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An Intensive Cardiac Rehabilitation (ICR) gives impact after cardiac surgery in a teaching hospital Kelantan, Malaysia

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Introduction: Health education in Intensive Cardiac Rehabilitation is a program to improve quality of life after cardiac surgery. In developing countries cardiovascular disease is still a main cause of death and quality of life of patients in Kelantan is low compared to others countries.

Methods: This study was conducted in teaching hospital using non-randomized control trial design with comparison study to assess the quality of life of cardiac surgery patients after 85 days of Intensive Cardiac Rehabilitation (ICR) program. A total of 30 patients with cardiac problems admitted to Coronary Intensive Care Unit (CICU) and planned for cardiac surgery was assigned into control group (A)n=15, and study group (B) n=15 groups. Participants in control group were using Intensive Cardiac Rehabilitation (ICR) module A (Teaching hospital) whereas group B was using module B (IREKAF). Quality of Life (QOL) was measured four times (pre-test, phase 1, phase 2 and phase 3) using self-administered questionnaire generic SF 36 and specific instrument of Mac New to measured quality of life among cardiac disease patients. The repeated measure ANOVA was used to analyze the difference in score of QOL among control group and study group and the time effect of QOL when patient following ICR.

Results: The results showed that study group score higher than control group for SF 36 and Mac New ($p < 0.05$). The time effect for SF 36 and Mac New showed that there was only pre and post-test for which there were no significant difference with p -value $> \alpha 0.05$. The differences for all the other pair were significant at $p < 0.05$. Study group was higher time effect compare with control group.

Conclusion: Findings of this pilot study indicated that ICR module B (IREKAF) was better than ICR module A (Teaching hospital) in improving QOL of patients after cardiac surgery. So, implication of this study included cost effective of treatment, increased productivity of patient and higher quality of life among patients after cardiac surgery. It is recommended that an evaluation of QOL should be done after 12 weeks (85 days) of cardiac rehabilitation program.

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