

## ABSTRACT

**Introduction:** Thesis is focused on monitoring of the quality of life of the patients, who undergo planned bowel resection. Czech population is over a long period weighted by malignant disease of colorectum. Patients with this diagnosis undergo effective procedure of surgical removal of tumour. With this surgical intervention is also connected with follow-up hospitalization at the unit of intensive care, which can be a great load for patient and can affect the return into the common life and its quality.

**Methodology:** The methodology of the research is the monitoring study. To this study there were put these, who passed planned bowel resection because of the occurrence of colorectal tumor, in the period from May 2018 – January 2019. To gain data we use the questionnaire of the quality of life (SF-36), the questionnaire evaluated anxiety status and depression (HADS), evaluating the level of fatigue (MAF), the questionnaire evaluating the basic daily activities (ADL, IADL) and tests to evaluate the physical activity (30-Second Chair Stand Test, 6-MWT – six minutes walking test). To compare the quality of life and the physical activity, we use three time periods – T1 (the period before hospitalization), T2 (the period of discharge from the hospital), T3 (the period after 3 months from the surgical intervention).

**The aim of the work:** Was to compare, how was changed the quality of life and physical activity of the patients after the bowel resection.

**Results:** There were integrated in total 38 patients – 27 men (71%) and 11 women (28,9%). The most interesting result was the major improvement of physical activity of all the people after 3 months from the discharge from the hospital. According to the results of the 30-Second Chair Stand Test, the number of seated and raised chairs increased by 77.6%. During the kinetic 6-Minutes Walking Test, the total number of meters was 121% higher to the period of discharge from the hospital. In case of the questionnaire SF-36, there was a total improvement detected. Comparing GFI (Global Fatigue Index), were all the results improved for 32,7%. Only by the evaluating of common activities of daily life and instrumental activities, we noticed mild drop (5%) comparing the period before hospitalization.

**The conclusion:** From the findings data follows that there was the quality of life improved at the patients after the planned bowel resection.

**Contribution:** To survey the quality of life of patients after planned bowel resection by valid questionnaires.

**keywords:** quality of life, colorectal cancer, planned bowel resection, unit of intensive care, nursing care