I AM THIRSTY! EXPERIENCE OF THE SURGICAL PATIENT IN THE PERIOPERATIVE PERIOD

Tenho sede! Vivência do paciente cirúrgico no período perioperatório

Tengo sed! Vivencia del paciente quirúrgico en el período perioperatorio

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ABSTRACT: Objective: To unveil the experience of the surgical patient in the immediate postoperative period regarding thirst, from the perspective of the Symptom Management Theory. **Method:** A qualitative study, undertaken with 14 patients in a large university hospital in southern Brazil. For discourse analysis, we used the Discourse of the Collective Subject method. **Results:** Four categories came up: the body manifesting thirst, experienced feelings, using coping mechanisms, and receiving thirst management strategies. Signs of this symptom are disturbing and extremely stressful for those experiencing them and the multidisciplinary team does not value them. **Conclusions:** From the perspective of the Symptom Management Theory, thirst, as a multivariate symptom, is perceived and experienced through physical and emotional repercussions, reflecting feelings of anguish, fear, and helplessness when facing the symptom.

Keywords: Thirst. Perioperative care. Perioperative nursing. Nursing care.

RESUMO: Objetivo: Desvelar a vivência do paciente cirúrgico no pós-operatório imediato em relação à sede, na perspectiva da Teoria de Manejo de Sintomas. **Método:** Estudo qualitativo desenvolvido com 14 pacientes em hospital universitário de grande porte no Sul do Brasil. Para análise dos discursos, utilizou-se o método do Discurso do Sujeito Coletivo. **Resultados:** Emergiram quatro categorias: o corpo manifestando a sede, sentimentos vivenciados, utilizando mecanismos de enfrentamento e percebendo as estratégias de manejo da sede. Os sinais desse sintoma são angustiantes e extremamente estressores para quem os vivencia e a equipe multiprofissional envolvida não o valoriza. **Conclusão:** Sob a perspectiva da Teoria de Manejo de Sintomas, a sede, pela multivariedade do sintoma, é percebida e experienciada por meio de repercussões físicas e emocionais, refletindo sentimentos como angústia, medo e impotência diante do sintoma.

Palavras-chave: Sede. Assistência perioperatória. Enfermagem perioperatória. Cuidados de enfermagem.

RESUMEN: Objetivo: desvelar la vivencia del paciente quirúrgico en el postoperatorio inmediato en relación a la sed, en la perspectiva de la Teoría de Manejo de Síntomas. **Método:** estudio cualitativo, desarrollado con 14 pacientes en hospital universitario de gran tamaño en el Sur de Brasil. Para el análisis de los discursos, se utilizó el método del Discurso del Sujeto Colectivo. **Resultados:** emergieron cuatro categorías: el cuerpo manifestando la sed, sentimientos vivenciados, utilizando mecanismos de enfrentamiento y percibiendo las estrategias de manejo de la sed. Las señales de ese síntoma son angustiantes y extremamente estresantes para quienes las vivencian y el equipo multiprofesional involucrado no las valoriza. **Conclusiones:** bajo la perspectiva de la Teoría de Manejo de Síntomas, la sed, por la multivariedad de síntomas, es percibida y experimentada por medio de repercusiones físicas y emocionales, reflejando sentimientos como angustia, miedo e impotencia ante los síntomas.

Palabras clave: Sed. Atención perioperativa. Enfermería perioperatoria. Atención de enfermería.

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INTRODUCTION

Thirst in the perioperative period causes a very distressing feeling of discomfort, overcoming even pain or hunger, characterizing itself as a symptom due to its subjectivity. When not satiated, it completely takes over our consciousness, increasing anxiety, dehydration, irritability, weakness, and despair[1,2].

In patients submitted to surgeries, thirst is incident and intense, especially in the immediate postoperative period (IOP), while still fasting[3,4]. Several factors trigger thirst in the surgical patient, such as fasting, medication, and blood loss[5-7].

Similarly to pain, thirst is a subjective sensation; however, it is an underappreciated, under measured, undertreated symptom, and there are no protocols to register or measure it inserted in clinical practice[1,3,4]. There are only a few studies about the subject, and the health team is not prepared to identify and measure thirst or the perception of the patient experiencing it.

Thirst presents identifiable signs that change the physical, mental, and social functioning of the patient[1,8]. The Symptom Management Theory allows the understanding of the multifactorial aspect of thirst in the interrelation of its domains – person; environment, health/disease – and its dimensions – experience, strategy, and repercussions of the symptom[8,9].

The assumptions of this theory indicate that the detection of thirst in the perioperative period is based essentially on the verbal report of the patient. Furthermore, the surgical patient is part of a high-risk group for thirst development, leading the way to plan and implement early actions to manage it. The compromised communication of some patients may be assisted by the parents' or caretakers' report, who are considered to be reliable sources of information to intervene in the symptom. Thirst brings other uncomfortable symptoms – or attributes – such as dry lips and thick saliva, which should also be cared for in an integrated manner. The domains person, environment and state of health/disease affect the perception of thirst, its verbalization and reaction to the strategies used to manage it[8,9].

According to the theory, the experience of the symptom is subject to multiple individual factors that interfere in its onset and perception. It is observed that the patient experiences, assesses, and faces thirst in a particular way[9], especially by the interaction of different stressful elements in the perioperative period[10]. It is important that the health team understands the fragility of the surgical patient in the moments of tension and instability of this particular journey, with different repercussions for him or her[11].

This study aimed at granting the surgical patient, inserted in an institutional culture in which he or she loses autonomy and voice, the possibility of expressing their feelings and perceptions about such an incident and perverse symptom, which is, at the same time, undervalued: perioperative thirst. Understanding the experience of thirst in the perioperative period is a challenge, which leads us to question how the surgical patient perceives, assesses, and reacts to the thirst experience in this period.

Facing these issues, the objective was to unveil feelings, experiences, and the subjective perception of the surgical patient regarding thirst in the perioperative period, from the perspective of the Symptom Management Theory.

METHOD

A qualitative study carried out in a large university hospital in the south of Brazil, with patients in the IOP period who felt thirsty in the post-anesthesia recovery room, with intensity greater than five, assessed according to the visual numeric scale from zero to ten.

The criteria for participation were being older than 18 years at the postoperative period and being admitted to the ward. The criteria for exclusion included individuals who presented difficulties in oral communication and pain at the time of the interview. Fourteen patients were approached in the ward and the semi-structured interviews were recorded.

The guiding questions of the study were "Did you feel thirsty at the perioperative period? How was it to feel thirsty? Tell me more about it".

The data were analyzed by the Discourse of the Collective Subject (DCS), using a selection of key expressions, central ideas, and anchoring that organized them in a thorough synthesis discourses of representations, beliefs, and values of a population that goes through common experiences[12]. The final DCSs were presented by identifying the research subjects who composed the discourse with a code — letter E — followed by a number.

This study is in accordance with the guidelines of Resolution/CNS n. 466, from 2012, which regulates research on human beings, with the approval of the Ethics Committee of the institution where the study took place (CAE n. 02299412.6.0000.5231).

RESULTS

The 14 interviewees — 10 women and 4 men, aged between 23 and 67 years old — came from the following clinics:

orthopedics, gynecology, neurosurgery, and surgery of the digestive tract. In the discourse analysis, four categories emerged: "the body manifesting thirst"; "experienced feelings"; "using coping mechanisms"; and "perceiving strategies of thirst management"

The body manifesting thirst

In the first category, the patient reported intense and remarkable body changes related to thirst in the perioperative period. Dry mouth, dry and chapped lips, perception of changes in saliva and in the texture of the tongue, sensation of suffocation, and weakness compose a scenario of discomfort that is promptly identified by patients:

> Well, it seems like everything went dry, you know? Dry mouth and lips, as if they were about to crack, the tongue was kind of thick, coated. I can't explain. The saliva gets thick and tastes bad. There is no saliva to swallow. Your breath sometimes changes, the flavor saliva seems to change flavor, you know... I think it gets thicker and bitterer. Then I noticed my throat was dry. We get a bit suffocated, there is no liquid. It seems like nothing slides, no saliva, no nothing. My body urged for water, it was weak, as if it were drying. (E2, E3, E4, E6, E7, E9, E10, E11, E14)

The signal that was mostly pointed out by the patient was the dryness of the oral cavity, which affected his or her speech:

> We get a bad feeling in the mouth; it gets dry, difficult to swallow the saliva and even to speak, you know? I had trouble speaking because I was thirsty. Dry throat, I couldn't even talk, no saliva in my mouth! Very bad! (E1, E2, E5)

External factors, like the environment, were mentioned as potentiators of thirst:

> I felt more thirsty, I don't know if it came from the pain or the air conditioning, which is strong in the OR. Want it or not, we always lie down with our mouths a little bit open. (E7, E9, E13, E14)

Patients reported anxiety as a triggering factor for dryness in the oral cavity, which is closely related to thirst:

> When you are at the peak of anxiety, your mouth dries, your heart races [...] I can't explain it, but it seems like when I was fasting, I felt more thirsty; maybe it is that thing of not being able to drink, and that is when you wanna drink, you know? Anxiety leads to dry mouth. I was kind of sleepy, with the dry mouth, so it was: I'm thirsty, I'm thirsty" Then you keep thinking about it and you get even thirstier. (E6, E7, E9)

Patients made analogies to show the magnitude of the experience and the intensity of the symptom[13]. They did so when they described thirst, when they searched words in their vocabulary to find images related to the thirst they experienced:

> Dry mouth... everything sticks, it is like there is glue in your mouth, that is the feeling: glue in your mouth! You know when you spend a whole day without brushing your teeth, than you get that thick saliva, that tastes bad? This is how it is. You know when the pressure goes down? It is a similar feeling, only in the mouth. When you take dipyrone, doesn't it taste bad? That is the taste I perceived. I said I was becoming a camel, wanting water, needing water, very, very thirsty! (E5, E7, E8, E12)

The discourses showed that the fasting experience is unpleasant, especially for a longer period. However, it is possible to observe that hunger was more bearable than thirst:

> I didn't feel hungry, I was ok, even after 24 hours without eating I felt no hunger. But I felt really thirsty, really!!! You can handle hunger, but thirst is more complicated! I think water is more important than hunger. First, water. Water is... Wow! (E1, E2, E7, E9, E10, E11, E14)

Experienced feelings

The second category includes wishes and sensations reported after the experience of thirst. The patient remembered often previous surgical experiences, when thirst was also present:

> I remember! In the last surgery I had, I felt very thirsty. I felt the same thing [thirst] about seven years ago. They also had me fasting, and I couldn't even water my mouth. I don't like to remember it. (E6, E7, E8, E11)

The feelings resulting from thirst in this period were emphatically reported as a distressful experience:

> It is awful, pretty bad. It is terrible not to be able to drink water. It seems like there is something inside you that is driving you crazy! Then you get that anxiety… when you really can't do something, you know? I had never felt so thirsty before. And it is terrible to feel it, I don't wish it to anyone. (E1, E4, E5, E6, E7, E10, E12, E13)

Water was mentioned as the first need after waking up from anesthesia:

"As soon as I woke up from anesthesia, I woke up very thirsty, really urging for water. I even thought that, if I didn't drink water at that moment, I might die" (E3, E5, E6).

Using coping mechanisms

To reduce their discomfort, patients developed coping mechanisms, like moistening the oral cavity with their own saliva:

> You are thirsty and can't drink water. So you suck saliva, water from your throat, you try to find anything moist to swallow. (E7, E8)

Sleep presented itself as an attempt to forget the intensive discomfort: "In order to forget I was thirsty or hungry, I slept, but it didn't really work out" (E5).

The effort to concentrate in situations other than thirst was a way to divert attention from discomfort:

> The only thing I thought about was that I couldn't drink water, so I tried not to think about it. I thought about my son, and that soon all that tension would be over. I was very anxious. (E6, E9)

The patient then assumed a mutism attitude, by realizing there was no way out of the fasting situation: "You gotta be quiet, right… because you want to drink, eat, and you can't. So, you gotta be quiet" (E2).

It is observed that experiences related to thirst were shared between patients in the ward, as well as empirical strategies to manage and reduce its intensity:

> Thirst? I was smart! This time I wet my mouth and threw the water away. The girl in the other room hasn't drunk water in I don't know how many days, but she has been doing it. She said: Water your mouth and throw the water away. I said: Hey!! That is what I'll do. It seems that even brushing your teeth doesn't improve the dryness. I felt like drinking it, but I couldn't, so I threw it out. At least my throat wasn't so dry. (E6, E7, E8, E12)

The search for water was reported as a very urgent need, so patients were led to plan for actions that would ease the thirst, even if that meant breaking established protocols:

> Urgh! I can't even explain... I felt anxious and I saw a guy passing by with one litter of Coke, and I said: Hey you, for God's sake, let me drink it? I felt like grabbing it and drinking from the bottle, you know? Unbearable! I couldn't wait to take a sip of water. You see water and think: Wow, I'll just have one sip, nobody will see it, but you can't, right? I just know it is impossible to remain without water. Since I had 10 pills, I said: I'll take it out on the pills, since there were a lot of them. But it wasn't enough to quench my thirst. (E1, E2, E6, E7, E8, E9, E11, E10, E12)

Perceiving strategies of thirst management

The health team rarely used strategies to care for the thirsty surgical patient. However, reports showed that their attitudes demonstrated lack of understanding regarding the feelings and distress generated by thirst in the perioperative period:

> Today I told the nurse: But can't I have just a sip of water? And she said: No! The doctor said: I'll make you an IV to relieve a little. The whole time I said my mouth was dry, but they said that unfortunately, I couldn't have any water. All they wanted to know was whether I was thirsty or not. I asked them to moisten my mouth, not to drink it. (E1, E8, E11, E12)

> I said: Please, so let's get to the surgery soon, because I am very thirsty. I asked, I said for God's sake, can you check what time or day this surgery will happen — if today or not —, because I need water. They said no, that I had to wait, I had to be strong, I had to hold on. (E1, E5, E8, E14)

Thirst had a negative repercussion on the surgical experience, because at the preoperative stage, patients had a craving for water, and the professionals involved demonstrated little concern about that. The stress of feeling thirsty led to anguish and desire to expedite the surgery. From the patients' point of view, the team adopted strategies that were not always effective:

> Unfortunately they only watered our mouths, like that [showing with the fingers on the lips], so it wouldn't get dry. But it didn't ease our thirst, it got worse. Wow!! I felt like drinking more water. The water was mostly to get humidity back to our mouths. They didn't give us water, not even a little; they got cotton and passed it on our mouths. But that was all, they didn't give us water. I asked: "Give me water", and they came with that piece of cotton. It was terrible! I couldn't wait to put water in my mouth. They told me to water my mouth with a piece of cloth, like that [taking the hand to the lips], but it doesn't solve anything. Wow! I wanted to eat that! It is horrible! (E1, E2, E4, E6, E7, E10, E11)

The institution where this study was carried out used the Safety Protocol for Thirst Management (SPTM) and the ice popsicle in the IOP[14]. There are reports on this new care management, described as being pleasant and efficient:

> They gave me ice. I said: Delicious ice! It seemed like I was in a bath tub full of ice. The ice was tasty, fresh. It was very good and refreshing. It seems like the dry feeling gets better. Two ice cubes were enough: she gave me one, then another, and I was no longer thirsty! I felt satisfied by the ice. You know, I got better. Saliva got back to normal, my lip was a little dry, the thirst was almost over. I approved it! (E6, E7, E9, E13, E14)

DISCUSSION

Thirst is an individual and subjective experience. According to the Symptom Management Theory, the subjectivity of the experience is considered in the dimension "Experiencing the Symptom", and reflects on the biopsychosocial changes, both in the sensations and in the cognition of a person[8,9]. The attributes related to thirst, such as dry mouth, are highly correlated to its perception[15].

Thirst works as a marker for body homeostasis and, in cases where there are changes, the body perceives it and shows the need for water. The patient concentrates his or her attention on the remarkable change in well-being provoked by thirst, describing it as distressful discomfort[4,8], proportional to its intensity[16]. The time factor also affects the meaning aggregated by the individual to an unpleasant symptom; it is how he or she assesses the experience of the symptom and the emotional response coming from it[10].

The experience of the symptom reflects the individual variability of how much the same stimulus influences the intensity of discomfort[10]. The silence observed in patients in the perioperative period may indicate the presence of thirst, when generated by its peripheral component: dry mouth.

The surgical acclimatized environment and feelings usually connected to the perioperative period, like pain and anxiety, are specific stressors for the patient, making thirst worse. The administration of oxygen for prolonged periods and the fact that the oral cavity remains open during intubation intensifies it[8].

The response to a symptom includes physiological, psychosocial, sociocultural, and behavioral components, identified either isolated or jointly. Likewise, physiological reactions to thirst can include changes that worsen the symptom[8,9]; for instance, the higher the stress level and tension experienced by surgical patients, the higher the difficulties to face and overcome it[17]. Patients recognize thirst as a consequence of anxiety and perioperative fears, and also identify it as an anxiety generator, since they do not know whether or not they will be able to drink water. Therefore, a vicious circle is created in which anxiety generates thirst, which, on the other hand, generates more anxiety. Interrupting this process is fundamental to provide humanized care.

According to the Symptom Management Theory, people assess their symptoms, judge the cause, the treatment, and its effect on their lives[9]. When reacting to the perception of thirst, the perioperative patient looks for ways to explain the changes in his or her biophysical functioning and sensations.

Physiological responses to the symptoms may activate negative reactions, which strengthens these manifestations. Therefore, the patient experiencing thirst and assessing it as a threat may respond with higher levels of stress, which, in turn, reduces the action of the parotid glands in the lubrication of the oral cavity, exacerbating the general perception of threat[8,9].

The patients used figures of speech — such as "glue" and "camel" — in the attempt to describe thirst. The images are simple and explicit comparisons made by the patients between the target-concept — thirst — and an image or object representing it, conceptualizing it by the description of similarities. We do that when we are faced with new situations and look for something similar to analyze and try to understand the new object[13].

The meaning of an unpleasant symptom can only be known by the description of the individual experiencing it[10]. To demonstrate the magnitude of the sensation when recalling the experience of thirst, the patient made an analogy[13] with madness, a mental disorder in which the affected person, unaware of his or her condition, deeply changes his or her behavior, becoming irresponsible for his or her acts. Likewise, the patient in the perioperative period considered thirst so intense and disturbing that it led to thoughts of death[8]. The discomfort caused by thirst may be related to its intensity, but it is also mediated by other considerations, such as the level of attention the person gives to the symptom[10].

According to the Symptom Management Theory, its evaluation comprehends a complex group of factors characterizing the experience. These include intensity, location, frequency, temporal nature, and effective impact. When the patients assess the threat of the symptom, they perceive the danger involved or the harmful effect[9]. By seeing thirst as a threat, they create strategies to face it and overcome it. People react differently to stress, so each patient adopts a way to face it when experiencing thirst: mutism, sleep, thought diversion, and even attempts to cheat on the fasting[8,17].

According to the Symptom Management Theory, intervention strategies can be directed to one or more individual components of the symptoms, in order to reach one or more results[9]. The usual strategy of simply humidifying the oral cavity using wet cotton in room temperature instigates the patients to want more water, so it is not sufficient to quench their thirst[18]. Besides, the patients claim that the wet cotton brings an uncomfortable sensation due to its texture.

In a hospital culture in which both the patient and the team believe that thirst is a price to be paid to prevent complications in the surgical process, understanding its impact from the patients' perspective is extremely relevant[8]. The discourses reflect how little the team values, questions, and investigates thirst, demonstrating lack of empathy. The team is unaware of the advances in identifying, measuring, and assessing the safety and the use of efficient strategies to manage thirst in the perioperative period. Raising the awareness of health professional on thirst is therefore a major challenge[1,8].

SPTM is one of these advances, since this instrument is used on surgical patients presenting thirst in the postanesthesia care unit (PACU). It aims at relieving thirst with safety, and systematically assesses the level of consciousness, presence of reflexes to protect the airways, and absence of nausea and vomit; in case the patient is capable in these categories, he or she receives a 10-mL ice popsicle[19]. In small volumes, low temperatures are more efficient to quench thirst[20].

According to the Symptom Management Theory, the dimension perception of the symptom contributes significantly to the proper management of thirst. However, it includes the interpretation of reality, unique for each patient, processed by the senses, and whose information is organized, interpreted, and transformed in a dynamic way, intensifying or changing the experience[8-10].

The management of a symptom begins by assessing the experience from the patient's perspective. Understanding this phenomenon is essential to efficacious care planning and management. The results of this study indicate that patient's perception about thirst affects the way he or she evaluates and reacts to it.

CONCLUSION

This study showed that the surgical patient perceives the physical repercussions of thirst intensively, through a confluence of factors. The patient experiences feelings of despair, even making analogies about madness and death. The frequent use of images leading to the meaning of intense dryness and lack of water illustrates the strength of these feelings.

The experience of thirst was shown by the report of surgical patient, who attributed meaning to it according to their evaluation: a very unpleasant symptom.

These results can contribute to the understanding of the meaning of perioperative thirst, by giving voice to those who experience it. This is the first step to value the symptom "thirst," aiming at subsidizing humanized and qualified care to patients in the perioperative period.

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