

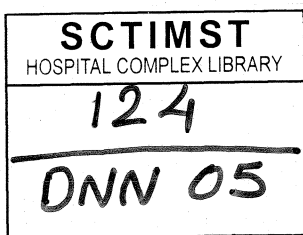
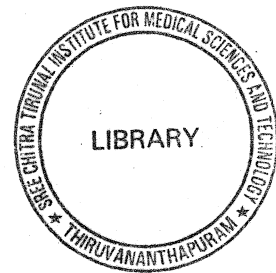
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**A STUDY TO ASSESS THE
POST OPERATIVE PROBLEMS OF PATIENTS
UNDERGOING POSTERIOR FOSSA
SURGERY IN SCTIMST.**

PROJECT REPORT

DEEPA. G

DIPLOMA IN NEURO NURSING STUDENT



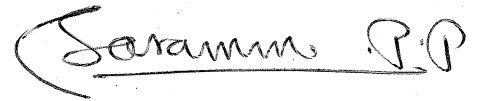
**SREE CHITRA TIRUNAL INSTITUTE OF
MEDICAL SCIENCES AND TECHNOLOGY
THIRUVANANTHAPURAM 695 011.**

CERTIFICATE

*Certified that this is the bonafide work of Deepa. S at
Sree Chitra Tirunal Institute of Medical Sciences and Technology.*

*Submitted in partial fulfilment of the requirement in Diploma in
Neuro Nursing from Sree Chitra Tirunal Institute of Medical Sciences
and Technology.*

Place : Thiruvananthapuram
Date : 16.11.2005



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October 2005

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ACKNOWLEDGEMENT

This study has been under taken and completed under the inspiring guidance of **Mrs. Saramma. P.P MN**, Lecturer in Nursing, Sree Chitra Tirunal Institute for Medical Science and Technology, Thiruvananthapuram. The investigator express sincere gratitude for their enlightening and sustained guidance.

With profound sentiments and gratitude the investigator acknowledged the encouragement and help they have received from the following persons for the successful completion of this study.

It is first duty to express at the outset, heartiest gratitude to our Almighty God for his guidance, Strength, wisdom and support in completing this study successfully.

The investigator also take this opportunity to express the sincere thanks to **Dr. A.V George**, Registrar, SCTIMST, TVM, the investigator take this opportunity to express sincere thanks to **Mrs. Sudhamani Amma MSc (N)** Deputy Nursing Superintendent, SCTIMST, TVM.

The investigator also take this opportunity to express the sincere gratitude to **Dr. R.N. Bhattacharya**, Head of the Department of Neuro Surgery, SCTIMST, TVM.

The investigator take this opportunity to express the special thanks to **Mrs. Ramadevi** Ward sister of Neuro Suregery Ward, SCTIMST TVM. The investigator is thankful to all the staff nurses of Neuro Srugery ward of SCTIMST.

The investigator record special thanks to the library staff of SCTIMST for granting permission to utilize the library facility.

The investigator like to express thanks to all friends who helped directly or indirectly throughout this project.

The investigator wish to express heart felt thanks to parents & near one for their prayer, encouragement and help by all means through out this endeavours.

The invesigator also take her opportunity to express the sincere gratitude for all patient and care givers who co-operated with the investigator during the time of data collection.

INVESTIGATOR.

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CHAPTER - 1

Introduction

Background of the study

Brain tumors are one of the most devastating forms of human illness, especially which occurring in the posterior fossa of the brainstem.

Harvey Cushing was the first to report a large series of posterior fossa tumors. He published information about 61 patients with cerebellar medulloblastoma with mostly fatal outcome. Tumors in the posterior fossa are considered some of the most critical brain lesions. This is primarily due to the limited space within the posterior fossa, as well as the potential involvement of the vital brain stem nuclei. Some of the tumors of the superior portion of the anterior third ventricle can cause endocrine complaints as well as visual field impairment.

The most common tumors that occur in the posterior fossa are brain stem glioma, cerebello pontine angle lesions, hemangioblastoma etc. About 15-20% of brain tumors in adults occur in the posterior fossa. The possible manifestations of a brain tumor include a new onset of seizures, gradual neurological deficits such as weakness or numbness on one side of the body, headache, new onset of vomiting, visual loss or field cuts, papilledema, loss of gag reflex, ataxia, confusion, memory deficits, change in behaviour and personality, speech deficits. In addition deficits may be noted in specific cranial nerves including unilateral hearing loss or tinnitus; loss of smell numbness on one side of the face, swallowing difficulty, diplopia or blurred vision. However, when a tumor is located within the brain other factors are equally important. A tumor that is considered to be histologically benign may be surgically inaccessible, as with a deep tumor requiring extensive

dissection of tissue or one located in the vital area, such as the pons or medulla. A benign inaccessible may continue to grow & cause neurological deficits, if the tumor does not respond to other treatment options such as chemotherapy or radiation. These deficits can result in loss of significant neurological function and life.

Need for study

“He who cares for patients suffering from brain tumors must bring to his problem much thought and stout action. There is need also of a formidable optimism, for the dice of the Gods are loaded!”.

(Foster Kennedy)

This quote appeared in a text on intra cranial tumors published over 50 years ago. Since then there have been many advances in neuro surgery, neuro anesthesia & neuro radiology. Patients & families have an ongoing need for information and emotional support. Since the possibility of a brain tumor can subject the patient to extreme emotional stress, the nurse must take the patient's deficits into account. As the patient's advocate, the nurse facilitated collecting satisfactory answers to the patient's questions. A positive, supportive approach by the nurse can help the patient cope with the reality of the condition. Adequate health education regarding the home care management after surgery will help the patient to gain more knowledge.

Encourage questions and expression of feelings. The nurse should provide realistic reassurance about expected outcomes. Memory deficits have an impact on the process of providing support, because the patient may not recall the previous information provided. Repetition of information is often necessary and even repetition may not be sufficient to

keep the patient informed. Collaborative activities involving the nurse and the physician will help to provide comprehensive care through all phases of treatment. Proper information for the caregivers regarding the measures to be followed after discharging from hospital is essential. This will reduce the anxiety of the patients and the caregivers. In addition referrals are made to appropriate and available resources. Patients and family members should be made aware of brain tumor support groups and counseling options.

Statement of the problem

A study to assess the post - operative problems of patients undergoing posterior fossa surgery in SCTIMST.

Objectives

a) To assess the common problems associated with patients undergoing posterior fossa surgery as expressed by the caregivers.

b) To prepare a pamphlet on home care of patients undergoing posterior fossa surgery.

Operational definitions

Post operative problems :-

Post operative problems include vomiting, ataxia, difficulty in swallowing etc.

Patients :- Males & Females above the age group of 20 yrs.

Posterior fossa Surgery:-

Surgery involving the brainstem and cerebellum.

Delimitations

- Only Malayalam speaking people are included in this study.
- Investigator had taken patients only from SCTIMST
- Only co-operative patients are taken for this study.

Summary

This chapter deals with the back ground of studym need for study, statement of problems, objectives, operational definitions and delimitations.

Reference

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2. RamaMurthi. B; "Text book of Neuro Surgery;" Vol - 2, 1980 Page - 998 to 1017
3. Hickey, Joanne . V; "The Clinical practice of Neurological and Neurosurgical Nursing;" 5th edition; Page 483 - 507.

CHAPTER - II

Review of Literature

Review of literature is the key step in research process. It refers to a broad, comprehensive, in depth, systematic and critical review of scholarly publications unpublished scholarly, print materials and audiovisual materials.

B.Y. Basavanthappa, 2001.

1. Prosiegel M etal (2001) conducted study among posterior fossa tumor patients. Two groups were defined Group (1) comprised 8 patients with posterior fossa tumors Group (2) consists of 27 patients with Wallenberg;s syndrome. In the two groups functional feeding status showed significant improvement after FST (Functional Swallowing therapy) Outcome was however significantly worse in group 1 as compared to group 2. Group 1 showed significantly more severe disturbances of the oral phase as compared to gorup 2. After FST more than 50% (5/8) group 1 and 30% of (8/27) Wallenberg's Syndrome patients were dependent on tube feedings. Since the outcome of patients with Wallenberg's Syndrome with regard to dependence of the tube feeding was not associated wih the site or size of the lesion; it may due to the individual asymetry of the swallowing dominant forebrain hemisphere depend on the side of the medullary infarction.

2. Petrosini. L, Misciagna S (2004) conducted a study on 27 cerebellar damaged patients to determine theri Visuospatial abilities. Visuo Spatial performance was tested using the spatial subtests of the WAI's, the Benton line Orientation test and two test of mental rotation of objects - the Minnesota Paper from board test (MIN) and the differential aptitude tes (DAT). The results indicate that lesions of the cerebellar circuits affect visuo spatial ability. Majority of the patients had visual problems.

3. Akagami, Ryojo et al (May 2002) conducted a study to study the outcomes of patients with basal meningiomas treated by one primary surgeon with a philosophy of aggressive surgical management to establish an index of satisfaction and patient evaluated outcome. Prospective data were collected from patients with basal meningiomas who were operated by one primary surgeon, during a 7 year period from 1993 - 2000. The mean patient age was 50 ± 13.6 years. There were 62 males and 207 females. Results show that 37 patients received adjuvant treatment and 6 patients required re - operations. Pre operative mortality was 1.1%. 80% were discharged home. Post operative problems were observed in 30% patients. 97% were very satisfied with their treatment. The results demonstrated that the patient satisfaction can remain high, a satisfactory outcome can be achieved with surgical management in patients with these complex sessions.

4. Gottwald B conducted (2004) study on 21 patients with cerebellar lesions. The objective was to find out cognitive deficits. Patients showed deficits in executive function and the attentional process such as working memory and divided attention were checked. Further analysis revealed that patients with right sided lesions were in general more impaired than those with left sided lesions. Deficits of the patients are some times attributed to motor impairment.

5. Schaller. B. et al (1995) conducted a study among patients with cerebello pontine angle meningiomas. Pre-operative and post operative facial nerve & auditory function were reviewed retrospectively in 13 cases of CPA angle meningiomas. According to their location within the posterior fossa and with special reference to the internal auditory canal, they were classified into pre meatal and retromeatal group. All tumors were removed by Oto neuro surgical team by retro sigmoid approach. Post operative results (1

year after) were compared with in two groups with respect to preservation of hearing (normal hearing in 31% & preservation of pre - operative hearing in 69% of cases) and facial nerve function (no or mild post operative impairment in 69% of cases) Both pre-operative and post operative impairment of facial and auditory function prevailed in premeatal group. For preservation of vital vascular and CN structures, sub total resection with consecutive fractionated radiation therapy had to be performed in 30% of cases.

6. Kendra Peterson et al (1995) conducted a study among 45 patients with medullo blastoma. The investigator reviewed medical records of 45 patients, 15 years older, with medullo blastoma/ PNET. Most patients presented with symptoms referable to the posterior fossa, and 31 of 45 patients had disease limited to the posteriro fossa at the time of diagnosis . Despite initial favorable response to surgical resection, radiation and chemotherapy one half had recurrence 10 - 76 months after initial treatment. Only two of these patients had local recurrence, the remainder had CNS dissemination, systemic metastasis or both. The recommended approach to medullo blastoma / PNET in adults is similar to that in children, and includes initial staging evaluation, systemic and focal therapy and long term follow up to detect late and distant recurrence.

7. Punzo A et al (1992) done a study on 63 patients operated on posterior fossa intra axial tumors, in order to find out psychic trouble among any of these patients. The author found 21 cases of psychic troubles in post operative period. Incidence was higher in a) Medulloblastoma, b) rostral vermis location c) Supra cerebellar infra tentorial & trans vermician approach. Among all these patients rostral vermis location surgery included 43 cases with psychic trouble.

8. Roberti F, Sekhar L.N et al (2001) conducted a study on posterior fossa

meningioma cases. They reported the clinical, radiological and surgical findings of patients with posterior fossa meningioma surgically treated over last 6 years. 161 cases were taken from April 1993 to April 1999. There were 128 female and 33 male patients. Meningiomas were classified as petroclival (110 cases) foramen magnum (21) cerebellar hemispheric, lateral tentorial (14) cerebello pontine angle (9) Jugular foramen (7). Head ache (50%), Ataxia (44%) were most common presenting symptoms. Gross total resection was achieved in 57% of patients and subtotal or partial in 43%. Surgical mortality was 2.5% and complications occurred in 41% of patients. Their experience suggests that although posterior fossa meningiomas represent continuing challenge for contemporary neuro surgeons, such tumors may be completely or subtotally removed with low rate of mortality and acceptable morbidity allowing most of these patients to achieve a good outcome in a long term followup.

9. Paula, Vernon et al (1998) conducted a case study among 40 patients with posterior fossa lesion after surgery. The objective is to assess visual impairment among the patients. Record reviewed of 40 patients who underwent posterior fossa surgery for removal of medullo blastoma. Many of them presented with head ache, ataxia, nausea or vomiting; but none had pre operative visual complaints other than diplopia. Post operatively many of them had blurrign of vision and neuro ophthalmic consultation was requested. In each case pupillary reactivity was normal and fundoscopic examinations revealed only papilledema. During the follow up period, papilledema resolved and the disc colour was normal in each case.

10. Wong C.J. Lee S.P (2002) conducted a study among medulloblastoma patients after surgery to investigate the treatment results and analyse the prognostic factors

for patients after radiation therapy. 35 patients of medulloblastoma receiving surgery followed by RT from February 1986 - 1999 were reviewed. Male predominance was there. 24 (69%) patients had total resection of tumor. Most cases received (86%) cranio spinal radiation. The 5-10 year overall survival rates were 63% and 40% respectively. RT dose and protracted RT course were significant factors in predicting over all survival. A total of 20 cases developed disease relapse.

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7. Punzo A et al "Psychic disorders - A unknown complication of surgery of the posterior cranial fossa; Minerva Anestriol; April 1992; Page 161- 163.
8. Roberti. F, Sekhar L.N etal "Posterior fossa Meningiomas- Surgical Experience in 161 cases"; Surg. Neurology; 56(1); July 2001 Page 8-20.
9. Paula, Vernon "Visual impairment after posterior fossa surgery; Neuro surgery 42 (2) February 1998; page 253-256.
10. Wong CJ, Lee SP "Post operative radiation therapy for medulloblastoma"; Neuro Oncology 58 (1) May 2002; Page 77-85.

CHAPTER III

Methodology

Introduction

Research Methodology is the way to systematically solve the research problem. It is the science that studies how research is done scientifically. It studies the steps that researcher adopts to study his problems with the logic behind.

(C.R. Kothari, 1990)

This chapter deals with research approach, research design, setting of the study, population, sample and sampling techniques, development of data collection tool, description of the tool, reliability of the tool and plan of analysis.

Statement of the Problem

A study to assess the post operative problems of patients undergoing posterior fossa surgery in SCTIMST.

Objectives

1. To assess common problems associated with patients undergoing posterior fossa surgery as expressed by the caregivers.
2. To prepare a pamphlet on home care of patients undergoing posterior fossa surgery.

Research approached

To accomplish the objectives of the study, the investigator used non experimental survey approach. The approach is made by interviewing the care giver and assessing their responses. The aim of the study is to assess the common post operative problems after

posterior fossa surgery and thereby preparing a pamphlet. Survey approach is very effective for educational fact finding.

Research design

Research design is the conceptual structure within which the research is conducted. It facilitates the smooth sailing of the various research operation, there by making research as efficient as possible, yielding maximum information with minimal expenditure of effort, time and money. The research design selected for the present study was a non experimental design.

Setting

The study was conducted in the Neuro surgical ward of SCTIMST. The origin of the SCTIMST reach back to 1973 when the Royal family of Travancore gifted a multistoried building for the people and the Govt. of Kerala resolved to develop the gift as the Sree Chitra Tirunal Medical Centre for Medical specialities.

The concept and achievement of uniting technology and Medical Sciences with in a single institutional frame work was regarded sufficiently important by the Government of India to declare it as an "Institute of National Importance" by an Act of Parliament in 1980. The rationale for selecting SCTIMST for the study was the investigator's familiarity with this institution. Neuro Surgery ward is located at the III floor of surgical block.

Population

The Population taken for the study was the patients (People above 20 years) who had undergone posterior fossa surgery at SCTIMST. From september 2005-October 2005 total 15 patients undergone surgery for posterior fossa lesions.

Samples and Sampling techniques

Sample is a subject of unit that composes the group. In the present study patients above 20 years who had undergone posterior fossa surgery was selected as samples.

Sampling technique refers to the process of selecting a portion of the population to represent the entire population.

Purposive sampling technique was used for the present study.

Inclusion Criteria:-

Both male and female patients who had undergone posterior fossa surgery.

Patients who all are willing for the study.

Only Malayalam speaking patients are involved.

Exclusion criteria:-

Patients only from this institution is taken for study.

Development of Data Collection tool

Data collection tool referse to the instrument which was constructed by the investigator to obtain relevant data. In this study the investigator used the structured interview schedule to assess the common problems associated with posterior fossa surgery. The tool was prepared by the investigator after extensive review of literature. The tool used contains 25 questions.

Description of the tool

The interview schedule consists of 3 sections 1,2 and 3.

Section -1 For obtaining personal data and general information.

Section -2 For assessing the common problems that occur for patient before and after surgery.

Section 3 For assessing the knowledge of care givers regarding home care management of patients undergone posterior fossa surgery and giving health education with the help of pamphlet.

Testing of the tools

Part -1

Part 1 of the tool contains items for obtaining information about back ground variable like age, sex, academic stream etc.

Part-2

Part 2 of the tool contains items for obtaining information about the pre-operative problems and post operative problems after surgery.

Part - 3

Part 3 of the tool contains items for checking the knowledge of the caregivers regarding the homecare management of patients undergone surgery.

Data collection

For data collection, formal permission was obtained from the authorities. Suggestions from the experts were taken to finalise the tool. Reliability of the tool was established by using test retest method. This was done by introducing the tool to 3 samples in the Neuro Surgery ward & necessary corrections were made in the tool.

The period of data collection was from September to October 2005. The investigator first introduced herself and explained the need & purpose of the study to the patient's

caregivers. The purpose of the study and confidentiality of their responses were assured. The caregivers were made to sit comfortably and interviewed with the structured tool. Time taken for the entire procedure was 15-30 minutes. The samples were co-operative and no problem was encountered. Whenever time permitted the investigator discussed the best answers after the interviewing due to the keen interest shown by the caregivers.

Plan of analysis

The investigator decided to analyse the data in terms of frequency and percentages and to present them in the form of tables, bar diagrams etc.

Summary

This chapter deals with research approach used for this study, design of the study, setting, sample sampling technique, population, development of data collection tool, Data collection procedure & plan for data analysis.

Reference

- 1) Basavanthappa. Boy "Nursing Research"; 1999, New Delhi, Jaypee brothers medical publishers; Page No: 225-260.
- 2) Best. k. John et al "Research education". 7th edition; 1999; Prentice - Hall of India (Pvt) limited Page No. 331-345.
- 3) Kothari. C.R; "Research Methodology", Methods & technology, 2nd edition; Page No: 120-146.

CHAPTER IV

Analysis and Interpretation of Data

This chapter presents the analysis and interpretation of data collected from 15 patients above the age group of 20 years at SCTIMST, Tvm.

Analysis is a process of organizing and synthesizing data in such a way that project question can be answered. The overall aim of analysis is to organize, provide structure and to elicit meaning from the collected data.

Interpretation refers to the process of making sense of the results and of examining implications of the findings within a broader content.

The findings of the study were arranged and analysed under the following section.

- Section I - Distribution of data according to the demographic variables.
- Section II - Distribution of data according to the pre-operative problems.
- Section III - Distribution of data according to the post-operative problems.

Section - I

Distribution of Sample according to the age group

Table - I

No	Age group (yes)	Frequency	Percentage
1.	20-30	3	20%
2.	30-40	5	33%
3.	40-50	2	13%
4.	50-60	4	27%
5.	60 - 70	1	7%
	Total	15	100%

Data presented on table 1 shows that 33% of people included in the age group of 30-40 years.

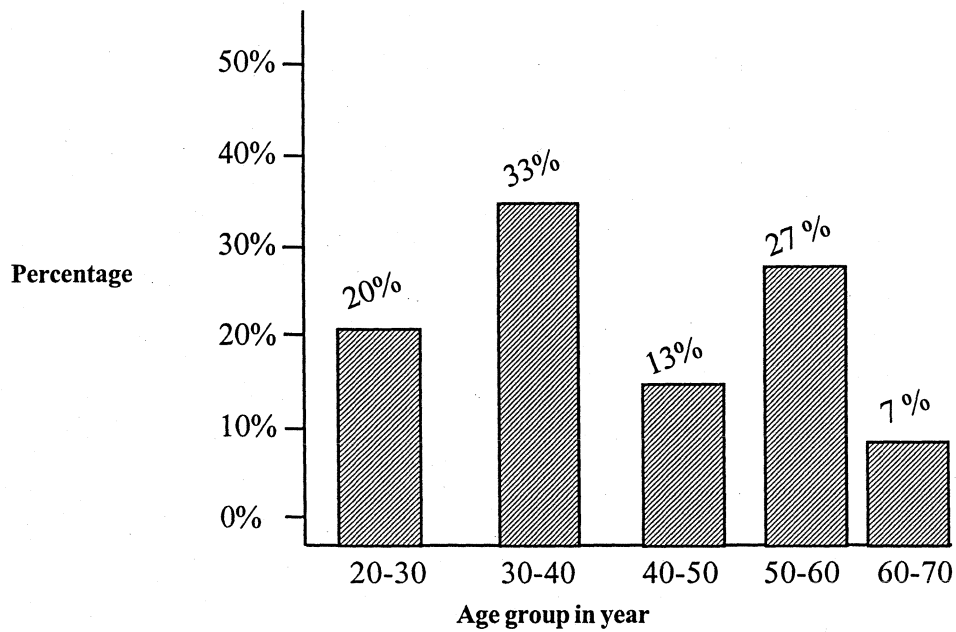


Table - 2

No	Age group (yes)	Frequency	Percentage
1.	Male	7	47%
2.	Female	8	53%
	Total	15	100%

Data presented in table 2 shows that 47% of males & Females included in 100 population.

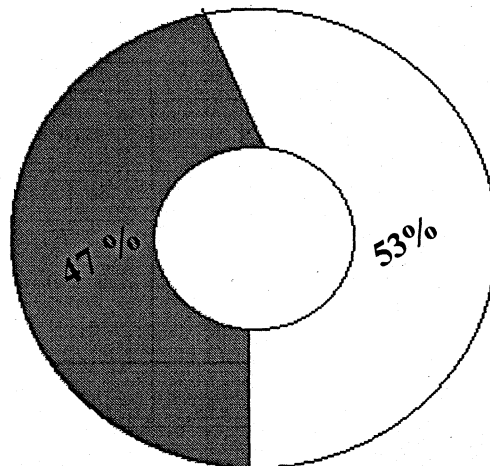
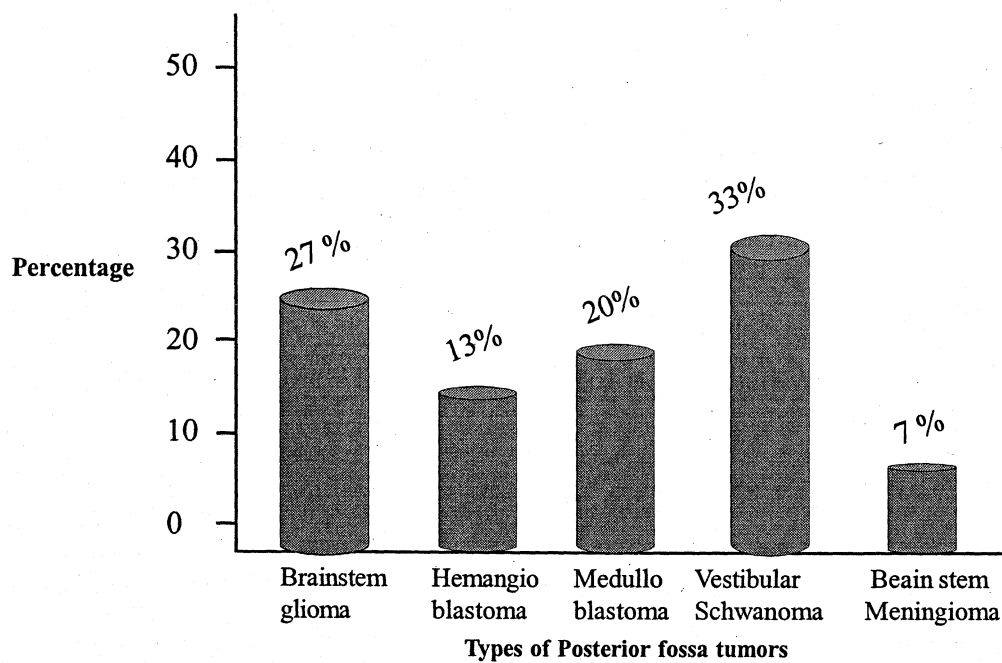


Table - 2

Distribution of sample according to the types of posterior fossa tumors.

No	Types of posterior fossa tumors	Frequency	Percentage
1.	Brainstemgliomas	4	27%
2.	Hemangio blastoma	2	13%
3.	Medullo blastoma	3	20 %
4.	Vestibular Schwanomma	5	33%
5.	Brain stem Meningioma	1	7%
	Total	15	100%

Data presented on table 3 shows that 33% of people had vestibular Schwanomma among 100 population.



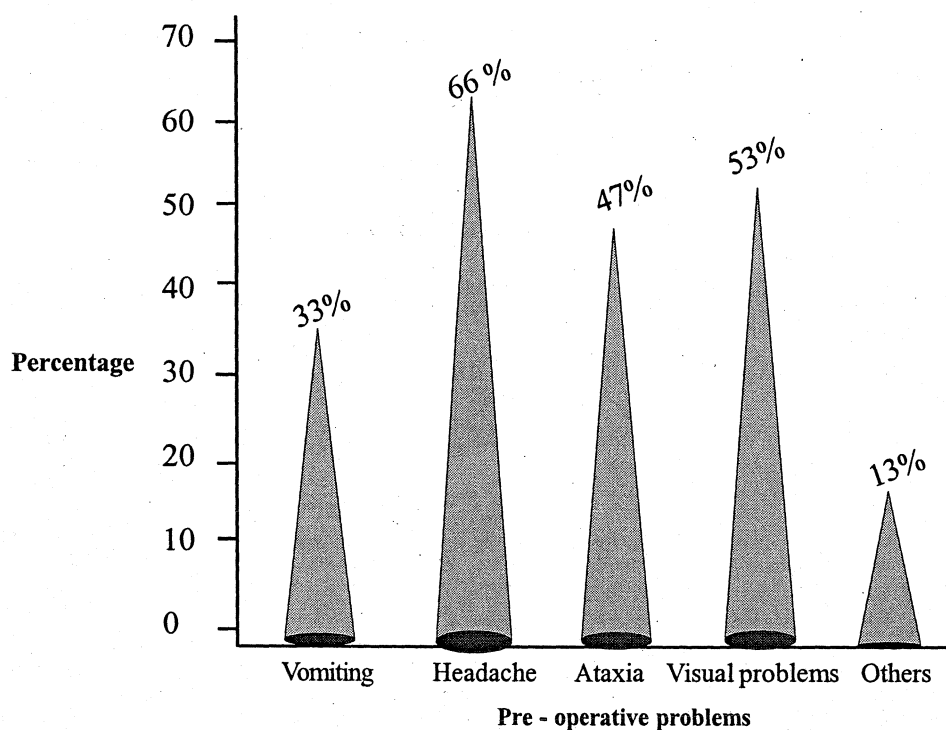
Section - II

Table - 4

Distribution of Sample according to the pre-operative problems.

No.	Common pre-operative Problems	Percentage
1	Vomiting	33%
2	Head ache	66%
3	Ataxia	47%
4	Visual Problem	53%
5	Others	13%

Data presented on table - 4 shows that 33% had vomiting, 66% had head ache, 47% had ataxia. 53% had visual problems and 13% had other problems.



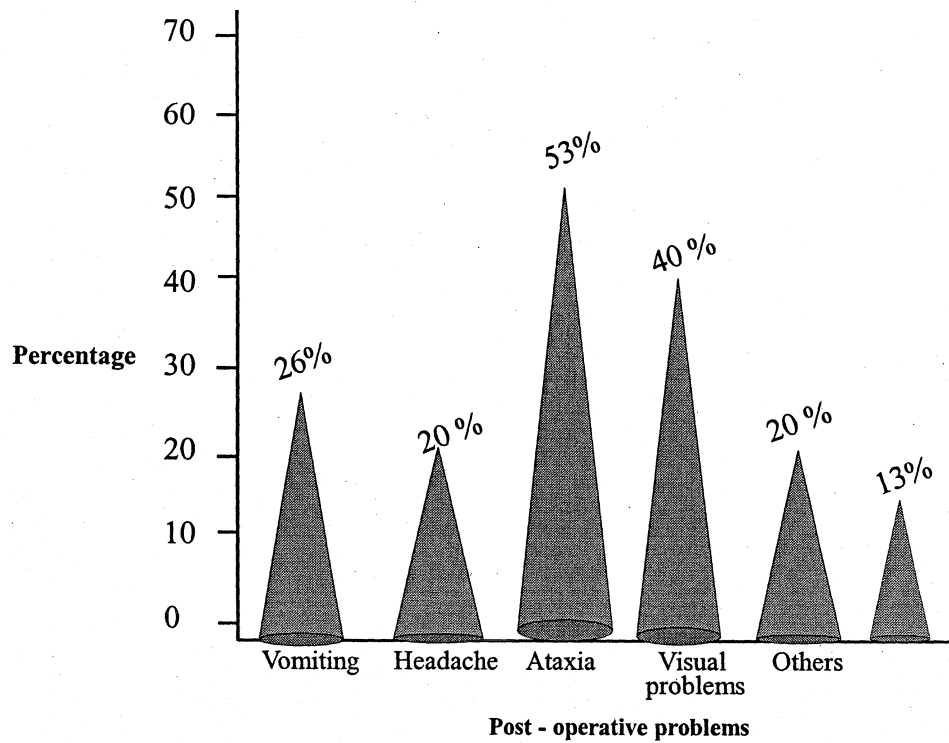
Section - III

Table - 5

Distribution of Sample according to the pre-operative problems.

No.	Common post operative problems	Percentage
1.	Vomiting	26%
2.	Headache	20%
3.	Ataxia	52%
4.	Visual problems	40%
5.	Swallowing difficulty	20%
6.	Others	13%

Data presented on table 5 shows that during post operatively 26% had vomiting, 20% had headache, 53% had ataxia, 40% had visual problems 20% had swallowing difficulty, 13% had other problems.



Summary

This chapter dealt with the objectives in which the data were analysed, distribution of samples according to the demographic variables such as age and sex. distribution of samples according to the types of posterior fossa tumors and distribution of samples according to the the pre-operative problems and post operative problems. Frequency polygons, bar diagram & pie diagram were used to depict the score of the sample.

Reference

- 1) Basavanthappa B.Y; "Nursing Research" 2nd edition , 1999, New Delhi; Jaypee brothers medical publishers, Page No: 225 - 260
- 2) John W. Best etal; Research in Education 7th edition, 1999, Prentice hall of India Pvt. limited, Page No.: 343 - 360

CHAPTER -V

Summary, Conclusion, Limitations & Recommendations

Posterior fossa tumors include medullo blastoma, brain stem glioma, Hemangio blastoma, Vestibular Schwannoma etc. Resection of these tumors can results in post-operative problems like vomiting, ataxia, visual problems, swallowing difficulty etc.

This study was conducted with the objective to assess the common post operative problems occur for the patients after posterior fossa surgery and to prepare a pamphlet for those patients after discharging them from hospital. The structured interview schedule was used for collecting data from fifteen samples.

A review of literature helped the investigators to get a clear concept about the project topic undertaken, as well as to develop tools, methodology of the study and decide the plan for data analysis.

A non experimental survey approach was selected. Purposive sampling technique was used to obtain samples. This study was conducted at Neuro surgery ward of SCTIMST.

Tools used for data collection was structured interview schedule comprising of 3 sections. Section I deals with the demographic data section II contains items for obtaining information about the pre-operative problems and section III consists of items for checking the knowledge of the caregivers regarding the home care management of patients undergone surgery.

The prepared tool was given to experts for content validity. The pilot study was conducted among 3 samples and the pilot study findings revealed that the tool was feasible and practicable. The data collection was done from September 2005 to October 2005 and was analysed and interpreted.

The Objectives of the Study

- ❖ To assess the common problems associated with patients undergoing posterior fossa Surgery as expressed by the caregivers.
- ❖ To prepare a pamphlet on home care of patients undergoing posterior fossa surgery.

Findings of the study

- ❖ Out of 15 patients 53% had ataxia, 20% had head ache, 40% had visual problems, 20% had swallowing difficulty, 26% had vomiting and 13% had other problems.
- ❖ Out of 15 samples 33% of the tumors arise at the age group of 30-40 years.

Limitations

- ❖ Sample size was limited to 15.
- ❖ Only patients from this institution was taken for study.
- ❖ The caregivers those who are willingly participated are included in this study.

Nursing implication

Nursing Education:-

Teach the students regarding the home care management of the patients undergoing cranial surgery. So that they can educate the patient and the caregivers to safe guard their health and helping them to cope with the new situation.

Nursing Service

Coduct health education programmes in the wards of the hospital to create awareness regarding the common post operative problems of the patients. Preparing a pamphlet helps to gain more knowledge regarding the home care management and follow up.

Nursing Administration

The post operative porblems can affect the patient in many ways. It can affect the patient psychologically and physiologically. So reporting the higher authorities about the

findings of the study so that they can take necessary measures to reduce the anxiety of patients & caregivers by giving proper health education more emphasis can be given by preparing materials like charts, posters pamphlets, etc.

Nursing research

This study conducted in a minimum sample of 15. So the attention paid on this aspect is very less. It is such a problem with lots of post operative problems that selecting an issue from which is not a confusing one.

Recommendations

- 1) A Similar study can be done using a large sample.
- 2) More time period is required for conducting a good study.

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CHAPTER - VI

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APPENDIX - A
സമ്മതപത്രം

രോഗിയുടെ അസുഖവുമായി ബന്ധപ്പെടുത്തിയും അറിവു പരിശോധിക്കുന്നതിനായും എന്നോടു കുറച്ചു ചോദ്യങ്ങൾ ചോദിക്കുന്നതിലും അതിലെ പോരായ്മകൾ എന്നെ പറഞ്ഞു മനസ്സിലാക്കി തരുന്നതിനും ഞാൻ പൂർണ്ണമായി സമ്മതിക്കുന്നു. ഇത് ഒരു പഠിത്തത്തിന്റെ ഭാഗമാണ്. അതായത് തലയുടെ ശസ്ത്രീകൃത കഴിഞ്ഞ രോഗികൾക്കുള്ള വീട്ടിലെ പരിചരണ രീതിയും ഇതിലെ പോരായ്മകളെ മനസ്സിലാക്കാനും ഉള്ള ഈ പഠനത്തിനും വേണ്ടി ഞാൻ സഹകരിച്ചു കൊള്ളാമെന്നും സമ്മതിക്കുന്നു.

തീയതി :
സ്ഥലം :

രോഗിയെ ശുശ്രൂഷിക്കുന്ന ആളിന്റെ കൈയൊപ്പ്

രോഗിയുമായുള്ള ബന്ധം

a) Section - A

Socio demographic data

Name of the patient :

Age :

Hospital No. :

Educational Status :

Name of the diseases :

Age :

Sex :

Relationship with patient :

Educational Status :

Section - B

Part - I Assessing the Pre - operative problem of patient

1. What are the problems of the patient before Surgery?

- (a) Head ache b) Blurred vision c) inability to walk, d) vomiting
e) All the above f) Other than these.

2. Does the patient have any hearing problems ?

- (a) Yes (b) No

3. Does the patient have any previous history of vomiting?

- (a) Yes (b) No

4. Does the patient have any history of severe headache ?

- (a) Yes (b) No

5. Does the patient have any history of difficulty in swallowing ?

- (a) Yes (b) No

6. How long the patient is suffering from limb weakness ?

- (a) 6 months b) 2 months c) 1 month d) None of these

Part II - Assessing the post operative problem of patient

7. What are the problems occurred for te patient after surgery?
 (a) Swallowing difficulty b) Visual blurring c) difficulty in walking
 (d) psychic problems (e) None of these.
8. Does the patient have any visual problems after surgery ?
 (a) Can See better b) blurred vision
 (c) double vision d) None of these
9. Does the patient have any difficulty in swallowing food after surgery?
 (a) Yes b) No
10. Does the patient have any difficulty in walking after Surgery ?
 (a) Walks by himself b) Walks with the help of others
 (c) otherthan these (d) Doesn't walk
11. Does the patient have any difficulty in hearing after surgery?
 (a) Yes (b) No (c) Partial hearing loss
12. Does the patient have any mental problems after surgery ?
 (a) Yes (b) No

Section - C

Each correct answer carries 1 mark

Each wrong answer carries 0 mark

Total Score : 20

15-20 : Good
 10-15 : Moderate
 5-10 : Poor knowledge
 0-5 : Very poor

13. If the patient have swallowing difficulty, do you know which type of food should be given?
 (a) Soft foods (b) Semi solid foods (c) foods that are easy for chewing
 (d) All of the above

14. Do you know how to position the patient before giving food ?
(a) Sitting position (b) lying down position (c) None of the above
15. Does the patient have any tube in his nose for giving feeding?
(a) Yes (b) No
16. Do you know which type of food is given through the tube ?
(a) semisolid foods (b) liquid foods (c) Solid foods (d) None of the above
17. Is the tube used for feeding should be changed? If yes when?
(a) Once in a week (b) Bi weekly (c) No need to change (d) None of the above
18. Will you help the patient who had difficulty in walking?
(a) Yes (b) No (c) Sometimes
19. Is the patient capable of doing day today activities?
(a) Yes (b) by the help of caregivers (c) No
20. What will you do for the patient if he vomits while eating food?
(a) Turn the patient to one side (b) Place the patient in upright position
(c) Place the patient in prone position (d) None of the above
21. Will you give water for the patient after vomiting
(a) Provide more water (b) Give water forcefully
(c) Water should not be given
22. Do you know how to care the wound of the patient after discharge ?
(a) Yes (b) No
23. Will it possible for the patient to mingle with others after discharge?
(a) Yes (b) No
24. Do you know there is chance for developing pain and inflammation over the wound area?
(a) Yes (b) No
25. Do you know how to care the eyes of the patient after discharge ?
(a) Yes (b) No

ചോദ്യാവലി

ബി) സെക്ഷൻ - എ

രോഗിയുടെ പേര് :

വയസ്സ് :

സ്ത്രീ/പുരുഷൻ :

വിദ്യാഭ്യാസ യോഗ്യത :

ആശുപത്രി നമ്പർ :

അസുഖം :

രോഗിയെ പരിചരിക്കുന്ന ആളുടെ പേര് :

വയസ്സ് :

സ്ത്രീ/പുരുഷൻ :

രോഗിയുമായുള്ള ബന്ധം :

വിദ്യാഭ്യാസ യോഗ്യത :

സെക്ഷൻ - ബി

ഭാഗം - 1 : രോഗിക്ക് ഓപ്പറേഷൻ മുമ്പുണ്ടായിരുന്ന പ്രശ്നങ്ങൾ മനസ്സിലാക്കുന്നതിനുവേണ്ടിയുള്ള ചോദ്യാവലി

1. രോഗിക്ക് ഓപ്പറേഷൻ മുമ്പ് എന്തൊക്കെ പ്രശ്നങ്ങൾ ഉണ്ടായിരുന്നു?

- 1. തലവേദന
- 2. കാഴ്ച മങ്ങൽ
- 3. നടക്കാനുള്ള ബുദ്ധിമുട്ട്
- 4. ചർദ്ദി
- 5. മേൽപ്പറഞ്ഞവ എല്ലാം
- 6. ഇതൊന്നുമല്ല.



- 2. ഓപ്പറേഷൻ മുമ്പ് രോഗിക്ക് കേൾക്കാനുള്ള ബുദ്ധിമുട്ട് ഉണ്ടായിരുന്നോ?
 - 1. അതെ
 - 2. ഇല്ല
- 3. ഓപ്പറേഷനു മുമ്പ് രോഗിക്ക് ഛർദ്ദി ഉണ്ടായിരുന്നോ?
 - 1. അതെ
 - 2. ഇല്ല
- 4. ഓപ്പറേഷനു മുമ്പ് രോഗിക്ക് തലവേദന ഉണ്ടായിട്ടുണ്ടോ?
 - 1. അതെ
 - 2. ഇല്ല
- 5. ഓപ്പറേഷനു മുമ്പ് രോഗിക്ക് ദക്ഷണം കഴിക്കാനുള്ള ബുദ്ധിമുട്ട് ഉണ്ടായിരുന്നോ?
 - 1. അതെ
 - 2. ഇല്ല
- 6. രോഗിക്ക് കൈകാലുകൾക്ക് ബലക്ഷയം കണ്ടു തുടങ്ങിയിട്ട് എത്ര നാളായി?
 - 1. 6 മാസം
 - 2. 2 മാസം
 - 3. 1 മാസം
 - 4. മേൽപ്പറഞ്ഞവ ഒന്നുമല്ല.

ഭാഗം - 2 : രോഗിക്ക് ഓപ്പറേഷനു ശേഷം എന്തൊക്കെ പ്രശ്നങ്ങൾ ഉണ്ടായി എന്നു മനസ്സിലാക്കുന്നതിനുള്ള ചോദ്യാവലി.

- 7. രോഗിക്ക് ഓപ്പറേഷനു ശേഷം എന്തൊക്കെ പ്രശ്നങ്ങൾ ഉണ്ടായി?
 - 1. ദക്ഷണം കഴിക്കാനുള്ള ബുദ്ധിമുട്ട്
 - 2. കാഴ്ച മങ്ങൽ
 - 3. നടക്കാനുള്ള ബുദ്ധിമുട്ട്
 - 4. മാനസിക പ്രശ്നങ്ങൾ
 - 5. മേൽപ്പറഞ്ഞവ ഒന്നുമല്ല.
- 8. ഓപ്പറേഷനു ശേഷം രോഗിക്ക് കാഴ്ചക്കുബുദ്ധിമുട്ടുണ്ടായിട്ടുണ്ടോ?
 - 1. നന്നായി കാണാം.
 - 2. മങ്ങിയ കാഴ്ച
 - 3. ഒരു വസ്തുവിനെ രണ്ടായി കാണുന്നു
 - 4. മേൽപ്പറഞ്ഞവ ഒന്നുമല്ല.

9. ഓപ്പറേഷനു ശേഷം രോഗിക്ക് ഭക്ഷണം കഴിക്കാനുള്ള ബുദ്ധിമുട്ട് ഉണ്ടായിരുന്നോ?

- 1. അതെ
- 2. ഇല്ല

10. ഓപ്പറേഷനു ശേഷം രോഗിക്ക് നടക്കാനുള്ള ബുദ്ധിമുട്ട് ഉണ്ടായിരുന്നോ?

- 1. സ്വന്തമായി നടക്കാൻ സാധിക്കും
- 2. കൂടെയുള്ളവരുടെ സഹായത്തോടെ നടക്കും.
- 3. ഇതൊന്നുമല്ല
- 4. നടക്കാറില്ല

11. ഓപ്പറേഷനു ശേഷം രോഗിക്ക് കേൾവിക്ക് ബുദ്ധിമുട്ടുണ്ടോ

- 1. അതെ
- 2. ഇല്ല
- 3. ഭാഗികമായി കേൾക്കാം

12. ഓപ്പറേഷനു ശേഷം രോഗിക്ക് മാനസിക പ്രശ്നങ്ങൾ ഉണ്ടായിരുന്നോ?

- 1. അതെ
- 2. ഇല്ല

സെക്ഷൻ സി

മാർക്ക് - 20

13. രോഗിക്ക് ഭക്ഷണം കഴിക്കാനുള്ള ബുദ്ധിമുട്ട് ഉണ്ടെങ്കിൽ ഏതു രീതിയിലുള്ള ഭക്ഷണമാണ് നൽകേണ്ടത് എന്നറിയാമോ?

- 1. മുദുവായ രീതിയിലുള്ള ഭക്ഷണം.
- 2. അർദ്ധ ഖരാവസ്ഥയിലുള്ളവ
- 3. ചവയ്ക്കുവാൻ എളുപ്പമുള്ളവ
- 4. മേൽപ്പറഞ്ഞവയെല്ലാം.

14. രോഗിക്ക് ഏതു രീതിയിലാണ് ഭക്ഷണം നൽകേണ്ടത് എന്നറിയാമോ?

- 1. ഇരുത്തി ഭക്ഷണം നൽകാം.
- 2. കിടത്തികൊടുക്കാം.
- 3. മേൽപ്പറഞ്ഞവ ഒന്നുമല്ല.

15. രോഗിക്ക് ഭക്ഷണം നൽകാനായി ട്യൂബ് ഇട്ടിട്ടുണ്ടോ?

- 1. അതെ
- 2. ഇല്ല

16. ട്രൂബ് വഴി രോഗിക്ക് ഏതു രീതിയിലുള്ള ഭക്ഷണം നൽകണം എന്നറിയാമോ?

- 1. അർദ്ധ ഖരാവസ്ഥയിലുള്ളവ
- 2. ദ്രാവകരൂപത്തിലുള്ളവ
- 3. ഖരാവസ്ഥയിലുള്ളവ
- 4. മേൽപ്പറഞ്ഞവയൊന്നുമല്ല.

17. ഭക്ഷണം കൊടുക്കാനുള്ള ട്രൂബ് മാറ്റേണ്ടത് എപ്പോൾ ?

- 1. ആഴ്ചയിൽ ഒരിക്കൽ
- 2. രണ്ടാഴ്ചയിൽ ഒരിക്കൽ
- 3. മാറ്റേണ്ട ആവശ്യമില്ല.
- 4. മേൽപ്പറഞ്ഞവ ഒന്നുമല്ല.

18. രോഗിക്ക് നടക്കാനുള്ള ബുദ്ധിമുട്ടുണ്ടെങ്കിൽ നടക്കാൻ സഹായിക്കാറുണ്ടോ?

- 1. ഉണ്ട്
- 2. ഇല്ല
- 3. വല്ലപ്പോഴും

19. രോഗിക്ക് ദൈനംദിന കൃത്യങ്ങൾ സ്വന്തമായി ചെയ്യാൻ കഴിയുന്നുണ്ടോ?

- 1. ഉണ്ട്
- 2. കൂടെയുള്ളവർ സഹായിക്കും.
- 3. ഇല്ല

20. ഭക്ഷണം കഴിച്ചുകൊണ്ടിരിക്കുന്ന സമയത്ത് രോഗി ഛർദ്ദിക്കുകയാണെങ്കിൽ എന്തു ചെയ്യണം ?

- 1. ഒരു വശം ചരിച്ചു കിടത്തുക.
- 2. നന്നായി ഇരുത്തുക
- 3. കമഴ്ത്തി കിടത്തുക.
- 4. മേൽപ്പറഞ്ഞവ ഒന്നുമല്ല

21. രോഗി ഛർദ്ദിച്ചുകഴിഞ്ഞാൽ കുടിക്കാനായി വെള്ളം കൊടുക്കാമോ?

- 1. ധാരാളം വെള്ളം കൊടുക്കാം
- 2. നിർബന്ധിച്ച് വെള്ളം കൊടുക്കണം
- 3. കൊടുക്കില്ല.

22. ഡിസ്ചാർജ്ജ് ആയശേഷം രോഗിയുടെ തലയിലുള്ള മുറിവ് പരിചരിക്കേണ്ടത് എങ്ങനെയെന്ന റിയാമോ?

1. അറിയാം

2. ഇല്ല

23. ഓപ്പറേഷനുശേഷം രോഗിക്ക് എല്ലാപേരോടും അടുത്തിടപഴകാമോ ?

1. അതെ

2. ഇല്ല

24. രോഗിയുടെ തലയിലെ മുറിവിന് വേദന, വീക്കം എന്നിവ വരാൻ സാധ്യതയുള്ളതായി അറിയാമോ?

1. അറിയാം

2. ഇല്ല

25. ഡിസ്ചാർജ്ജ് ആയശേഷം രോഗിയുടെ കണ്ണുകൾക്ക് ശ്രദ്ധകൊടുക്കേണ്ടത് എങ്ങനെയെന്ന റിയാമോ?

1. അറിയാം

2. ഇല്ല.

a) Health Education

A person who had tumor in the brainstem and cerebellum will have problems like vomiting, difficulty in swallowing, ataxia, nystagmus and visual disturbances throughout the illness. Post operatively also the patient will have some of the above mentioned symptoms. Proper health teaching for patients regarding the measures to be followed after discharging from hospital is essential. This will help to reduce the anxiety of the caregivers and helps the patient to cope up with the situation.

If the patient have difficulty in swallowing (gag reflex present)

- ❖ Place the patient in upright or sitting position while giving food.
- ❖ Provide soft, chewable or semisolid food.
- ❖ Encourage taking small bites and thorough chewing.
- ❖ If 'pocketing' of food is a problem, provides semisolid foods for better swallowing.
- ❖ Provide enough time to chew and swallow food.

If the patient is on Ryle's tube

- ❖ Feeding to be given with the patient propped up using a pillow. After feed keep the patient upright for half an hour. Include kanji water daily. Salt can be added as usual if not specified.
- ❖ Ryle's tube should be changed biweekly at local hospital.
- ❖ Mouth wash to be given fourth hourly with lime juice and salt or potassium permanganate diluted solution.

If the patient have ataxia.

- ❖ Always assist the patient in doing the daily activities.
- ❖ Accompany him/ her while walking.

- ❖ Avoid chances for physical injury, keep all the needed things near the bedside.
- ❖ Encourage the patient in doing his daily activities.
- ❖ Protect the seat with cushions while sitting.
- ❖ Advise the caregivers to help the patient in doing mild exercises
- ❖ Choose a time when the patient is rested, comfortable and pain free to gain co-operation.
- ❖ Movements of exercise should be slow, smooth and rhythmical
- ❖ Explain the caregivers about the importance of doing exercises.

If the patient have visual problems

- ❖ Always be with the patient in doing his/her dialy activities and provide proper explanation before helping.
- ❖ Avoid loud noises that can increase their anxiety.
- ❖ Use auditory stimulations eg: - listening to music, hearing stories etc.
- ❖ Use therapeutic touch. Hold the hands while talking to the patient.

Wound care

- ❖ Have bath daily. Clean the wound with soap and water and mop with clean cloth.
- ❖ Do not scratch the wound with the nail
- ❖ Use seperate cloth for cleaning the wound.
- ❖ Do not apply oil or powder over the wound.
- ❖ Keep the wound dry.
- ❖ If there is any fever, pain & swelling at the site of operation, purulent or watery discharge from the wound, immediately consult the physician.
- ❖ Strictly adhere to the instructions given about medications.
- ❖ Restrict visitors at home. Do not mingle with persons having fever, nasal discharge or other major illness.

ആരോഗ്യ പഠനം

ബി) ഓപ്പറേഷനു ശേഷം രോഗിയെ ശുശ്രൂഷിക്കുന്നവർ അറിഞ്ഞിരിക്കേണ്ട കാര്യങ്ങൾ

തലയുടെ സെറിബെല്ലം, മെഡുല്ല തുടങ്ങിയ പ്രധാന ഭാഗങ്ങളിൽ ട്രൂമർ ഉള്ള രോഗികൾക്ക് ഛർദ്ദി, കാഴ്ചക്കു ബുദ്ധിമുട്ട്, ഭക്ഷണം കഴിക്കാനുള്ള ബുദ്ധിമുട്ട്, നടക്കാനുള്ള ബുദ്ധിമുട്ട് എന്നിവയെല്ലാം കണ്ടുവരുന്നു. ഓപ്പറേഷനു ശേഷവും രോഗിക്ക് മേൽപ്പറഞ്ഞവയിൽ ചില ബുദ്ധിമുട്ടുകൾ വീണ്ടും തുടരുന്നതായി കാണാം. ആശുപത്രിയിൽ നിന്നും ഡിസ്ചാർജ്ജ് ആകുന്നതിനുമുമ്പ് രോഗിയെ ശുശ്രൂഷിക്കുന്നവർക്ക് വീട്ടിലെത്തിയതിനുശേഷം രോഗിയെ പരിചരിക്കേണ്ട രീതികളെ പറ്റി പറഞ്ഞുകൊടുക്കേണ്ടതാണ്. അത് രോഗിയുടെയും രോഗിയെ ശുശ്രൂഷിക്കുന്നവരുടെയും ഉത്കണ്ഠ കുറയ്ക്കുന്നതിനു സഹായിക്കുന്നു.

രോഗിക്ക് ഭക്ഷണം കഴിക്കാനുള്ള ബുദ്ധിമുട്ട് ഉണ്ടെങ്കിൽ

- ഭക്ഷണം മുദുവായവയും വിഴുങ്ങാൻ പ്രയാസമില്ലാത്തവയുമായിരിക്കണം.
- രോഗിയെ നന്നായി ഇരുത്തിയ ശേഷം മാത്രം ഭക്ഷണം നൽകുക.
- ഭക്ഷണം സാവധാനം കഴിക്കുവാനായി അധിക സമയം നൽകേണ്ടതാണ്.
- ചവയ്ക്കുവാനുള്ള ബുദ്ധിമുട്ടുണ്ടെങ്കിൽ ലഘുരൂപത്തിലുള്ള ഭക്ഷണം നൽകേണ്ടതാണ്.

രോഗിക്ക് ഭക്ഷണം ട്രൂബ് വഴിയാണ് നൽകുന്നതെങ്കിൽ

- ഭക്ഷണം നൽകുന്നതിനുമുമ്പായി രോഗിയെ നല്ലവണ്ണം ഇരുത്തുക.
- ഭക്ഷണം ട്രൂബ് വഴി നൽകിയശേഷം അരമണിക്കൂറോളം അതേ രീതിയിൽ ഇരിയ്ക്കാൻ അനുവദിക്കുക.
- ഭക്ഷണത്തിൽ ദിനവും കഞ്ഞിവെള്ളം ഉൾപ്പെടുത്തുക.
- ഉപ്പ് ചേർക്കുന്നതിന് കുഴപ്പമില്ല എന്നുണ്ടെങ്കിൽ മാത്രം ഉപ്പ് ചേർത്ത് നൽകുക.

- രണ്ടാഴ്ചയിലൊരിക്കൽ സമീപത്തുള്ള ഏതെങ്കിലും ആശുപത്രിയിൽ പോയി ട്യൂബ് മാറ്റേണ്ടതാണ്.
- നാലുമണിക്കൂറിൽ ഒരിക്കൽ നാരങ്ങയും ഉപ്പും ചേർത്തോ അല്ലെങ്കിൽ വീര്യം കുറഞ്ഞ പൊട്ടാസ്യം പെർമാംഗനേറ്റോ ഉപയോഗിച്ച് വായ് കഴുകി കൊടുക്കേണ്ടതാണ്.

രോഗിക്ക് നടക്കാനുള്ള ബുദ്ധിമുട്ടുണ്ടെങ്കിൽ

- മറ്റുള്ളവരുടെ സഹായത്തോടെ മാത്രം ദൈനംദിന പ്രവർത്തികൾ ചെയ്യുക.
- രോഗിയെ നടത്തുമ്പോൾ ആരെങ്കിലും കൂടെയുണ്ടായിരിക്കേണ്ടതാണ്.
- ശരീരത്തിന് മുറിവുണ്ടാകുന്ന രീതിയിലുള്ള വസ്തുക്കൾ കിടക്കയ്ക്കരികിൽ സൂക്ഷിക്കാൻ പാടില്ല. അത്യാവശ്യ സാധനങ്ങൾ രോഗിക്ക് എടുക്കാൻ പറ്റുന്ന രീതിയിൽ സൂക്ഷിക്കുക.
- ദൈനംദിന പ്രവർത്തികൾ ചെയ്യാൻ രോഗിയെ പ്രോത്സാഹിപ്പിക്കുക. രോഗിക്ക് അല്പമെങ്കിലും ചെയ്യാൻ കഴിയുന്നുണ്ടോ എന്ന് പരിശോധിക്കേണ്ടതാണ്.
- രോഗിയുടെ ഇരിപ്പിടത്തിൽ മുദ്രവായ കുപ്പിൻ ഉപയോഗിക്കേണ്ടതാണ്. അത് രോഗിയെ കസേരയിൽ നന്നായി ഇരിക്കാൻ സഹായിക്കുന്നു.
- വ്യായാമം ചെയ്യാൻ രോഗിയെ ദിനവും സഹായിക്കേണ്ടതാണ്.
- രോഗിക്ക് മാനസിക പിരിമുറുക്കമോ, വേദനയോ ഇല്ലാതെയിരിക്കുന്ന സമയം വ്യായാമത്തിനായി തെരഞ്ഞെടുക്കുക.
- വ്യായാമമുറകൾ വളരെ സാവധാനത്തിലുള്ളവയായിരിക്കണം.
- രോഗിയെ ശുശ്രൂഷിക്കുന്നവർക്ക് വ്യായാമം ചെയ്യേണ്ടതിന്റെ ആവശ്യകതയെ കുറിച്ച് പറഞ്ഞ് കൊടുക്കുക.

രോഗിക്ക് കാഴ്ചയ്ക്ക് ബുദ്ധിമുട്ടുണ്ടെങ്കിൽ

- എല്ലായ്പ്പോഴും രോഗിയെ ശുശ്രൂഷിക്കുന്നയാൾ കൂടെ ഉണ്ടായിരിക്കേണ്ടതാണ്. സഹായിക്കുന്നതിുമുമ്പായി എന്താണ് ചെയ്യാൻ പോകുന്നത് എന്ന് രോഗിയെ പറഞ്ഞു മനസ്സിലാക്കണം.
- ഉച്ചത്തിലുള്ള ശബ്ദം കഴിയുന്നതും ഒഴിവാക്കുക.
- രോഗിയുടെ കേൾവി ശക്തിയെ ത്വരിതപ്പെടുത്തുന്ന രീതിയിൽ പുസ്തകങ്ങൾ വായിക്കുകയോ, പാട്ടുകൾ കേൾപ്പിക്കുകയോ ചെയ്യാം.
- സംസാരിക്കുമ്പോൾ രോഗിയെ സ്പർശിച്ച ശേഷം ചെയ്യാൻ പോകുന്ന കാര്യങ്ങളെക്കുറിച്ച് നന്നായി പറഞ്ഞു കൊടുക്കുക.

മുറിവിന്റെ കാര്യം ശ്രദ്ധിക്കുമ്പോൾ

- ദിനവും ശരീര ശുചിത്വം പാലിക്കേണ്ടതാണ്. മുറിവ് സോഷും വെള്ളവും ഉപയോഗിച്ച് നന്നായി കഴുകിയ ശേഷം വൃത്തിയുള്ള ഉണങ്ങിയ തുണി ഉപയോഗിച്ച് മൃദുവായി വൃത്തിയാക്കുക.
- കൈയിലുള്ള നഖം ഉപയോഗിച്ച് മുറിവുള്ള ഭാഗത്ത് സ്പർശിക്കാൻ പാടില്ല.
- മുറിവിൽ പൗഡറോ, എണ്ണയോ ഉപയോഗിക്കാൻ പാടില്ല.
- മുറിവ് എല്ലായ്പ്പോഴും ഉണങ്ങിയ രീതിയിൽ സൂക്ഷിക്കുക.
- മുറിവുള്ള ഭാഗത്ത് വീക്കമോ, വേദനയോ മുറിവിൽ നിന്നും രക്തമോ മറ്റോ വരുന്നത് കണ്ടാൽ എത്രയും വേഗം ഡോക്ടറെ കാണേണ്ടതാണ്.
- രോഗിക്ക് കഴിക്കാനുള്ള മരുന്നുകൾ കൃത്യസമയത്തുതന്നെ കൊടുക്കേണ്ടതാണ്.
- വീട്ടിൽ പുറത്തുനിന്നും വരുന്ന ആളുകളുടെ തിരക്ക് കുറയ്ക്കുക. പനിയോ ജലദോഷമോ ഉള്ളവർ രോഗിയുമായി അടുത്തിടപഴകാൻ പാടില്ല.