

Journal Educational of Nursing (JEN)

Vol. 6 No. 1 – January – June 2023; page 85-89

p-ISSN: 2655-2418; e-ISSN: 2655-7630

journal homepage: <https://ejournal.akperrspadjakarta.ac.id>

DOI : [10.37430/jen.v6i1.229](https://doi.org/10.37430/jen.v6i1.229)

Article history:

Received: April 7th, 2023

Revised: April 24th, 2023

Accepted: May 2nd, 2023

Application of Five Finger Hypnotherapy on PID (Pelvic Inflammatory Disease) Pain Post HDLO In Treatment Room Floor II PAVILIUN dr. Iman Sudjudi RSPAD Gatot Soebroto

Lilis Kamliah¹, Dinda Adha²

Departement of nursing, RSPAD Gatot Soebroto College of Health Sciences, Jakarta

e-mail: liliskamilah@gmail.com

Abstract

PID (Pelvic Inflammatory Disease) or pelvic inflammatory disease is an inflammation of the female reproductive organs that usually occurs in the uterus, fallopian tubes, and ovaries. This occurs due to bacterial infection in sexually transmitted infections (STIs). The prevalence of PID cases in the world in 2019 was 1.05 million cases in women of childbearing age. In Indonesia in 2020, around 300,000 women with gonorrhea and chlamydia infections caused 24,000 - 46,000 cases of PID in women each year. Based on data in the Treatment Room on the 2nd Floor of the dr. Iman Sudjudi Pavilion, Gatot Soebroto Army Hospital, from November 2022 to April 2023, there were 15 patients out of 803 patients treated. The medical management carried out was surgery which can cause post-operative pain. The purpose of this writing is to be able to understand nursing care for PID patients with post HDLO in Mrs. I with acute pain nursing problems by performing complementary actions, namely five-finger hypnotherapy. This study uses a descriptive method with a case study approach of PID (Pelvic Inflammatory Disease) patients post HDLO with acute pain in the Treatment Room on the Second Floor of the dr. Iman Sudjudi Pavilion, Gatot Soebroto Army Hospital. The results showed that in PID patients with post HDLO with acute pain who underwent complementary actions of five-finger hypnotherapy for 3x24 hours, the results showed a decrease in the intensity of the pain scale, before the pain scale was 6 and after it was done it became a pain scale of 2. The conclusion is that there is an effect of five-finger hypnotherapy on reducing the intensity of the pain scale in PID post HDLO patients. Therefore, this method can be applied as a complementary therapy to reduce pain in post HDLO patients.

Keywords: Nursing Care; Five-Finger Hypnotherapy; PID; Post HDLO

Introduction

The reproductive organs are one of the most important systems in the human body and have a major role so that they cannot be replaced by other organs. There are many diseases found in the reproductive organs, especially in women, such as PID (Pelvic Inflammatory

Disease). PID (Pelvic Inflammatory Disease) or known as pelvic inflammatory disease is a general term for infections of the female genitalia that have spread to deeper areas of the female reproductive organs, such as the uterus, fallopian tubes, and ovaries. This is a serious and life-threatening infection (Andira, 2019).

In most countries in the world, current data on the prevalence, incidence or burden of PID (Pelvic Inflammatory Disease) is still limited. In the data collection from 2009 to 2019, there were 1.05 million women of childbearing age who had active PID globally. From this data, there has been a decline in PID diagnoses over a decade. With chlamydia PID of 58%, gonococcal PID of around 34%, and non-specific PID of 37% of the average female population of childbearing age (Hillier et al., 2021). In Eastern Taiwan, 85% of PID cases can be caused by sexually transmitted pathogens or bacteria associated with bacterial vaginosis. Less than 50% of current PID cases are caused by *N. gonorrhoeae* or *C. trachomatis*. On the other hand, less than 15% of acute PID cases are not sexually transmitted and are associated with enteric or respiratory pathogens (Chen et al., 2021).

In Indonesia in 2020, high prevalence and reinfection rates also indicate a high burden of morbidity and mortality due to STIs (Sexually Transmitted Infections). This can actually be prevented with effective STI treatment. Nearly 300,000 women with gonorrhea and chlamydia infections cause 24,000 - 46,000 cases of pelvic inflammatory disease (PID) in women each year. Pelvic inflammatory disease can also cause infertility, sepsis, increased maternal mortality due to post-abortion and postpartum infections, and a 6-10 times higher risk of ectopic pregnancy (Luhukay et al., 2021).

Based on data obtained from the register records in the Treatment Room on the Second Floor of the dr. Pavilion. Iman Sudjudi RSPAD Gatot Soebroto, patients treated in the last six months from November 2023 to April 2024 with a total of 803 patients, there were 15 patients with PID (Pelvic Inflammatory Disease)

cases with post HDLO with a percentage of 1.86%. This data shows that the condition of patients with PID (Pelvic Inflammatory Disease) post HDLO is a rare patient condition in the Treatment Room on the Second Floor of the dr. Iman Sudjudi Pavilion, RSPAD Gatot Soebroto Jakarta.

One of the effects of PID (Pelvic Inflammatory Disease) itself can cause reproductive disorders, especially in the fallopian tubes, namely hydrosalpinx which can cause infertility in women (Nora et al., 2022). Complications of patients with PID (Pelvic Inflammatory Disease) post HDLO are pain. Postoperative pain is pain that is felt after surgery. Postoperative pain is a major problem that must be addressed because it will cause other problems, such as impaired physical mobility and disturbed sleep patterns, so pain must be addressed immediately.

The management of pain therapy itself can be in the form of pharmacological therapy or non-pharmacological therapy. For pharmacological therapy, analgesic drugs can be used with doses according to doctor's recommendations. Meanwhile, for non-pharmacological therapy as a complementary measure, namely five-finger hypnotherapy. Five-finger hypnosis is a form of self-hypnosis that can cause a high relaxation effect, thereby reducing pain and stress.

Five-finger hypnosis will experience relaxation so that it affects the body's system and creates a sense of comfort and calm. This is reinforced by several studies conducted by (Despitasari et al., 2023); (Halim & Khatul, 2020); (Harisandy, 2023); (Dewi, 2022), which states that the five-finger hypnotherapy technique is effective in reducing the scale of pain in post-operative patients, cervical cancer

patients, colorectal cancer patients, and breast cancer patients.

Method

This research design uses a descriptive research design in the form of a case study. Descriptive research is a type of research that aims to study a condition or other event and then present the results of the research in a report (Anisa et al., 2023). Descriptive research is a type of research conducted with the aim of describing a condition of the object to be observed. This study uses a case study design, namely describing nursing care for Mrs. I with PID (Pelvic Inflammatory Disease) Post HDLO in fulfilling discomfort disorders: pain with five-finger hypnotherapy in the Treatment Room on the Second Floor of the dr. Iman Sudjadi Pavilion, Gatot Soebroto Army Hospital.

Results and Discussion

Focus Data

Subjective Data

The patient said that the pain in the surgical wound in the abdomen, the pain felt like being stabbed, the pain scale was 6 and came and went when moving. The patient said that she was still weak and was still trying to do activities. The patient said that her husband helped her with her daily activities. The patient said that she had been wiped, brushed her teeth, and combed her hair but was still helped by her husband because she was still weak.

Objective Data

Post HDLO patient. The patient looked weak. The general condition was moderately ill. Consciousness compositus with GCS 15. The patient seemed to wince when in pain. Pain assessment with results P: pain in the surgical wound in the abdomen, Q: pain like being stabbed, R: pain around the

abdomen does not spread, S: pain scale 6, T: pain came and went when moving. The patient's activities seemed to still be assisted by the family.

Blood pressure 106/68 mmHg, pulse rate 85x/minute, respiratory rate 20x/minute, body temperature 36.2°C, and oxygen saturation 99%, SN 6. The patient was seen lying on the bed. The patient seemed to have difficulty moving. There were 4 surgical wounds on the patient's abdomen covered with plaster (the wound looked clean, there was no discharge from the wound, no edema, no redness).

The results of the post-HDLO urine hematology examination with leukocytes 11870/ μ L. The patient received IVFD Ringer Lactate infusion therapy 500 ml 20 tpm, attached to the right hand. The patient had a urinary catheter attached with urine production of 200 ml clear yellow. The patient received 1 gram of paracetamol infusion therapy during post-surgery, Ondansetron injection therapy 8 mg 3x1 via iv, Tramadol tab 50 mg 3x1 orally, and cefixime tab 200 mg 3x1 orally.

Nursing Intervention

In theory, intervention is carried out without time limits. While in the case, intervention was carried out on the first and second diagnoses, namely acute pain and risk of infection which were carried out for 3x24 hours, while the third nursing diagnosis was carried out for only 1x24 hours because the patient was able to carry out activities independently without being assisted by the family. The planning was adjusted to the situation and conditions at that time.

Implementation

The results of the case, in accordance with

the theory and related journals, namely the five-finger hypnotherapy technique that has been taught independently and is able to reduce the intensity of the patient's pain from a pain scale of 6 to a pain scale of 2 or almost not felt.

Evaluation

After nursing care is carried out, the last step is to evaluate the nursing diagnosis found, both by conducting formative evaluations and summative evaluations.

Conclusion

The conclusion obtained from this case study is the management of nursing care from the case study that the five-finger hypnotherapy technique is effective in reducing the intensity of the pain scale from a pain scale of 6 to a pain scale of 2 or almost not felt. This statement is proven by research that has been given intervention with the five-finger hypnotherapy technique to reduce the intensity of the pain scale in postoperative patients. This is in accordance with the theory put forward by (Despitasari et al., 2023) which explains that the five-finger hypnotherapy technique can reduce tension on the intensity of pain in postoperative patients.

References

1. Andira, D. (2019). *Seluk - Beluk Kesehatan Reproduksi Wanita* (M. Sandra (ed.)). A+Pluss Books.
2. Anisa, N. R., Fauziana, L., Abrar, E. A., & Sabil, F. A. (2023). *Buku Ajar Riset Keperawatan* Penerbit Cv. Eureka Media Aksara. https://repository.penerbiteureka.com/media/publications/55964_4-buku-ajar-riset-keperawatan-025c095a.pdf
3. Chen, P. C., Li, P. C., & Ding, D. C. (2021). Pelvic inflammatory disease and causative pathogens in older women in a medical center in eastern Taiwan: A retrospective cross-sectional study. *PLoS ONE*, 16(9 September), 1–11. <https://doi.org/10.1371/journal.pone.0257627>
4. Desma, F., Wardani, A. K., Hardi, Y. F., & Maisyah, A. (2021). Penatalaksanaan Akupuntur, Tuina Chuzen Meditatifkombinasi Food Therapy Tcm pada Radang Panggul. *Jurnal Pengabdian Masyarakat Karya Husada*, 3(2), 2021.
5. Despitasari, L., Fitria Alisa, Weny Amelia, Ria Desnita, Lenni Sastra, Mira Andika, Fatimah Azzahra Luza, Fauziatul Aulia, Fatri Hayati, Lara Sati Dulida Putri, Febra Harlon Saputra, May Reza, Marifa Febriana, Mella Monica Putri, & Fitri Rahma Sari. (2023). Manajemen Nyeri Pada Pasien Post Operasi Dengan Pemberian Terapi Hipnotis Lima Jari Di Ruang Bedah Rsud M. Natsir Solok. *Jurnal Abdi Mercusuar*, 3(2), 001–007. <https://doi.org/10.36984/jam.v3i2.38>
6. Dewi, R. (2022). *Teknik Relaksasi Lima Jari Terhadap Kualitas Tidur, Fatigue, dan Nyeri pada Pasien Kanker Payudara*. Deepublish.
7. Halim, A. R., & Khatul, N. (2020). Penerapan Hipnoterapi Lima Jari. *Jurnal Manajemen Asuhan Keperawatan*, 8(1), 41–46. <https://jurnal.unimus.ac.id/index.php/nersmuda/article/view/6211/pdf>
8. Harisandy, A. (2023). Pengaruh Hipnosis Lima Jari Terhadap Tingkat Nyeri Dan Kecemasan Pada Pasien Kanker Kolorektal. *Jurnal Persatuan Perawat Nasional Indonesia (JPPNI)*, 8(1), 32. <https://doi.org/10.32419/jppni.v8i1.374>

9. Hillier, S. L., Bernstein, K. T., & Aral, S. (2021). A Review of the Challenges and Complexities in the Diagnosis, Etiology, Epidemiology, and Pathogenesis of Pelvic Inflammatory Disease. *Journal of Infectious Diseases*, 224(Suppl 2), S23–S28.
https://doi.org/10.1093/infdis/jia_b116
10. Lante, N., Bansu, I. A., Matjino, S. H., & Murwidi, I. C. (2021). *Kompleksitas Masalah Kesehatan Reproduksi*. Deepublish.
11. Luhukay, L., Pratono, Budiarto, & Kartikasar, E. (2021). *Peta Jalan Eliminasi Infeksi Menular Seksual Indonesia 2021-2030* (N. Afriana & T. M. Nisa (eds.)). Kementerian Kesehatan RI.
12. Nora, H., Rajuddin, & Shalahuddin. (2022). Hidrosalping bilateral dan infertilitas: laporan kasus. *Jurnal Kedokteran Syiah Kuala*, 22, 135–136. <https://doi.org/10.24815/jks.v22i3.27301>
13. Superaniam, S. (2016). *Bedah Laparoskopi Ginekologi dan Penyakit Yang Umumnya Terjadi Pada Wanita* (Issue 0). Adequate Wonder Sdn. Bhd.
<https://www.melakafertility.com/>
14. Ulya, N., & Puspaningtyas, M. (2019). *Buku Ajar Kesehatan Perempuan dan Perencanaan Keluarga*. Nuha Medika.
15. Wiyati, P. S., Iskandar, T. M., & Pramono, M. B. A. (2022). BukuAjar Masalah Ginekologi Umum(Bagian I). In *Fakultas Kedokteran Universitas Diponegoro* (Issue Bagian I). Fakultas Kedokteran UniversitasDiponegoro.