analog Scale) and NRS (Numeric Rating Scale) sheets before using sitz bath hydrotherapy the prevalence of pain increased by 93% quantitative data from 100% decreased to 72.5% pain reduced on a scale of 4 in men and a scale of 4 in women (Asmaa, 2018). The results of the background study of the problem do not know about effective and efficient non-pharmacological pain management, as pain reduction after physical activity or toileting. Therefore, the authors are interested in implementing the "Application of Sitz Bath Hydrotherapy on Reducing Pain Intensity in Post Hemorrhoidectomy Patients" as an effort to be able to apply the application well in reducing pain scale. This study is important and critical for pain management in patients with hemorroidectomy. It is expected that the finding of this study will help health care professionals combining the medical treatment and adjunctive therapies.

Method

In this application, the case study method is chosen, while the sampling technique or respondents used is purposive sampling. The respondent selected was a 49 year old female patient who experienced acute post-hemorrhoidectomy pain with a pain scale of 7. Data collection in this study was taken using participatory observation methods, unstructured interviews, and documentation. Data collection tools in the form of SOP (Standard Operational Procedure) sitz bath hydrotherapy application using warm water as the main ingredient, pain measurement using NRS (Numeric Rating Scale) and VAS (Visual Analog Scale). Data analysis was carried out after tabulating the data, then the existing data were analyzed by domain analysis. The sampling technique used is purposive sampling. The sample taken was
a 49-year-old woman who experienced acute post-hemorrhoidectomy pain with a pain scale of 7 (severe pain scale), acute pain that is felt every time when doing activities or defecating.

The research data was taken using participatory observation methods, unstructured interviews, and documentation. This activity is carried out directly by providing nursing care to respondents, conducting interviews at the time of data collection, conducting physical examinations and conducting interventions on patients with data collection tools in the form of SOP (Standard Operational Procedures) application of sitz bath hydrotherapy using warm water according to the existing temperature. step procedure, pain measurement using NRS (Numeric Rating Scale) and VAS (Visual Analog Scale). In addition, data is collected through documentation in the form of health data at the time. The research data was taken using participatory observation methods, unstructured interviews, and documentation. This activity is carried out directly by providing nursing care to respondents, conducting interviews at the time of data collection, conducting physical examinations and performing interventions on patients with data collection tools in the form of SOPs (Standard Operational Procedures), sitz bath hydrotherapy applications using warm water, pain measurement using NRS (Numeric Rating Scale) and VAS (Visual Analog Scale). Respondents obtained data that the sensation of pain in hemorrhoid surgery is unbearable, so non-pharmacological techniques can be applied as acute pain management in post hemorrhoidectomy patients. In addition, data is collected through documentation in the form of health data during routine checks at health facilities or data from respondents who have a previous history.

Result

The data collection conducted by the study on June 11, 2021 at 10.00 WIB showed that the respondent was Mrs. T, 49 years old. Address banjarsari, pringsurat, Temanggung district. The respondent is a 49 year old housewife from the wife of Mr. P who has one daughter. The identity of the person in charge is her husband. The address is Banjarsari, Pringsurat, Temanggung Regency. Her husband works in the market. The results of the study obtained that the respondent's medical history data said the pain was unbearable in the hemorrhoid surgery suture wound. Respondents said that pain can be reduced apart from taking pain-reducing drugs, namely by draining the area of the hemorrhoid surgery suturing wound, but they do not know enough information on alternative ways to reduce not yet get enough information to deal with acute pain with non-pharmacological therapy, if the pain is unbearable, respondents often shifting with the prone position on the bed while shaking the area of the hemorrhoid surgery suturing wound with the respondent's hand. Respondents said that prior to surgery the client did an examination at the polyclinic, so the doctor was advised to treat this with the aim of doing grade 3 hemorrhoid surgery.
A study with 13 NANDA domains with the first visit 11 June 2021 found that respondents said the pain was unbearable when carrying out activities and defecating, respondents said that activities were often limited so that pain was not felt too heavy Blood pressure 123/87 mmHg, pulse 102x/minute, temperature 36°c, and Respiration Rate 20x/minute, the client is seen biting his lower lip because he is holding back pain, the client is sitting on a pillow in a chair, the client feels cold hands and feet, the client looks wincing in pain on his face with a pain scale of 7 severe categories, pain appears with a time of 12 to 17 minutes such as being stabbed during activity and defecating. Therefore, the authors establish nursing diagnoses with priority problems of acute pain problems related to physical injury agents (surgical incisions), from these diagnoses it is planned to reduce pain for 10 days 5 times a frequency of meetings every 2 days, namely pain management with pain outcomes criteria can be reduced, including: Nursing Interventions Classification priority action plan with pain management label (140) with comprehensive pain observation, teach non-pharmacological use of sitz bath hydrotherapy application as a pain reduction measure. The implementation is carried out first by entering assessment data focusing on acute pain problems P: provokes, palliative (cause), Q: quality (quality), R: Radiates (spread), S: severity (severity), T: time (time), the data from the first to the last implementation as well as focus on comprehensive pain observation, the results of the data from the first implementation of the respondents said that they were still afraid when the sitz bath hydrotherapy application was applied and the respondents looked restless, cold, biting their lower lip, and seemed to be looking for a comfortable position. During the last fifth implementation, the respondent said that he was able to position himself when applying the sitz bath hydrotherapy independently and with help from his family. The results of the evaluation on June 11, 2021 at 12:00 WIB which were carried out on the first visit, the response felt that they did not dare to apply sitz bath hydrotherapy with a warm water temperature of 40°C, but when guided, they were able to position correctly and well.

Objective data still looks tense and the face crinkles in pain, as well as examination of vital signs 130/80 mmHg, pulse 99x/minute, temperature 36°c, respiration rate 20x/minute, pain scale 7 with a stabbing sensation, pain for 12 to 17 minutes post hemorrhoidectomy when activity and defecation. The results of the last evaluation on June 19, 2021, obtained data that respondents felt comfortable when using the sitz bath hydrotherapy application with warm water at 40°C and felt that the pain was decreasing day by day. Respondents were able to carry out activities that were previously hampered from severe pain down with a pain scale of 4 feeling stabbed, post hemorrhoidectomy wound pain during activity and defecation, checking vital signs, blood pressure 117/70 mmHg, pulse 65 x/minute, temperature 36°c, respiration rate 20x/minute.
Discussion

The assessment was carried out in this case study using 13 NANDA domains and an assessment of the VAS and NRS pain scales. The assessment includes the collection of subjective and objective information such as vital signs, patient or family interviews. Physical examination, assessment of pain scales, and review of patient history provided by the patient or family to identify health promotion opportunities and risks to prevent potential problems. In the study, it was found conformity with the theory that pain can be experienced by clients after hemorrhoidectomy (Mott, Latimer, & Edwards, 2018) due to spasms that cause pain in the sphincter and perianal muscles and need to be a major consideration (Brown, 2017).

The nursing diagnosis carried out on Mrs. T was taken from the first priority problem that hinders the client's condition in carrying out daily activities with reported pain sensations, expressive behavior of clients who are more careful in protecting hemorroidectomy pot wounds by taking a body position slowly withstanding pain. Therefore, the diagnosis of NANDA 2018 is prioritized from complaints of subjective data and objective data from clients by detailing the characteristics of distraction behavior, reports on pain behavior, complaints about intensity using a standard pain scale, facial expression of pain, expressive behavior and factors related to the problem. acute pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described as damage (International Association For The Study Of Pain); sudden or slow onset of mild to severe intensity, with an anticipated or predictable end, and a duration of less than months (Villela, 2013).

This planning is carried out in accordance with the determination of the diagnosis, determination of goals and expected results according to nursing interventions that have been determined (Lohsiriwat, 2012). The author makes a nursing plan with the aim that after nursing actions are carried out within 10 days with a frequency of once every 2 days (5 meetings) it is hoped that nursing problems that arise can be resolved. Acute pain (pain stimulus from post hemorrhoidectomy) is related to physical injury agents (surgical incision). Acute pain Nursing Outcomes Classification with pain control label (1605) the definition is personal action to control pain, acute pain can be resolved with the outcome criteria being able to use pain reduction measures without analgesics, pain reduced by using available resources, reduced pain episode length, pain expression The face can show the criteria for pain relief, an increase in the radial pulse to normal. Actions at this stage of the plan also include client observations, nurse actions to clients, and how to provide clear information, and collaborative actions in nursing care (Kardiyudiani, 2018).
The author in nursing actions did not experience significant obstacles in carrying out pain reduction applications. Mrs. T used for pain reduction was adequate, the equipment used in home activities in the application of applied applications was also available, so that the goal could be achieved optimally. So that implementation is a manifestation from the planning that had been prepared at the previous planning stage (Ainun, 2019).

The application of the sitz bath hydrotherapy application to clients provides a capable effectiveness in reducing pain (Mooventhan & Nivethitha, 2014; Lohsiriwat, 2015; Ping & Nk, 2010). Patients experiencing post hemorrhoidectomy grade 3 previously felt unbearable pain after an overall assessment was obtained with a pain scale of 7 severe categories. The pain felt by the client will increase if it is not combined with the provision of non-pharmacological therapy as an additional companion to the administration of drugs, one of the steps is pain management to control pain. The results obtained after applying the sitz bath hydrotherapy application to the client for 5 meetings in a frequency of once every 2 days with a time of 10 days reached the criteria for the client to reduce pain, reduce facial expressions, frown, and reduce the duration of episodes of pain and the pain scale became 4 with categories currently. The client still feels pain but the condition of the pain sensation can be controlled without having to endure pain. The application of the sitz bath hydrotherapy application makes the client feel comfortable and accelerates the post-hemorrhoidectomy wound healing process, this is based on an article with a study of 15 male respondents 7 pain scales and 15 women 8 pain scales using the sitz bath hydrotherapy application for 5 meetings with a frequency of 2 After 10 days for post hemorrhoidectomy patients, 15 male respondents decreased to 4 pain scales and 15 female respondents decreased to 4 pain scales (Asmaa, 2018).

**Conclusion**

Sitz bath hydrotherapy reduce pain intensity in patient with hemorrhoidectomy. This benefits can be achieved after fifth intervention carried out. It is necessary to add further independent measures in non-pharmacological pain management so that patients are free from pain sensations. Future studies is required to evaluate this therapy using randomized control trial study design.

**References**


