

Impact Of Nurse Led Bundle Care Therapy On Pop Symptoms Among Women With Prolapsed Uterus.

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Abstract

Pelvic organ prolapse (POP) is a common disorder often associated with symptoms such as vaginal bulging, pelvic heaviness, bothersome micturition, and defecation symptoms as well as sexual dysfunction, often with a negative impact on quality of life POP is mostly benign, but it is distressing and disabling, with a large effect on the patient's QOL The multi factorial patho physiology may be the cause of associated symptoms such as bladder, bowel, sexual, and even painful symptoms. The symptoms may lead to physical, social, psychological, domestic, and/or sexual limitations in the patient's activities of daily living. Nurse Led clinics as such practice is new, as compared to the conventional nursing which are seen once as dependent on doctors /physician now as Independent of it's own. Bundle care Therapy as one of the Conservative treatment options have therefore gained interest and many women with POP prefer Bundle care especially if they have minor symptoms.

Materials and methods A Quasi experimental study was performed on the Impact of Nurse Led Bundle care Therapy on Pelvic organ Prolapse symptoms among women with Prolapsed uterus. 320 participants who full filled the inclusion criteria were selected between the age group of 40-70 years of age , by simple random sampling technique and assigned 160 for each control and study group respectively., A 20 point Rating scale was used to collect data on Pelvic organ prolapse related symptoms..

Results POP symptoms were decreased to 23.63% than the pre test score in the study group. In control group with routine care, symptoms decreased only 1.98% than the pre test score. The results indicated that the impact of Nurse Led bundle care therapy on POP symptoms.

conclusion ;Nurse Led clinics have revealed both clinically sound and perceived benefits to the women with POP symptoms, by focusing on promoting quality health traits and putting emphasis on pop management through bundle care therapy.

Key words: Nurse Led bundle care therapy, POP symptoms, Prolapsed uterus.

INTRODUCTION

Health is one of the most crucial aspects for the well being of human kind. A woman's health is her capital and living a healthy lifestyle can help to prevent chronic diseases and long term illness.. Woman's health is an important factor in assessing and devising ways to improve the overall health of the entire human race and their health is an example of population health for the longest time¹. Communities, countries and ultimately the world are strong only when the women are healthy. Women's experience of health and disease differ from of men due to unique biological, social, and behavioural condition and they experience many unique health issues related to reproduction and sexuality. Reproductive health includes a wide range of issues including health and function of structures and system involved in reproduction².Quality of life is the degree of wellbeing felt by an individual or group of people and it is not tangible thing and so cannot be measured directly. It consists of two components: physical and psychological. the physical aspects includes such as health, diet and protection against pain and disease and the psychological aspects include stress, worry, pleasure and the other positive or negative emotional states. In the concept of health the quality of life has come for front in health care with the growing realization and the well being of women is just an important as consideration when treating them.

POP is mostly benign, but it is distressing and disabling, with a large effect on the patient's QOL. The multifactorial pathophysiology may be the cause of associated symptoms such as bladder, bowel, sexual, and even pain symptoms⁴. The symptoms may lead to physical, social, psychological, domestic, and/or sexual limitations in the patient's activities of daily living⁵ Predisposing factors related to POP are the probable hereditary, racial and possible genetic disposition for POP causing differences in the collagen concentration of the connective tissue Inciting factors most importantly include the strong connection between vaginal delivery , number of vaginal deliveries , increased birth weight of the child , more than one perineal laceration and use of forceps.

NLC as such practice is new, as compared to the conventional nursing which are always seen only as dependent on doctors /physician. Many women with POP prefer conservative treatment especially if they have minor symptoms. Other conservative treatment options have therefore gained interest

Nurse-led clinic defines clinics, based on what nursing activities are performed at the site. Nurses within a nurse-led clinic assume their own patient case-loads, provide an educative role to patients to promote health, provide psychological support, monitor the patient's condition and perform nursing interventions. Advanced practice registered nurses, usually nurse practitioners, may have expanded roles within these clinics and can utilize critical thinking skills and creativity to improve clients outcome and working environments with their innovative ideas emerging from this new and demanding areas. Recommendations encourage the provision of nurse-led services and the breaking down of demarcation between healthcare the scope for nurses to practise more autonomously and to develop and apply advanced practice

For the multifactorial etiology of POP it is possible that an educational program with PFMT, providing thorough information about lifestyle modifications could improve both subjective and objective symptoms.

NEED FOR THE STUDY

Pelvic organ prolapse (POP) is a common disorder often associated with symptoms such as a vaginal bulging, pressure pelvic heaviness, bothersome micturition, and defecation symptoms, constipation, back/abdominal pain, as well as sexual dysfunction, often with a negative impact on daily functioning and in turn affects overall quality of life¹² Pelvic organ prolapse (POP) doesn't only happen to older women, 50% of women of childbearing are will experience some level of pelvic organ prolapse.

Advanced age, white race, menopause, some systemic diseases, obesity, vaginal delivery, smoking, chronic constipation and giving birth to large babies have been proposed as risk factors in various studies

Pelvic organ prolapse affects approximately 50% of parous women over 50 years of age, with a lifetime prevalence risk of 30–50%. Women with clinically significant pelvic organ Prolapse usually complain of a sensation of a vaginal bulge that may be accompanied by symptoms of urinary, bowel, or sexual dysfunction. However, many of these women do not seek medical advice for a bulge in the vagina because of embarrassment or fear that it might be a cancer⁶ Each year, 225,000 women in Australia undergo surgery for pelvic organ prolapse, but little is known about long-term surgical outcomes, and pelvic reconstructive surgeries. As our population ages, more and more women are going to be affected by pelvic organ prolapse and it's critical to know whether these surgeries are effective. The estimated prevalence of POP is between 2.9% and 8% of the female population, and recent estimates suggest women have a 12.6% life time risk of undergoing surgery for prolapse.

As per the study, conducted in India (July 2018) a little more than one-third of women who had undergone hysterectomy were under the age of 40 years¹⁴. the proportion of women below 40 years of age who had hysterectomy was much higher in southern states of Andhra Pradesh (42%) and Telangana (47%). the likelihood of hysterectomy was higher among women who had no and or/low education and those from household without insurance.

In this present study the Investigator planned to implement the Bundle care therapy for the women suffering with prolapse related symptoms on educational strategies to reduce the symptoms and improve their quality of life. The Bundle care includes a combination of exercises, Guidance and counselling sessions which are cost effective and easy to practice in daily life; in turn improve adherence to healthy practices thereby the overall achievement is possible in all wakes of quality life.

The long years of professional experience in the Gynaecological nursing, and the significant advantages of Nurse Led Clinics developed the Researcher's interest to conduct the study as need felt. The findings of the study may be generalized for the women with POP to have their symptoms reduced and lead a productive life.

STATEMENT OF THE PROBLEM

A study to evaluate the impact of Nurse Led bundle care therapy on POP Symptoms, among women with prolapsed uterus at selected hospitals in Nellore.

OBJECTIVES

1. To assess the level of POP Symptoms, among woman with prolapsed uterus
2. To evaluate the impact of Nurse Led bundle care therapy on POP Symptoms, among woman with prolapsed uterus
3. To associate the impact of Nurse Led bundle care therapy on POP Symptoms, among woman with prolapsed uterus with their selected socio demographic variables

RESEARCH HYPOTHESES

H₁: There will be a significant effect of Nurse Led bundle care therapy on POP Symptoms among woman with prolapsed uterus.

H₂: There will be a significant association between the impact of Nurse Led bundle care therapy on POP Symptoms among woman with prolapsed uterus with their selected socio demographic variables.

MATERIALS AND METHODS

Setting and sample

A Quasi experimental study was performed on the Impact of Nurse Led Bundle care Therapy among women with Pelvic organ Prolapse as it involves the deprivation of systemic and functional mobility. The study was conducted at Gynaec Out Patient Department, Narayana Medical College Hospital, Nellore, Andhra Pradesh, India simple random sampling technique was used to select the women between the age group of 40-70 years of age and who fulfilled the inclusion criteria.

.NMCH, with the 1668 beds, caters services for both general and specialty care needs. Hospital has all latest equipments at par with world class infra structure. Department of OBG has exclusive OPD functioning all seven days catering maternal and gynaec population and an average of 70-80 women attend Gyn. OPD daily. Gyn. procedures are carried out as Diagnostic modalities are also available within the hospital with expert opinion at affordable cost. NMCH also provides care for the women, who prefer and avail health schemes supported by the state Government.

Ethical Clearance

The study protocol was approved by the Institutional Ethics Committee, Narayana college of Nursing Nellore, Andhra Pradesh, India (vide memo no. ECR/1348/INST. AP/2020.IEC).11th Nov 2019.

Data collection

written informed consent obtained from the women prior to the data collection .Base line data such as Age, Religion, Marital status, education, occupation Income, Residential status, Number of children and Social support and clinical data such as BMI, Parity, Menopausal status, Family history, Grade of POP ,and treatment taken for pop were collected from the participants. Twenty point Rating scale was used to collect the data on problems related to Pelvic organ prolapse which consists of 3 components on 1) General pelvic organ prolapse distress, Colorectal (Anal) distress and Urinary distress. The PFDI has been introduced in the United States and proposed as useful condition-specific quality of life instrument for medical and surgical trials in American women with disorders of the lower urinary tract, gastrointestinal tract and pelvic organ prolapse, measuring the degree of bother and distress caused by the broad array of pelvic floor symptoms

The sum score of all 3 components were summed up again, which reflects the overall problems affecting standard of quality of life in general. The total score range from 0 to 80 in which '0' was given for no symptom and score '4' was awarded to the maximum problems. In this study, value below 16 was considered as NO problems,17-32 as Not at all Problems, score of 33-48 problems a little bit level , 49- 64 were considered as moderate level of problems and the maximum score between 65-80were considered as quite a bit level of problems which affected the regular day today activities of the life among women with POP symptoms..

Data analysis

All analyses were performed using SPSS v18. 6 component assuming statistical significance at $p < 0.05$ level. The scores have been represented as mean and standard deviation (SD). In Independent t test, t has been used to test for significance in median score. P value of $P=0.001$ has been considered for statistical significance. The investigators who collated and analyzed the data are Nurse educators who are not directly involved in the delivery of care in the Nurse-Led clinic, thus, the analysis was objective.

RESULTS.

Table 1: Demographic Variables Woman With Prolapsed Uterus.

		Group				Chi square test
		Study(n=160)		Control(n=160)		
		n	%	n	%	
Age	35-45 years	21	13.13%	16	10.00%	$\chi^2=1.17$ p=0.76 DF=3(NS)
	46-55 years	60	37.50%	63	39.38%	
	56- 65 years	42	26.25%	39	24.38%	
	> 65 years	37	23.13%	42	26.25%	
Education	Illiterate	50	31.25%	64	40.00%	$\chi^2=3.04$ p=0.38 DF=3(NS)
	Primary	39	24.38%	38	23.75%	
	High school	51	31.87%	42	26.25%	
	Intermediate	20	12.50%	16	10.00%	
	Graduate	0	0.00%	0	0.00%	
	Post graduate	0	0.00%	0	0.00%	
Religion	Hindu	109	68.13%	101	63.13%	$\chi^2=0.96$ p=0.62 DF=2(NS)
	Christian	35	21.87%	39	24.37%	
	Muslim	16	10.00%	20	12.50%	
Residence	Urban area	84	52.50%	77	48.13%	$\chi^2=2.54$ p=0.28 DF=2(NS)
	Rural area	45	28.12%	40	26.00%	
	Semi urban	31	19.38%	43	26.88%	
Marital status	Single	18	11.25%	25	15.62%	$\chi^2=2.41$ p=0.49 DF=3(NS)
	Married	120	75.00%	116	72.50%	
	Separated /Divorced	4	2.50%	6	3.75%	
	Widow	18	11.25%	13	8.13%	
Type of family	Nuclear	77	48.13%	92	57.50%	$\chi^2=2.86$ p=0.34 DF=2(NS)
	Joint	55	34.37%	44	27.50%	
	Extended	28	17.50%	24	15.00%	
Occupation	Unemployed	46	28.75%	47	29.38%	$\chi^2=5.05$ p=0.17 DF=3(NS)
	Business	49	30.63%	45	28.12%	
	Government employee	24	15.00%	38	23.75%	
	Private employee	41	25.62%	30	18.75%	

Family Income	Rs. 5000- 10000	48	30.00%	56	35.00%	$\chi^2=2.86p=0.23$ DF=3(NS)
	Rs.10001-15000c	78	48.75%	63	39.38%	
	Rs,150001-20000	34	21.25%	41	25.62%	
	>Rs.30000	0	0.00%	0	0.00%	
.Dietary pattern	Vegetarian	60	37.50%	53	33.13%	$\chi^2=0.67 p=0.41$ DF=1(NS)
	Non-vegetarian	100	62.50%	107	66.87%	
	Ova-vegetarian	0	0.00%	0	0.00%	
	Lacto-vegetarian	0	0.00%	0	0.00%	
Lifestyle	Sedentary	54	33.75%	48	30.00%	$\chi^2=1.33 p=0.51$ DF=2(NS)
	Moderate	50	31.25%	46	28.75%	
	Heavy	56	35.00%	66	41.25%	

Table I shows the clinical information of woman with prolapsed uterus who participated in this study. Similarity of demographic distribution between study and control group was assessed using chi square test

TABLE-2 Frequency percentage distribution of pre test level of pelvic organ prolapse symptoms in both groups

Level of Pelvic Organ Prolapse symptoms	Group				Chi square test
	Study		Control		
	N	%	n	%	
No	0	0.00%	0	0.00%	$\chi^2=3.22$ P=0.36 DF=3(NS)
Not at all	11	6.88%	18	11.25%	
Somewhat	51	31.87%	45	28.13%	
Moderately	59	36.87%	51	31.87%	
Quite a bit	39	24.38%	46	28.75%	
Total	160	100.00%	160	100.00%	

P>0.05 not significant DF= Degrees of Freedom NS= Not significant

Table 2: Considers the Level of pelvic Organ Prolapsed related symptoms in study group. None of them had problem “NO” level of score. 11(6.88%) answered Not at all level,51(31.87%) of them had Somewhat level of problems,59(36.88%) of them reported Moderate level and 39(24.38%) of them were having Quite a bit level of problems. in control group , None of them had “NO” level of score.. 18 (11.25%) answered Not at all level., 45(28.13%) of them had Somewhat level of problems,51(31.87%) of them reported Moderate level of score and 46(28.75%) of them were having Quite a bit level of problems. Statistically there is no significant difference between study and control group score as the P value =0.36.

Table 3 Frequency and percentage distribution of post test level of pelvic organ prolapse symptoms in both the groups

Level of Pelvic Organ Prolapse symptoms	Group				Chi square test
	Study		Control		
	n	%	N	%	
No	25	15.63%	0	0.00%	$\chi^2=81.82$ P=0.001*** DF=4(S)
Not at all	64	40.00%	22	13.75%	
Somewhat	44	27.50%	48	30.00%	
Moderately	19	11.88%	46	28.75%	
Quite a bit	8	5.00%	44	27.50%	
Total	160	100.00%	160	100.00%	

Table 3: Reveals that post-test Level of Pelvic Organ Prolapse symptoms in study group, 25(15.63%) of them had No level of score,64(40.00%) of them were having Not at all level score,44(27.50%) of them had Somewhat level of score, and19(11.88%) of them had Moderate level of score and only8(5.00%) of them reported Quite a bit level of score. In control group, none of them had No level of score,22(13.75%) were having Not at all level score,48(30.00%) of them were having Somewhat level of score,46(28.75%) of them were having Moderately level of score and44(27.50%) of them reported Quite a bit level of score. Statistically there was a significant difference between study and control group score as evidenced by the calculated P value=0.001 which shows the impact of Nurse Led Bundle care Therapy

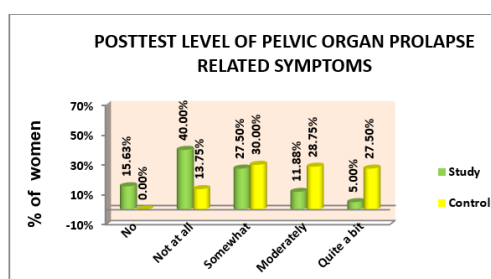


Figure 1: percentage distribution of post test level of pelvic organ prolapse related symptoms

Table 4: Comparison of pretest and posttest score of pelvic organ prolapse related symptoms in both groups

	Pretest		Posttest		Mean difference	Wilcoxon signed ranks test
	Mean ±SD	Median (25-75)	Mean ±SD	Median (25-75)		
Study	47.28±10.46	48(42-61)	28.37±9.58	26(25-30)	18.91	z=10.28 P=0.001***DF=23(S)
Control	46.51±11.50	48(42-49)	44.93±9.78	50(38-55)	1.58	z=1.86 P=0.07DF=23(NS)

Median (25-75) is median with 25th and 75th percentile

Table 4: Portrays that in study group the pretest mean score of POP related symptoms among women was 47.28 and in post test was 28.37, the difference was 18.91, this difference was large and it is highly significant where the P=0.001. Whereas In control group pretest mean score was 46.51 and in posttest was 44.93 score, the difference was 1.58 and this difference was small and not significant (P=0.07)

Table 5: Comparison of reduction in pelvic organ prolapse related symptoms between study and control group

	Study (n=160)		Control(n=160)		Mean difference	Mann Whitney U-test
	Mean ±SD	Median (25-75)	Mean ±SD	Median (25-75)		
Pretest	47.28±10.46	48(42-61)	46.51±11.50	48(42-59)	0.77	Z=0.94P=0.34(NS)
Posttest	28.37±9.58	26(25-30)	44.93±9.81	47(41-58)	16.42	Z=11.90P=0.001*(S)

P<0.001 very high significant S= significant

Median (25-75) is median with 25th and 75th percentile.

Table 5 represents pretest mean score of study group was 47.28, the control group was 46.51 score, and the small difference of 0.77 was observed and it was not significant at P=0.34. In Posttest the study group mean score was 28.37 score and the control group was 44.79 score, and the difference was 16.42, which was large and it is significant at P=0.001 that shows the impact of Nurse Led bundle care therapy on pop related symptoms

Table 6 Effectiveness nurse led bundle care therapy and generalization of prolapse related symptoms reduction score.

		Max score	Mean score	%Mean score	Mean of pelvic organ prolapse symptoms reduction score with 95% Confidence interval	Percentage of pelvic organ prolapse symptoms reduction score with 95% Confidence interval
	Posttest	80	28.37	35.46%		
Control	Pretest	80	46.51	58.14%	1.58(-0.06 – 3.22)	1.98%(-0.08% – 4.03%)
	Posttest	80	44.93	56.16%		

Table 6 Displays the score reduction in the POP symptoms among women in both groups. In Study group, the severity of symptoms were minimized to 23.63% after the Bundle care Therapy which involved Pelvic floor muscle training, Kegel's exercises, Abdominal exercises Guidance and counselling for improved quality of life which include losing weight and maintaining a healthy weight. eating a high-fibre diet to avoid constipation and straining when going to the toilet and avoiding heavy lifting. than the pretest. Whereas in control group, with the routine care of management symptoms were decreased only to 1.98% than the pretest. The difference shows the impact of Nurse Led bundle care therapy.

Differences and generalization of pelvic organ prolapse symptoms reduction score between pretest and posttest score was calculated using mean difference with 95% CI and proportion with 95% CI.

Table 7 Association Between Posttest Level Of Pop Symptoms Score (Symptoms Reduction) And Women Demographic Variables (Study Group)

Demographic variables		Posttest level of symptoms score				n	Chi-square test
		Not at all/ A little		Somewhat/ moderate/quit a bit			
		n	%	n	%		
Age	35-45 years	15	71.43%	6	28.57%	21	χ ² =3.91P=0.27 DF=3(NS)
	46-55 years	32	53.33%	28	46.67%		
	56- 65 years	25	59.52%	17	40.48%		
	> 65 years	17	45.95%	20	54.05%		
Education	Illiterate	19	38.00%	31	62.00%	50	χ ² =9.57P=0.02* DF=3(S)
	Primary	24	61.54%	15	38.46%		
	High school	32	62.75%	19	37.25%		
	Intermediate	14	70.00%	6	30.00%		
	Graduate	0	0.00%	0	0.00%		
Religion	Post graduate	0	0.00%	0	0.00%	0	χ ² =0.37 P=0.83 DF=2(NS)
	Hindu	59	54.13%	50	45.87%		
	Christian	21	60.00%	14	40.00%		
	Muslim	9	56.25%	7	43.75%		
Residence	Urban area	49	58.33%	35	41.67%	84	χ ² =2.11P=0.34 DF=2(NS)
	Rural area	21	46.67%	24	53.33%		
	Semi urban	19	61.29%	12	38.71%		
Marital status	Single	8	44.44%	10	55.56%	18	χ ² =5.35P=0.15 DF=3(NS)
	Married	64	53.33%	56	46.67%		
	Separated /Divorced	3	75.00%	1	25.00%		
Type of family	Widow	14	77.78%	4	22.22%	18	χ ² =1.07P=0.58 DF=2(NS)
	Nuclear	42	54.55%	35	45.45%		
	Joint	29	52.73%	26	47.27%		
Occupation	Extended	18	64.29%	10	35.71%	28	χ ² =2.38P=0.71 DF=3(NS)
	Unemployed	28	60.87%	18	39.13%		
	Business	25	51.02%	24	48.98%		
	Government employee	12	50.00%	12	50.00%		
Family Income	Private employee	24	58.54%	17	41.46%	41	χ ² =8.96P=0.01** DF=2(S)
	Rs. 5000- 10000	19	39.58%	29	60.42%		
	Rs.10001-15000	52	66.67%	26	33.33%		
	Rs.150001-20000	18	52.95%	16	47.05%		
Dietary pattern	>Rs.30000	0	0.00%	0	0.00%	0	χ ² =2.06P=0.15 DF=1(NS)
	Vegetarian	29	48.33%	31	51.67%		
	Non-vegetarian	60	60.00%	40	40.00%		
	Ova-vegetarian	0	0.00%	0	0.00%		
Lifestyle	Lacto-vegetarian	0	0.00%	0	0.00%	0	χ ² =8.51P=0.01** DF=2(S)
	Sedentary	38	70.37%	16	29.67%		
	Moderate	27	54.00%	23	46.00%		
	Heavy	24	42.86%	32	57.14%		

DF=Degrees of Freedom NS= not significant S= significant

p>0.05 significant *p≤0.05 significant **p≤0.01 highly significant

The table shows that the association between the post-test level of POP symptoms and the demographic variables of the women with Prolapsed uterus. More educated women (P=0.02), women with higher income (P=0.01) and women with Sedentary Lifestyle (P=0.01) had more symptoms reduced. Statistical significance was assessed using chi square test.

DISCUSSION

Prolapse can have a major impact on a person's physical, mental, and social well-being. There are a variety of activities that can be taken to reduce the risk of uterine prolapse or to prevent a mild prolapse from deteriorating. Among these include regular pelvic floor exercises, weight loss, and maintaining a healthy weight. High-fiber diet and avoiding heavy lifting, avoiding constipation and straining when going to the bathroom. The following findings were discovered and judged to be statistically significant in this investigation

Pelvic organ Prolapse may seriously influence the physical, psychological and social wellbeing of affected individuals. There are several things one can follow to reduce the risk of a prolapsed uterus or prevent a mild prolapse from getting worse. These include, doing regular pelvic floor exercises, losing weight and maintaining a healthy weight. eating a high-fibre diet to avoid constipation and straining when going to the toilet avoiding heavy lifting

.In this present study the following findings are observed and found statistically significant.

The post-test Level of of Pelvic Organ Prolapse symptoms in study group, 25(15.63%) of them had No level of score, 64 (40.00%)of them had Not at all level score,44(27.50%) of them had Somewhat level of score, and19(11.88%) of them had Moderate level of score and only 8(5.00%) of them reported Quite a bit level of score.

In control group, none of them had No level of score,22(13.75%) were having Not at all level score,48(30.00%) of them had Somewhat level of score,46(28.75%) of them expressed Moderately level of score and44(27.50%) of them reported Quite a bit level of score. Statistically there was a significant difference between study and control group score as evidenced by the calculated P value=0.001 which shows the impact of Nurse Led Bundle care Therapy

After the intervention, in study group the pretest mean score of POP symptoms among women was 47.28 and in post test was 28.37, the difference was 18.91, this difference was large and it is highly significant (P=0.001).

Comparison of the reduction of pelvic organ prolapse related symptoms between the Study and Control group shows that in pretest, mean score of study group was 47.28 and the control group was 46.51 score where the small difference of 0.77 was observed and it was not significant (P=0.34). In Post test, study group mean score was 28.37 and the control group score was 44.79, and the difference was 16.42, which was large and it is significant. (P=0.001). This shows that the Nurse Led bundle care therapy's impact on pop symptoms. This result is supported with the evidence of the study which reveals that the symptoms affecting QOL decreased to 18.02% score than the pretest score of 18.17% shows the effectiveness of Nurse led bundle care therapy.¹⁶

Association between the post-test level of POP symptoms and the demographic variables were also found among the study group women with Prolapsed uterus. More educated women (P=0.02), women with higher income (P=0.01) and women with Sedentary Lifestyle (P=0.01) had more symptoms reduced. Statistical significance was assessed using chi square test.

The investigators who collated and analysed the data are Nurse educator who are not directly involved in the delivery of care in the nurse-led clinic, thus, the analysis was objective.

CONCLUSION

POP has been found to have a negative impact on body image and sexual life. Since these aspects can be difficult to talk about. Bundle care therapy was designed to encourage the women to speak openly about this in Nurse Led Clinic.

Nurse-led clinics have revealed both clinically sound and perceived benefits to the patient, by focusing on promoting health traits and putting emphasis on pop symptoms management. Adequately trained nurses in Nurse-led clinics are an effective adjunct to general practitioner clinics to manage women with pelvic organ prolapsed related symptoms with bundle care therapy. Such clinics can provide preventative care effectively and according to previously defined clinic guidelines. The perceived benefits from such guidance in reduction of POP symptoms, improved health and possible decreased admission rates will equate to the increasing number of patients with Prolapsed uterus becoming less of a financial burden on the healthcare system

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