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RESEARCH

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Determinação dos fatores da suspensão de cirurgia e suas contribuições para assistência de enfermagem

Determination of surgery suspension factors and their constributions with nursing assistance

Determinación de los factores de las suspensiones quirúgicas y sus contribuciones a la asistencia de enfermería

Carlos Eduardo Peres Sampaio[1], Renan Araújo Gonçalves[2] e Hélio Casemiro Seabra Júnior[3].

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ABSTRACT

Objective: determine the profile of the patients undergone surgical procedures; identify the main surgeries in a health unit; analyse the determinant factors of surgical suspensions. **Methods**: quantitative approach, descriptive and exploratory. The data collection happened in an archive of a hospital on the State of Rio de Janeiro. **Results**: from the 260 researched charts, 55 were suspensions (21,2%). There is a tendency that most of the suspensions were from patients above 40 years old. The most common procedures were herniations corrections (33,8%), prostatectomies (30%), cholelithiasis (26,8%), varices correction (26,1%) and those related to various tumorgenicity (25%). Conclusion: the most found reasons to justify the suspensions were: lack of anestesia (18,2%) and hyperthensive crisis (12,7%); were also found an high index of non declared reasons on the charts (34,5%).

Descriptors: general surgery; surgery center nursing; treatment suspension.

[1] Nurse. Doctor. Associate Professor of the Medical-Surgical Nursing Department of State University of Rio de Janeiro. Full Professor of the Nursing Graduation Course of Universidade Veiga de Almeida. Research Supervisor. Rio de Janeiro, Brasil. E-mail: carlosedusampa@ig.com.br.

[2] Nurse, Scientific Initiation Fellow. E-mail: renanjp7@hotmail.com.

[3] Nurse. Master. Professor of the Nursing Graduation Course of Veiga de Almeida. Technical coordinator of post-graduation in Emergency Nursing of UVA campus Cabo Frio-RJ. E-mail: gasparseabra2@bol.com.br.

RESUMO

Objetivo: determinar o perfil dos pacientes submetidos a procedimentos cirúrgicos; identificar as principais cirurgias realizadas em uma unidade de saúde; analisar os fatores determinantes de suspensões cirúrgicas. **Métodos:** abordagem quantitativa, descritiva e exploratória. A coleta de dados foi realizada no arquivo de um hospital situado no Estado do Rio de Janeiro. **Resultados:** dos 260 prontuários pesquisados, observou-se um total de 55 suspensões (21,2%). Notou-se uma tendência de suspensões ocorrerem mais frequentemente em pacientes acima dos 40 anos de idade. Os procedimentos mais comuns foram correções de herniações (33,8%), prostatectomias (30%), colelitíases (26,8%), correção de varizes (26,1%) e aquelas relacionadas à tumorações variadas (25%). **Conclusão:** os motivos mais encontrados para a justificativa das suspensões foram: falta de anestesista (18,2%) e crises hipertensivas (12,7%); encontrou-se, também, um elevado índice de motivos não declarados em prontuário (34,5%).

Descritores: cirurgia geral; enfermagem de centro cirúrgico; suspensão de tratamento.

RESUMEN

Objetivo: determinar el perfil de los pacientes sometidos a procedimientos quirúgicos; identificar las principales cirugías en una unidad de salud; analisar los factores determinantes de las suspensiones quirúgicas. **Métodos:** abordaje cuantitativa, descriptiva y exploratória. La coleta de los dados ocurrió en el arquivo de um hospital localizado en la estado Río de Janeiro. **Resultados:** de los 260 prontuários pesquisados, tuve 55 suspensiones (21,2%). Fue visualizada una tendencia en las suspensiones, en su mayoría fueron de pacientes con más de 40 años de edad. La mayoría de los procedimientos fueron correcciones de las herniaciones (33,8%), prostatectomías (30%), colelitiasis (26,8%), corrección de varices (26,1%) y las relacionadas a tumoraciones variadas (25%).**Conclusión**: las raziones más encontradas para justificar las suspensiones fueron: falta de la anestesia (18,2%) y crises hipertensivas (12,7%); fueron encontradas también un elevado índice de motivos no declarados en los prontuários (34,5%).

Descriptores: cirugía general; enfermería del centro quirúgico; suspensión del tratamiento.

INTRODUCTION

The great demand for surgeries that can be solved in hospital is a reality made possible by technological advances. This situation requires the training of nurses with specific skills in the dimensions of the organization of out-of-hospital surgery units and nursing systematized assistance.

The scheduling of a surgery is something that generates a series of inconveniences for the individual. He/she needs to be emotionally prepared to face a situation about which he often has not enough accurate information; also, he will need to abandon his routine, family members and home for a considerable period, during which he will have to adopt strict routines and standards applicable to the new environment[1].

Surgery also represents, above all, a possibility to improve the quality of life. Thus, the postponement of the procedures prolongs the individual's anxiety and exacerbates the negative feelings associated with the surgical act. The most common feelings, anger, fear, conformism and impotence, were related to internal factors, associated to the individual's emotions before the situation and external factors, associated to the facility. [1]

The surgery cancellation issue has been the subject of many investigations in the past decades. Studies on the cancellation of elective surgeries show high rates, from 17,6% to 33%. The surgical suspension frequency must be a factor to be identified with the purpose to minimize it, because the surgery suspension causes psychological difficulties to deal with the patient's feeling, which is worsened by the specific features of each individual. The suspension of a surgical procedure is an important event that has not always been given due attention by the healthcare team. However, for the patient who has already experienced the hospital routine, having been admitted, physically and emotionally prepared, waited for the moment of the surgery, all these measures can increase the anxiety level. The cancellation of surgery adversely affects the patient, interfering in the assistance result and in service productivity. It implies in operational and financial cost for the institution, with negative effects.[2,3] Thus, to study the suspension rate in a Surgical Unit is critical to minimize the stressing factors of surgical suspension.

Often, the efforts in an operating room are oriented to the technical and objective intervention and less attention is given to the human interactions between nurse and patient. It is important to emphasize that, in spite of the possible difficulties found as improper structural features, lack of material resources and low quantity of professionals, the psychological and social aspects of care must not be left aside.[4]

The proper communication with the patient is a way to promote his/her emotional well-being. And, it is critically important that the individual to be submitted to the surgical procedure is fully informed on the variants of the situation, have his/her questions answered and is informed on what to expect after the surgery. It is known that many people feel anxiety for now knowing about the surgery to which they will be submitted, exacerbating the stress and tension. They show fear, general discomfort and anxiety, psychological factors that Interact, often intensely, on the organic manifestation of their condition.[5]

The reduction of the suspension rates benefits the users and the institution, which ends up being able to perform a greater number of surgical procedures, in addition to reducing the costs associated with time and material resources. Low rates reaffirm the development level of the unit's service and operating room.[6]

A previous research shows some important data that are reasonably similar to those found in similar researches: the suspension rate found was equivalent to 19,91%, of which most (54,30%) was due to absenteeism. Still about this factor, some of the most frequently found causes were: lack of knowledge of the date (18,33%), airway infection (15,00%), other diseases (13,33%), change of date (11,67%) shortage of beds (11,67%).[3]

The interest to research the surgical profile and the determinant factors of surgery suspension arose from the fact that the knowledge of the patients' profile allows to provide a nursing assistance oriented to the clients that will be submitted to the surgical procedure. Also, the knowledge of the reasons and rates of surgery suspension can contribute with the orientation of strategies that can reduce their frequency, favoring the reduction of costs, the patient's hospital stay and, thus, facilitating a longer admission and especially reducing the patient's anxiety with a new surgical marking and all the emotional wear, again.

The nurse is indispensable in the Operating Room, from the start, in the unit construction project, in order to ensure the strategic distribution of rooms, units and equipment, to result in a logic and safe flowchart, until the management and direct and indirect assistance to the patient, in three different moments: pre, intra and post-operatory. The nursing actions in the out-of-hospital surgery block are divided in three steps: the first one in the surgical intervention marking, when the identification of needs and the nursing orientation have a critical role; the second comprises the whole period of patient stay in the operating block; and the third comprises the instruction and post-operatory control, considering self-care and post-operatory follow-up.[7]

There is also a need to reflect on the nursing care performed in the pre-operatory period, in order to question its efficacy and efficiency. These should be supported scientifically, not allowing them to be rule only an empiric form of knowledge. This care must also be followed by instructions and explanations, whenever possible.[8]

The surgical service nurse must be responsible for the organizational and dynamics operating structure of the unit. We believe that this professional should be responsible for managing the nursing assistance provided to the patient and his/her actions should be oriented to the development of management, assistance, educational and research activities, in order to improve the practice. The results of this study can support the decision-making and the establishment of specific protocols, with the purpose to increasingly improve the quality of the assistance.

The operating room is defined by the Brazilian Nursing Society of operating room, anesthetic recovery and sterilized material center as "a complex and restricted-access area belonging to a healthcare facility".[9]

It is comprised of a series of connected premises, to provide optimum conditions for the performance of the anesthetic-surgical act. It must be a location of easy access for patients to the units, such as: outpatient clinic, emergency, admission unit and intensive care unit and support units, such as warehouse, pharmacy, laundry, blood bank, laboratory, X-ray and sterilized material center.

In this sector, there are professionals of different areas, like nurses and nursing team personnel, surgeons, dental surgeons, anesthesiologists, secretaries, cleaning personnel, X-ray, cardiac perfusion, among others. It is important to note that, even though working at the same scenario, the teams have different objectives and wishes, which can cause conflict.

The purposes of surgical procedures vary: diagnosis, elective treatment, prevention, symptoms relief, cure, reconstruction or aesthetic. Any surgical act, no matter how minor, triggers a series of physiological and psychological reactions.[10]

Any surgery, even when agreed with and programmed, means an aggression to the individual, a threat to his/her physical and emotional integrity. The impact of a surgical intervention on the patient is notorious when, in an attempt to pour out the feelings, he/she may develop negative feelings, like distress, anxiety and depression.

The nurses' practice is critical for the management of processes, personnel and materials and to ensure the patient's safety in the Operating Room. The nurse assumes the daily management activities in the work environment, comprising technical, assistance, teaching and research activities. It is critical that the nurse develops multiple skills, scientific and of nursing development in technological development for the use of materials that are continuously modernized.

The Brazilian Operating Room Nurses Society (SOBECC) reports that "the nurse is the professional qualified to manage the needs surrounding the anesthetic-surgical act in all its stages. It is recommended that the nurse is specialized in the area of knowledge in which he/she works. The nursing assistance to the patient in the intra-operatory period requires that the nurse who works in an operating room has a full and continuous view of the basic needs affected for the individual and the family. For this vision, scientific knowledge and domain of the procedures are needed, in order to perform the activities in an ordained and systematized manner.[11] In 1985, a care model was proposed, called "Intraoperative Nursing Care System" (SAEP), with the purpose to promote full, continuous, participative, individualized, documented and reviewed care, in which the patient is unique and nursing care is a joint intervention that allows the participation of the patient's family and the review of the care given.[12]

Considering the situation addressed, this research tried to determine the profile of the patients submitted to surgical procedures, collecting data on the types of surgeries performed in a Health Unit, as well as assessing the factors that determined the suspension of the procedures.

METHODS

The quantitative methodological approach was defined based on the nature and the objectives proposed in the study. The quantitative study provides the necessary support to reach the research objective.

The quantitative approach is the investigation of empiric research with the main purpose to outline or assess facts or

phenomena, the assessment of programs or the isolation of the main variants.[13]

The research type adopted is descriptive and exploratory. The descriptive research observes, records, assesses and correlates variable facts or phenomena, without manipulating them. It aims to find out, with the highest accuracy possible, their relation and connection with others, its nature and characteristics. It aims to know the different situations and relations that occur in social, political, economic life and other aspects of the human behavior, of the individual isolated and in more complex groups and communities.[14] The descriptive study is a type of study that allows the researcher to acquire a better understanding of the behavior of several factors and elements that influence a given phenomenon.[15]

The exploratory researches are empiric research investigations, with the objective to formulate questions or a problem, with triple purpose: to develop hypotheses, to increase the researcher's familiarity with an environment, fact or phenomenon, to conduct a more accurate research or change and classify concepts.[13]

Data collection was conducted at a hospital, located in the state of Rio de Janeiro, from February 2012 to December 2012. Its source was comprised of institutional records related to the surgical services to clients submitted to surgery, found in the files (medical records, nursing consultation printed reports) and information obtained pre-operatively related to the surgical profile and reasons to suspend the surgeries. The medical records were randomly selected, comprehending the period corresponding to the period of time between March and November of that year.

The research project was submitted and approved by the Ethics Committee, under report number 163.625.

The items outlined for the determination of the surgical patients' profile were age group, sex, type of surgery and reasons to suspend the surgery, which favored the outline of the nursing assistance to the surgical patient. Thus, the data collection was conducted through an Excel spreadsheet, oriented to aspects like: patient's name, age, sex, surgical procedure, anesthetic technique, main types of surgery performed and reason to suspend the surgery.

At the end of information collection, the data were assessed through the descriptive statistical method, understanding that the statistical procedures capacitate the researcher to reduce, resume, organize, assess, interpret and communicate the numeric information.[16]

Statistics have the purpose to describe, synthetize and organize data of a given population, allowing the collection of the information necessary to the decision making process. This is the essence of the statistical analysis: to transform data in information. Attempt to express the most relevant information contained in a set of data through charts, tables, etc.[17]

RESULTS

The data represented and analyzed below are related to the collection attained through medical records filed by the hospital, related to patients of the surgical clinic in the year 2011.

Table 01: sex of the patients who had their surgery scheduled for 2011

Sex	N	%	Suspensions	S/G* Rate (%)
Male	136	52.3	29	21.3
Female	124	47.7	26	21.0
Total	**260**	**100**	**55**	**21.2**

Source: Records of a Health Facility in the state of the Rio de Janeiro.
* Suspension rate per sex approached.

Observing table 1, we can notice that there was a slight prevalence of surgeries scheduled to be performed on male patients. As regards suspensions rate, we can affirm that the numbers were relatively similar between both sexes, with minimum alterations.

Table 02: age group of the Patients associated to suspensions

Age group	N	%	Suspensions	S/FE* Rate (%)
20-29	21	8.1	1	4.8
30-39	28	10.8	1	3.6
40-49	64	24.6	14	21.9
50-59	62	23.8	18	29.0
60-69	48	18.5	9	18.7
70-79	33	12.7	10	30.3
80-89	3	1.2	2	66.7
90-99	1	0.4	0	0
Total	**260**	**100.0**	**55**	**21.2**

Source: Records of a Health Facility in the state of the Rio de Janeiro.
* Suspension rate per age group approached.

The records selected were only of individuals above 20 years old at the surgery. We observe that there was a higher incidence of surgeries scheduled for patients over 40 years old. When we review the absolute suspension number, we can observe that the same age groups are also those subject to most of the procedures cancellations.

Table 03: monthly distribution of Surgeries and Surgical Suspensions.

Month	Surgeries	Suspensions	S/P* Rate (%)
March	15	5	33.3
April	30	4	13.3

Month	Surgeries	Suspensions	S/P* Rate (%)
May	40	10	25.0
June	46	9	19.6
July	30	8	26.7
August	41	4	9.8
September	20	6	30.0
October	23	2	8.7
November	15	7	46.7
Total	**260**	**55**	**21.2**

Source: Records of a Health Facility in the State of the Rio de Janeiro.

* Suspension rate per period approached.

The occurrence of surgeries was reasonably well distributed among the 9 months of the study, with a slightly lower trend for procedures in March and November. When observing the suspensions rate, it is noticeable that these two months, together with September, were those with a higher rate; one third of the surgeries were cancelled in March, while half the procedures (46,7%) were cancelled in November. Conversely, August and October were the months with the most satisfactory numbers, with less than 10% of cancellations.

Table 04: types of surgery mostly associated with suspensions

Type of surgery	N°	%	Suspensions	S/TC* Rate (%)
Biopsy	13	5.0	0	0
Exploratory surgery	3	1.2	0	0
Orthopedic surgeries	3	1.2	0	0
Cyst	16	6.2	0	0
Correction of injuries and acne	19	7.3	1	5.3
Cholelithiasis	41	15.8	11	26.8
Hemorrhoids	18	6.9	3	16.7
Hernias	71	27.3	24	33.8
Lipoma	11	4.2	2	18.2
Prostatectomy	10	3.8	3	30.0
Short bowel syndrome	1	0.4	1	100.0
Thyroidectomy	5	1.9	2	40.0
Genitourinary tract	8	3.1	0	0
Tumors	8	3.1	2	25.0
Varicose vein	23	8.8	6	26.1
Others**	10	3.8	0	0
Total	**260**	**100.0**	**55**	**21.2**

Source: Records of a Health Facility in the state of the Rio de Janeiro.

* Rate of suspension per approached surgical type.

** Others: appendicitis, fistula, short frenulum, nasal polyps, rectal prolapse and foreign body removal.

It was possible to identify that the procedures most commonly performed during the study period were hernias (33,8%), prostatectomy (30%), cholelithiasis (26,8%), varicose vein (26,1%) and various tumors (25%). All these types of surgeries had a higher than average cancellation rate (21,2%). It is important to emphasize that, in spite of the high numbers related to surgeries related to thyroidectomy and correction of short bowel syndrome, the absolute number of these surgery types were too small to allow a reliable analysis.

Table 05: reasons for suspensions

Reasons for suspensions	N°	%
Hypertensive crisis	7	12.7
Infectious emergency	1	1.9
Lack of anesthesiologist	10	18.2
Lack of surgical risk	1	1.9
Lack of bed in ICU	1	1.9
Lack of surgeon	1	1.9
Lack of 1st assistant	1	1.9
Reason not declared	19	34.5
Administrative reasons	2	3.6
Team instruction	5	9.1
Patient in postprandial period	2	3.6
Patient under effect of undesired medication	1	1.9
Postoperative period exceeding 6 months	1	1.9
Equipment problems	2	3.6
Rearrangement	1	1.9
Total	**55**	**100.0**

Source: Records of a Health Facility in the state of the Rio de Janeiro.

* Others: administrative reasons, lack of 1st assistant, equipment problems, rearrangement, lack of postoperative bed, patient in postprandial period and reason not clearly stated in medical record.

As regards the most commonly related reasons for the cancellation of the procedure scheduled, the higher frequency was for lack of the anesthesiologist in the facility (18,2 %) and the occurrence of hypertensive crises (12,7%).

There was also a high rate of suspensions with reasons not clearly stated in the medical record (34,5%).

DISCUSSION

The aspect shown by table 1 was different than the one identified by another research, which observed a male prevalence (60,6%) submitted to surgical procedures.[18] It is known that, in the study population, the patient's sex is not a greatly relevant indicator to define his/her risks as regards the suspension of the surgical procedure. It is observed that the prevalence of one of the genders over the other, in this sense, tends to be related to the types of procedures performed in the study institution.

The data shown in table 2 suggest that age is an important variable that must be considered in the nursing planning. It is possible to outline a relationship among these data and propose that a more advanced age, especially over 40, is a factor that predisposes the patient to the risk of surgical suspension.

At first, no specific cause can be unmistakably designated as a factor that generates more rates in the study months. To designate a probable factor that causes the problem, we would need to address subjects out of the study focus, such as the professionals' timetable and the region's specific trends. However, knowing the most susceptible months in a given facility is important information for the planning of a investigation and problem solving measure.

A study conducted in a public teaching hospital assessed the distribution of surgical suspensions during two years, collecting the monthly suspension rates, which often varied between the years.[19] This fact proposes a dynamic feature for this process.

As shown in table 4, the most frequent surgeries are also those that contribute the most with the increase of cancellation rates; this justifies the need for more attention to be given to the surgeries considered more routine by the team involved in their performance. A study conducted in a public teaching hospital identified the suspension rates per surgical type compared within two years, showing a considerable variation between them; it also identified urology and cardiology as those with the highest rates.[19] We noticed that, like the distribution of cancellations in certain times of the year, these rates tend to vary according to the facility observed.

A research involving one hospital in the Botucatu area identified a majority of rates justified by unfavorable clinical conditions (20,6%) and surpass the elective hours (12,7%). The same research also verified that the simple act of conforming the user's presence in the previous day, by telephone, was able to reduce these rates in up to 30%.[20] Partially similar to these data, another research conducted in a teaching hospital in São Paulo identified the main justifications for the cancellation as: unawareness of the date (18,33%), airway infection (15%) and other conditions (13,33%).[3] Yet another research conducted in an out-of-hospital surgical unit in the city of Rio de Janeiro identified the patient absenteeism (35%) and hypertensive crises (18%) as the main causes for surgical cancellations.[18]

Similarly to the data shown previously in table 5, a research conducted identified the lack of justification in a large number of medical records (53,2 to 69,9%).[19] These data justify the need for a greater awareness of the professional involved in this process; the finding of the most frequent reasons that lead to surgical cancellations in a given facility is crucial to create an efficient strategy to reduce these rates and improve the quality of patient care.

The cancellation of surgical procedures is, undoubtedly, a problem for the facility that intends to offer the healthcare service and for the individual, who ends up subject to an additional stress. The leadership and planning skills of the nurse responsible for an operating room are important factors in the reduction of the cancellation rates; also, the importance of an instructive preoperative nursing consultation is emphasizes, to calm the patient and possibly prevent his/her absenteeism.[21]

Based on this information, we question the reason why these rates often remain reasonably high. A study conducted previously shows that, many times, the nurse in exercise in an operating room dedicates to the performance of management activities, leaving care in second place. It also shows two main factors that lead them to act like this: the relationship conflicts between the several professionals in the operating room; the lack of materials, equipment and personnel. The accumulation of these problems often end up burdening the nursing professional.[18]

The operating room's features of enclosed spaces with restricted access, on itself, favors conflicts. One study suggests that a large part of these conflicts occur between nurses and surgeons; it is admitted that, often, the facility tends to pay surgeons according to productivity, without necessarily having the infrastructure to host all patients. However, there are reports of conflicts within the nursing team itself, and, in lower degree, with the healthcare system's users.[22]

The variety of ethical dilemmas involving the nursing professionals that may arise in an operating room environment is also exposed. With these potential conflict generators, the importance of developing the skill to deal with these events in a professional and organized manner is emphasized. The will to provide better care to the patient and prevent undesired events is encouraged through instructions to the employees and coworkers. In addition, they state that the values and beliefs of each individual make it possible to search for a constant evaluation of the care they provide.[23]

Another factor that must be analyzed while addressing this subject is the dimension parameters of nursing professionals. A minimum number of these is expected, according to the facility's dimensions, for the services to be properly provided. The importance to capacitate the burse to obtain these bases for the technical argumentation necessary

in administrative negotiations, in the event the operating room has a lack of professional, is also important.[24]

The specific features of the work process in an operating room tend to provide a greater risk for the development of anxiety and depression among nursing professionals. The actual establishment of these psychic changes if multifactorial, involving attributes such as the individual's sex, age, remuneration, number of hours worked and number of employment bonds. Both changes generate a certain degree of psychological distress for the nursing professional, changing his/her capacity to make decisions and professional performance.[25]

CONCLUSION

This data collection allowed the evidencing of the main occurrences that lead to the cancellation of surgeries, such as the less frequent media where they happen. This information is useful for the implementation, analysis and development of a more decisive nursing plan, aiming at offering better healthcare services to the population, without financial damages for the facilities involved. The literature proves that, once the problems are identified, simple but effective behaviors can be adopted to ensure an improvement in the care system, and, consequently, a greater satisfaction for the patients.

It was also possible to notice that a considerable part of these cancellations happen due to the lack of information made available to the patient and due to the lack of resources, whether human or material. The cancellations could be effectively reduced with a better hosting of the patient by the nursing team, which must clarify their doubts and what must or must not be done for the surgery.

Equally important is the detailed planning of the surgeries timetable, considering the availability of professionals, as well as equipment. Finally, as shown by previous researches and reinforced by the data found, the awareness of the professional about the complete fulfillment of the data is important to allow the planning of actions.

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Author responsible for correspondence
Carlos Eduardo Peres Sampaio
Rua Ibituruna, 108, Tijuca.
Rio de Janeiro – RJ
ZIP code: 20271-020