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Early Mobilization on the Incidence of Stocele in Post Op Transuretal **Resection of the Prostate (TURP) Patients**

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ABSTRACT

Background: Benign Prostatic Hyperplasia is progressive magnification of prostate gland and cause various degree of urethral obstruction and demarcation of stream of urinarious, action of T Transurethral Resection of the Prostate (TURP) representing operation which at most to overcome magnification prostate. The problem of which can happened after post TURP such as pain in bone, hiponatremia, urine retention, and blood clot (stosel). This research aim to know effect of early mobilization to occurrence of stosel at patient post Transurethral Resection of the Prostate (TURP).Methods: Desain in this research is pre experiment of one group pre and post test. Sample is taken with purposive sampling technique that counted 28 patient post op TURP. Instrument research using observation sheet, and data will be analyzed with Wilcoxon test. Results: this research show occurrence of stosel at patient of post op TURP before performing early mobilization are 20 patients (71,4%) and after performing early mobilization there are 24 patient (85,7%) have no stosel. Result of Wilcoxon test indicate that p = 0.000 < 0.05 meaning there are difference which significant occurrence of stosel before and after given early mobilization at patient of post op TURP in Dahlia Room in RSUD Ibnu Sina Gresik. Conclusion: Health workes can make early mobilization as action to prevent the happening of occurrence of stosel (blood clot) at patient post op TURP so that at irrigation of spooling remain to be fluent.

Keyword: Benign prostatic hyperplasia, early mobilization, transuretral resection of the prostate (TURP)

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INTRODUCTION

Benign prostate hyperplasia (BPH) is a progressive enlargement of the prostate gland that generally occurs in men older than 50 years and causes various degrees of urethral obstruction and restriction of urinary flow 2015). (Transurethral (Muchtar, TURP Resection of the Prostate) is an operation to remove prostate tissue that obstructs urine flow, this operation does not require an incision in the abdominal skin. Transurethral endurologic surgery can be performed using TURP electric power using laser energy (Atika Fadhilla & Abrar Abrar, 2024). Problems that can occur after postoperative TURP include hyponatremia, urinary pain, retention. bleeding from some of these problems bleeding often arises and one of them is caused by the occurrence of blood clots (stosel). The presence of a blood clot (stocele) has a very large impact, especially on the postoperative physical condition, as well as will affect the patient's psychology in the healing period. Even as a result of a blood clot (stocel) can cause hematuria to clotting so that it can block the catheter. This occurs, among others, due to patients lying down and lack of activity or mobilization in their beds (Hamid et al., 2021). Lack of mobilization can be understood because postoperative patients feel they have to rest a lot and not do unnecessary movements, especially if these movements cause pain and are uncomfortable to move. However, the effect of early mobilization on the incidence of stocele in postoperative TURP patients has not yet been explained.

Based on observations or initial surveys conducted in the Dahlia Room at ibnu sina Gresik Hospital in the medical records section in 2019, it shows that of the 185 BPH post op TURP patients, 24 patients (13%) experienced this stosel due to lack of movement or mobilization. In Indonesia BPH is second only to urinary tract stone disease, and in general it is estimated that nearly 50% of Indonesian men suffer from BPH. The prevalence of BPH patients aged 40-49 years reaches 15% undergoing TURP. This figure increases with age, so that at the age of 50-59 years the prevalence reaches almost 25% and at the age of 60 years and over as much as 50%.

The best long-term management of BPH patients is surgery, as the administration of other non-invasive therapeutic drugs takes a very long time to see success. One of the most widely performed surgical procedures in BPH patients is Transuretal Resection of the Prostate (TURP) surgery (Atika Fadhilla & Abrar Abrar, 2024). TURP is a surgical procedure that involves inserting а resectoscope through the urethra to excise the gland and cauterize or resect the obstructed prostate gland. TURP is performed under general anesthesia or lumbah anasthesia with anaesthesia, a citoscope is inserted through the urethra to the bladder, then a surgical loop is inserted through the citoscope to remove the enlarged part and the catheter will be left for several days. Sometimes irrigation is applied to avoid stocele formation. Observation of consciousness, vital signs, bleeding, intake output, urination should be done after surgery. TURP surgical procedures cause surgical wounds that will release pain mediators and cause postoperative pain (Atika Fadhilla & Abrar Abrar, 2024). The pain that arises is one of them caused by the occurrence of stosel. The pain felt by patients due to blood clots has a huge impact, especially the physical condition after surgery, as well as affecting the psychology of patients in the healing period. Even in certain cases, due to a blood clot (stocele) can cause hematuria to cloting.

Postoperative patients are expected to mobilize as soon as possible. Gradual mobilization is very useful to help the patient's healing process. The benefits of mobilization are to increase blood circulation which can prevent reduction. cause pain thrombophlebitis, provide nutrients for healing in the wound area, and improve kidney function (Widyaningrum & Vranada, 2024). Mobilization in post TURP is to move the body tilting to the right or left sufficiently according to ability and no need to force if it hurts or

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hurts, not to sit let alone get out of bed to walk. Mobilization by tilting to the right and left post TURP will improve blood circulation which means it will also prevent the onset of stocels (blood clots) in the area around the surgical area.

Based on the description above, the researcher intends to conduct research on blood clots after TURP with the title "Early Mobilization on the Incidence of Stocles in Post Op Transuretal Resection of the Prostate (TURP) Patients".

METHODS

This type of research is quantitative research using one group pre and post test pre experimental research design. The population of this study were all TURP patients who were treated in the Dahlia room at Ibnu Sina Gresik Hospital, totaling 30 patients. Samples were taken with purposive sampling technique and obtained as many as 28 patients. Samples before treatment, stosel observation was carried out, then given treatment, namely early mobilization. After the treatment was carried out, it was observed again whether or not there was a shaft. The research was conducted at Ibnu Sina Regional General Hospital in October-December 2023. The instrument used in this study was the SOP for early mobilization, and the observation sheet for the incidence of stocel. Data analysis in this study used the Wilcoxon Test test to determine differences in the dependent variable before and after treatment with a significance level of p < 0.05.

RESULT

Table 1. Demographic Data of Respondents (n=28)

Charasteristic	n	%	
Age			
40-50	13	46.4	
51-60	8	28,6	
>60	7	25	
Total	28	100	
Job			
Jobless	2	7,1	
PNS/TNI/Polri	7	25	
Farmer	4	14,3	
Self-Employee	15	53,6	

Charasteristic	n	%
Total	28	100
Education		
Elementary School	1	3,6
Junior High School	15	53,6
Senior High School	6	21,4
Bachelor Degree	6	21,4
Total	28	100

Table 1. shows that from the distribution of 28 respondents based on age, almost half were> 60 years old as many as 13 people (46.4%) and a small proportion were aged 40-50 years as many as 7 people (25.0%). Table 1 explains that from the distribution of 28 respondents based on occupation, most of them worked as self-employed workers as many as 15 people (53.6%) and a small proportion did not work as many as 2 people (7.1%). Table 1 shows that from the distribution of 28 respondents based on education, most of them have a junior high school education as many as 15 patients (53.6%), and a small proportion have a primary school education as many as 1 person (3.6%).

Table 2. Data on the incidence of stosel beforeand after early mobilization.

	Not Occuring		0cc	Occuring		Total		
	n	%	n	%	n	%		
Before	8	28,6	20	71,4	28	100		
mobilization								
After	24	85,7	4	14,3	28	100		
mobilization								
Wilcoxon test obtained significant (α) 0,000 <								
0.05								

Table 5.2 shows that from the distribution of 28 respondents before early mobilization, most of the Post Op TURP patients occurred stosel (blood clots) as many as 20 people (71.4%) and a small proportion did not occur stosel as many as 8 people (28.6%). Table 5.2 shows that from the distribution of 28 respondents after early mobilization, most of the Post Op TURP patients did not occur stosel (blood clots) as many as 24 people (85.7%) and a small proportion of stosel occurred as many as 4

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people (14.3%). Statistical tests in this study used the Wilcoxon test with the help of the SPSS program to determine the effect of early mobilization on the incidence of stocles in post op TURP patients in the Dahlia Room of Ibnu Sina Gresik Hospital. The test results show that $\alpha = 0.000 < 0.05$ so that H1 is accepted and Ho is rejected, meaning that there is a significant difference in the incidence of stocles before and after being given early mobilization in post op TURP patients in the Dahlia Room of Ibnu Sina Gresik Hospital.

DISCUSSION

Incidence of Stosel Before Early Mobilization of Post Op TURP Patients in the Dahlia Room, Ibnu Sina Gresik Hospital

The incidence of stasis after postoperative surgery can occur due to several factors, namely because of postoperative pain so the respondent is afraid to move so that the respondent chooses to stay still or not move the limbs at all, this makes irrigation spreading not smooth and makes stasis and hematuria. The results of researcher observations show that the low level of early mobilization of post op TURP respondents in general is also influenced by occupation, education and age. The results of data collection obtained most of the respondents worked as self-employed. Selfemployed work is rarely related to intensive health problems. They are engaged in their daily work and have little time to get information about health. Sometimes they never even read about the importance of maintaining a healthy lifestyle, let alone about the surgical practices that they are currently experiencing.

Education can also generally influence the incidence of post TURP stye. Most of the respondents in this study had a junior high school education which is relatively lacking in knowledge. This means that they do not have specific specifications about the education they have, let alone knowledge about health. So that to carry out movement or early mobilization after TURP surgery also does not fully understand. The age factor also affects the level

of early mobilization of post op TURP respondents. The results showed that most of the respondents were aged 60 years and over so that to give an understanding of the importance of early mobilization which is one way to prevent stosel sometimes respondents did not respond.

Incidence of Stosel After Early Mobilization of Post Op TURP Patients in the Dahlia Room, Ibnu Sina Gresik Hospital.

Giving treatment to post op TURP patients in the form of early mobilization has a significant impact on preventing the incidence of stocs. After early mobilization, most patients no longer experience stocles (blood clots) in urine irrigation. Early mobilization movements practiced by officers to patients make patients more relaxed and able to remove stocels (blood clots). Officer intervention so that patients do early mobilization must be done, because many patients do not have knowledge about this early mobilization. In addition to the absence of sufficient knowledge, patients also do not have the ability due to the condition of the body that is felt after surgery. So in this case the role of the officer is needed.

The objectives of mobilization according to (Sumberjaya & Mertha, 2020) include, (1) maintaining body function, (2) improving blood circulation so as to accelerate wound healing, (3) helping breathing to be better, (4) maintaining muscle tone, (5) facilitating the elimination of alvi and urine, (6) restoring certain activities, so that patients can return to normal and or can meet daily movement needs, and (7) providing opportunities for nurses and patients to interact or communicate. The importance of early mobilization of post op TURP patients is also explained by Rajab et al. (2020) that almost all types of surgery require mobilization or movement of the body as early as possible.

There were 4 respondents (14.3%) after mobilization still experienced stagnation, in general due to the mobilization carried out by the patient was not optimal, some even did not mobilize due to physical ability. The officer has

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given a proportional explanation of the benefits of mobilization, but if the patient does not have the ability both physically and psychologically, the officer will not force him. Psychological factors also affect the interest in mobilizing. Family support is also very important in this case, helping to understand the importance of postoperative mobilization.

Effect of Early Mobilization on the Incidence of Post Op TURP Patients in the Dahlia Room, Ibnu Sina Gresik Hospital

Statistical tests in this study used the Wilcoxon test with the help of the SPSS program to determine the effect of early mobilization on the incidence of stels in post op TURP patients in the Dahlia Room of Ibnu Sina Gresik Hospital. The test results show that $\alpha = 0.000$ so that $\alpha < 0.05$ which means H1 is accepted and Ho is rejected. From the results of the statistical test, it means that there is a significant effect of early mobilization on the incidence of stosel in post op TURP patients in the Dahlia Room of Ibnu Sina Gresik Hospital.

The objectives of mobilization according to Sumberjaya & Mertha (2020) are, (1) Maintaining body function, (2) Improving blood circulation so as to accelerate wound healing, (3) Helping breathing to be better, (4) Maintaining muscle tone, (5) Facilitating the elimination of alvi and urine, (6) Restoring certain activities, so that patients can return to normal and or can meet daily movement needs, and (7) Providing opportunities for nurses and patients to interact or communicate.

Among the above objectives, the most prominent in the interest of post op TURP is to facilitate the elimination of alvi and urine. In the process of surgery sometimes excessive bleeding occurs, so that the blood that comes out can coagulate or a blood clot (stocele) occurs which prevents normal urine irrigation. However, if the discharge of blood during surgery then postoperatively immediately perform early mobilization, blood clots (stosel) can be reduced and even avoided. The importance of early mobilization of post op TURP patients is also explained by Rajab et al.

(2020) that almost all types of surgery require mobilization or movement of the body as early as possible. As long as pain can be endured and body balance is no longer a problem, by moving, the recovery period to reach the level of conditions such as pre-surgery can be shortened. This will reduce hospitalization time, reduce costs and also reduce psychological stress. By moving, this will prevent muscle and joint stiffness and thus reduce pain, ensure smooth blood circulation, improve metabolic regulation, restore the physiological work of vital organs which in turn will accelerate wound healing. Moving the body or retraining post-surgical muscles and joints on the other hand will refresh the mind and reduce the negative impact of psychological burden which of course also has a good effect on physical recovery. The effect of post-surgery exercise on the recovery period has also been proven through scientific research.

CONCLUSION

Before early mobilization, most patients experienced stocel (blood clots) in urine irrigation in the Dahlia Room of Ibnu Sina Gresik Hospital. However, after early mobilization, most patients did not experience stocles (blood clots) in urine irrigation in the Dahlia Room of Ibnu Sina Gresik Hospital. This proves that there is an effect of early mobilization on the incidence of stocele in post TURP patients.

SUGGESTION

Health workers should be able to make early mobilization as an action to prevent the occurrence of stosel (blood clots) in post op TURP patients so that spoling irrigation remains smooth.

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