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Nursing Care For The Application of Combined Deep Breath Relaxation Techniques and Lavender Aromatherapy in Post-Prostatectomy Patients with Acute Pain Problems at RSUD Jendral Ahmad Yani Metro City

Reni Malinda[1], Eko Wardoyo[1], Sugiarto[1]
[1]*Universitas Aisyah Pringsewu, Lampung, Indonesia*

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Corresponding Author :
Reni Malinda
E-mail:
renimalinda33@gmail.com

ABSTRACT

Background & Objective: The purpose of this study was to determine the effect of deep breath relaxation and lavender aromatherapy on reducing the pain scale of post-prostatectomy patients. **Method:** Descriptive type of research with a case study approach in multiple cases. Data collection methods using surgical nursing care assessment sheets and pain scale observation sheets using the Numeric Rating Scale. The study used 2 patients with the same criteria. **Result:** The results of this study are proven effectiveness in reducing pain intensity in both patients. There is a decrease between before and after being given deep breath relaxation techniques and lavender aromatherapy for 3 days, as evidenced by using the Number Rating Scale (NRS) score after being given deep breath relaxation techniques and lavender aromatherapy for 15 minutes for 3 days, the results showed a change in the pain scale in patient 1 and patient 2, with patient 1's pain scale from 6 to 3 and patient 2 from 5 to 2. **Conclusion:** Researchers advise nurses in overcoming pain with deep breath relaxation techniques and lavender aromatherapy as non-pharmacological therapy.

Introduction

Benign Prostate Hyperplasia (BPH) is a disease that is mostly suffered by old men (over 50 years old). Benign Prostate Hyperplasia (BPH) itself is a condition that often occurs as a result of the growth and control of prostate hormones. Benign Prostate Hyperplasia (BPH), also known as enlarged prostate gland, is a disease that very often causes problems in men. Besides increasing morbidity, it also impairs men's quality of life. Benign Prostate Hyperplasia (BPH) is characterized by hyperplasia in the stroma of the enlarged prostate. The prostate gland is a walnut-shaped male organ

located below the bladder and surrounding the back of the urethra. If a person has an enlarged prostate, this organ can obstruct the flow of urine out of the buli-buli, thus disturbing the comfort of the patient (Mailani, 2023).

According to data from the World Health Organization (WHO) (2020), there are an estimated 70 million degenerative cases. One of them is BPH, with an incidence in developed countries of 19%, while in developing countries as many as 5.35% of cases. The age that is susceptible to BPH is at the age of more than 60 years and surgery is performed annually. The prevalence of BPH histology increases from 20% in men aged 41-50 years, 50% in men aged 51-60 years to more than 90% in men aged over 80 years. The high incidence of BPH in Indonesia has been ranked as the second leading cause of morbidity after stone disease in the urinary tract. In 2020 in Indonesia there were 9.2 million cases of BPH, including men over 60 years old (Ginanjar et al., 2022).

In Indonesia, the incidence of BPH disease has never been studied with certainty, but as an illustration of the prevalence at Cipto Mangunkusumo Hospital (RSCM) from 1994-2013 there were 3,804 cases with an average age of 61-77 years. Data obtained from Hasan Sadikin Hospital in 2012-2016 found 718 cases where the average age of the patient was 67.9 years old. The number of BPH cases for Lampung Province reached 689 cases (29%) and was the second largest case of urinary tract disease after urinary tract infection which reached 999 (42%) (Riskesdas, 2022).

Patients usually come to the hospital after the condition of BPH is getting worse or with severe cases so that the treatment must be carried out surgical plans. This is likely due to public ignorance of BPH disease which can affect health status, supported by a statement stating that various patients who come to the doctor are in an emergency or too severe and surgery must be performed (Sarauw et al., 2021).

Surgery is the right choice of action in the management of benign prostatic hyperplasia. The decision for surgical intervention is based on the severity of obstruction, the presence of urinary tract infection, and physiologic changes in the prostate. One of the surgical procedures that is often performed is open prostatectomy, which is a mechanism for removing the gland through an abdominal incision (Sarauw et al., 2021). Open prostatectomy surgery is surgery by removing all prostate tissue that blocks the flow when urinating. In this operation, an open prostatectomy is performed by removing all prostate tissue. The results after surgery the patient's condition improved, it was not difficult to urinate and postoperative complications were not found (Mahmud et al., 2020).

Post-surgery (postoperative) patients feel severe pain and 75% of patients have unpleasant experiences due to inadequate pain management. This is a stressor for the patient and will increase anxiety and tension which also means increasing pain because pain becomes the center of attention. When patients complain of pain, the only thing they want is to reduce pain. This is natural, because pain can be an unpleasant experience due to inadequate pain management. The level and severity of postoperative pain depends on the physiological and psychological state of the individual and the tolerance of pain (Berkanis et al., 2020).

One alternative to postoperative pain management is with non-pharmacological treatment. Deep breath relaxation technique is a non-pharmacological treatment that can reduce patient pain and increase pulmonary ventilation while improving oxygenation in the blood. Another option is to provide aroma therapy to postoperative patients. According to Dr. Alan Huck (Neurology Psychiatrist and Director of the Smell and Taste Research Center), aroma has a direct effect on the

human brain, similar to narcotics. The nose has the ability to distinguish more than 100,000 different odors that have a profound effect on the brain related to mood, emotion, memory, and learning. Inhaling the scent of lavender increases alpha waves in the brain and it is these waves that help us to feel relaxed. This happens because aromatherapy is able to provide a sensation that calms the self and brain, as well as the stress felt (A. N. Azizah, 2023).

From the results of the study (A. N. Azizah, 2023). based on the Man Whitney test, there was a significant difference in the pain scale in the chest intervention group of this study, the control group was only given natural breath relaxation. While the intervention group was given deep breath relaxation and lavender aroma therapy. When these two actions are combined, the patient feels relaxed and comfortable during pain. Deep breath relaxation and lavender aroma therapy can be an alternative non-pharmacological therapy in postoperative patients and can be done independently at home.

Through a pre-survey conducted in the month of June 18-20, 2024 at Jendral Ahmad Yani Metro City Hospital, data recorded in the operating room with prostatectomy BPH cases were 164 patients with an average of 3-4 patients a day. The results of interviews and observations with nurses in the surgical room said to reduce pain more by providing pharmacological therapy, while pharmacology itself has never been done, in doing this case study the authors provide deep breath therapy and aroma therapy to patients with mild to moderate pain scales, namely a scale (1-6) which is measured using a nummeric rating scala scale. Based on the description above, the author is interested in making a final project report entitled "Application of Deep Breath Relaxation Techniques and Lavender Aromatherapy to Post Prostatectomy Patients With Acute Pain Problems at Jendral Ahmad Yani Metro City Hospital in 2024".

Objective

The purpose of this study was to determine the effect of deep breath relaxation and lavender aromatherapy on reducing the pain scale of post-prostatectomy patients.

Method

Descriptive research type with a case study approach in multiple cases. Data collection methods used surgical nursing care assessment sheets and pain scale observation sheets using the Numeric Rating Scale. The study used 2 patients with the same criteria.

Results

Assessment

Assessment is carried out by interview, observation, physical examination, and the results of patient medical records. Assessment of the first patient obtained the results of the patient coming to the emergency room on June 23, 2024 at 07.59 WIB with complaints that it had been 5 months of urinating pain and difficulty. Prostatectomy was performed on June 23, 2024 at 21.30 WIB. Assessment was carried out on June 24, 2023 at 06.30 WIB with the result that Mr. N was post prostatectomy. N post prostatectomy. Mr. Mr. N said that his surgical wound felt painful like stabbing, and felt hot, the pain increased when moving and decreased when not moved, pain scale 6, felt hot in the surgical wound and pain was intermittent. Mr. Mr. H said that

the pain in the lower abdomen that was operated on, the pain felt like being stabbed by a sharp object, the patient seemed to be holding back the pain, the pain that was felt was intermittent, besides that the patient said that this was his first operation, the patient said it was difficult to sleep, the patient seemed to often frown and grimace, When measured using the NRS measuring instrument, the patient said the pain was at number 6, besides that the patient also said he was afraid to move his body because if he moved just a little the surgical part hurt, since the surgery the patient has not dared to move his body, there is a 10 cm long surgical scar, the wound is clean, there is no redness, no edema, the patient's age is 70 years, the patient only sleeps on his back and has difficulty sleeping.

Assessment of the second patient obtained the results on June 24, 2024 Mr. H came to the emergency room at Jendral Hospital. H came to the emergency room of Jendral Ahmad Yani Metro Hospital with complaints of not being able to urinate. Mr. H. H performed prostatectomy at 18.40 Wib. Assessment was carried out on June 25, 2024 at 07.00 WIB, it was found that Mr. H was post prostatectomy. H post prostatectomy. Mr. Mr. H said pain in the surgical wound area. The patient said the pain suddenly appeared when moving. The patient said the pain was like a slash, pain in the abdomen of the surgery, pain scale 5, the patient said the pain was intermittent, the patient said it was difficult to sleep because he felt pain in the surgical area. The patient said he was weak. The patient said it was his first surgery. The patient seemed to grimace with pain. There is a 10 cm long surgical scar, the wound is clean, no redness, no edema, the patient's age is 81 years old, the patient only sleeps on his back and has difficulty sleeping The patient said it was difficult to sleep, the patient said liquid stool.

On assessment, patient 1 was found to be 70 years old and patient 2 was 81 years old. Based on the theory that Benigna Prostate Hyperplasia (BPH) is a non-cancerous enlargement of the prostate gland which is a common urological disorder in men over 50 years of age where this enlarged prostate causes the urethra to be pinched and narrowed so that it blocks the discharge of urine out of the bladder and greater pressure is needed to urinate (Mailani, 2023).

Based on the assessment in patients 1 and 2 experiencing postoperative prostatectomy pain, post-surgery (postoperative) patients feel severe pain and 75% of patients have unpleasant experiences due to inadequate pain management. This is a stressor for patients and will increase anxiety and tension, which also means increasing pain because pain becomes the center of attention. When patients complain of pain, the only thing they want is to reduce pain. This is natural, because pain can be an unpleasant experience due to inadequate pain management. The degree and severity of postoperative pain depends on the physiological and psychological state of the individual and the tolerance of pain (Berkanis et al., 2020).

Diagnosis

Based on the results of data analysis, the nursing diagnoses that appear in both patients are acute pain and activity disorders, but in patient one a different diagnosis is found, namely disturbance of comfort, and the second patient is disturbed sleep patterns. In this case the author will focus on nursing diagnoses of acute pain because the author will focus on the application of deep breath relaxation techniques and lavender aromatherapy. The first patient's subjective data said the patient had pain in the lower abdomen that was operated on, the patient said the pain appeared when

moving, the patient said the pain felt like being stabbed by a sharp object, the patient said the pain was in the lower abdomen that was operated on, the patient said the pain disappeared, the patient said it was difficult to sleep. Sleep approximately 4 hours. Objective data, general condition is moderate, pain scale is 6, the patient looks often frowning and grimacing with pain, there is a 10 cm postoperative wound, BP: 150/90 mmHg, Pulse: 110 x/min, The patient is overprotective of the lower abdomen.

The second patient obtained data Mr. Mr. H said pain in the surgical wound area, the patient said the pain suddenly appeared when moving, the patient said the pain was like a slash, the patient said the pain was in the postoperative abdomen, the patient said the pain was intermittent, the patient said it was difficult to sleep, sleeping for about 4 hours, the patient said weak. Objective data, Pain scale 5, BP 140/80, N: 102 x/min, Patient looked grimacing with pain, There is a postoperative wound.

According to (SDKI, 2017) acute pain as a sensory or emotional experience related to actual or functional tissue damage, with sudden or slow onset and mild to severe intensity lasting less than 3 months. Major signs and symptoms that can support this diagnosis are patients complaining of pain, grimacing, protective attitude, anxiety, increased pulse frequency and difficulty sleeping. As for the minor signs and symptoms, they are increased blood pressure, altered breathing patterns, altered appetite, and can even interfere with the thought process. Acute pain problems can be caused by physiological, chemical and physical injury agents. Physiological injury agents include inflammation, ischemia, and neoplasm. Chemical injury agents include burns, irritant chemicals. While physical injury agents include abscesses, amputations, burns, cuts, heavy lifting, surgical procedures, trauma, and excessive physical exercise (SDKI, 2017). While acute pain in patients 1 and 2 is caused by physical injury agents, namely surgical procedures or prostatectomy.

Pain is a form of discomfort, which is defined in various perspectives. Pain can arise due to the effects of certain diseases or as a result of injury (Andarmoyo, 2013). According to the Federation of State Medical Boards of the United States, acute pain is a normal, predictable physiological response to chemical, thermal, or mechanical stimuli following surgery, trauma, and acute illness. The hallmark of acute pain is pain caused by real tissue damage and will disappear along with the healing process, occurring in a short time from 1 second to less than 6 months (Zakiyah, 2023).

Intervention

Interventions were arranged for both patients in accordance with the Indonesian Nursing Intervention Standards (2018) and Indonesian Nursing Outcome Standards (2019) for the outcome. The first intervention for acute pain is pain management with deep breath relaxation techniques and lavender aromatherapy, after the intervention is carried out for 3 days, it is hoped that the pain level will decrease with the expected outcome criteria in accordance with the Indonesian nursing outcome standards (SLKI), namely complaints of decreased pain, grimacing decreased, protective attitudes decreased, anxiety decreased, difficulty sleeping decreased, pulse frequency improved, appetite improved, nausea decreased (Working Group Team SLKI DPP PPNI, 2019). Pain management interventions include actions to provide and teach patients relaxation techniques. The relaxation techniques performed are innovative deep breath relaxation techniques and lavender aromatherapy.

On the action of deep breath relaxation is one of the nursing care nurses teach patients to do deep breaths, slow breaths (holding maximum inspiration) and how to

exhale deeply. Deep breath relaxation technique is a non-pharmacological treatment that serves to make the body calmer and more harmonious. Deep breathing can provide a response against mass dischange (mass release of impulses). On the response that causes stress from the sympathetic nervous system. The aroma of lavender therapy that is given stimulates the olfactory cortex and then stimulates the brain and impulses reach the limbic system, affecting mood. This aroma therapy can make a person relax and affect mood so that it has an influence on the patient's pain scale. When these two actions are combined, the patient feels relaxed and comfortable during pain. Deep breath relaxation and lavender aroma therapy can be an alternative non-pharmacological therapy in postoperative patients and can be done independently at home (A. N. Azizah, 2023).

Implementation

The implementation discussed by the author here is about the implementation of acute pain diagnoses and interventions. For other diagnoses that appear in the first and second patients, they are still carried out accordingly during hospitalization.

Implementation is carried out in accordance with the theory taken and refers to the interventions that have been formulated for both patients. The first patient and the second patient are pain management with deep breath relaxation therapy and lavender aromatherapy. The first step is to build a trusting relationship, make a time contract, ask for a signature and fill out informed consent, conduct an assessment in the form of personal data, current complaints, medical history, conduct a pain assessment and perform deep breath relaxation techniques and lavender aromatherapy which are given 2 times / day during post-prostatectomy care days. Then record on the pain observation sheet. Implementation on the problem of acute pain is assessing pain, providing deep breath relaxation therapy and lavender aromatherapy, teaching patients and families deep breath relaxation techniques and lavender aromatherapy and collaborating on analgesic administration.

Nursing implementation given to the first patient and the second patient is almost the same, only the provision of analgesic pharmacology therapy is different. Pharmacological therapy given to the first patient was analgesic therapy ketoprofens 50 mg, and paracetamol 500 mg, while the second patient was given analgesic therapy injection of tramadol 100 mg iv and etanyl 2 mg. Analgesic administration was carried out at 08.00, 16.00, and 24.00 WIB according to the doctor's advice. Meanwhile, the administration of deep breath relaxation therapy and lavender aromatherapy was carried out after being given analgesics, namely at 10.00 WIB and before being given analgesics, namely at 15.30 WIB. The decrease in pain scale is also not separated from the effects of pharmacological agents but non-pharmacological therapy is also needed to support the decrease in the pain scale of post-prostatectomy patients and prevent complications. Non-pharmacological therapy also reduces the effect of painkiller dependence (analgesics) on patients.

Evaluation

In nursing evaluation here the author only discusses the evaluation of acute pain diagnoses, because the author only focuses on the application of deep breath relaxation techniques and lavender aromatherapy.

Nursing care is carried out for 3 days. Evaluation was carried out on the first diagnosis of the first patient on June 24, 2024 found Mr. N said pain in his surgical

wound, because the author focused on applying deep breath relaxation techniques and lavender aromatherapy. Mr. N said pain in his surgical wound, abdominal pain, after prostatectomy surgery. Pain is felt when still and moving, pain like stabbing, pain in the lower abdomen, pain occurs. General condition is moderate, Pain scale 5, There is a post prostatectomy wound on the lower abdomen along 10 cm with gauze and hypafix covered, The patient seemed to grimace slightly with pain, The patient received ketoprofens 50 mg therapy, and paracetamol 500 mg, TTV: BP: 130/80 mmHg, N: 98 x/min, RR: 20 x/min, T: 36.0C, SpO2: 99%.

Evaluation of the second day of the first patient on June 25, 2024. The results obtained by Mr.N said that the pain in the surgical wound had decreased, abdominal pain, after prostatectomy surgery, pain was felt when moving too much, pain like stabbing was reduced, pain in the lower abdomen, pain was intermittent, the patient said he could sleep, sleeping 6 hours. General condition is good, There is a post prostatectomy wound on the abdomen along 10 cm with gauze and hypafix covered, Pain scale 4, The patient does not seem to grimace with pain anymore, The patient seems calmer and more relaxed, The patient received ketoprofens 50 mg therapy, and paracetamol 500 mg, TTV: BP: 120/80 mmHg, N: 88 x/min, RR: 20 x/min, T: 36.20C, SpO2: 98%.

Evaluation of the third day of the first patient on June 26, 2024. The results obtained by Mr.N said that the pain in the surgical wound had decreased, abdominal pain, after prostatectomy surgery Pain is felt when moving too much, pain like stabbing is no longer felt, pain in the lower abdomen, pain occurs, the patient said he could sleep, sleeping 6 hours like last night. General condition is good, Pain scale 3, There is a post prostatectomy wound on the stomach along 10 cm with gauze and hypafix covered, The patient does not seem to grimace with pain anymore, The patient seems calmer and more relaxed, The patient received ketoprofens 50 mg therapy, and paracetamol 500 mg, TTV: BP: 120/80 mmHg,, N: 87 x/min, RR: 20 x/min, T: 36.50C, SpO2: 98%.

Evaluation of the second patient on June 25, 2024 obtained the results that Mr. H said Mr. H was a patient. H said Mr. Mr. H said pain in his surgical wound, pain scale 4, abdominal pain, after prostatectomy surgery, pain is felt when stationary and moving, pain like slicing in the abdomen, pain in the lower abdomen, pain occurs,. General condition is moderate, Scale 4, There is a post prostatectomy wound on the lower abdomen along 10 cm with gauze and hypafix covered, The patient seemed to grimace slightly with pain, The patient received therapy Giving injection of tramadol 100 mg iv and etanyl 2 mg, TTV: BP: 120/70 mmHg, N: 100 x/min, RR: 22 x/min, T: 36.60C, SpO2: 98%.

Evaluation of the second day of the second patient on June 26, 2024 obtained the results of Mr. H. Mr. H said the pain in his surgical wound was reduced, pain scale 3, abdominal pain, after prostatectomy surgery. Pain is felt when moving a lot, pain as in slices in the abdomen decreases, pain in the lower abdomen, pain occurs, the patient said he could sleep + 5-6 hours. General condition is good, Pain scale 3, There is a post prostatectomy wound on the right lower abdomen along 10 cm with gauze and hypafix covered, The patient seemed to grimace slightly with pain, The patient seemed calmer and more relaxed, The patient received drug injection therapy tramadol 100 mg iv and etanyl 2 mg, TTV: BP: 120/85 mmHg, N: 90 x/min, RR: 22 x/min, T: 36.50C, SpO2: 98%

Evaluation of the third day of the second patient on June 27, 2024 obtained the results of Mr. H. H said the pain in the surgical wound was reduced, pain scale 2, abdominal pain, after prostatectomy surgery. Pain is felt when moving a lot, pain as in slices has decreased, pain in the lower abdomen, pain occurs, the patient said he could sleep + 5-6 hours. General condition is good, Pain scale 2, There is a post prostatectomy wound on the right lower abdomen along 10 cm with gauze and hypafix covered, The patient seemed to grimace slightly with pain, The patient seemed calmer and more relaxed, The patient received drug injection therapy tramadol 100 mg iv and etanyl 2 mg, TTV: BP: 130/80 mmHg, N: 98 x/min, RR: 20 x/min, T: 36.70C, SpO2: 98%.

From the results of research on the effect of lavender aromatherapy deep breath relaxation techniques on pain intensity in postoperative prostatectomy patients, it was found that the pain in the first patient was 6 and the second patient was 5. After treatment for 3 days by providing deep breath relaxation techniques and lavender aromatherapy to the first and second patients, it was found that the problem of acute pain was resolved as evidenced by a decrease in pain complaints and a decrease in the patient's pain scale. This research is supported by (Andreyanto et al., 2023) The results of the application show that Mr. S's pain was obtained before the administration of lavender aromatherapy. S before giving lavender aromatherapy and deep breathing techniques was in the moderate pain range. and after giving lavender aromatherapy and deep breathing techniques in the mild pain range (pain score 3). therefore the application of relaxation aromatherapy and deep breathing effectively reduces pain intensity. Aromatherapy and deep breath relaxation can help reduce pain intensity.

The effectiveness of providing nonpharmacological techniques of deep breath relaxation techniques and lavender aromatherapy in reducing pain intensity in both patients. There is a decrease between before and after being given deep breath relaxation techniques and lavender aromatherapy for 3 days, as evidenced by using the Number Rating Scale (NRS) score in patient 1 the first day with a pain scale of 6, in patient 2 with a pain scale of 5, then after being given deep breath relaxation techniques and lavender aromatherapy for 15 minutes for 3 days the results obtained decreased the pain scale in patient 1 and patient 2, with patient 1's pain scale from 6 to 3, and patient 2 from 5 to 2.

Both post-prostatectomy patients fall into the elderly category. Age is an important variable affecting pain, especially in children and the elderly. The way the elderly react with younger people is different because elderly individuals have a slow metabolism and the ratio of body fat to muscle mass is greater than younger individuals, the sensory perception of pain stimuli in the elderly may experience a decrease as a result of pathological changes with some diseases (eg diabetes) which can interfere with normal nerve impulse transmission (Rispawati et al., 2022). Researchers assume that both patients are elderly, increasing the risk factors for bph so that prostatectomy is performed. The elderly have many acute health problems that can cause pain.

According to the researcher, the pain felt by respondents before the intervention was given was due to damage to tissue continuity and the effect of anesthetic or anesthesia had disappeared, causing pain in the surgical area. Therefore, appropriate treatment is needed to overcome pain. This is in accordance with the theory of Smeltzer & Bare (2002), if pain is resolved quickly and adequately, individuals may have less fear of future pain and be able to tolerate it better (Damawiyah et al., 2023).

Discussion

Based on the results of the application above, it can be explained that the provision of deep breath relaxation coupled with lavender aromatherapy is proven to be able to help reduce pain intensity where the pain score after being given deep breath relaxation and lavender aromatherapy is lower than before the intervention. This happens because deep breath relaxation has a distraction effect that will stimulate the descending control system, which is a system of fibers originating from within the lower and middle brain and ending in the interneural inhibitor fibers in the cornu dorsalis of the spinal cord which results in reduced pain stimulation transmitted to the brain. At the same time, the odor produced from lavender flower aromatherapy (Lavandula angustifolia) will provide calmness, balance and a sense of comfort (Andreyanto et al., 2023).

Lavender scent can also reduce distress, stress, pain, unbalanced emotions, hysteria, frustration and panic. When the aroma of essential oils is inhaled, the aroma molecules are captured by sensory nerves on the olfactorius membrane then electrically the impulses are forwarded to the gustatory center to the limbic system (emotional center) in the limbic lobe. The limbic lobe consists of the hippocampus and amygdala which can directly activate the hypothalamus for the regulation of hormone production in the body such as sexual hormones, growth, thyroid and neurotransmitters. Essential oil molecules directly stimulate the limbic lobe and hypothalamus and the limbic system is directly related to other parts of the brain that control heart rate, blood pressure, breathing, memory, stress levels and hormonal balance which will ultimately create a sense of comfort and calm (Andreyanto et al., 2023).

This study is in line with (A. N. Azizah, 2023) Deep breath relaxation and lavender aroma therapy performed on postoperative patients with general anesthesia have an effect on reducing the patient's pain scale. This is due to the combination of two interventions, namely deep breath relaxation and lavender aromatherapy, which makes patients comfortable and can reduce the pain scale.

This research is supported by research (Ningsih & Adelia, 2022) the results of the two patients, patient 1 (Mrs. E) and patient 2 (Mrs. K) were very cooperative in providing the implementation of nursing care.

Conclusion

The results of the assessment in this case describe nursing care in postoperative prostatectomy patients by providing interventions for deep breath relaxation techniques and lavender aromatherapy. It is known that the patient's pain scale before the intervention is given is in patient 1 with a pain scale of 6 and patient 2 with a pain scale of 5.

Nursing diagnoses that appear in both patients are acute pain and activity disorders, but the difference in the third diagnosis that appears in patient 1 is a disturbance of comfort and patient 2 is disturbed sleep patterns.

Interventions used to treat acute pain are the combination of deep breathing techniques and lavender aroma therapy, activity disorders using activity therapy interventions, interventions for comfort disorders using relaxation techniques and interventions for sleep pattern disorders using sleep management interventions.

The implementation carried out is in the first and second patients, namely by using the application of a combination of deep breath relaxation and lavender aroma therapy to reduce acute pain due to prostatectomy.

The effectiveness of providing nonpharmacological techniques of deep breath relaxation techniques and lavender aromatherapy in reducing pain intensity in both patients. There is a decrease between before and after being given deep breath relaxation techniques and lavender aromatherapy for 3 days, as evidenced by using the Number Rating Scale (NRS) score in patient 1 the first day with a pain scale of 6, in patient 2 with a pain scale of 5, then after being given deep breath relaxation techniques and lavender aromatherapy for 15 minutes for 3 days the results obtained decreased the pain scale in patient 1 and patient 2, with patient 1's pain scale from 6 to 3, and patient 2 from 5 to 2.

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