

QUALITY OF LIFE AND HEALTH PATIENTS' EXPERIENCES OF ABDOMINAL AORTIC ANEURYSM

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Abstract:

This thesis is based on four studies where the overall aim was to explore and describe experiences of being diagnosed with Abdominal Aortic Aneurysm (AAA), and if experiences of care and treatment, affect quality of life and health. Two of the studies were qualitative, where a phenomenological hermeneutic and a hermeneutic method of interpretation and analysis were used. In another two studies a quantitative method including two health related quality of life instruments, and an instrument measuring sense of coherence and sexual function were applied.

Abdominal Aortic Aneurysms do not usually give any symptoms before rupture. It is usually discovered in connection with a medical examination for other physical conditions. Three treatment regimens are available; Open Repair (OR), EndoVascular Aneurysm Repair (EVAR) and conservative treatment. An aneurysm >55mm is usually excluded with an intervention since the risk for rupture increases at this size. When the aneurysm is less than 55 mm, the patients visit the clinic for annual follow-ups.

In paper I, ten patients were invited to participate in an interview. They were all living at home but had been diagnosed with an AAA and were attending follow-ups at a university hospital in Sweden. A phenomenological – hermeneutic approach inspired by Ricoeur and developed for nursing science by Lindseth & Norberg was used for interpreting and analysing the interview text. In paper II twenty patients were consecutive invited to participate in the study. Ten of these patients underwent OR and ten underwent EVAR. Gadamer's philosophical hermeneutics was chosen as an appropriate methodology in relation to the aim. In paper III and IV, 76 patients were consecutive included from two University hospitals between February 2003 and December 2004. The mean age was 72.5 with a range between 52 to 85 years. Data were statistically analyzed to investigate HRQoL and sexual function.

The results of the studies showed that the meaning of living with an AAA is to live with the awareness of having an invisible and threatening disease, and a feeling of being subject to suffering. The discovery of the aneurysm meant conviction of being blessed and saved. This was connected to feelings of gratitude. In the short perspective quality of life was worse for patients in the OR group than for patients in the EVAR group, but in the long term perspective (one and two years) improvements beyond preoperative status could only be seen for patients in the OR group. Patients in the EVAR group reported a significant impairment in their sexual functions such as quality of erection and ability to achieve ejaculation from their preoperative state to one year after the treatment. No significant differences were found for patients in the OR group. The knowledge from this research can form the basis for development of a long-term caring program including annual follow ups, pre- and postoperative nursing care including the recovery period for patients with Abdominal Aortic Aneurysm.

Keywords: aortic aneurysm, phenomenological-hermeneutic, conservative treatments, hermeneutic, suffering, drama, surgery, quality of life, follow up, open surgery, endovascular, sexual function.

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This thesis is based on the following papers:

- I Pettersson M & Bergbom I
What it means to live with diagnose Abdominal Aortic Aneurysm and to be under control/receiving conservative treatment.
Submitted 2010.
- II Pettersson M & Bergbom I
The drama of being diagnosed with an aortic aneurysm and undergoing surgery for two different procedures: open repair and endovascular techniques.
Accepted for publication in Journal of Vascular Nursing 091006.
- III Pettersson M, Bergbom I & Mattsson E
Health Related Quality of Life after Treatment of Abdominal Aortic Aneurysm with Open and Endovascular Techniques - A two year follow up.
Submitted 2009.
- IV Pettersson M, Mattsson E & Bergbom I
Prospective follow-up of sexual function after elective repair of Abdominal Aortic Aneurysms using Open and Endovascular techniques.
Journal of Vascular Surgery (2009) 3(50): 492-99.

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