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Wet And Dry Dressing On Post Herniatomic Patients For Wound Recovery In Pirngadi Hospital.

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ABSTRACT: ***Wet and dry dressing is one of the factors that have a major influence in the process of wound recovery. It is a way to protect from widespread infection in post-operative of herniatomy. Purpose of this study was to identify the difference in the provision of wet dressing in post-operative of herniatomy patients. This type of research is cross sectional analytical design. Sampling method was accidental sampling. The samples of this study were 30 people. Result of this study shown that using wet dressing 16 people (53.3%) and those not using wet dressing 14 people (46.7%).Another side who were fast wound recovery 16 people (53.3%) and the slow healing of the wound 14 people (46, 7%) used dry dressing 18 people (60.0%) and who did not use dry dressing 12 people (40.0%), there were fast wound healing 18 people (60.0%). The Odd Ratio results obtained = 0.067 means that respondents who do wet dressing are likely to have a risk of 0.06 times greater risk of infection. It can be concluded that there are differences in the provision of wet and dry dressing in postoperative patients with herniatomy. Based on the study, it can be concluded that there were differences in the provision of wet and dry dressing in post-operative herniatomy patients in Pirngadi Hospital Medan***

Keywords: Wet bands, dry bands, wound recovery, post herniatomy.

1. INTRODUCTION

BACKGROUND

Inguinal herniatomy is one of the most common problems encountered by general surgeons. Inguinal herniatomy was first discovered more than 3,500 years ago, and surgical treatment was performed at least 2,000 years ago. There are many theories about etiology and the number of anatomical descriptions, which results in a variety of reparations. Inguinal herniatomy is a failure of the inguinal canal floor. This is expressed as an internal ring dilated in indirect herniatomy or as diffuse weakness and depletion in direct herniatomy (Cameron, 1997).

Most herniatomy arise in the inguinal region with about 50 percent of these being indirect inguinal herniatomy and 25 percent as inguinal herniatomy (Sabiston, 1994).

In its first act, Halsted transplanted the spermatids funiculars over the closure of the external oblique fascia (Halsted I). Then Halsted did the same thing, but allowed the spermatic funiculars to remain in its normal position under the external oblique fascia (Halsted II).

Bassini and Halsted's actions display major advances and the age of extensive surgical management of inguinal herniatomy began (Sabiston, 1994).
Most chronic wounds are inhabited by numerous micro-organisms which do not appear to slow down the healing process. Therefore, it is only necessary to remove the wound to identify microorganisms and determine the sensitivity of microorganisms to antibiotics if the wound shows clinical signs and symptoms of infection, such as pain and erythema, local edema, excessive exudate, pus and foul odors (Morison, 2004).

In the other side, the latest content related to wound care management is to changes in patient profile, where patients with degenerative diseases and metabolic disorders are increasingly found. These conditions usually often accompany the complexity of a wound where appropriate treatment is needed so that the healing process can be achieved optimally (Hana Rizmadewiagustina, 2009).

According to World Health Organization or WHO (2004) stated that wet dressing is no longer used in post-operative herniatomy but it is used dry dressing in post-operative of herniatomy because postoperatively is a clean wound infection rate is very susceptible to wet dressing in postoperative cases. Nurses use technical septic when changing dressing and treating wounds (Suparyanto, 2011). Wound infection remains the most frequent complication of surgery and often follows wound hematoma (David C. Sabiston, 1995).

According to the Center for Health Development Studies, herniatomy surgery ranks fifth of the total population in Indonesia (MOH, 2008). Meanwhile, according to former Health Minister Siti Fadillah Supari, at a limited meeting in the health sector stated that the number of patients who had undergone herniatomy increased from 873 people in 2007 to 1,111 cases in 2008 (Dinkes, 2009).

Wet dressing is an act of choice for wounds that require decrement aimed at cleaning infected and necrotic wounds (Abdul Rivai, 2011).

Statement Of The Problem
Based on the background above, we would like to know how the difference of wound recovery on wet and dry band on herniatomy Patients in Dr. Pirngadi Hospital Medan.

Research Purposes
General purpose
To find out the difference in wound healing rates for wet and dry dressing in herniatomy patients in Dr. Pirngadi Hospital Medan.
Specific purpose
To identify the extent of wound healing in wet dressing in postoperative of herniatomy patients at Dr. Pirngadi Hospital Medan.

Benefits Of Research
Specifically for post-herniatomy patients, this study can provide information about the importance of dry dressing in wound healing, so that patients are motivated to collaborate with nurses in performing independent actions in recovery process of herniatomy surgery.

2. RESEARCH METHODS

Conceptual framework

The conceptual framework of this study aims to show the difference of using wet and dry dressing in post-operative of herniatomy to wound recovery in Dr. Pirngadi Hospital Medan.

Research Type And Design

This type of research is a correlational analytic research. It is looking for differences between the dependent variable and the independent variable in situations and groups. The design of this research is approach *cross sectional* where the data of each variable is measured at the same time.

Population And Sample

Population

The population in this study was all patients undergoing herniatomy surgery at Dr. Pirngadi Hospital Medan based on data from May to July 2020 around 300 people.

Sample

The sample in this study was a portion of patients with post-operative Herniatomy wounds at Dr. Pirngadi Hospital Medan, from May to July 2020. The sampling technique used in this study was Accidental Sampling, namely taking respondents or cases that happened to be available or available at the time of the study.

According to Arikunto, (2006) how to take a sample, if the subject is less than 100, the subject is taken entirely and if the subject is more than 100 can be taken 10-15% or 20-25%. Then the number of research samples is 300 people so the determination of the sample size is 15% of the total population.

N = 20% (300)

$$N = \frac{20}{100} x\, 300$$

N = 60

So the sample size in this study was 60 people. The inclusion criteria in this study are as follows:

Respondents did not suffer from or have a history of Diabetes Eruption.

Respondents were patients with postoperative injuries from day 2 to 6 days.

Respondents do not have complications of heart disease.

Respondents aged 18 to 45 years.

Types And How To Collect Data

Data Type

Primary data is data when directly when changing the dressing day 2, 4, and 6 and the data used in this study are secondary data obtained from the medical records of Dr. Pirngadi Hospital Medan.

Data Collection.

The method of data collection is to make observations using an observation sheet of signs of wound healing consisting of 10 assessment indicators where if checked in the column "YES" then given a score of 2, whereas if checked in the column "No" then given a score of 1. Assessment of the acceleration of wound healing is to use a statistical formula. What was stated by Sudjana (2002), namely:

Class Length = Class Range
Many Classes

Where the range of classes obtained from the highest possible value is 20 minus the lowest possible value that is 10, so that the range of class 10. While many classes are 2, namely fast wound healing and slow wound healing so that the length of the class is 5. The score for wound healing measurement results are as follows:
Rapid wound healing: Score 16-20
2. Slow wound healing: Score 10-15.

Data Processing And Analysis
Data processing
Data processing is done after data collection is completed, with the intention that the data collected is clear, and then entered into the master table. The steps in data processing: a) editing, b) coding, c) tabulating.

Data analysis
Univariate Analysis
It is done by describing the percentage on all research variables and presented in the form of a frequency distribution table using the formula: $X = \frac{\sum fx}{N}$

Information:
X = Mean (average)
Σ fx = x to 1- to n values
N = Number of Samples
(Sudjana, 2002).

Bivariate Analysis

Bivariate analysis is a statistic that can be used to explain objections to differences between two variables. This analysis uses a chi-square statistical test with significance level α = 0.05 with the formula:

$$X^2 = \sum \frac{O - E^2}{E}$$

Information:
X = Chi-square sought
O = Observed (observed value)
E = Expected (expected value)
The results of the analysis are considered statistically significant if the P value <0.05 and not significant if the P value ≥ 0.05.

3. RESULTS AND DISCUSSION

Univariate Analysis
Table 1 Frequency distribution of respondents based on post-operative herniatomy by wound care using wet dressing at dr. Pirngadi hospital Medan in 2020

Wet dressing	Frequency	%%
Yes	30	100
Not	0	0
Total	30	100

Table 1 shows the Frequency distribution of respondents based on post-surgical herniatomy wound care by using wet dressing as many as 30 participants (100%). This means that the patients studied were specifically wet dressing only.

Table 2 Frequency distribution of respondents based on post-operative herniatomy by wound care using dry dressing in dr. Pirngadi hospital Medan in 2020

Dry dressing	Frequency	%%
Yes	30	100
Not	0	0
Total	30	100

Table 2 shows the frequency distribution of respondents based on post-operative herniatomy with wound care by using a dry dressing as many as 30 people (100%). this means that the patient studied was specifically just dry dressing.

Table 3 Frequency Distribution of Wet Bandages of Respondents with the Duration of Wound Healing in Postoperative Herniatomy Patients in Dr. Pirngadi Hospital Medan in 2020

Wound care	Wound recovery				Total	
Post-operation	Fast recovery		Slow recovery			
Wet dressing	f	%	f	%	f	%
Yes	16	53.3	-	-	16	53.3
No	-	-	14	46.7	14	46.7
Total	16	53.3	14	46.7	30	100

Table 3 shows the Frequency Distribution of Wet dressing by duration of wound recovery in postoperative herniatomy patients who used wet dressing as many as 16 participants (53.3%) and those who did not use a wet dressing of 14 people (46.7%) there was an fast recovery were 16 participants (53.3%) and the slow recovery were 14 participants (46.7%).

Table 4 Frequency distribution of dry dressing with the duration of wound recovery in post-operative herniatomy patients at dr Pirngadi hospital Medan in 2020

Wound care	Wound recovery				Total	
Post-operation	Fast recovery		Slow recovery			
Dry dressing	f	%	f	%	f	%
Yes	18	60	-	-	18	60
No	-	-	12	40	12	40
Total	18	60	12	40	30	100

Table 4 shows the frequency distribution of respondents with dry dressing of wound recovery as many as 18 people (60.0%) and without using dry dressing 12 people (40.0%) have accelerated recovering as many as 18 people (60.0%) and the slow recovery of wounds around 12 people (40.0%).

Bivariate Analysis

In bivariate analysis between two variables can be seen in table five below.

Table 5 The Difference between wet and dry dressing on wound recovery for post operation of herniatomy.

Wound care	Wound Recovery				Total		P-Value	OR
Post operation	Fast recovery		Slow recovery					
	f	%	f	%	f	%	0.000	0.67
Wet dressing	16	53.3	14	46.7	30	100		
Dry dressing	18	60	12	40	30	100		
Total					60	100		

Table 5 shows the difference in the provision of wet and dry dressing with post operation of herniotomy by wet and dry dressing. Through chi-square statistical tests shows the value of p = 0,000 is smaller than 0.05 means there are differences in the provision of wet and dry dressing of post-operation of herniatomy in wound recovery.

4. CONCLUSIONS

The respondents on wet dressing who experienced post-operative Herniatomi wound healing quickly were as many as 16 people (53.3%).
The respondents did dry dressing who experienced post-operative Herniatomi wound healing quickly as many as 18 people (60%).
Statistically obtained the value of p = 0.000 which means there is a significant difference between wet and dry dressing and wound healing of patients after Herniatomy surgery. While the OR value = 0.067 means that respondents who do not do dry dressing are likely to have a 0.06 times greater risk of slow recovery than doing dry dressing.
Respondents who did dry dressing experienced post-operative Herniatomy wound healing faster than wet dressing.

Limitations
This limitation does not analyze treatment measures using Dry dressing on the Acceleration of DM Wound Healing with Gangrene, and does not discuss the complications of Chronic Wounds. In addition, this study did not analyze the consumption of TKTP (High Calorie and High Protein) food is the regulation of the amount of protein and calories as well as the type of food consumed by each liver in wound healing.

Suggestion
For Hospitals
It is hoped that the hospital will prioritize the healthy patient and not only in terms of the material, has each post-operative herniatomy given a dry dressing.
For Nurses
It is hoped that nurses can provide information which is good for post-operative herniatomy care in accelerating the healing of postoperative patients.
For Postoperative Patients
It is recommended for patients undergoing surgery to follow the advice of health workers to do a dry dressing on herniatomi's operation.

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