



Urachal Remnant

Student's Name

Institutional Affiliation

Course Number and Name

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Due Date

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A urachal remnant is an illness that occurs when pockets of fluid or air develop within the urachus (Sun et al., 2019). It is a congenital disorder that is often not easily detected due to its asymptomatic nature. In fact, in many cases, the disease is usually diagnosed following the expression of more severe symptoms, including unrelenting abdominal pain, redness around the umbilicus, and drainage from the region. The disease is a primary cause of concern due to its tendency to develop into urachal cancer, especially in adulthood. Urachal cysts in adults develop into cancer in 25% of the cases; thus, early intervention is necessary to prevent or minimize adverse outcomes (Hamilou et al., 2020).

Some of the key symptoms of the disease include blood in the urine, urinary tract infections, pain during urination, solid lump, fever, and pain in the lower abdominal region. The condition is a major cause of discomfort amongst infants and a significant concern in pediatric health (Jayakumar & Darlington, 2020). The signs are often nonspecific in many instances, resulting in late diagnosis, which commonly occurs following the onset of severe symptoms. There is a significant debate regarding the most effective intervention for the disorder, with a school of thought maintaining that the remnant shall be excised in adulthood to minimize the process of carcinogenesis. However, additional interventions to manage the condition are also available.

The decision to perform an excision is often motivated by a plethora of factors, key among them being the extent of infection and the prospect of complications following the selected interventions. Complete excision of the entire tract is often regarded as the most effective intervention for a urachal remnant. The exercise is a laparoscopic procedure involving performing a long midline skin incision in the lower quadrants of the abdomen. While the process is highly preferred in the medical sector due to its efficacy in addressing the medical condition, concerns have been raised regarding its disadvantages which mainly include a large conspicuous scar from the cosmetic demerit; the other consequences entail conventional post-surgical challenges. The excision is often a reserve in the most severe cases, while the drainage of the abscess is the most common procedure. The practice entails performing an infraumbilical incision and draining the fluid. Subsequently, analgesic and antibiotic therapy is applied until optimal recovery outcomes are realized. The process has a vastly limited prospect of complications due to the adoption of laparoscopy. There is also a small chance of the development of a large scar after the procedure; thus, it can be argued to be a

preferable option.

Medical providers may find it difficult to determine the most effective intervention; thus, a comprehensive analysis of why each strategy may be appropriate is necessary. The article provides an in-depth review of the literature to evaluate if excisions may or may not be an effective treatment for a urachal remnant. A comprehensive argument will be presented to support each perspective; this goal will be achieved through the introduction of data from credible sources and a critical review of contemporary evidence-based practices.

Theoretical Perspectives

The concept of the urachal remnant has been extensively examined in the existing literature. The subject has invoked particular interest among scholars studying the impact of congenital disorders in adulthood. The fact that the disease often remains undiagnosed during childhood has further intrigued researchers, prompting the development of extensive literature and the expansion of the body of knowledge following treatment discoveries. One of the most important factors is that 25% of individuals with urachal cysts often develop urachal cancer. The statistic is particularly significant, considering that the majority of cases are often undiagnosed, resulting in a limited chance of early detection of the condition (Briggs & Rentea, 2020). There has been extensive debate regarding the most effective strategies in approaching the case, with excision of the entire tract being preferred by a section of medical providers. However, many patients are often concerned by the cosmetic disadvantages of the strategy, notably the large scar that develops afterward. The researcher will utilize three perspectives to examine the problem, including the fuzzy trace theory, the transtheoretical model, and the theory of reasoned action.

The Transtheoretical Model

The transtheoretical model of behavior change is a critical concept in healthcare; it assesses the readiness of a medical institution and its staff to react to changes in best practices. The construct defines the capacity and willingness to explore individual and organizational behavior readjustment to ensure alignment with the needs of the contemporary healthcare environment. The transactional theory (TTM) also presents an ideal framework for effective decision-making, especially where the implications are massive and may linger for extended periods. TTM provides a process of change for the patient to familiarize themselves with the complexities of the proposed strategy and appreciate its centrality to the projected outcomes. Several stages of change are offered to allow physicians and the patient to examine the different facets of the process. The process is incrementally being adopted in the conventional healthcare environment to assist in isolating the most effective methods given the circumstances of the case.

The choice of the intervention to adopt in any given case is often motivated by many factors. One of the key deciding factors motivating the use of specific strategies is the actual advantages and demerits of an exercise. Many medical interventions have disadvantages that may potentially impact the individual's well-being. Typically, the exhibition communicates the risks inherent to the procedures to allow patients and their families to make appropriate decisions. Therefore, several considerations are taken into account to define the cause of the process. The current dilemma involves the use of excision or incision and drainage. Each decision is effective in addressing the overarching problem, which involves further health risks to the individual. In this particular instance, the choice between either option lies in the aftermath of the exercise. An excision is likely to result in the development of a scar, which the patient may find unappealing. However, the process represents the most optimal recovery outcomes. Additionally, the individual is assured of having no future complications due to the removal of the entire tract. The use of an incision and drainage of the abscess presents an alternative with favorable recovery prospects. The process is less complex and has a significantly lower chance of permanent scarring. However, the prospect of

complications exists with the patient likely to require additional interventions.

To accurately understand the application of the transtheoretical model in the process, one has to intricately explore the implications of not adopting either procedure. A urachal remnant often leads to an aggressive form of cancer that may spread to other parts of the abdomen. Recovery prospects are often bleak after the fourth stage, with the chances of mortality increasing exponentially. Therefore, failure to take any action following a positive diagnosis results in vastly negative outcomes. TTM advocates for several processes when making decisions regarding complex cases. Health care workers and the patient and their families have to intricately examine the process in several phases, including pre-contemplation, contemplation, preparation, action, and maintenance. Precontemplation involves examining the platonic facets of the arguments of using both strategies. The health care worker presents both incision and excision as possible strategies for resolving the incident. Surgical intervention to remove the entire tractor will be presented as an ideal option, with the subject being informed that a permanent scar is likely to develop. The choice will be presented as the most suitable strategy due to the limited prospect of complications. The patient will make a decision based on the interpretation of the basic information but will be encouraged to engage in subsequent stages to ensure that they have a comprehensive understanding of the rationale behind alternative options.

The Theory of Reasoned Action

The theory of reasoned action examines the association between behavior, human action, and attitude. The process defines the rationales behind certain decisions and how the perceptions of the individual impact them. The theory posits that a person is likely to opt for a given alternative based entirely on the acceptability of the expected outcome. The prospect of a prominent scar on the patient's abdomen may be a sufficient reason for opting for a different alternative. For instance, the individual may not find it aesthetic; thus, they may prefer avoiding the option due to self-esteem concerns. The argument is entirely sensible from a perspective of vanity, with the individual likely to exhibit a reduced quality of life if no alternative interventions are available.