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Physical treatment of cesarized eclamptics in immediate postpartum

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Abstract

INTRODUCTION: The treatment of eclampsia can utilize the Caesarean. Into post-operative, many complications can occur following the crisis itself or with the visceral dysfunctions and sometimes to the slow evolution of the HTA. That can justify a long hospitalization and a prolonged confinement so that the autonomy and the reintegration of the patient can be prejudicial. Which is the contribution of the physical therapy and rehabilitation in immediate postpartum? The objective of this work is to improve the multi-field treatment of the eclamptics.

MATERIEL AND METHODS: We led a comparative and randomized study among 30 cesarized eclamptics including 15 rehabilitated and 15 others observed, carried out March at July 2008 in the University Clinics of Kinshasa and the General Provincial Hospital of reference of Kinshasa.

RESULTS: 100% of the rehabilitated eclamptics had their blood pressure lower than 140/90 mmHg at the 7^{th} day of hospitalization while not-rehabilitated had it at the 12^{th} day. All the rehabilitated patients (100%) melted their oedema at the 4^{th} day of hospitalization against 66,6% of not-rehabilitated. The rehabilitated group was characterized by the absence or the scarcity of the various complications of decubitus and the immobility compared to not-rehabilitated. The velocity mean of the autonomy acquisition was larger among rehabilitated eclamptics (100%) at the 5^{th} day than the not- rehabilitated.

CONCLUSION: The physical treatment has a positive impact on the HTA and the oedema, prevent the complications of décubitus and the immobility, and support early functional recovery and autonomy of the cesarized eclamptics.

Keys words: Eclampsia; Cesarized ; Immediate postpartum; Physical treatment.