

After the heart transplant, the return home: the body at the center of the first insights into the lived experience

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Introduction

A heart transplant has a positive impact on the quality of life and functional status of the transplanted person, but there are a number of challenges they will face when they return to everyday life. ¹

The return home of the heart transplanted person is mediated with some anxiety, but also in the expectation that the main challenges of recovery will be overcome. But how does the person integrate the transplanted heart into their new body scheme in their daily life?

Objective

Describe the first insights from the existential organizer, "the lived body", on the person's return home after a heart transplant.

Methods

The preliminary results presented are part of a phenomenological and hermeneutic investigation supported by a methodology proposed by van Manen. ²

Nine interviews were conducted with heart transplant patients who had been home for more than three months, aged between 38 and 62. The interviews lasted an average of 70 minutes, were recorded on audio files and transcribed verbatim.

The analysis of the findings is inspired by an interpretative phenomenological approach based on macro and micro-thematic reflection, carried out at various points in the analysis, in order to extract the meanings of the text. ²

Approval was obtained from the ethics committee.

Results

Returning home is marked by physical limitations that affect self-care: walking, getting up, climbing stairs, bathing and using the toilet are the most frequently mentioned difficulties. Concerns about infections and rejection often lead to a fear of being hospitalized again, and rejection can be seen as a permanent battle between the native organs and the "foreign organ".

New lifestyle habits that the person is obliged to adopt, such as the choice between eating healthier, exercising regularly, restricting the frequency of visits and socializing with other people, are the cause of internal psychological conflicts.

Conclusion

The physical difficulties, the evolution in self-care capacity and the strategies used are common references in this initial analysis. However, emotional conflicts and the need, often overlooked but expressed by the patient himself, for greater attention to his psychological dimension also emerge.

Keywords

Heart transplant; Lived experience; Return home; Phenomenology; Self-care

Bibliography

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