



HEALTH CARE OF PATIENTS AFTER COXOFEMORAL ENDOPROTHESIS

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ABSTRACT

Introduction: The most important indicator to place an endoprosthesis in the coxofemoral joint is the elimination of pain and the return of proper function to the arthritic joint where the coxofemoral node is replaced by a prosthetic implant. Successful endoprosthesis placement offers the patient the opportunity to painlessly perform all activities of daily living.

In this paper I have expressed very delicately what is the endoprosthesis of the coxofemoral joint or the ankle joint, what are the reasons for the placement of the endoprosthesis as well as the nursing care before and after the operation.

Purpose: The aim of the study is to recognize and evaluate the health care after coxofemoral endoprosthesis in relieving pain, improving joint function and returning to daily life activities.

Methodology: Data were collected from 50 patients (N = 50) who underwent surgery to replace the coxofemoral node at the American Hospital in Prishtina. In the survey of 50 patients were (35 or 70% female and 15 or 30% male).

The research was conducted from December 2020 to April 2021.

Results: Females (35 or 70%) participated more in the research than males which were 15 or 30%, also the participations are more from the city of Peja, the average age was 71 years males and 61 years females, also in the research both sexes had normal body weight.

Conclusions: Patients should be informed about post-operative care by multidisciplinary staff in order to avoid side effects after endoprosthesis placement and nurses should be trained on how to manage and rehabilitate patients with arthroplasty.

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INTRODUCTION

The coxofemoral is an articulation formed by the round-shaped femoral head and by the component acetabulum of the pelvis that receives it forming a complex similar to a "ball" inserted into a cavity. Its main function is to support body weight both in static position (standing) and in dynamics (while walking or running). Both surfaces are coated with a thin layer of hyaline cartilage, which allows the frictional forces between the two bones to be reduced. In the elderly population most often occurs a loss of joint space around the femoral head, this sign of a process associated with articular consumption. Degenerative arthritis processes can rarely be seen at a young age which can be attributed to congenital joint malformations or diseases such as aseptic necrosis of the femoral head, often due to the use of massive doses of cortisone for systemic diseases (connective tissue diseases, rheumatic diseases) etc. (Evans, Walker & Blom 2019). The pelvis is one of the most important joints in the human body. Without the sphincter we would not be able to make most of the movements. The orbit enables standing, walking, running and performing various activities in daily life. The umbilical cord is formed by the

acetabular articular surfaces and the femoral head as well as by the soft tissues which often due to the use of massive doses of cortisone for systemic diseases (connective tissue diseases, rheumatic diseases) etc. (Evans, Walker & Blom 2019). The pelvis is one of the most important joints in the human body. Without the sphincter we would not be able to make most of the movements. The orbit enables standing, walking, running and performing various activities in daily life. The umbilical cord is formed by the acetabular articular surfaces and the femoral head as well as by the soft tissues which running and performing various activities in daily life. The umbilical cord is formed by the acetabular articular surfaces and the femoral head as well as by the soft tissues which running and performing various activities in

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daily life. The pelvic joint is formed by the acetabular articular surfaces and the femoral head as well as by the soft tissues which make the connection, vascularization, innervation, strengthening of the joint and at the same time help in its movements. Cervical replacement is a surgical procedure in which the cervical joint is replaced by a prosthetic implant. The orifice replacement operation can be total replacement or as a partial orifice replacement. Total replacement of the femur means replacement with prosthetic material of two components: the femoral head and the acetabulum, while half replacement or as it is otherwise known partial arthroplasty means only the replacement of the femoral component. (Whitehouse & Sayers, 2012). Among the most common causes leading to total lumbar arthroplasty is advanced-grade osteoarthritis. Other causes may be: rheumatoid arthritis, avascular necrosis of the femoral head, The main goals of the procedure are to relieve pain, improve the function of the pelvic joint and return to daily life activities.

Orphan replacement is usually considered the only option when conservative methods or previous surgical treatment options fail where the condition of the ankle joint continues to worsen, when there is severe pain and when there is a marked decrease in daily life activities.

In recent decades, the number of surgical interventions in the locomotor system during which implants were placed has been steadily increasing. The predictions are that this trend will not change, but over time this trend will mark an even greater increase in the number of patients with implants placed. (Hudetz D, 2009).

Total pelvic arthroplasty can be successfully performed in patients from a young age of 2-4 years to those over 80 years of age. According to the data of many institutes, the age that is most often applied is the replacement of the orbit node is over 60 years old. The biggest reasons are the large degenerative changes that are expressed in the joints at this age and the short lifespan of these prostheses that prompted doctors to instruct patients to delay surgery as long as possible. (Aletaha D et al. 2010)

METHODOLOGY

Physical study with quantitative approach that has the aid as a tool. A study was used on the premises of the private health system at the American Hospital in Prishtina, in the secondary sector.

Realized sample

To achieve the purpose of the study, data were collected from 50 patients (N = 50), who underwent cox femoral prosthesis surgery in the private health system at the American Hospital in Pristina, in the period December-April. In the sample (N = 50) were included both sexes, male and female. In the survey of 50 patients were (35 or 70% female and 15 or 30% male and their average age was starting from the years of birth from 1943 to 1980).

Measuring instruments

All questionnaires have been measured, using the questionnaire for nursing care of patients after coxofemoral endoprosthesis. We have also obtained job descriptions with demographic data from all patients.

The questionnaire was prepared by Professor Ardiana Hajdari and contains 11 declarative questions that use the options in some questions a) a lot, b) a little, c) not at all and in some other questions with options a) yes, b) no.

Descriptive statistics

Data analysis is done in the statistical package for data analysis in Excel program.

Procedures

All participants (patients) were surveyed by random sampling. A total of 50 questionnaires were distributed to patients who were surveyed during their stay in the hospital, in their hospital environment. The questionnaire completion procedure lasted 10 minutes and each participant was included in the study voluntarily and all patients ensured complete confidentiality and responded to the survey anonymously.

RESULTS

This chapter will summarize the main findings of the patient assessment, starting from demographic data such as: gender, year of birth, place of residence, body weight and questions related to demographic data such as: other comorbidities, ability for activities daily life, information on postoperative care, postoperative infection around the wound, transfer from bed to chair and vice versa, guidance on exercises for strengthening and restoring muscle strength, visits to rehabilitation centers for postoperative treatment, consultations with nutritionists, consultations with psychiatrists.

Tabular presentation and data figures

Table 1 Summary of male / female respondents

Respondents	Patient	ABOUTcentage
MALE	15	30%
Females	35	70%
TOTAL	50	100%

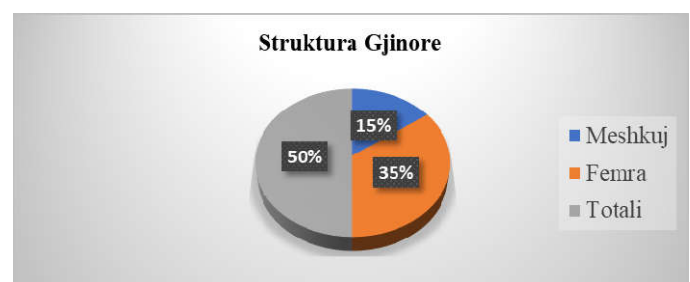


Figure 3 Coxofemoral prosthesis and Gender

In table 1 and figure 3 we have presented the data on the gender structure of the respondents. These data show that 35 or 70% were female and 15 or 30% were male.

Table 2 Summary of male respondents and age

Age	MALE	Percentage
1943	1	2%
1944	1	2%
1945	1	2%
1948	1	2%
1950	2	4%
1957	1	2%
1958	1	2%
1960	2	4%
1963	1	2%
1965	2	4%
1970	1	2%
1972	1	2%
Total	15	30%

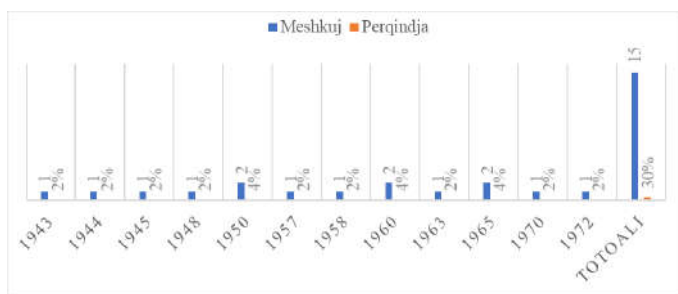


Figure 4 Men and Year of birth (age)

In Table 2 and Figure 4 we present data on the structure of male respondents and year of birth or age. These data show that out of 15 or 30% of male respondents who participated in the survey, it is 1950 (or 71 years), 1960 (or 61 years) and 1965 (or 56 years) that are with 4%, which is 2 respondents with these years, while with 1 person or 2% of the respondents were from 1943, 1944, 1945, 1948, 1957, 1958, 1963, 1970 and 1972.

Table 3 Summary of female respondents and age

Age	Females	Percentage
1944	1	2%
1945	1	2%
1950	5	10%
1952	1	2%
1954	1	2%
1955	6	12%
1956	1	2%
1958	1	2%
1959	1	2%
1960	7	14%
1962	1	2%
1965	4	8%
1967	1	2%
1970	1	2%
1972	1	2%
1975	1	2%
1980	1	2%
TOTAL	35	70%

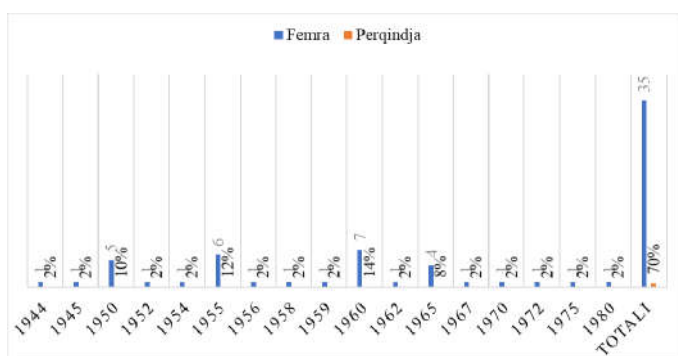


Figure 5 Women and year of birth (age)

In table 3 and figure 5 we have presented data on the structure of female respondents and year of birth or age. From these data come these results, from 35 or 70% of female respondents who have participated in the research mostly are from the 1960s with 14% (age 61 years), then ranks the year 1955 with 12% (66 years), year 1950 with 10% (71 years) and year 1965 with 8% (56 years), while with 1 person or 2% who participated in the research were of the years 1944, 1945, 1962, 1954, 1956, 1958, 1959, 1962, 1967, 1970, 1972, 1975 and 1980.

Table 4 Summary of male respondents and place of residence

Settlement	MALE	Percentage
Pristina	2	4%
year	2	4%
Kamenica	1	2%
Gjilan	1	2%
Prizren	1	2%
PEC	5	10%
dredger	1	2%
Kukes	1	2%
Gjakova	1	2%
TOTAL	15	30%

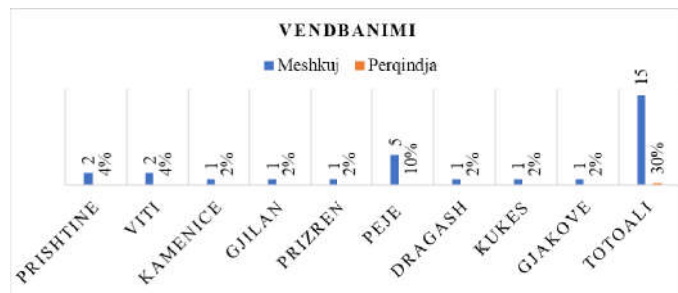


Figure 6 Men and residence

In table 4 and figure 6 we have presented the data of male respondents and place of residence. From these data emerge these results. Out of 15 or 30% of the male respondents who performed the intervention are from the city of Peja with 10% or 5 participants, while with 4% or 2 participants are from Prishtina and Vitia, while with 1 participant or 2% of them are from cities such as Kamenica, Gjilan, Prizren, Dragash, Kukes and Gjakova.

Table 5 Summary of female respondents and place of residence

Settlement	Females	Percentage
Pristina	0	0%
Ferizaj	6	12%
Kačanik	3	6%
year	2	4%
Kamenica	1	2%
Gjilan	3	6%
Prizren	4	8%
PEC	8	16%
Istok	3	6%
dredger	2	4%
Gjakova	3	6%
TOTAL	35	70%

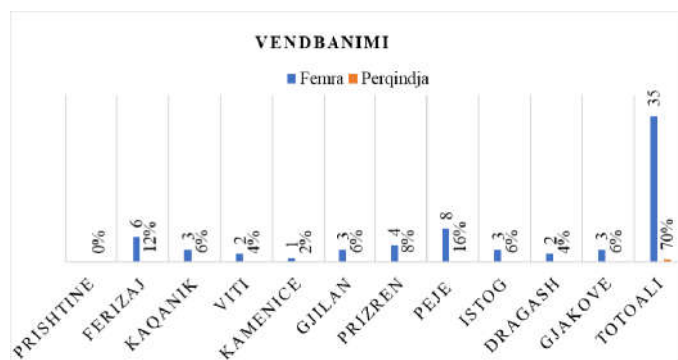


Figure 7 Women and place of residence

In table 5 and figure 7 we have presented the data of female respondents and place of residence. From these data emerge these results. Of the 35 or 70% of female respondents who performed the intervention are from the city of Peja with 16%

or 8 participants, then from the city of Ferizaj with 6 participants or 12%, with 8% or with 4 participants are from the city of Prizren, with 6% or with 3 participants are from cities like Kacanik, Gjilan, Istog and Gjakova, with 4% or 2 participants are from cities like Vitia and Dragash, with 2% or 1 participant is from the city of Kamenica and the city of Prishtina there were no 0% participants.

Table 6 Summary of male respondents and body weight

Body Weight	MALE	Percentage
80	2	4%
75	2	4%
76	1	2%
78	4	8%
83	1	2%
77	2	4%
82	1	2%
86	2	4%
	15	30%

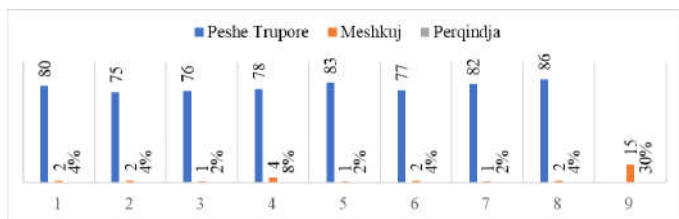


Figure 8 Men and body weight

In table 6 and figure 8 we have presented the data of male respondents and body weight. From these data emerge these results. Out of 15 or 30% of respondents 8% or 4 participants have 78 kg (normal weight), with 4% or 2 participants have these kg as: 80kg, 75kg, 77kg and 86kg (normal weight), with 2% or 1 participant have stated that they have these kg as: 76kg, 83 kg and 82 kg (normal weight).

Table 7 Summary of female respondents and body weight

Body Weight	Females	Percentage
80	6	12%
90	4	8%
85	3	6%
75	3	6%
72	2	4%
70	3	6%
76	4	8%
78	5	10%
60	1	2%
83	1	2%
77	1	2%
88	1	2%
82	1	2%
86	0	0%
TOTAL	35	70%

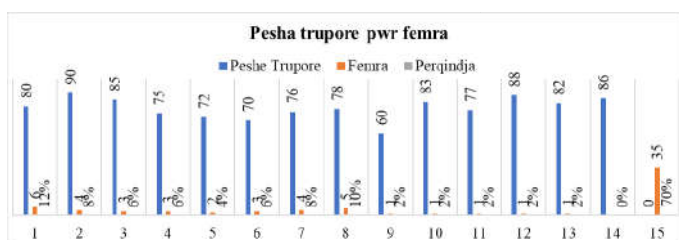


Figure 9 Women and body weight

In Table 7 and Figure 9 we present the data of female respondents and body weight. From these data emerge these results. Out of 35 or 70% of women, are 12% or 6 participants have 80 kg (overweight), with 5 participants or 10% have 78 kg (normal weight), with 8% or 4 participants have these kg

as: 90 kg (overweight)) and 76 kg (normal weight), with 6% or 3 participants have this weight 85 kg (overweight), 75 kg (normal weight), 70 kg (normal weight), with 4% or 2 participants have 72 kg (normal weight)) and 2% or 1 participant have this weight 60 kg (underweight), 83 kg (overweight), 77 kg (normal weight), 88 kg (overweight), 82 kg (overweight), while with 86 kg no participant 0%.

Table 8 Question: Do you have other concomitant diseases?

	yes	not
MALE	13	2
Females	16	19

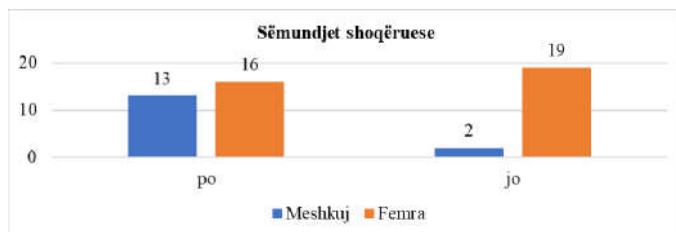


Figure 10 Other concomitant diseases

In table 8 and figure 10 we have presented the data for men and women if they have other diseases associated with the options yes and no. From these accompanying data emerge these results, where 13 men have stated yes and no have stated 2 of them, while women have stated 16 yes and 19 no.

Table 9 Question: Ability for daily life activities?

	Independent	With assistance	Disabled
man	15	0	0
WOMAN	35	0	0

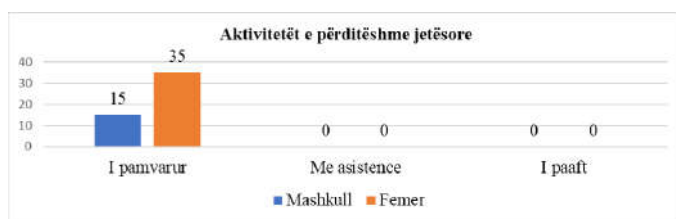


Figure 11 Daily life activities

In Table 9 and Figure 11 we have presented data on men and women for their life activities whether they are independent, assisted or disabled. From these data emerge these results. Out of 15 or 30% of men, they stated that all of them are independent in their life activities, while none of them stated that they are independent and incompetent. The same answer was given by females from 35 or 70% of female respondents stated that all are independent, while with assistance and incompetent none were declared.

Table 10 Question: How informed are you about postoperative care?

	more	slightly	nothing
man	9	6	0
female	24	12	0

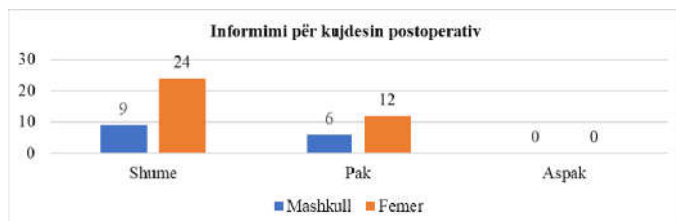


Figure 12 Information on postoperative care

In Table 10 and Figure 12 we present data on men and women how informed they are about postoperative care with many, few, not at all options. From these data emerge these results. With the option a lot are declared 9 men, with the option a little are declared 6 men, while with the option no men are declared at all. Of the females for post operative information, 24 were declared for the very option, with the little option 12 were declared and with the option at all none were declared.

Table 11 Question: Did you have a postoperative infection around the wound?

gender	many	slightly	nothing
man	0	0	15
WOMAN	0	0	35



Figure 13 Postoperative infection around the wound

In Table 11 and Figure 13 we presented data for men and women on whether they had postoperative infection around the wound, where they responded with many, few, no options. From these data emerge these results. Out of 15 or 30% of the male respondents, they stated with the option at all, while with the many and few options, none stated, also 35 or 70% of the women declared with the option at all, while with the many and few options, none stated.

Table 12 Question: Have you learned how to transfer from bed to chair and vice versa?

	yes	not
MALE	15	0
Female	35	0

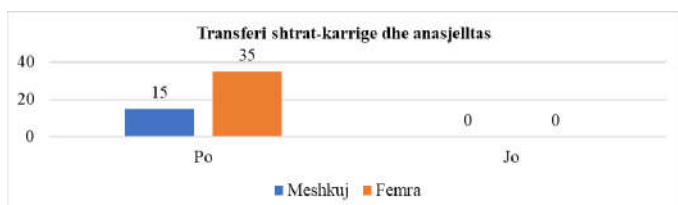


Figure 14 Transfer bed - chair and vice versa

In table 12 and figure 14 we have presented the data for the transfer from bed to chair and vice versa with the options yes and no. From these data come these results. All males 15 or 30% and females 35 or 70% have stated with the option yes, while with the option no no male or female has been declared.

Table 13 Question: Do you have exercise guides for strengthening and regaining muscle strength?

gender	yes	not
man	15	0
WOMAN	33	2

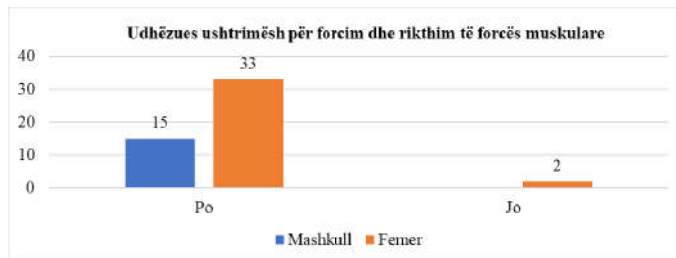


Figure 15. Exercise instruction for strengthening and restoring muscle strength

In Table 13 and Figure 15 we have presented the data of male and female respondents for instruction of exercises for strengthening and restoring muscle strength with the options yes and no. From these data emerge these results. All males 15 or 30% have stated for the yes option, while for the no option no male has stated. From females 33 have stated for the option yes and for the option no have stated 2.

Table 14 Question: Did you go to the physical and rehabilitation centers for postoperative treatment?

	yes	not
man	14	1
WOMAN	21	14

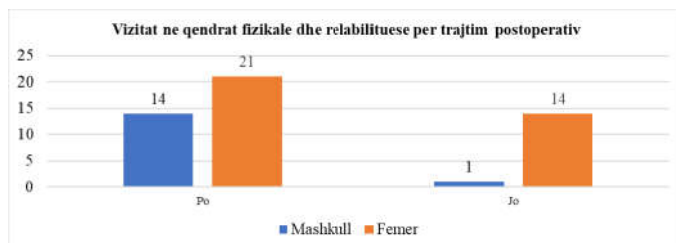


Figure 16 Visits to physical and rehabilitation centers for postoperative treatment

In Table 14 and Figure 16 we have presented the data for men and women whether they will visit the physical and rehabilitation centers for postoperative treatment with the yes and no options. From these data emerge these results. 14 of the males have stated yes and 1 male has declared no, while 21 females have stated yes and 14 of them no.

Table 15 Question: Do you consult with nutritionists (how you should eat)?

	infrequently	FREQUENTLY	never
man	1	2	12
WOMAN	5	3	26

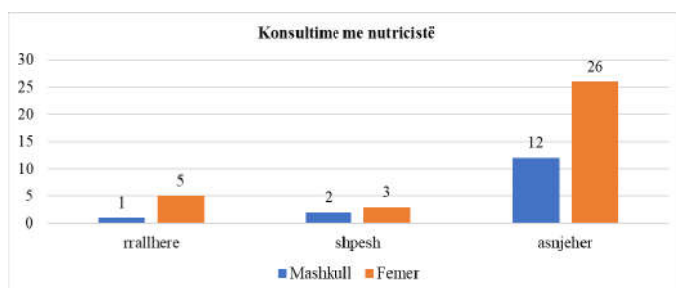


Figure 17 Consultation with nutritionists

In Table 15 and Figure 17 we present data on males and females as to whether they consult nutritionists with options rarely, often and never. From these data emerge these results. 12 men have stated for the option never, 2 of them have stated for the option often and 1 male has stated for the option rarely, while 26 females have stated with the option never 26, 3 have

stated with the option often and 5 have stated with the option rarely.

Table 16 Question: Do you consult a psychologist (for managing emotional distress)?

	infrequently	Frequently	Never
man	0	0	15
WOMAN	0	0	35



Figure 18 Consultation with a psychologist

In Table 16 and Figure 18 we have presented data for men and women if they have consulted a psychologist with options rarely, often, never. From these data emerge these results. Out of 15 yes 30% of male respondents have never stated for the option, while for the option rarely and often none has been declared, also from 35 or 70% females have never stated for the option, while for the option rarely and often none of tire.

CONCLUSIONS AND RECOMMENDATIONS

From the study we conclude that females have participated more in the research with 70% or 35 participants than males who have been 15 participants or 30%. We also conclude that the participants who participated the most in the research are from the city of Peja with 26% or 13 participants, but we conclude that they also conducted operations from cities such as: Prishtina, Ferzija, Kaçanik, Viti, Gjilan, Prizren, Istog, Dragash, Kukës, Gjakovë etc., which shows that in the American Hospital patients from many cities of Kosovo but also from other countries gain the trust to perform the operation of coxofemoral prostheses. We conclude that the research is dominated by the average age who have performed coxofemoral prosthesis surgery or the age of 61 to 71 years. We also conclude that all participants had a normal body weight of 78 kg or 20% who underwent coxofemoral prosthesis surgery, for which we note that patients engaged in physical activity to maintain a normal body weight. We conclude that most patients in addition to having problems with the coxofemoral, have the presence of other concomitant diseases, we conclude that all participants are independent in daily life activities. We also emphasize that most patients have information about the problem they have, but there are also those who are less informed about their problem, which leads to neglect of postoperative care. We note that no patients have had infection around the wound. We also emphasize that the transfer from the bed to the chair and vice versa is known to all patients with coxofemoral prostheses. We conclude that all patients with coxofemoral prostheses have exercise guides for strengthening and restoring muscle strength. We also conclude that physical and rehabilitation centers are visited by most patients with coxofemoral prostheses, but there are also patients who do not visit these centers. While consultations with nutritionists, although necessary to maintain a list of foods and activities for a better diet, we conclude that most patients have never had a consultation with nutritionists, but there are patients who often or rarely consult with nutritionists.

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