

**VISOKA ZDRAVSTVENA ŠOLA V CELJU**

**DIPLOMSKO DELO**

**VPLIV INTRADIALIZNE PREHRANE NA KAKOVOST ŽIVLJENJA  
PACIENTA S KRONIČNO LEDVIČNO ODPOVEDJO IN SINDROMOM  
KRATKEGA ČREVESJA**

**IMPACT OF INTRADIALYZED NUTRITION ON THE QUALITY OF A  
PATIENT LIFE WITH CHRONIC KIDNEY DISEASE AND THE SHORT  
COLON SYNDROME**

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**Študijski program: VISOKOŠOLSKI STROKOVNI ŠTUDIJSKI  
PROGRAM ZDRAVSTVENA NEGA**

**CELJE, 2019**

## POVZETEK

**Uvod:** Zdravljenje z intradializno prehrano je ena od možnosti zdravljenja pacientov pri kronični ledvični odpovedi in sindromom kratkega črevesja, kjer se prehranske zahteve med seboj izključujejo. Vnos tekočine je pri kronični ledvični odpovedi potrebno omejevati v nasprotju s sindromom kratkega črevesa, kjer jo je potrebno pospešeno dovajati v večjih količinah. Namen raziskave je bil ugotoviti vpliv intradializne prehrane na kakovost življenja pacienta s kronično ledvično odpovedjo in sindromom kratkega črevesja.

**Metoda:** V raziskavi smo uporabili kvalitativno metodo raziskovanja in metodo utemeljene teorije. Instrument raziskave je bil polstrukturiran intervju z 21 vprašanji. Vprašanja za intervju smo oblikovali na podlagi pregleda literature. V intervjuju je sodeloval en pacient s sindromom kratkega črevesja in kronične ledvične odpovedi, ki se zdravi s hemodializo. Zaradi podhranjenosti se je pacient odločil za intradializno parenteralno prehranjevanje. Izdelali smo študijo primera in odgovore na zastavljena vprašanja sistematično analizirali ter primerjali z metodo utemeljene teorije.

**Rezultati:** Pri analizi intervjuja smo ugotovili, da se je pacient odločil za intradializno prehrano predvsem zato, da bi postal neodvisen, bi se mu vrnila volja do življenja in bi lahko postal aktivnejši in zaživel kakovostnejše življenje, kot ga je živel v tistem trenutku.

Pacient se je v obdobju pred intradializno prehrano počutil nekoristnega, bil je večinoma osamljen in imel slabo samopodobo. Zapletov bolezni, ki so vplivali na njegovo funkcioniranje, vsakodnevno življenje in s tem slabšali zdravstveno, je bilo čedalje več. Postajal je apatičen, brezvoljen, neaktiven in osamljen. Nizka mišična masa mu je dovoljevala zgolj mirovanje. Pacientu se je zdravje z intradializno prehrano izboljšalo do te mere, da se medsebojno prepleteni bolezni nista več izključevali in se mu je povečala zmožnost opravljanja telesnih aktivnosti, kar mu je omogočilo tako koristno delo kot aktivno preživljanje prostega časa.

**Razprava in sklep:** Pokazalo se je, da ima medicinska sestra izjemno pomembno vlogo pri izboljšanju kakovosti življenja posameznika. Z razlago laboratorijskih parametrov, predstavitvijo njihovega vpliva na potek zdravljenja in možnih zapletov, je pacient dojel, da je veliko zdravljenja tudi v njegovih rokah. Ugotovili smo, da je empatična vztrajnost pri usmerjanju za odločanje o načinu zdravljenja zelo pomembna. Intradializna prehrana je pozitivno vplivala na zdravstveno stanje pacienta z boleznima, katerih zdravljenje se medsebojno izključuje. Zdravstveno stanje pacienta se je izboljšalo do te mere, da je pacient povečal svojo telesno težo in mišično moč. Pacient je postal dobrovoljen in aktiven, tako v domačem okolju kot v širši okolici. Njegovo zdravstveno stanje, ki mu je pred zdravljenjem z intradializno prehrano onemogočalo dostojno življenje, se je izboljšalo in izničilo učinke posledic medsebojno izključujočega zdravljenja osnovne in pridružene bolezni.

**Ključne besede:** kronična ledvična odpoved, sindrom kratkega črevesja, kakovost življenja, intradializna prehrana, medicinska sestra.

## SUMMARY

**Introduction:** Treatment with intradial nutrition is the option of treating patients with chronic renal failure and short-bowel syndrome, where nutritional requirements excluded each other. In the case of chronic renal failure, fluid intake is required to be limited but in contrast to short bowel syndrome, where it is necessary to be supplied rapidly in large quantities. The purpose of the study was to determine the effect of an intraday diet on the quality of life of a patient with chronic renal failure and short-bowel syndrome.

**Method:** In the study we used the qualitative method of research and the grounded theory. The research instrument was a semi-structured interview with 21 questions. The questions for the interview were based on literature. In the interview participated a patient with short-bowel syndrome and chronic renal failure, who is being treated with hemodialysis. Due to malnutrition, the patient opted for intraday parenteral nutrition. We made case studies and the answers to the asked questions we have systematically analyzed and compared with the theory of grounded theory.

**Results:** In the analysis of the interview, we found out that the patient accepted decision about intradial nutrition primarily to be independent and to make a better quality of life, as far as possible in his lifetime. During the period before intradial food, the patient felt unhelpful, he was mostly lonely and he had a bad self-image. Complications of the diseases that affect its functioning, everyday life in this deteriorated health, was increasing. He became an apathetic, unconditional, inactive and lonely. The low muscular mass allowed him only to rest. Patient's health improved with intradial nutrition to the limit when mutually intertwined diseases were no longer excluded, and his ability to exercise physical activity increased, which enabled both beneficial work and active leisure time.

**Discussion and conclusion:** It has been shown that a nurse plays an extremely important role in improving the quality of life of an individual. By explaining the laboratory parameters, presenting their influence on the course of treatment and possible complications, the patient realized that a lot of treatment was also in his hands. We have found that empathic persistence in guidance for decision-making about treatment is very important. Intradial nutrition has a positive effect on the health condition of the patient with diseases whose treatment is mutually exclusive. The patient's medical condition has improved to the level where patient has increased his body weight and muscular strength. The patient has become active and in good mood, in the home environment and in the wider environment. His health condition, which prevented his decent life, has improved and eliminated the effects of the interdependent treatment of the underlying and associated illness.

**Keywords:** chronic renal failure, short bowel syndrome, quality of life, intraday nutrition, nurse.