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**A STUDY TO ASSESS THE EFFECTIVENESS
OF THE EXISTING HEALTH EDUCATION
METHODS IN PATIENTS AFTER
CORONARY ARTERY BY PASS GRAFTING
IN SREE CHITRA TIRUNAL INSTITUTE FOR
MEDICAL SCIENCES AND TECHNOLOGY**

PROJECT REPORT

PREENA.V



**SREE CHITRA TIRUNAL INSTITUTE FOR
MEDICAL SCIENCES AND TECHNOLOGY
2005**

CERTIFICATE

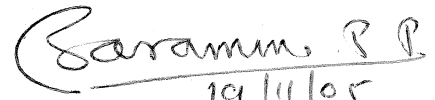
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Sree Chitra Tirunal Institute for Medical Sciences and
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Submitted in the partial fulfillment of the requirement
for the diploma in cardiovascular and thoracic nursing from
SCTIMST.



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October 2005

**A STUDY TO ASSESS THE EFFECTIVENESS OF THE
EXISTING HEALTH EDUCATION METHODS IN
PATIENTS AFTER CABG IN SCTIMST**

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CHAPTER – 1

INTRODUCTION

1.1. INTRODUCTION

Heart is the central muscular organ, which pumps blood to the entire body to meet the demand of the body. The heart muscle requires a rich oxygen supply to meet its own metabolic needs. The coronary arteries branch of the aorta just above the aortic valve encircles the heart; and penetrates the myocardium with blood.

The right coronary arteries supply the right atrium; right ventricle; and a portion of the posterior and inferior surfaces of the left ventricle. It supplies the Av nodes and bundle of His in 90% of heart and the sinus node in 55% of heart in some documented autopsy series. It originates behind the right aortic cusp and passes behind the pulmonary artery course in the right AV groove laterally to the right margin of heart and then posteriorly.

The left coronary has two major branches; the LAD and the circumflex; the LAD supplies blood to the anterior wall of the left ventricle; anterior ventricular septum; the apex of the left ventricle and occasionally; the posterior inter ventricular septum. In some clients; the circumflex artery supplies the SA and AV nodes.

Unlike other arteries; in the coronary artery 75% of the blood flow occurs during diastole when the heart is relaxed for adequate blood flow through the

coronary arteries; the diastolic blood pressure must be at least 60mm Hg. But some times disease like CAD reduces the diameter of coronary arteries then insufficient circulation through the myocardium symptoms like Angina; MI will develop.

Surgical revascularisation of the heart has been a major component of coronary artery disease. Since the late 1960 s. CABG is the principal method of surgical revascularization and continues to be one of the most common operation performed in united state. Approximately 367,000 Americans per year. (American Heart Association 1998).

In the mid-1990s the estimated annual cost of cardiac surgical procedures performed in the united state was \$ 9billion, and this estimate did not include an additional \$ 1.2 billion incurred because of postoperative complications.

CABG is not a corrective surgery so a comprehensive approach to coronary risk management appears most effective for patient with symptomatic CAD.

A study on CABG; discharge planning for successful recovery (Theo balk M.C.AJN.2004) revealed that need for improved method to identify and synthesis patient characteristics associated with the need for post CABG discharge referral and to support clinical design making.

A study on effectiveness of psychosocial educational interventions delivered over 12 weeks (Leuzer; perkims-s; Columbia university New York 2003) showed-the need for instructions about recovery and adequate preparation and support of home health nurse and family care givers.

1.2. NEED AND SIGNIFICANCE OF THE STUDY

CABG is not currective surgery but is a curative one. Here with a graft bypassing the diseased portion. Arterial and venous conduit used for bypass grafting.

Patency rate of 90% or greater at 10 year after operation has been demonstrated with internal thoracic artery grafts in contrast to 50% Patency rate with saphenous vein grafts. (Pigotts and mills; 1998). The 5 year patency rate for radial artery grafts has been demonstrated angiographically as superior to that of suphenous vein used to graft comparable target arteries (Acart et al 1998. Possati et al 1998). Patency rate of 92%-97% at 8-10 year has been reposted for gastro epiploic artery graft (Burner; 1998).

Saphenous vein graft occlusion occurs most frequency in the 1st year; at a rate of 15% - 25%; the annual rate for 2-7 year; after grafting is 0.5% to 3% (Gull; 1997) . But this vein is expandable; with a comparable size to coronary arteries; is pliable enough to allow easy suturing and vein segments usually can be harvested a free graft to sufficient length to bypass which ever arteries are stenosed (American collage of cardiology/American Heart Association Task Force 1991). The rapidly with which the greater saphenous vein can be harvested makes it the conduit of choice in emergency, in very elderly and patients with co-morbidity.

Early post operative vein graft failure usually related to thrombosis from low flow; a hyper coagulable state or technical reasons; graft failure with intimal hyperplasia and that occurring more than 3 year after surgery is predominantly due to atherosclerosis (Piyott and mills 1998).

Long – term follow-up studies reveal that most patients do quite well after CABG; with freedom from myocardial ischemia for many years. However; although CABG is quite effective in revascularizing the myocardium; it does not cause atherosclerosis. Consequently; symptoms of myocardial ischemia eventually return in most patients and often lead to the patient's death. Return of angina is the most common postoperative ischemic event. Early return of angina is usually due to graft closure or incomplete revascularisation (ACC/AHA Task force 1991). After the 1st postoperative year; 95% or greater rate of angina may occur annually; almost always due to graft closure; progressive atherosclerosis in ungrafted arteries; or development of lesions beyond distal graft sites (Loop; 1995). At 10 year after CABG. 40%-50% of patients can be expected to experience angina recurrence (Gall; 1997).

So a comprehensive approach to coronary risk management got its own importance. Emphasis must involve avoidance of cigarette smoking; reduction of dietary intake of cholesterol; saturated fat; sodium; and total calories; as well as initiation and maintenance of a program of regular physical activity. Advanced technology and pharmacology for treatment for CAD means new responsibilities for critical care nurse. In addition; they should involve to face the challenge to promoting sustained life style change to reduce or eliminate atherogenic risk factor.

1.3 STATEMENT OF THE PROBLEM

A STUDY TO ASSESS EFFECTIVENESS OF THE EXISTING HEALTH EDUCATION METHODS IN PATIENTS AFTER CABG IN SCTIMST

1.4. OPERATIONAL DEFINITIONS

EFFECTIVENESS:

The end result of the knowledge assessment. i.e., how much each person scored in the questionnaire that given by the investigation.

EXISTING HEALTH EDUCATION METHODS

Any planned or unplanned health education given by each staff for a CABG patient during his course of hospitalization immediately after surgery before discharge; In SCTIMST there is one health education material prepared in Malayalam; Tamil and in English for patient, and is given during discharge, not only that, along with discharge summary each staff nurse gives a valuable health education for their assigned patient regarding, drug, wound care, life style modifications, follow up etc.

CABG: - Coronary artery bypass graft surgery involves the bypass of blockage in one or more of coronary arteries using the saphenous vein or mammary artery as replacement vessels.

1.5. OBJECTIVES OF THE STUDY

THIS STUDY IS INTENDED TO: -

- Assess the knowledge level of patients after CABG
- Evaluate the self-reported activity level of patients after CABG.
- To identify the relationship between knowledge and practice and related demographic variables.

1.6. Limitations

- Sample include subject from only one institute
- Sample size is limited to 20
- Not witnessing actual practice
- There is no group for comparison
- Convenient sampling technique is used

1.7 Expected out comes:-

- The client may have adequate knowledge but they may not practicing in real life.
- The client may not have adequate knowledge that is why they not practicing it.
- The client may have adequate knowledge but due to some demographic factors that laundering him in its practice.
- The clients have adequate knowledge and are practicing in life.

1.8. Summary

The introducing chapter covered general introduction to the chapter; need and significance of the study; statement of the problem; operational definition; objectives of the study and the study limitations

CHAPTER II

LITERATURE REVIEW

Coronary bypass surgery poses many special rehabilitative problems. After surgery; patient may develop behavioral disturbance and problems with long-term psychological and vocational adjustments and they may experience any of a variety of physiologic symptoms. But helping the patient and family to understand the recovery process can reduce disability. This understanding can be enhanced by focusing on some of the predictable problems the patient will encounter during the have recovery period.

I. Literature related to risk factor

Van Brussel et al (cardiology R & D Dept. St. Antonious hospital The Nether lands). Conducted a study on smoking and cardiac event after venous CABG. They studied 418 patients who underwent venous CABG. April 1976&1977 – 15 year follow up. Several analyses revealed that patient who smoked at the time of surgery had no elevated risk for clinical event compared with non-smoker. However smoking behaviors at 5 year after surgery had even more elevated risk for MI and re-operation and significantly increased risk for angina compared with patients who stopped to smoke. So that smoking cessation after CABG may have important beneficial effect on clinical events during long term follow up.

A study on coronary risk factor outcomes following CABG by Oldenburg et al (Augt. NZJ.Med.1989.Jan. 19(3) 234-40) shows that on most coronary risk factors except for smoking; these CABG patients had a worse profile than the general Australian community. This problem warrants further research and development of appropriate treatment-programme. They studied 130 patients immediately following CABG and 530 patients were assessed 12-30 months following. The long-term post group over 50% of these who had ever smoked had ceased. 64% male and 34% female reportedly high and cholesterol comparing these data with age – adjusted national heart foundation risk factor prevalence survey data, there was a higher prevalence of ex-smoker, overweight; hypertension and elevated cholesterol.

The study on concern and risk factor modification in women during the year after coronary artery surgery done by King K.B. et al (Nurs. Res.2000 May, June 49(3) 167-72) (LWW.on line) aimed at to examine women's concern about having coronary artery surgery and living with CAD after surgery over time. Concern and risk factor modification strategies were measured in 55 women at 1, 6 and 12 months after coronary artery surgery. At 1st month after surgery; issues related to future plans such as progress in recovery and re-securing life style were rated as causing the most concern. Concern about diet was the highest rated concern 1 year after surgery. More than half of the women reported exercising more; and approximately three further reported eating a better diet 1 year after surgery. The findings demonstrated that women are concerned about diet and exercise and may women attempt to change their behavior capitalizing on

women's concerns about living with CAD may help address risk factors. However specialized interventions may be needed that focus on women who are not concerned about and not engaged in risk reduction behavior.

Crabtree T.D's study on multivariate analysis of risk factors for deep and superficial sternal infection after CABG at a tertiary care medical center (Semin Thoracic – Cardio Vascular Surgery 2004. Spring 16(1) 53-61) aimed to identification of modifiable risk factors for sternal infection. The study analyzed 4004 consecutive patients under going CABG performed at a single institute – between January—1996 & May 2003. Specific risk factors for both deep and superficial sternal wound infection were identified by univariate and multivariate analysis. The risk factor for superficial stenal infection identified by multivariate analysis includes increased body mass index; female gender; active smoking; utilization of bilateral mammary artery. These data suggests that cessation of smoking; improved blood glucose management; post operative weight loss; limitation of blood transfusion and discriminate use of bilateral ITA are all practice that may decrease the incidence of post-operative wound complication following CABG.

Literature related to dietary management

The study of Hart well D & Henry J.S,” Dietary advice for patient undergoing CABG falling on deaf ear” (Int. J.food Sci Nutr.2003 Jan.54 (1) 37-47). Shows the importance of health education regarding dietary modification after CABG. Diet is a CAD risk factor and is modifiable and has a potential to alter the risk of CHD. The present study aimed to assess the effectiveness of the

dietary advice administered to patients undergoing coronary artery by-pass grafting surgery. Dietary intake was assessed on 3 occasions pre-operatively 2 month after surgery and 1 year after surgery by use of food amount frequency questionnaire that had been previously validated. Patients were also asked to provide information on any dietary advice they had received. Complete data were available for 15 males; aged 51-79 yrs who were admitted for CABG. The absolute mean intake of total fat saturated fat and dietary cholesterol significantly increased 1 year after CABG surgery by 21% , 36% and 5% respectively. There undesirable changes occurred despite the provision of dietary advice. This may consequently increased the risk of recurrent problems and serve to promote further atherosclerosis in the arteries of such patients. The observations highlights the needs to better understand the barriers to nutritional advice and compliance seen in CABG patients.

III. Literature related to long-term outcome after surgery

“Result of coronary artery surgery is young adult is the study by Nataf.P.Pariksh et al (conducted in zero. de ch—cardiovascular hospital de la pitie in 83 Boule ward de Hospital) (FRA.J.CARDIO.VASE.SVRG 1992 33/36(284). They studied 200 men and 21 women with an average age of 36.2yr. who were under gone CABG. The risk factor were cigarette smoking (69.6%) and hyper lipidemia and 129 patients had 3 vessel disease 23 had left main stem block. 446 saphenous vein graft and 79 internal mammary artery graft. Operative mortality 2.7% (6pt). 40 f them due to MI. 199 followed up for a mean of 7 year. 85 of them were free of angina . 11.5% were in a improved condition and the

study concluded even though coronary revascularization can be performed at a reduced risk in younger population; the long term prognosis is similar to that of the overall group of patient under going by pass surgery. So that they also need life style modifications to improve this long term prognosis.

The study on “long term survival and functional status in elderly after cardiac surgery “ done by Boucher J.M. and Dupras .A (AMJ cardiol 1997 jul.13(7) shows the functional status evaluated by the karnofsky score showed a successful functional out come in 84.6% patients at follow up so they concluded despite severe cardiovascular and often urgent conditions, sustained functional improvement and good long term survival can be objectively documented in most elderly patient after cardiac surgery.

Koch CG et al studied on “Prevalence of risk factors and not gender per se; determines short and long-term survival after coronary artery bypass surgery”. (J. cardio thoracic . vasc.Anesth.2003 Oct.17 (5) (585-93). The study that have compared post operative survival in women and men beyond hospital discharge report disparate results with regard to the independent effect of gender per se on ultimate survival. The study was a multi center investigation involving 24 US medical center. There were 2048 participants who under gone isolated CABG enrolled between September 1991 and September 1993 and after discharge. Among women; preoperative disease status; as expected; was more severe than that in men. Women were older and had more co-morbidity. However; there were no gender-related difference in short or long-term, survival after adjusting for covariates in the multivariate model. Pre-operative conditions such as congestive

heart failure; anemia diabetes and advanced age are indicative of greater risk in both women and men for lower survival after CABG and they concluded in such away that disease prevalence in women and genderperde; affects mid-and long term survival after cardiac surgery. Attention therefore should be focused can affect to reduce or modify such disease prevalence earlier in women; which may in turn allow longer survival after surgical interventions. Differences in post operative survival between women and men were related to the gender differences in distribution of preoperative risk factors.

IV. Article related to health education after CABG

Hart Ford K. Conducted a study on Tele Nursing and patients recovery from CABG (J. Adv.Nursing-2005.Jan50(5)459-68). Aimed to assess the effectiveness of structured post discharge; telephone interventions for patients and their partner recovering from CABG. The study was a randomized controlled trial of a telephone intervention aimed at reducing anxiety for patient experiencing a first bypass and for their case givers. The intervention consisted of a series of protocols delivered by a nurse with cardiac experience it was conducted via telephone at discharge and on days 1,2,4,7 and weeks 2 and 7 post discharge. Three major patient concern emerged. Physical affective and life style changes. Physical concern predominated during the first week. At day 7 and after a shift began to occur to long term; future oriented concern by week 7; most patient were planning for return to normal activities and several were making life style changes. They concluded like using a qualitative interview method made it possible to understand patient concern and study the working of tele nursing

interventions interns of providing timely reassurance and health promotion further research is needed to test the generalizability of the findings.

Lindsay G.M et al conducted a study on CAD patients perception of this health and expectation of benefits following CABG. This prospective study analyzed before and one year after 214 CABG patient; in the pre operative period related to the impact of CAD up on health and expectations of benefit and the post op interview examined the experience of operation and its impact on health. Patient described the pre-operatively in terms of dependency on others and medication and impending doom of major life threatening event. Benefit of health post operatively were viewed in terms of removal of a death sentence and freedom of choice; The views and insight suggest that CABG operation is regarded as a significant major life event; thus more information advice and counseling might help support patient before during the after surgery.

CHAPTER-3

RESEARCH METHODOLOGY

The methodology of the research means the general pattern for organizing the procedure together valid and reliable data for the problem under investigation. Research methodology is a way to systematically solve the problem. It include the process; techniques or approaches employed in solving the problem under study.

This chapter deals with methodology to assess the effectiveness of the existing health education methods in patients after CABG in SCTIMST. This chapter include the research approach; setting of the study; population sampling, tool and techniques; pilot study; Data collection and plan for analysis.

3.1. APPROCH TO STUDY

The present study was aimed to assess the effectiveness of the existing health education methods in patients after CABG in SCTIMST. The approach adapted for this study was a descriptive survey approach.

3.2. SETTING OF THE STUDY

In the review OPD of the SCTIMST, Thiruvananthapuram is selected for this study. Usually after discharge patients come 3rd day; 1 month; 3 month, 6 month, 1 year and 1 ½ year period for review. From 1/1/05 – 28/10-05 in this hospital about 344 CABG surgeries done. Among this 301male, 43 female; along with CABG 16 patients underwent for valve replacement. Ie. 15 male one female patient.

3.3. POPULATION

The CABG patients who are coming for Review in the OPD. SCTIMST.

3.4. SAMPLE AND SAMPLING TECHNIQUE

A convenient sampling technique used to select 20 patients on the basis of the criteria listed ,below lay down.

INCLUSION CRITERIA

- All the patients including men and women who had underwent CABG.
- All the patients who come to the review OPD for follow up after surgery.
- All the patients who showed willingness to participate in the study
- All the patients who knows either Malayalam or English
- All the patients who came in the month of September or October 2005 for follow up.

EXCLUSION CRITERIA

- Patients who were not willing to participate
- Patients who could neither speak Malayalam nor English.

3.5. TOOLS AND TECHNIQUE

Tool prepared is a structured questionnaire. There was no standard tool available to assess the effectiveness of existing health education. So researcher prepared the questionnaire to assess the post CABG patient's knowledge.

The research tool is devised on the basis of the following.

Review of relevant literature

Information received from experts in the field of medicine and nursing, SCTIMST.

Discussion with friends

Investigator's own experience and observations.

Then the questionnaire was prepared and submitted for validation of experts; corrections were made in the tool according to their recommendations.

The tool consist of 3 parts

Section A	Consists of information regarding personal data and demographic variables
Section B	Consists of questionnaire to assess the knowledge about the wound care activity; diet; medicine; habit modification and follow up
Section C	Consists of questions to interview patients, to get the idea about their own activity level and changes introduced by themselves in their lives.

Technique

SAQ (self administered questionnaire the researcher personality distributed the questions to patient.

Interview: -

With the help of a prepared set of questions. Investigator conducted interview to each patient to get their self reported activity and the changes in each patients life style after surgery.

3.6. Pilot study

Conducted pilot study by selecting 3 patients as sample; the questionnaire given and data collected. Most of them were unwilling to fill the questionnaire alone. The investigator first prepared to take data only from patient who completed 3 month after surgery and they comes for their follow up in the review OPD. But while on pilot study it is found that these were only a few patients for review after 3 month. Due to shortness of time; for data collection, after pilot study the researcher compelled to take every CABG patient as per the inclusion criteria listed above. From the pilot study we found that the tool is reliable.

3.7. Data Collection

Data collected from the last week of September to the 3rd week of October. Monday -Wednesday was selected for data collection because most of the review patients comes on that days, collected 20 patients data. Though these were a limit period of time the nursing staff in the OPD and the social worker helped in lot for collecting data.

PLAN OF ANALYSIS

The data collected from 20 subjects would be analyzed by the investigator after preparing the master data sheet. For the items, that are not scored; the number of responses to each opinion would be counted and percentage would be calculated. The method adopted was manual analysis.

Summary

This chapter covers the research approach; research design; settings of the study; population selection of sample criteria for sample selection; research tool and technique data collection process and analysis of the data.

CHAPTER 4

ANALYSIS AND INTERPRETATION

4.1. INTRODUCTION

This chapter deals with analysis and interpretation of data collected from the post CABG patients of SCTIMST at the time of their review in the months Sept- Oct. 2005. The findings of the present study are presented under the following headings.

Distribution of subjects according to

Section A	Distribution of subjects according to demographic variables.
Section B	Distribution of subjects according to their knowledge and practice regarding postoperative management of CABG.
Section C	Distribution of subjects on the basis of this relationship between knowledge, practice and demographic variables

Section A

Distribution of subject on the basis of demographic data

Table No. 1

DISTRIBUTION OF SUBJECT ACCORDING TO THEIR AGE AND SEX

AGE	SEX				PERCENTAGE
	Frequency	Percentage	Frequency	Percentage	
31-40	1	5.88%			5%
41-50	5	29.41%			25%
51-60	7	35%	2	10%	45%
61-70	4	20%	1	5%	25%
	N=17	85%	N=3	15%	100%

Data presented in the table I shows that 45% people belongs to the age group 51-60. It also shows that of the people who came for follow up were males, while 15% of the population was female. This information almost matches with the percentage of cases done in the hospital with regard to sex. Ie, last year till 28-10-05 344 CABG were done in this hospital of which 88.54% were males and 12.5% females (Admission register, CSICU, 2005).

Table No. 2

DISTRIBUTION OF SUBJECT ACCORDING TO EDUCATIONAL STATUS

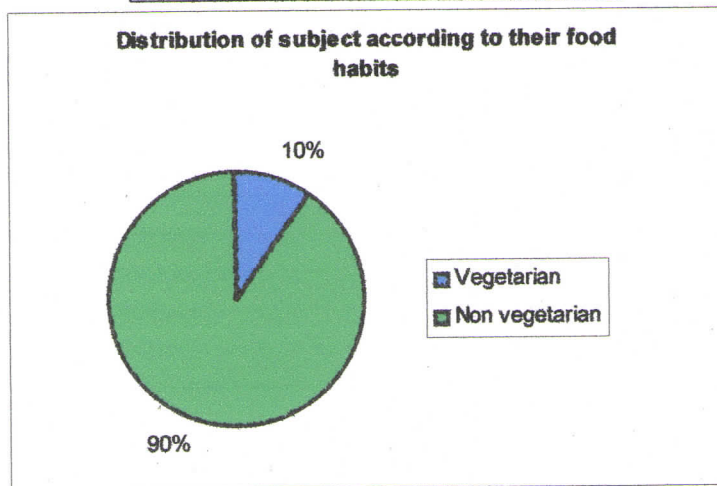
Educational status	Frequency	Percentage
Primary education	3	15%
High school education	14	70%
Pre-degree education	1	5%
Degree	1	5%
Professional education	1	5%
	20	100%

Data presented in the Table : 2 shows 70% of the people is having high school education. 15% having primary & 15% studied pre-degree or above.

Figure No.1

DISTRIBUTION OF SUBJECT ACCORDING TO THEIR FOOD HABITS

Vegetarian	10
Non Vegetarian	90



The pie diagram shows that majority of the subject belonged to non-vegetarian category vegetarian constituted only a minimum of 10%.

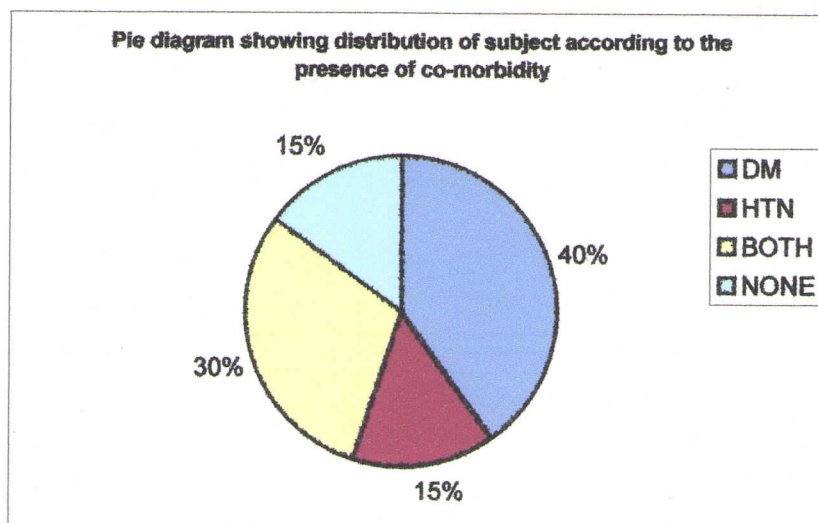
Table No. 3

**DISTRIBUTION OF SUBJECTS ON THE BASIS OF TIME PERIOD
AFTER DISCHARGE**

Time period after discharge	Frequency	Percentage
3 days	4	20%
1-2 Months	2	10%
3-5 months	8	40%
6-11 months	2	10%
12-17 months	2	10%
18-24 months	2	10%

Table shows that 40% of the study sample constituted CABG patients in between 3 - 5 months after discharge from the hospital after discharge.

Fig. 3



The diagram shows that 85% of people having certain type of co-morbidity. 40% were diabetic and 15% hypertensive alone, while 30% were suffering from both.

SECTION - B

DISTRIBUTION OF SUBJECT ACCORDING TO THEIR KNOWLEDGE AND PRACTICES REGARDING POST OPERATIVE MANAGEMENT

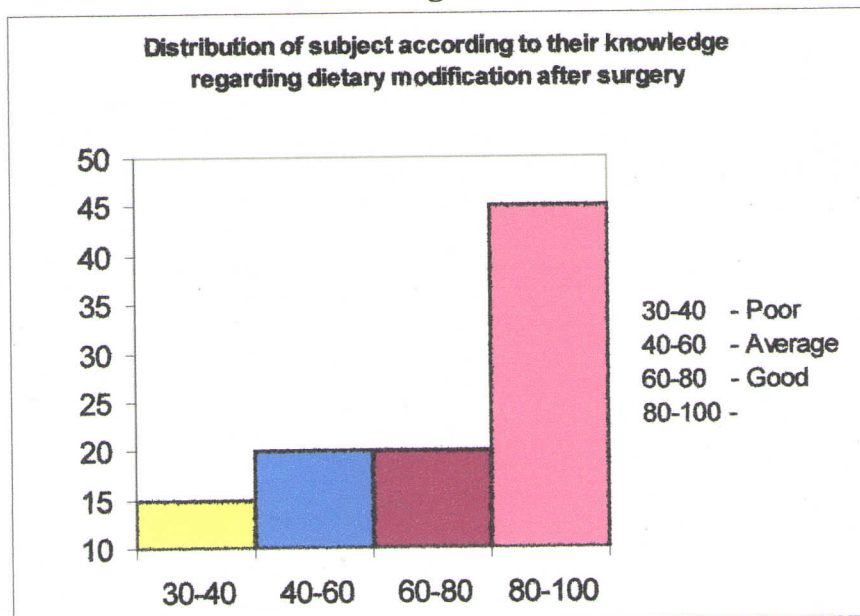
CABG

Table no.4

DISTRIBUTION OF SUBJECTS ON THE BASIS OF KNOWLEDGE REGARDING WOUND CARE

Level awareness respect % of males	Frequency	Percentage
Excellent (90-100%)	12	60%
Good (80-89%)	2	10%
Average (70-79%)	1	5%
Fair (50-69)	2	10%

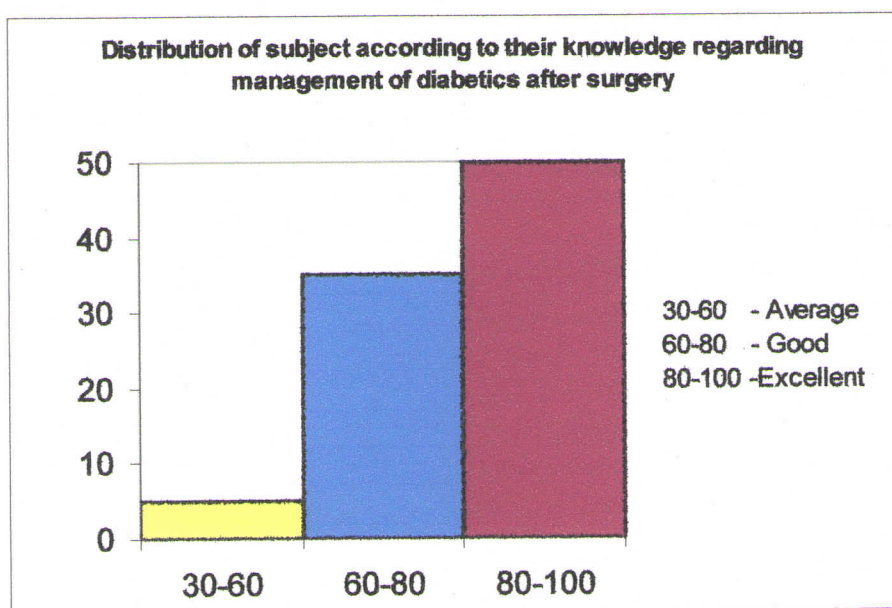
Fig .4



From the diagram it is clear that 45% of the sample got excellent knowledge regarding dietary management after CABG while 15% having poor knowledge. The values gives the idea that the knowledge about dietary management need improvement for patients after CABG.

Fig.5

BAR DIAGRAM SHOWING THE DISTRIBUTION OF SUBJECT ON THE BASIS OF THEIR KNOWLEDGE REGARDING MANAGEMENT OF DIABETES AFTER SURGERY.

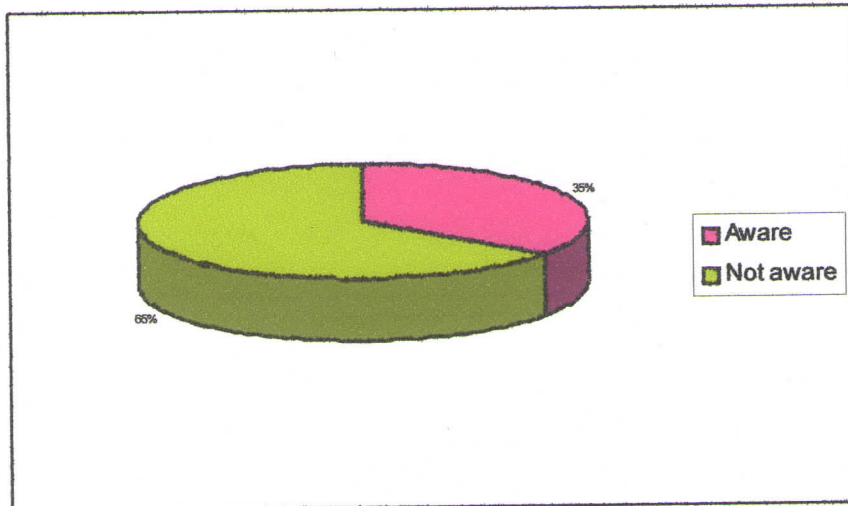


From the figure 50% of the sample shows an excellent knowledge while 35% having good & 5% have poor knowledge.

Table : 5
Distribution of subjects on the basis of their knowledge regarding aspirin therapy

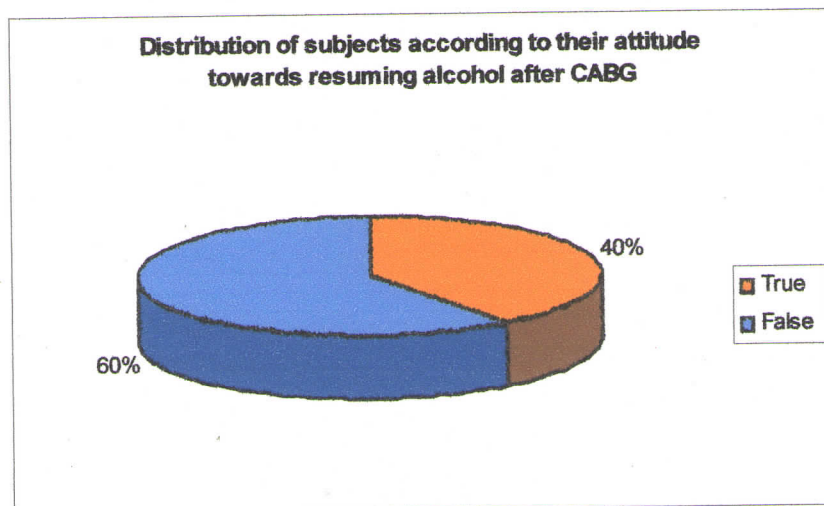
Knowledge	Frequency	Percentage
Excellent (81-100)	9	45%
Good (61-80%)	8	40%
Poor (31-60%)	3	15%

Fig.6
DISTRIBUTION OF SUBJECTS ON THE BASIS OF THIS KNOWLEDGE
REGARDING THE RELATIONSHIP BETWEEN HYPERTENSION AND
CAD



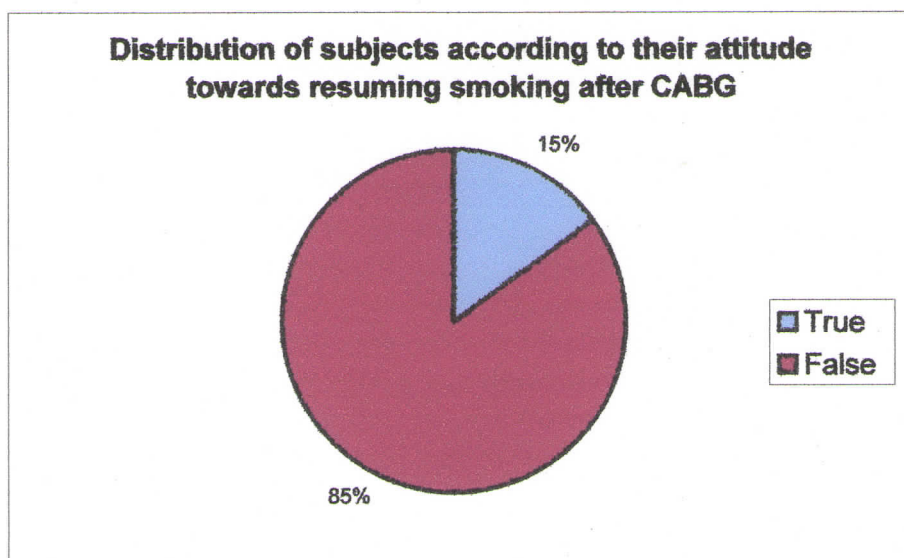
The diagram suggest the majority of the study sample (65%) believed that there is no relation between HTN and CAD.

Fig. 7



The figure shows 40% of the sample got a positive attitude towards alcoholism after surgery, while the majority 60% shows a negative attitude.

Fig. 8



The figure shows the majority of sample (85%) knows that resuming smoking after CABG may cause harm to their graft and other coronary vessels; while 15% were not aware about that.

Table : 6

DISTRIBUTION OF SUBJECTS ON THE BASIS OF THEIR ATTITUDE TOWARDS ACTIVITY

Attitude	Frequency	Percentage
Good (90-100%)	16	80%
Fair (80-89%)	3	15%
Poor (70-79%)	1	5

80% of the sample population was having a positive attitude towards activity and majority of them return their work as per doctor's advice.

Table no. 8

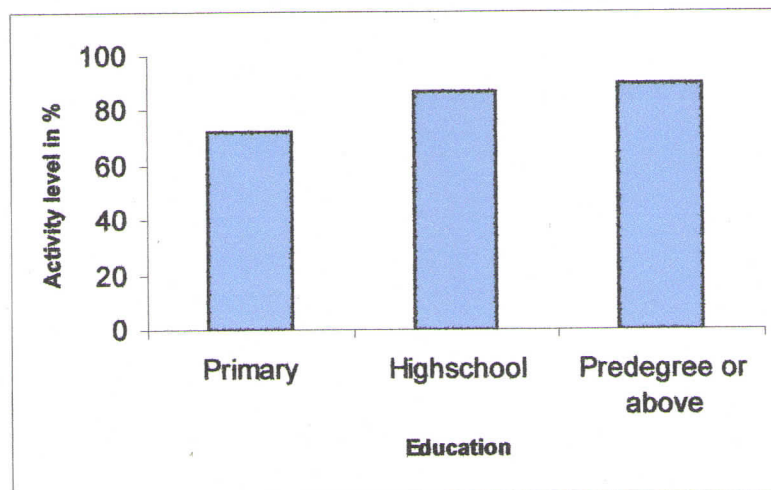
**DISTRIBUTION OF SUBJECTS ACCORDING TO RELATIONSHIP
BETWEEN SEX AND KNOWLEDGE**

Sex	Frequency	Average male	% of mark
Female	3	286	71.5%
Male	17	36	90.15%

The table shows that males, possess a comparatively higher knowledge (90.15%) about post operative management of CABG than females (71.5%)

Figure. 9

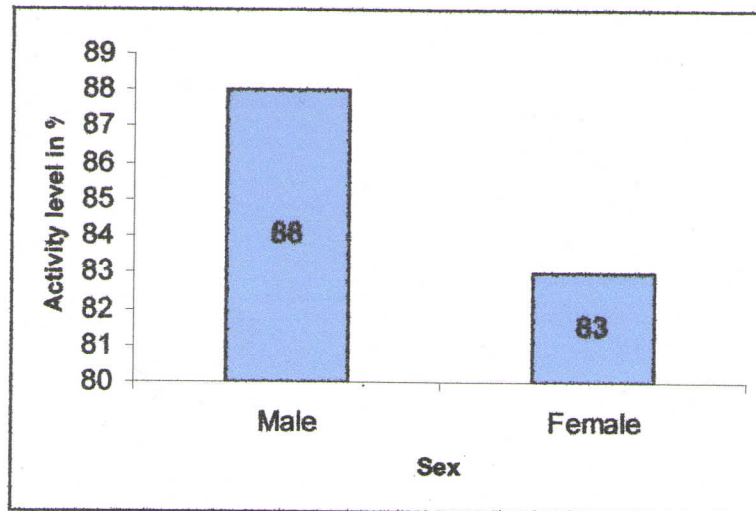
**BAR DIAGRAM SHOWING THE DISTRIBUTION OF SUBJECTS
ACCORDING TO THEIR RELATIONSHIP BETWEEN EDUCATION
AND PRACTICE**



The diagram shows a gradual increase in activity level with respect to the increase in educational status.

Figure. 10

**DISTRIBUTION OF SUBJECT ACCORDING TO THE RELATIONSHIP
BETWEEN SEX AND PRACTICE**



This figure shows that, male and female clients exhibit a difference of 5% in their activity levels after CABG

Table – 9

**DISTRIBUTION OF SUBJECTS ACCORDING TO THEIR
RELATIONSHIP BETWEEN KNOWLEDGE AND PRACTICE**

Knowledge level	Frequency population		Average mark		Activity level in %
	No.	%	Mark	%	
Excellent (40-35marks)	8	40%	36.75	91.87	93.75%
Good (34 – 30 marks)	9	45%	32	80%	80%
Fair (29-25marks)	3	15%	25.2	73%	70%

From the above table 40% of the sample got an excellent knowledge (91.875%) which they are putting into practice (93.75%) and as the knowledge level decreases the percentage of activity as the health practices is decreasing.

SECTION : C

DISTRIBUTION OF SUBJECTS ON THE BASIS OF RELATIONSHIP BETWEEN KNOWLEDGE; PRACTICE AND DEMOGRAPHIC VARIABLES

Table : 7

DISTRIBUTION OF SUBJECT ACCORDING TO THE RELATIONSHIP BETWEEN EDUCATIONAL STATUS AND KNOWLEDGE

EDUCATIONAL	FREQUENCY	AVARAGE MASK	PERCENTAGE OF MASK
PRIMARY EDUCATION	3	31.3	78.25%
HIGH SCHOOL EDUCATION	14	30.45	76.25
PREDEGREE ABOVE	3	37	92.5%

The table shows that 92.5% mask was obtained by the sample that had an educational qualification pre degree or above that is comparatively higher than other scores. But the high school education and primary education shows variation. So it is difficult to conclude that there is any relationship between educational status and knowledge with this limited sample.

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- ❖ The study findings marches with the data obtained from Admission register of CSICU (SCTIMST) 2005. That is till 28/10/05 344CABG were done in this hospital of which 88.54 percentage were males and 12.5% female. Similarly 85% of the study sample constitute male where as 15% of the population was female.
 - ❖ The study sample had got at least primary education.
 - ❖ 90% of the sample belongs to non vegetarian
 - ❖ 85% study sample suffering from certain type of co-morbidity 40% of them were Diabetic 15% hypertensive; 30% were suffering both.
 - ❖ 60% of the study sample were well aware about wound care after CABG.
 - ❖ Only 45% of the sample got excellent knowledge about dietary management where as 35% comes average or below average.
 - ❖ 50% of the study sample aware of Diabetics and its management.
 - ❖ 55% study sample got only a fair knowledge regarding aspirin therapy.
 - ❖ 40% study sample shows positive attitude towards alcoholism.
 - ❖ 85% sample knows that resuming smoking after CABG may cause harm to their graft and other coronary vessels, while 15% were not aware about that 5% in this group is still continuing with smoking.
 - ❖ 80% sample population was having a positive attitude towards activity and majority of them returned to their work as per Doctor's advice.
 - ❖ Study shows that male possess a comparatively higher knowledge (90.15%) about post operative management of CABG than females (71.5%).

-
-
- ❖ Study suggest a gradual increase in activity level with respect to the increase in educational status.
 - ❖ Male and female client exhibit a difference of 5% in their activity levels after CABG ie. Male patients were more active than female.
 - ❖ 40% of the sample got an excellent knowledge (91.875%) which they are putting into practice (93.75%). And as the knowledge level decreases the percentage of activity as the health practices is decreasing.

Limitations of the study

- ❖ The sample size limited to 20.
- ❖ The sample include subject from only one institute
- ❖ Not witnessing actual practice
- ❖ There is no group for comparison
- ❖ Convenient sampling technique is used

Implication of study

- The study result showed that only 40% sample got excellent knowledge regarding postoperative management of CABG. While 60% lacks it. It suggest the health education methods need improvement especially in the areas like dietary management; management of co morbidity and Aspirin therapy.
- Finding of the study may be utilized while planning health education materials.

RECOMMENDATIONS FOR FUTURE STUDIES

- a. Similar study involving a large sample with more time can be conducted to correlate the findings.
- b. A comparative study with one control group to whom without giving health education material can be done.
- c. A similar study can be done in other hospital for a comparison.

SUMMARY

The study conducted among post CABG patient shows with increasing knowledge the practice also increasing. Most of them were well aware about wound care; importance of exercise, management of diabetics and about follow up but they need to improve the areas like dietary management; Aspirin therapy; management of co morbidity other than diabetics.

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**ബൈപാസ് ശസ്ത്രക്രിയയ്ക്കുശേഷമുള്ള പരിചരണ അവബോധം
അളക്കുവാനുള്ള ചോദ്യാവലി**

രോഗിയുടെ വിവരണം

പേര് :
 വയസ്സ് :
 സ്ഥലം :
 വിദ്യാഭ്യാസം :
 ജോലി :
 മതം :

ശസ്ത്രക്രിയ ചെയ്ത തീയതി :

മറ്റുരോഗങ്ങൾ : (പ്രഷർ/പ്രമേഹം)

താഴെക്കൊടുത്തിരിക്കുന്നവയിൽ നിങ്ങളുടെ അഭിപ്രായം ശരി (✓) ചിഹ്നത്തിലൂടെ രേഖപ്പെടുത്തുക.

1. ദിവസവും സോപ്പും വെള്ളവുമുപയോഗിച്ച് കഴുകി ; വൃത്തിയുള്ള തുണികൊണ്ട് തുടയ്ക്കുന്നത് മുറിവുണ്ടാവാൻ സഹായിക്കും.
ശരി/തെറ്റ്
2. മുറിവിൽ നിങ്ങൾക്ക് ഡോക്ടറുടെ നിർദ്ദേശം ഇല്ലാതെ എന്ന് കുഴമ്പും; പൊടിയും ഇടാം.
ശരി/തെറ്റ്
3. 6 ആഴ്ച മുതൽ 3 മാസം വരെ ശരിയായ വിശ്രമം ആവശ്യമാണ്. എങ്കിലും ദിനചര്യകൾ തനിയെ ചെയ്യാം.
ശരി/തെറ്റ്
4. മൂന്ന് മാസം വരെ ചുമയ്ക്കുമ്പോഴും മറ്റും കട്ടിയുള്ള അലക്കിയ തുണികൊണ്ട് നെഞ്ചു താങ്ങി പിടിക്കണം.
ശരി/തെറ്റ്
5. നെഞ്ചിലെ ഉരസ്സൽ ശബ്ദം ഏകദേശം മൂന്ന് മാസക്കാലം നിലനിൽക്കും.
ശരി/തെറ്റ്
6. നിങ്ങൾ അലക്കിത്തേച്ച വസ്ത്രങ്ങൾ മാത്രമേ ധരിക്കാവൂ.
ശരി/തെറ്റ്
7. ദിവസവും തലയുൾപ്പെടെ കുളിക്കുന്നതിൽ പ്രശ്നമില്ല
ശരി/തെറ്റ്
8. കാലിൽ വൃത്തിയുള്ള ഇലാസ്റ്റിക് ബാൻഡേജ് കെട്ടിയതിനുശേഷം മാത്രം നടക്കുക.
ശരി/തെറ്റ്

9. രാവിലെ മുതൽ രാത്രി ഉറങ്ങുന്നതുവരെ കാലിൽ ബാൻഡേജ് കെട്ടുക.
ശരി/തെറ്റ്
10. കിടക്കുമ്പോൾ തലയണയിൽ കാൽ ഉയർത്തിവയ്ക്കുന്നത് നീര് കുറയ്ക്കുന്നതിനും മുറിവുണ്ടാക്കുന്നതിനും സഹായകമാണ്.
ശരി/തെറ്റ്
11. ഇരിക്കുമ്പോൾ കാൽ ഉയർത്തി വയ്ക്കുന്നതുകൊണ്ട് പ്രയോജനം ഇല്ല.
ശരി/തെറ്റ്
12. തുടക്കത്തിൽ പതിവായി 10-15 മിനിട്ട് വരെ നടക്കാം. പിന്നീട് അത് സാവധാനം കൂട്ടാം.
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13. ഒരു വർഷത്തിനുള്ളിൽ തന്നെ ഡ്രൈവിംഗ് പുനരാരംഭിക്കാവുന്നതാണ്.
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14. മൂന്ന് മാസത്തിനുള്ളിൽ മുറികൾ അടിച്ചുവരുന്നതിൽ തെറ്റില്ല.
ശരി/തെറ്റ്
15. മൂന്ന് മാസത്തിനുള്ളിൽ ലൈംഗിക ബന്ധം ആകാം.
ശരി/തെറ്റ്
16. ശസ്ത്രക്രിയയ്ക്കുശേഷം 6 മാസത്തേക്ക് തുണികൾ അലക്കരുത്.
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17. മുറിവ് നന്നായി ഉണങ്ങിയതിനു ശേഷം മാത്രമേ ആഘോഷങ്ങളിലും മറ്റും പങ്കെടുക്കാൻ സാധിക്കൂ.
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ശരി/തെറ്റ്
19. ശസ്ത്രക്രിയയ്ക്കുശേഷം പുകവലിക്കാം.
ശരി/തെറ്റ്
20. രോഗാണു ബാധ ഇല്ലാത്ത ആരേയും രോഗിയെ കാണാൻ അനുവദിക്കാം.
ശരി/തെറ്റ്
21. ശസ്ത്രക്രിയയ്ക്കുശേഷം ആഹാരത്തിൽ നിയന്ത്രണം വരുത്തേണ്ട ആവശ്യമില്ല.
ശരി/തെറ്റ്
22. മുറുക്കാനും (പുകയില, പാൻമസാല) ഹൃദ്രോഗവും തമ്മിൽ ബന്ധമില്ല
ശരി/തെറ്റ്
23. ശസ്ത്രക്രിയയ്ക്കുശേഷം ശരീരഭാരം കുറയ്ക്കുന്നത് ഹൃദ്രോഗം നിയന്ത്രിക്കാൻ സഹായിക്കും.
ശരി/തെറ്റ്
24. മുട്ടയുടെ മഞ്ഞ; മാംസാഹാരം എന്നിവ രക്തത്തിലെ കൊഴുപ്പിന്റെ അളവ് കൂട്ടും.
ശരി/തെറ്റ്
25. ഐസ്ക്രീം, എണ്ണകൾ; പേസ്റ്റി; കേക്ക് എന്നിവയ്ക്ക് രക്തത്തിലെ കൊളസ്ട്രോളുമായി ബന്ധമില്ല.
ശരി/തെറ്റ്

26. ശസ്ത്രക്രിയയ്ക്കുശേഷം മരുന്നുകൾ തുടരേണ്ട ആവശ്യം ഇല്ല.
ശരി/തെറ്റ്
27. രക്തത്തിലെ പഞ്ചസാരയുടെ അളവ് നിയന്ത്രിക്കുന്ന ഹുദ്രോഗം നിയന്ത്രിക്കുന്നതിന് സഹായിക്കും.
ശരി/തെറ്റ്
28. രക്തത്തിലെ പഞ്ചസാരയുടെ അളവ് കുറയ്ക്കാനുള്ള മരുന്ന് ശസ്ത്രക്രിയയ്ക്കുശേഷവും തുടരേണ്ടത് ആവശ്യമാണ്.
ശരി/തെറ്റ്
29. ആസ്പിരിൻ (എക്കോസ്പിരിൻ) ഗുളിക രക്തം കട്ടിയാവുന്നത് തടയുകയും ബൈപാസ് ചെയ്ത രക്തകുഴലിൽ കൂടിയുള്ള രക്തയോട്ടം സാധ്യമാകുകയും ചെയ്യുന്നു.
ശരി/തെറ്റ്
30. ആസ്പിരിൻ ഗുളിക ഭക്ഷണത്തിന് ശേഷം എടുക്കുന്നതാണ് നന്ന്
ശരി/തെറ്റ്
31. ആസ്പിരിൻ ഗുളിക പൊടിച്ചുപയോഗിക്കാം.
ശരി/തെറ്റ്
32. കൊഴുപ്പുകുറഞ്ഞ ഭക്ഷണത്തോടൊപ്പം സ്റ്റാറ്റിൻ പോലുള്ള മരുന്നുകൾ ഉപയോഗിക്കുന്നത് രക്തത്തിലെ കൊഴുപ്പ് നിയന്ത്രിക്കും.
ശരി/തെറ്റ്
33. സ്റ്റാറ്റിൻ ഗുളിക എടുക്കുന്നവർ മദ്യം ഉപയോഗിക്കരുത്
ശരി/തെറ്റ്
34. സ്റ്റാറ്റിൻ ഗുളിക രാത്രിയിൽ ഭക്ഷണത്തിനുശേഷം മാത്രം ഉപയോഗിക്കുക.
ശരി/തെറ്റ്
35. ശസ്ത്രക്രിയയ്ക്കുശേഷം രക്തസമ്മർദ്ദത്തിന്റെ മരുന്നുകൾ കഴിക്കേണ്ട ആവശ്യമില്ല
ശരി/തെറ്റ്
36. ശ്രീചിത്രയിൽ സാധാരണ 3-ാം ദിവസം ; 6 ആഴ്ചയ്ക്ക് ശേഷം ; 3 - ന് മാസത്തിനുശേഷം എന്നിങ്ങനെയാണ് പുന:പരിശോധനാക്രമം
ശരി/തെറ്റ്
37. ബൈപാസ് ശസ്ത്രക്രിയ ഒരിക്കലും രോഗം പൂർണ്ണമായും മാറ്റുന്നില്ല; അത് രോഗലക്ഷണങ്ങൾ കുറയ്ക്കേയുള്ളൂ.
ശരി/തെറ്റ്
38. ശസ്ത്രക്രിയയ്ക്കുശേഷവും ഹുദ്രോഗം തുടരുവാനുള്ള സാധ്യത കുറവല്ല.
ശരി/തെറ്റ്
39. പനി; ചൊറിച്ചിൽ; ക്ഷീണം ; തലവേദന തുടങ്ങിയ ചെറിയ പ്രശ്നങ്ങൾക്ക് നിങ്ങൾക്ക് അടുത്തുള്ള ഡോക്ടറുടെ ഉപദേശം സ്വീകരിക്കാം.
ശരി/തെറ്റ്
40. കാർഡിയോളജിസ്റ്റിന്റെ അഭിപ്രായ പ്രകാരം നിങ്ങളുടെ ജോലിയിൽ തുടരാവുന്നതാണ്.
ശരി/തെറ്റ്

PATIENTS PROFILE

NAME : AGE : SEX :
PLACE : EDUCATION : OCCUPATION :
RELIGION : VEG/NONVEGITARIAN :
DATE OF SURGERY:- CO-MORBIDITY (DM,/HTN) :

**CONSIDER THE FOLLOWING STATEMENT AND GIVE YOUR OPINION
BY PUTTING A TICKMARK AGAINST THE SUITABLE OPTION**

1. Daily washing with soap and water and drying the wound with clean towel smoothly enhance wound healing.
True
False
2. You can apply any Ointment; powder without prescription to the wound.
True
False
3. You need rest 6 week to three months but can do the self care activities.
True
False
4. The chest should be supported with thick clean and ironed towel pad while coughing for 2-3 month.
True
False
5. The rubbing sound on the chest last about 3 month.
True
False
6. You must wear cleaned and ironed dresses.
True
False

7. You can have daily bathing including hair washing.

True

False

8. Walk only with tight clean elastic bandage to leg.

True

False

9. Wear the bandage from morning till bed time.

True

False

10. Elevate legs with pillow while sleeping will reduce the edema and helps in wound healments.

True

False

11. Elevating legs while sitting have no effect in healing.

True

False

12. Driving can be resumed before 1 year.

True

False

13. Can start daily walking for 10-15 mts and gradually it should increase.

True

False

14. You can broom your room with in 3 month.

True

False

15. You can have sex with in 3 month.

True

False

16. Washing your dress by your self is contraindicated up to 6 month.

True

False

17. You can not participate in functions or visit crowded places until you would get completely healed.

True

False

18. Patients after CABG can resume alcohol.

True

False

19. Patient after CABG can resume smoking.

True

False

20. Chewing pan massala had no harm in CAD.

True

False

21. There is no harm in allowing visitors who have no infection.

True

False

22. There is no need to continue the food restrictions as before surgery.

True

False

23. Weight reduction will helps to control CAD.

True

False

24. Egg yolk; pork; beef; organ meats will increase blood cholesterol.

True

False

25. Ice cream; oils; pastries; cake will not affect blood cholesterol level.

True

False

26. There is no need to continue drug after surgery.

True

False

27. Control of Diabetes has got significant effect in controlling CAD process.

True

False

28. You need to continue antidiabetic measures after CABG.

True

False

29. You need to take aspirin like antiplatelet therapy to augment the vein graft patency.

True

False

30. Tab. Ecospirin (Aspirin) should be taken after food.

True

False

31. Tab. Ecospirin should be broken before consumption.

True

False

32. Along with low cholesterol food; drug like statins will enhance reduction of blood cholesterol.

True

False

33. Alcohol intake along with statin enhance liver damage.

True

False

34. Statins should be taken at night after food.

True

False

35. You can omit your antihypertensive drug after CABG.

True

False

36. The follow up in chitra is usually after 3 day; 6 weeks, 3 month, 6 month, 1 year & 1¹/₂ year.

True

False

37. CABG is a curative surgery not a corrective one.

True

False

38. Even after surgery there is chance to continue the disease process.

True

False

39. Can approach local doctors for minor problems like itching; redness; fever; headache etc.

True

False

40. According to your cardiologist's opinion you can return to your work.

True

False

Thank you.

