



## EXPLORATION OF MOTHER POST SECTIO CAESAR WITH ACUTE PAIN: CASE REPORT

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### ABSTRACT

Actions after sectio caesarea surgery can provide problems that arise as a result of the incision of tissue tears on the abdominal wall and uterine wall causing continuity changes so that the patient feels pain. One of the non-pharmacological therapies that can be given to postoperative sectio caesarea patients is gradual mobilization in overcoming pain nursing problems with the aim of reducing pain and restoring the patient's condition. The purpose of this study was to explore nursing care for post sectio caesarea mothers with acute pain nursing problems in the Teratai Room RSUD dr. Haryoto Lumajang. Descriptive qualitative research method through case reports on postpartum patients with suture wounds on the abdominal wall in the Lotus Room RSUD dr. Haryoto Lumajang. Nursing care for 3 days started from data collection with interview techniques, observation, physical examination, and documentation. The results obtained Mrs. S P20002 postpartum cesarean delivery patient with indication of breech location with acute pain in abdominal wall suture wound in April 2021. Management according to intervention by gradually mobilizing, deep breathing relaxation therapy and collaborating with the medical team. The conclusion of the acute pain problem in the suture wound on the abdominal wall was felt to be reduced by the patient, on the 2nd and 3rd day after comprehensive nursing care was carried out.

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### 1. Introduction

Sectio caesarea is an obstetric surgery and an alternative choice of childbirth if the mother or fetus is disturbed, by incision in the abdominal wall and uterine wall [1]. There are two indications for caesarean section, namely, maternal indications including narrow pelvis, obstructive birth canal tumors, cervical/vaginal stenosis, placenta previa, cephalopelvic disproportion and uterine rupture. The two indications of the fetus are location, fetal distress and large babies as stated by [2].

According to [3] cesarean delivery has an impact on both mother and baby, surgery on the abdominal wall and uterine wall causes pain that comes and goes and does not go away in just one day. In addition, post-delivery sectio caesarea will have an impact on the limited mobilization of bounding attachments (bonds of affection) are disrupted/not fulfilled, the Activity of Daily Living (ADL) is disrupted in the mother and consequently the baby's nutrition is reduced due to delays in breastfeeding from the start, also affecting early initiation of breastfeeding. IMD) so that it affects the baby's immune system [4].

The World Health Organization (WHO) stipulates that the average standard for caesarean section deliveries in a country is around 5-15 percent per 1000 births in the world [5]. Data from the Ministry of Health of the Republic of Indonesia in 2013 showed that the number of mothers giving birth by sectio caesarea was 921,000 or around 19.92% of all deliveries [6]. Meanwhile, the number of CS in 2012 in East Java Province has reached 4,401 out of 260,000 deliveries or about 35% of all deliveries [7].

Actions after sectio caesarea surgery can provide problems that arise as a result of the incision of tissue tears in the abdominal wall and the mother's uterine wall, causing a change in continuity so that the mother feels pain due to surgery [8] in (Haryanti & Patria, 2019). Pain that occurs after an SC procedure occurs as a result of tissue nicks that result in interrupted tissue continuity and stimulation of nerve endings by chemicals released during surgery or tissue ischemia due to disruption of blood flow to one part of the tissue (Tirtawati, et al., 2020).

Surgery is an event that is biphasic to the human body which has implications for pain management. [9] said the recovery time of postoperative patients normally only occurs within an hour or two. It takes an average of 72.45 minutes in postoperative patient recovery, so the patient will feel severe pain on average in the first two hours after surgery because the effect of the anesthetic has disappeared. one of the interventions that can reduce pain is mobilization, according to [10] in [9] that mobilization is the main

factor in accelerating recovery and preventing postoperative complications, the benefits are in the form of increasing blood circulation which can cause pain reduction, prevent thrombophlebitis, provide nutrition for healing in the wound area [11] and improve the smooth functioning of the kidney.

This is in line with his research on the effect of early mobilization on pain intensity in postoperative sectio caesarea patients where the results of his research showed that respondents who had early mobilization experienced a decrease in postoperative pain intensity [12]. So that one of the non-pharmacological therapies that can be given to postoperative sectio caesarea patients is early mobilization in overcoming pain nursing problems experienced by patients, with the aim of reducing pain and restoring the patient's condition. This raises the relevance of researchers to explore more deeply the problem of nursing care for post sectio caesaria patients with acute pain nursing problems.

## 2. Method

This research design is qualitative with descriptive, the method used is case report. This study explores nursing care in post sectio caesarea patients with acute pain nursing problems. Patients who underwent delivery through a surgical process or sectio caesarea operation with various indications. An unpleasant feeling due to actual or potential tissue damage experienced by the patient with the patient's characteristic limits expressing the pain experienced, plus 2 or more characteristic boundaries.

Participants in this case study were 1 patient (Mrs. S) who met the criteria of 6 characteristic limitations that appear in acute pain problems (expressing verbally or reporting pain with cues, positions to avoid pain, changes in appetite, expressive behavior, caring behavior). or protective attitude, evidence of pain that is very observable), multiparous patients, delivery by surgery or sectio caesarea operation, undergoing inpatient care in the Teratai room at RSUD dr. Haryoto Lumajang at least 3 days after the assessment, composmentis awareness, willing to become a participant by signing the informed consent.

Patients are given comprehensive nursing care through a nursing process approach consisting of assessment, data analysis, nursing diagnoses, nursing action plans, interventions, implementation and evaluation. It is hoped that there will be developments regarding wound healing in the abdominal wall suture wound so that the pain is reduced until it disappears. Comprehensive nursing care is carried out on Mrs. From 20-22 April 2021.

## 3. Result and Analysis

The puerperal patient (NyS) was 33 years old, had a cesarean section because her pregnancy was in a breech position, and had a bachelor's degree. The patient complains of pain in the sectio caesarian incision and the anesthetic on the patient's back, so he feels like he is afraid to move because of the pain (pain scale 5 / moderate pain) he is experiencing. There are 6 of 11 characteristics that appear in patients with acute pain problems, namely verbally expressing or reporting pain with cues, positions to avoid pain, changes in appetite, expressive behavior, guarding or protective behavior, evidence of pain that is very observable.

Table 1. Assessment of Post Sectio Caesarea

Patient identity	Patient initials	Mrs. SF
	Age	33Years
	Tribes	Java
	Religion	Islam
	Education	S1 Economics
	Work	Housewife
	Marital status	Marry
	Address	xx
	Marital status	Marry
	Husband's job	Trader
	MRS date	April 19, 2021
	Review date	April 20, 2021
	Diagnosis	P2 0002 post SC
Current Health History	Current Health History	Patients with caesarean section
	Main complaint	The patient said he felt abdominal and back pain due to the administration of anesthesia, the pain disappeared during activities or at rest with a pain scale of 5 .
	Current Birth History	The patient said he was taken to the RSU. Dr. Haryoto Lumajang on April 19, 2021 at 04.30 then the patient was treated in the delivery room (VK) until 08.00 and was taken to the operating room at 09.00 and finished at 09.30. then the patient was transferred to the Lotus Room at 11 o'clock and placed in the Observation Room then transferred to the Lotus Room Room 4. The patient



		was multiparous because he had previously had sc surgery (delivery of his first child)
History of Obstetri	Menarche at age Amount History reviewed Cycle duration Complaint How to overcome HPHT HPL	13 years old ± 210cc Patient Regular 6days No complaints Not reviewed 25-07-2020 03-05-2021
History of Pregnancy, Childbirth and Postpartum	2018 2021	38 Week Man 2900gr 38 week Woman 2400gr
Physical examination	General condition Awareness Vital sign: Blood pressure Pulse Respiratory rate (RR) Temperature BB before pregnancy BB when pregnant Height	The patient looks weak, lying in bed and has an IV in his left hand, the patient looks restless and restless Compomentis GCS 456 84/60MmHg 80x/minute 21x/min 34.5°C 48 kg 50 kg 152cm
Abdomen	TFU	2 fingers below center Sectio caesarea surgical wound 10 cm long
Genitourinari	Perineum Lochea Vesika urinaria	Intact and no stitches, dirty, there is blood rubrah Empty (DC attached) There are hemorrhoids
Infusion	Fluid Therapy Injection	Infus RL 20 tpm Cefotaxime 3 x 1 gram Antraïn 3 x 1 gram Ranitidine 3 x 50 mg Ondan 3 x 4 mg Tramadol drip 2 x 100 mg

From the characteristic limits, not all characteristic boundaries continue to appear in Ny.SF patients, only 6 characteristic boundaries appear in acute pain problems. From the results above, the limitations of the characteristics found are as follows: verbally expressing or reporting pain with cues, positions to avoid pain, changes in appetite, expressive behavior, guarding or protective behavior, evidence of pain that is very observable.

Tabel 2. Data analysis

Data	Etiologi	Masalah
DS: The patient said that there was pain in the back and the scars from the operation DO: 1. Pain in the surgical wound, pain like being stabbed, intermittent pain in the surgical wound and back pain scale 5 2. General awareness is weak 3. Muscle strength 4/4/3/3 4. The face looks lethargic 5. Looks to protect the wound when doing movements and taking a deep breath 6. Experiencing a change in eating 7. TTV results: BP : 84/60 mmHg Pulse: 80x/minute RR : 21x/minute Temperature : 34.8C 8. Post operation day 2 9. Composmetic awareness 456	Agents of secondary physical injury due to surgical scars	Acute Pain

The patient already has experience from the first delivery. It was also found that his appetite was not good and the patient's rest pattern often woke up because of the pain caused by the incision of the sectio caesarea wound. The patient is also still attached with a catheter to help drain urine, general condition is weak with vital signs the results are BP: 84/60 mmHg, pulse 80x/minute, RR 21x/minute, temperature 34.8C. Investigation results were within normal limits (no signs of anemia or infection). Collaboration with the medical team for the administration of intravenous fluids (RL), antibiotics and analgesics. According to the priority of the problem, a comprehensive nursing intervention is planned.

#### 4. Discussion

The sectio caesarea action on Mrs. S was included in the age group that was not at risk in pregnancy and delivery, but because the patient had a breech position, this operation was carried out. The patient's level of education includes people who are more receptive to new ideas. The main complaint that Mrs. S is in accordance with the theory that the patient will feel pain due to the incision of the sectio caesarea surgical wound and the patient experiences subjective symptoms that are felt such as being afraid to move because of the pain they are experiencing.

Mrs. S's nutritional intake is sufficient but still needs to be increased again to increase her appetite so that wound healing can be optimal when the body gets adequate intake. The rest pattern experienced by Mrs. S according to [13] due to abdominal pain in the postoperative sectio caesarea wound caused the mother to find it difficult to sleep. The elimination was still assisted by a catheter on the first day with the amount of  $\pm 1000$ cc and there were no complaints, this was in accordance with the theory according to [14] within 12 hours after delivery the patient began to remove excess fluid that had accumulated in the tissues during pregnancy. One mechanism to reduce fluid retention during pregnancy is extensive diaphoresis, especially at night after the first two to three days after delivery. Loss of fluids through sweat and increased urine causes weight loss of 2.5 kg during the postpartum period. The amount of urine the patient excretes is a mechanism to reduce fluid retention during pregnancy.

Physically, sectio caesarea generally causes pain in the abdomen that comes from the surgical wound. Delivery by cesarean section has greater pain around 27.3% compared to normal delivery which is only 9%. Generally the pain is felt for several days, the pain increases on the first day post sectio caesarea. Psychologically, the action of sectio caesarea has an impact on the fear of pain that is felt after the analgesic is gone. The collaborative action of giving intravenous fluids to Mrs S's patients according to her condition is expected to maintain intravascular stability so that the work of the heart does not decrease and blood pressure remains stable. Giving antibiotics in the form of ceftriaxone, according to a theoretical review [15] sectio caesarea is one of the surgical procedures that are assisted by contaminated surgery, and prophylactic antibiotics are highly recommended. Prophylactic antibiotics have been shown to be effective in reducing the incidence of surgical wound infections, the effectiveness of these antibiotics reaches a minimal concentration of inhibition, therefore the choice of antibiotics, dose, time and duration of administration and the method of drug administration are the determining factors for the success of these prophylactic measures [16].

The intervention planned by the researcher has been implemented comprehensively. It is proven that Mrs. S is able and willing to take the actions that have been taught by the researcher. On the first day, the researcher assessed the level of pain and the patient's ability to move, checked vital signs, gradually mobilized and the result was that the patient experienced an increase in ability and dared to turn left and right and sit down gradually. On the second day to carry out nursing care for Mrs. S, the researcher did almost the same thing as the first day but was given additional actions such as learning to walk gradually. On the third day, the same nursing actions were carried out starting on the first and second days, only on the third day providing counseling and health education to patients and their families.

Nursing evaluation is the final process of nursing care which has the aim of measuring the final results of all nursing actions that have been carried out. This evaluation stage includes building the patient's family bond, the perceived pain level is reduced, all psychological needs are fulfilled, can express themselves better and positively, the elimination pattern becomes normal again [17]. This shows that Mrs. S is able to overcome the pain she experienced after the sectio caesarea operation at the hospital. After the postoperative sectio caesarea patient returns home, it is hoped that the patient will drink people's mouth regularly and be able to keep the wound that has been covered by the bandage properly until the time for control arrives so that the wound can heal quickly and perfectly.

#### 5. Conclusion

Interventions that have been prepared by researchers for pain nursing problems are apparently able to be resolved with the results of pain reduction, patients can mobilize, blood pressure is within normal limits





and the intervention is achieved on the third day. This study hopes that patients and families can make this incident an experience to add insight to the family in dealing with postoperative sectio caesarea by reducing pain experienced by patients with gradual mobilization.

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