肺部手術病患術後急性期疼痛經驗之探討

Acute Pain Experiences in Patients Receiving Lung Surgery

中文摘要

肺部腫瘤是台灣常見的疾病，其早期治療方式以手術切除爲主，疼痛是病患在術後急性期內常面臨的問題，但該問題未被深入探討。故本研究旨在探討肺部術後急性期第 1、3、5 天疼痛程度改變狀況、疼痛控制信念特質，以及以上變項與癌症診斷與否、男女性別因素和病患所使用的疼痛因應策略之相關性。研究採前瞻性縱貫式研究設計，以肺部手術病患爲對象，採取方便取樣的方式，於北部某醫學中心胸腔外科病房進行資料收集。研究工具包括病患基本資料、0-10 分數字疼痛強度量表、疼痛控制信念量表及簡易疼痛因應策略量表，資料以描述性統計、重覆測量變異數及迴歸進行分析，共收得 45 位個案。結果顯示：(1)病患於手術後五天內，最痛疼痛程度及平均疼痛程度介於中等至嚴重之間，隨著天數增加疼痛強度遞減，然而於第五天仍有疼痛之情形；(2) 病患於手術後五天內，疼痛控制信念中度偏低；(3) 病患於手術後五天內，主要以非藥物處理疼痛因應策略爲主；(4) 癌症診斷與否在疼痛特質、疼痛控制信念、疼痛因應策略均無差異；(5) 男女性別在疼痛特質、疼痛控制信念、疼痛因應策略均無差異；(6) 疼痛控制信念及最痛疼痛可預測藥物處理疼痛因應策略；非藥物處理疼痛因應策略均無法預測。

本研究結果有助於護理人員瞭解該群病患疼痛問題及病患使用疼痛處理因應策略情形，根據本研究結果建議，降低病患疼痛程度及提昇疼痛控制信念，並進一步強化病人有效使用疼痛因應策略。

英文摘要

Lung cancer is a common cancer in Taiwan. Surgery is the major early treatment of lung cancer. Post-surgical acute pain is one of the most common problems for these patients. The purpose of this longitudinal study was to investigate the changes of pain intensity during 5 days after lung surgery (Day 1, 3 and 5 post-surgery). The relationship among characteristics of pain control belief, cancer diagnosis, gender difference and the patients' use of pain coping strategies were also examined. The instruments included basic information form, a 0 to 10 pain Numerical Rating Scale, Control Belief of the Survey Pain Attitude (SOPA), and Brief Pain Coping Scale. Data were analyzed by using descriptive statistics, repeated measured ANOVA, and regression. The results showed that: (1) the worst pain intensity and pain intensity in average were in medium and severe level with their peak in the first day after surgery; (2) Patients perceived relatively low level of pain control belief during 5 days after having surgery; (3) Patients used relatively more non-pharmacological pain coping

strategies than pharmacological strategies; (4) no significant difference was observed between cancer diagnosis and pain characteristics, pain control belief or pain coping strategy; (5) no significant difference was observed between gender and pain characteristics, pain control belief or pain coping strategy; and (6) pain control belief and the worst pain intensity could significantly patients' use of pharmacological pain coping.

The finings suggested that pain is not well controlled in patients received lung surgery. Both pain intensity and selected cognitive factors (pain belief) can influence patients use of pharmacological pain coping. Health care professional should awar the problem, and put more efforts on helping patients relieving their pain after surgery. It also suggests that cognitive component of pain is also important to patients' use of pain coping.