EFFECTS OF PRE OPERATIVE TEACHING ON POST OPERATIVE OUTCOME OF PATIENT UNDERGOING LAMINECTOMY

Project Report

SUBMITTED BY

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Submitted in partial fulfillment of the requirement for the Diploma in Neuro Nursing

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY THIRUVANANTHAPURAM

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CERTIFICATE

Certified that this study to assess the effect of Pre operative teaching on Post operative outcome of patient undergoing Laminectomy is a bonafide work of ANJANA. P. at the Sree Chitra Tirunal Institute for Medical Sciences and Technology.

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

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Investigator
Anjana .P

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Introduction

CHAPTER - I

INTRODUCTION

BACKGROUND OF THE STUDY

Laminectomy is the surgical removal of lamina, part of the posterior arch of vertebrae. Laminectomy is a procedure done in spinal cord tumors. Spinal cord tumors constitute approximately 0.5% to 1% of all tumors in the over all population, occuring about one tenth as frequently as brain tumors. Mostly Laminectomy can done equally in males and females. Generally affecting those in the 30-70 years age range [median range of 28 yrs]. Several complications can develope after Laminectomy, some are more apt to occur in the immediate post operative period, where as others usually arise later, when ever these occur, Medical assessment and medical emergency will be necessary.

Patient who undergo Laminectomy are generally anxious and have poor knowledge about hospital stay, disease progress and outcome. Many studies have been carried out while organize education as an effective methodology of improving patients knowledge level reducing complications and anxiety. Health education makes the patient to

improve the knowledge about disease condition, post OP events and care after surgery.

NEED AND SIGNIFICANCE OF THE STUDY

Laminectomy is the surgical removal of Lamina. Patient who undergo Laminectomy are generally anxious and have poor knowledge about hospital stay, disease progress and outcome. And also patient having walking difficulties, how to lift a weightful object from ground, when to climb up stairs after surgery. Most of the patient were very much depressed due to this problems. So investigator felt the need to improve the patient knowledge by health teaching about post op events of Laminectomy.

STATEMENT OF THE PROBLEM

A study to assess the effect Pre-operative on post operative outcome of patient undergoing Laminectomy.

OPERATIONAL DEFINITION

Pre-operative Teaching :- In this study it means assessing the knowledge level of the patient before surgery, and also giving awareness

about the disease condition, treatment modalities and care after surgery, with the help of health education.

Laminectomy : Laminectomy is defined as the surgical removal of the lamina part of the posterior arch of vertebra.

Post operative test :- It means to assess the effectiveness of pre-operative health teaching through assessing the knowledge level with the help of same questionnaire that was given pre-operatively.

OBJECTIVES

- To assess the knowledge level of the patient about care after Laminectomy.
- To assess the effectiveness of Pre- Operative teaching about the care of patient undergoing Laminectomy.

DELIMITATIONS

This study was limited to

The patient undergoing surgery for Laminectomy.

The patient who are consious oriented and co-operative.

ORGANISATION OF THE REPORT

Chapter - II : Summary of related articles reviewed.

Chapter - III : Deals with Methodology

Chapter IV : Analysis and interpretation of the findings.

Chapter V : Represents the summary of the study implication limitation, conclusion and recommendation.

This report also includes a selected bibliography and appendix.

SUMMARY

The chapter deals with the background of the study, need for study, statement of problem, objectives, operational definitions and De limitations. Organization of the report and summary.

Review of Literature

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is an important aspect of any research project from beginning to end. It gives greater insight into the problems and helps in selecting methodology developing tool, and also analysing data. With these in view an intensive review of literature has been done.

The review of literature relevant to this study is presented in the following sections :-

Joseph (2003) conducted a study of cervical spondylotic Myelopathy, chronic degenerative condition of the spine that produces, narrowing of the spinal canal and disruption of spinal cord function. Patients with CSM exhibited decreased quality of life in all eight SF-36, domain, as well as with physical and mental component summary scores compared with veteran administration, population normative values. Patient with CSM exhibited decreased quality of life in all health domains assessed with SF 36, ageneric health outcome measurement. The impairements of patients with CSM, extended beyond the motor sensory and bladder dysfunctions recorded with myelopathy scales in to the realms of emotional and mental health.

Mohammed (2006) reviewed the patient with meningomyelocoele treated with team approach and evaluated their early and long term outcome. They included 95 patients with meningomyelocoele operated. The medical records were reviewed from the aspects of neurologic and physical findings, surgery performed and complications. Parental age and education were analysed when available. There were 41 boys (43.1%), 54 girls (56.9%). The lumbar region was the site of meningomyelocoele in 57 patients. Patient with sacral/cervical meningomyelocoele at other levels. In conclusion, the management of children with meningomyelocoele needs a team approach. The majority of patient had a normal IQ and a socially acceptable degree of continence and were able to walk. The patient should be treated with aggressive therapies when ever possible.

Hoshimaru et al (1999) conducted a study to determine what factors affect surgical morbidity. 36 consecutive patients who underwent surgical removal of an intramedullary spinal cord ependymome, were included in this retrospective study. This included 19 women and 17 men between the age of 12 and 67 years. The location of the tumors was cervical in 24 cases, cervicothoracic in 3 cases, thoracic in 7 cases, and conus in 2 cases. At surgery complete removal was achieved in 34 patients and subtotal removal

was performed in the remaining two. The result was non tumour recurrence in patients except one who had an anaplastic ependymoma. After a mean follow up period of 56 months. Surgical removal of intra medullary ependymomas is beneficial to patients. However the thoracic cord may be susceptible to surgery. Manipulations for intra medullary ependymomas. In addition intraoperative findings of arachinoid scarring and cord atrophy are omnious for surgical morbidity.

Richard (1994) conducted a followup study to present the long term outcome of 984 patients operated for herniated lumbar disc. It was possible to follow 98% of patients from the time of operation, to the study time. The most common presenting complaint was back pain with sciatica in one leg. The most frequent neurological finding was impaired straight leg raising, Myelography confirmed the diagnosis in 80% patients. But most recently enhanced CT, MRI have been preferred studies. Theoperative procedure was either laminectomy or laminectomy with 35 magnification and fiberoptic lighting. Hermiated lumbar disc involved L4-L5 and L5-S1 with equal frequency. The recurrence rate was 6% One third of which developed during the 1st year after operation the complication rate was 4%. In 89% of patient outcome was good.

Houter John (2003) conducted a retrospectively reviewed the records of 38 patients who underwent laminectomy and lateral mass plating for cervical spondylotic myclopathy. Lateral cervical spine x-ray were analysed using a curvature index to determine the maintainance of alignment. Each surgically decompressed level was graded on a four point scale using axial MRI to assess the adequacy of decompression. Late follow up was conducted by telephone interview. Multi level laminectomy and instrumentation with lateral mass plate is associated with minimal morbidity. Provided excellent decompression of the spinal cord, produced immediate stability of the C-spine. Prevented kyphotic deformity and precluded further development of spondylosis at fused levels. Neurological outcome was equal or superior to multilevel anterior procedures and prevented spinal deformity associated with laminoplasty or non instrumented laminectomy.

Saki (2003) conducted a study to analyse the prognostic factors by comparing younger and elderly patients groups on the basis of preoperative and radiological clinical data. To assess the prognostic factors after surgery had been performed, the clinical and radiological data of 64 patients who under went expansive laminectomy were reviewed. Patients were classified into two groups. Younger patient group (<65 years of age), No.29) and an

elderly group (≤69 years No.35). Neurological status assessed by JOA Scale. [Japanese Orthopaedic Association Scale) The effects of clinical and radiological outcomes were investigated. The pre op and post operative mean JOA score in elderly patients were significantly lower than those in younger patients. For elderly patients the transverse area of spinal cord at the level of maximum compression and symptom duration were the factors that predicted an excellent recovery. The transverse area of the spinal cord may be reliable predictor of excellent recovery in both younger and elderly patient group. Shorter symptom duration was an imp : factor in the excellent recovery of elderly patients.

Fowler (2005) conducted a study was to investigate health related quality of life as an out come measure in patients undergoing ant : cervical discectomy and fusion. Data were collected pre-operatively at 6 wks and 6 mts post operatively. Cervical disc disease and ant : cervical discectomy impact health related quality of life. A holistic approach to the education and support of patient undergoing ACD & F surgery is recommended through out pre op and post op periods.

Antonio (2005) conducted a study to review the series of patients who underwent surgical removal of intramedullary spinal cord tumors focussing

on the longterm functional outcome, recurrence rate ..... 202 patients underwent of removalof intramedullary tumors. Lesions located of C-spine 61, Dorsal site 60 cervical dorsal site 60. The most frequent histological tumor types were astrocytonia 86 patients, ependymoma - 68 patients, Determinant predictors of a good outcome after surgery for intramedullary spinal cord tumors are histological types of lesion, complete removal of lesion and a satisfactory neurological status before surgery.

Anazi (204) conducted a prospective study of 82 patients with a single level of lumbar disk prolapse included the analysis and correlation of clinical and radiological fators including, age, sex height, weight presenting symptoms and their duration; 32% of patients had significantly dilated epidural veins, their presence was influenced by the patients Age, sex, predominance of low back ache, duration of symptoms. A 34% of patients had appreciable firbosis at the surgical site. The procedure of microdiscectomy lasted longer than 120 mts in 34% of patients, whose predominant symptoms was low back pain with prolongd duration of symptoms and abnormal radiographic findings. Lumbar discetomy is expected to be a difficult procedure, in obese female patients, and in those patients with low back pain as the predominant symptom lasting for longer

12 months. The procedure is expected to be easier in male patients with leg pain of short duration and no bony abnormalities.

KIM (2006) conducted a retrospective study of 53 intramedullary spinal cavernous malformations were surgically managed. Long term evaluation of pain outomes was available in 21 patients. Pain outcomes were characterized as improved unchanged or worsed compared with pre OP and immediate post OP status. 7 patients presented with radiculopathy 12 with central pain and 4 with both. Immediately after surgery the pain symptoms improved in 18 patients. Although pain relieves immediately after surgery is good. This study found that recurrence is common that only approximately 50% patients report long term benefit. Despite the significant limitations of this retrospective study, these data may serve as a guide when counselling patients preoperatively to help them to maintain realistic expectations about outcomes.

Research Methodology

CHAPTER - III

RESEARCH METHODOLOGY

INTRODUCTION

Research Methodology is the way to systematically solve the research problem. It includes the steps that the researcher adopts to study his problem with the logic behind.

This chapter provides brief description of different steps taken to conduct the study. It includes research approach, research design, setting of the study, sample and sampling technique criteria for sample collection, data collection description of tools, pilot study and plan of analysis.

Statement of the problem

A study to assess the effect of Pre-operative teaching on post operative outcome of patients undergoing Laminectomy in SCTIMST.

Objectives

1. To assess the Pre-operative knowledge level of the patient about the care after Laminectomy.

2. To assess the effectiveness of Pre-operative teaching about the care of patient undergoing laminectomy.

Research Approach

To accomplish the objectives of the study, the investigator used consecutive sampling.

Research Design

To fulfilling the objectives of the study the following design was utilized for collection and analysis of data.

One group pretest - post test design was used O1---- x ---- O_2

Settings

The study was conducted in Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram.

The rationale for selecting this hospital because the investigator was familiar with this hospital. This is one of the famous hospitals in India doing Laminectomy Surgery. In our institute minimum 3 or 4 laminectomy surgeries are done in a week.

Population

In this study the total strength is 20 patients, 12 males and 8 females. The patients who are undergoing Laminectomy Surgery at SCTIMST.

Sample & Sampling Technique

Consecutive sampling Technique was used to select samples for the study. All the patient who meet the inclusion criteria were selected. The total duration of the study period August - October 2006.

Crieteria for sample selection

Inclusion Crieteria - Patient who are posted for Laminectomy.

Patient who are co-operative conscious and patient who speak Malayalam.

Development of Data Collection of Tool

Data collection tool refers to the instrument which was constructed by the investigator to obtain relevant data. The tool was prepared by the investigator after extensive review of literature. A questionnaire consist of identification data, and a multiple choice 8 questions for assessing the knowledge and 2 questions for attitude towards surgery. A health education pamphet was prepared based on the literature review, content validity was tested with the help of subject experts from the institute.

Description of Tool

A structural interview schedule consisted of two main sections:-

A - Obtaining demographic data of the patient.

B - It consist of 10 questions - 8 questions for assessing the knowledge level of the patient and 2 questions for attitude towards surgery. The knowledge level assessment were done pre operatively and also post operatively, questiònnaire include, questions about disease condition pre-op procedures and care after surgery. For each question scoring was done one mark for good response and zero for no response.

Pilot Study

After obtaining prior permission from authorities study started on August. The aim of the pilot study was to find practicability and feasibility of the tool. The study was conducted among 5 patients The pilot study gave more information about the research study. The pilot study sample patients are included in the main study. After making necessary correction in the tool the main study conducted.

Data Collection

Since no problem was faced during pilot study same method of data collection was used for final study. The final study was done during Septemer - October 2006. Researcher first introduced herself and explain need and purpose of the study to the subjects and written consent has been taken from the patient. After getting consent from the patient, knowledge level was tested with the help of multiple choice questionnaire. After this health education was given to the patient and also gave opportunity for clarification of doubts.

Post operative gain in knowledge was tested on the 4th Post Operative day using the same tool.

Plan of data analysis

The researcher decided to analyze the data interms of frequency and percentages and to present them in the forms of tables, bar diagrams and pie diargams.

Summary

The chapter deals with introduction, statement of the problem, objectives, research approach, research design setting, of the study. Population samples and sampling techniques, crieteria for sample selection, development of data collection of tool, description of tools, pilot study, data collection, procedures and plan of analysis.

Analysis & Interpretation of Data

CHAPTER - IV

ANALYSIS AND INTERPRETATION OF DATA

INTRODUCTION

This chapter prevents the analysis and interpretation of data collected from 20 patients who are undergoing Laminectomy.

Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered. The over all aim of analysis is to organize, provide structure to and elicit meaning from research data.

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

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

Section - I Distribution of data according to demographic variable.

Distribution of sample according to sex

Distribution of sample according to age group.

II Percentage distribution of sample according to pretest and post test marks.

III Distribution of data according to pre and post procedural knowledge score in Sub areas.

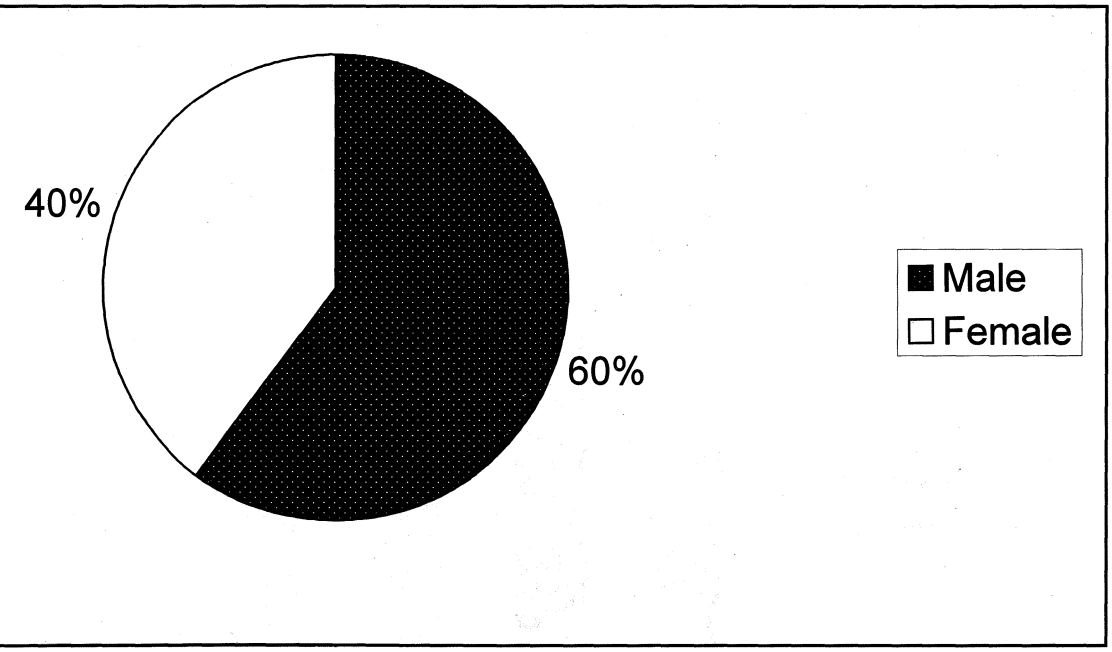
TABLE - 1

DISTRIBUTION OF SAMPLE ACCORDING TO SEX

Sl.No.	Sex	Frequency	Percentage
1	Male	12	60%
2	Female	8	40%

FIGURE - 1

DISTRIBUTION OF SAMPLE ACCORDING TO SEX



Pie digram shows that Male to have more Laminectomy.

TABLE - 2

DISTRIBUTION OF SAMPLE ACCORDING TO AGE GROUP

Sl.No.	Age Group	Frequency		Percentage
		Male (%)	Female (%)	
1	30-39 Yrs	3	2	25%
2	40-49 Yrs	4	2	30%
3	50-59 Yrs	2	3	25%
4	60-69 Yrs	3	1	20%

TABLE - 2

BAR GRAPH SHOWING DISTRIBUTION OF SAMPLE ACCORDING TO AGE GROUP

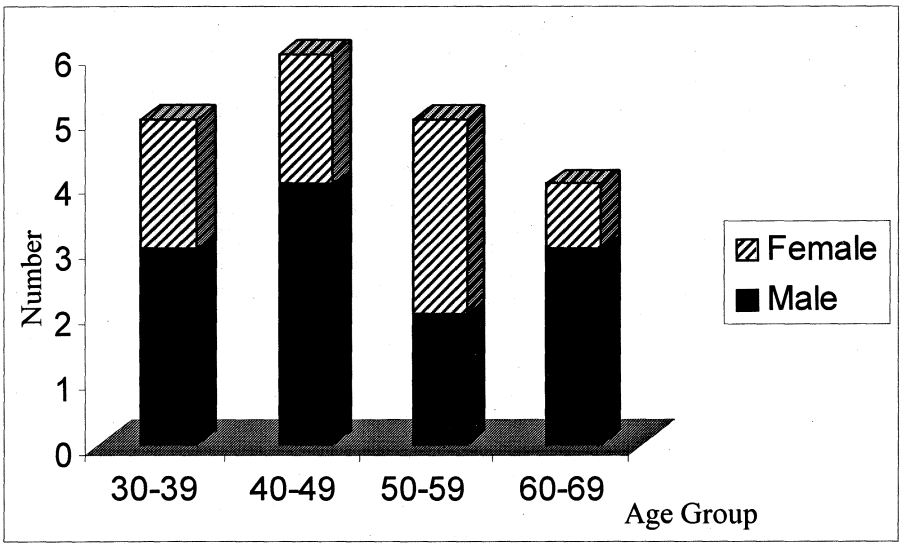


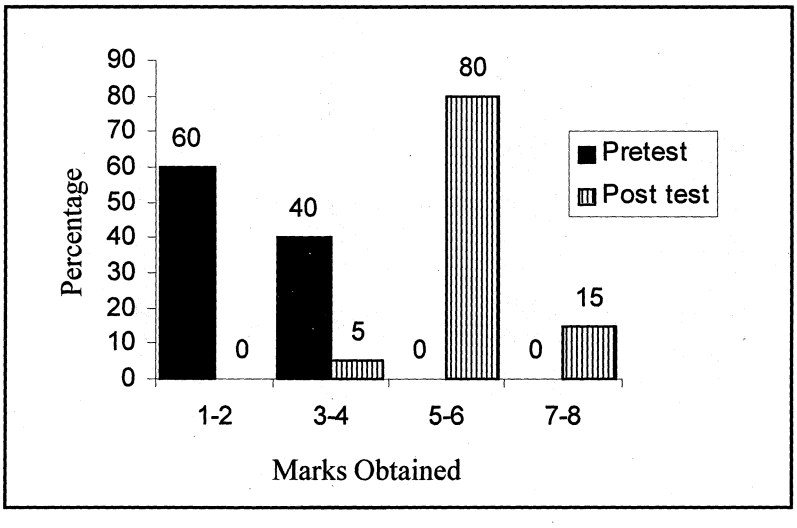
TABLE - 3

PERCENTAGE DISTRIBUTION OF SAMPLE ACCORDING TO PRE TEST POST TEST MARKS

Marks	Pre test No (%)	Post test No (%)
1-2	12 (60%)	Nil
3-4	8 (40%)	1 (5%)
5-6	Nil	16 (80%)
7-8	Nil	3 (15%)

TABLE - 3

BAR GRAPH SHOWING PERCENTAGE DISTRIBUTION OF SAMPLE ACCORDING TO PRE TEST POST TEST MARKS



Bar graph showing distribution of sample according to marks obtained in the pre test and post test marks.

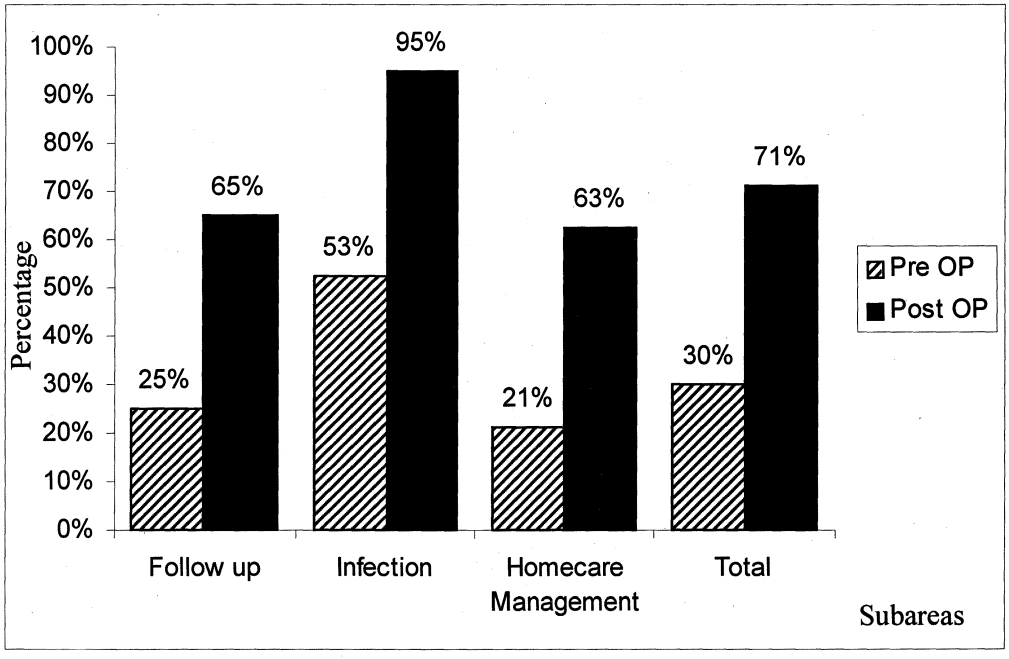
TABLE - IV

DISTRIBUTION OF DATA ACCORDING TO PRE AND POST PROCEDURAL KNOWLEDGE SCORE IN SUB AREAS

Sl.No.	Sub Areas	Pre OP	Post OP
9-10	Follow up	25%	65%
7-8	Infection	52.50%	95%
3-4-5-6	Homecare Management	21.20%	62.50%
3 to 10	Total	30%	71.20%

FIGURE - IV

BAR GRAPH SHOWING PRE AND POST PROCEDURAL KNOWLEDGE SCORE IN SUB AREAS



Summary , Conclusion, Limiation & Recommendation

CHAPTER - V

SUMMARY, CONCLUSION LIMITATION AND RECOMMENDATIONS

This study was conducted with the objective, to assess the effectiveness of preoperative teaching on post operative outcome of patients undergoing Laminectomy. The structured interview schedule was used for collecting data from twenty samples.

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

The research approach adopted for the study was experimental approach, One group pretest, post test design. This study was conducted at Neuro surgery ICU and Neurosurgery ICU and Neuro surgery ward of Sree Chitra Tirunal Institute for Medical Sciences and Technology . Consecutive sampling technique was used to obtain samples. The sample comprised of 20 patients who underwent Laminectomy.

Tools used for data collection was structured interview schedule comprising of two sections. Section A deals with demographic data of the

patient. Section B deals with knowledge level of the samples assessed with questionnaires.

The prepared tool was given to experts for content validity. The pilot study findings revealed that the study was feasible and practicable. The data collection was done in the month of September and October 2006. The findings were analysed and interpreted by using descriptive statistics.

Major findings of the study

This study showed that after giving health education postoperative knowledge improved. The post operative knowledge was comparatively better than preoperative knowledge.

Limitations

1. The study was limited to SCTIMST, Trivandrum

2. The sample size was limited to 20 patients, both females and males

Conclusion

Based on the findings of the study the following conclusion were drawn.

Proper health education, seems to increase knowledge level related to care after Laminectomy among patients undergone Laminectomy.

Recommendations

Further study can be done to assess the effect of preoperative teaching on post operative outcome of patients undergoing Laminectomy in other institutions.

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CHAPTER - VI

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Appendices

APPENDIX - A

സമ്മതപത്രം

എന്റെ (രോഗി) അസുഖവുമായി ബന്ധപ്പെടുത്തിയും, അറിവ് പരിശോധിക്കു ന്നതിനായും ഓപ്പറേഷന് മുമ്പും അതിനുശേഷവും ആശുപത്രിയിൽ നടക്കുന്ന കാര്യങ്ങളെക്കുറിച്ചും, ഡിസ്ചാർജ്ജിന് ശേഷം വീട്ടിൽ പാലിക്കേണ്ടതായ നിർദ്ദേശങ്ങളെക്കുറിച്ചും എനിക്ക് പറഞ്ഞു തരുന്നതിനായി ഞാൻ പൂർണമായി സമ്മതിക്കുന്നു. ഇത് ഒരു പഠനത്തിന്റെ ഭാഗമാണ്. ഇതിനുവേണ്ടി ഞാൻ പൂർണമായി സഹകരിച്ചുകൊള്ളാമെന്നും സമ്മതിക്കുന്നു.

എന്ന്,

രോഗി

തീയതി :

APPENDIX - B

QUESTIONNAIRE

ശരിയായ ഉത്തരം – 1 മാർക്ക്
തെറ്റ് – 0 മാർക്ക്

1. ലാമിനക്റ്റമി എന്ന ഓപ്പറേഷനെകുറിച്ച് താങ്കൾക്ക് അറിയാമോ ?

   1.അറിയാം 2. അറിയില്ല

2. താങ്കൾക്ക് ലാമിനക്റ്റമി എന്ന ഓപ്പറേഷനെകുറിച്ച് ഭയമുണ്ടോ?/ ഭയമുണ്ടായിരുന്നോ ?

   1. ഉണ്ടായിരുന്നു 2. ഇല്ലായിരുന്നു 3. ചെറിയ രീതിയിൽ

3. ഓപ്പറേഷനുശേഷം തറയിൽ നിന്നും സാധനങ്ങൾ എടുക്കേണ്ടത് എങ്ങനെ എന്നറിയാമോ ?

   1. കാൽമുട്ടു മടക്കി ഇരുന്നതിനുശേഷം

   2. അറിയില്ല

   3. കുനിഞ്ഞെടുക്കുക

4. ഓപ്പറേഷനുശേഷം തലയണ ഉപയോഗിക്കുന്നതുമൂലം എന്തെങ്കിലും പാർശ്വഫലങ്ങൾ ഉണ്ടാകുമോ ?

   1. ഉണ്ടാകാം 2. ഉണ്ടാകില്ല 3. അറിയില്ല

5. ഓപ്പറേഷനുശേഷം എത്രനാൾ കഴിഞ്ഞ് ഭാരിച്ച വസ്തുക്കൾ എടുക്കാം?

   1. 1 മാസം 2. 2. മാസം 3. അറിയില്ല

6. സാധാരണ ഓപ്പറേഷൻ കഴിഞ്ഞ് എത്ര ദിവസത്തിനുള്ളിൽ നടക്കാം ?

1. 3-4 ദിവസം 2. 6-7 ദിവസം 3. അറിയില്ല

7. ഡിസ്ചാർജ്ജായി വീട്ടിൽ പോയതിനുശേഷം ഓപ്പറേഷൻ ചെയ്തഭാഗം വൃത്തിയാക്കേണ്ടത് എങ്ങനെയെന്ന് താങ്കൾക്ക് അറിയാമോ ?

1. അറിയാം 2. അറിയില്ല

8. സാധാരണ മുറിവിന്റെ ഭാഗത്ത് അണുബാധയുടെ ലക്ഷണങ്ങൾ എന്തെല്ലാം എന്ന് താങ്കൾക്കറിയാമോ ?

1. അറിയാം 2. അറിയില്ല

9. പുനഃപരിശോധനയുടെ പ്രാധാന്യത്തെക്കുറിച്ച് താങ്കൾക്ക് അറിയാമോ?

1. അറിയാം 2. അറിയില്ല

10. പുനഃപരിശോധനയ്ക്കു വരുമ്പോൾ എന്തെല്ലാം സാധനങ്ങളാണ് പ്രധാനമായും കൊണ്ടു വരേണ്ടത് എന്ന് താങ്കൾക്കറിയാമോ ?

1. അറിയാം 2. അറിയില്ല

APPENDIX - C

HEALTH EDUCATION

- ലാമിനക്റ്റമി എന്നാൽ നട്ടെല്ലിന് ചെയ്യുന്ന ഒരു ഓപ്പറേഷനാണ്.

- ഓപ്പറേഷന്റെ തലേദിവസം തന്നെ ഓപ്പറേഷൻ ചെയ്യേണ്ട ഭാഗത്തെ രോമം വടിച്ചുകളയുകയും മരുന്ന് ഉപയോഗിച്ച് വൃത്തിയാക്കുകയും ചെയ്യും.

- ഓപ്പറേഷന്റെ തലേന്ന്, രാത്രി ഭക്ഷണത്തിനുശേഷം താങ്കൾക്ക് വെള്ളമോ ആഹാരമോ കഴിക്കാൻ പാടുള്ളതല്ല. താങ്കൾക്ക് ക്ഷീണം അനുഭവപ്പെട്ടാൽ സിസ്റ്റേഴ്സ് നിങ്ങൾക്ക് ഡ്രിപ്പ് തരുന്നതായിരിക്കും.

- ഓപ്പറേഷൻ തീയേറ്ററിൽ പോകുന്നതിന് മുമ്പ് താങ്കൾക്ക് ബന്ധുക്കളെ കാണാൻ പറ്റും.

- ഓപ്പറേഷൻ തീയേറ്ററിനുള്ളിൽ വച്ച് ഡോക്ടേഴ്സ് നിങ്ങൾക്ക് ചില മരുന്നുകൾ ഞരമ്പിലൂടെ തരും. അതിനാൽ താങ്കൾക്ക് ഉറക്കം വരും.

- ഉറങ്ങാനുള്ള മരുന്ന് മൂലം താങ്കൾക്ക് ഓപ്പറേഷൻ സമയത്ത് ഒന്നും അറിയാൻ കഴിയില്ല.

- ഓപ്പറേഷൻ കഴിഞ്ഞാൽ താങ്കളെ ഐ.സി.യു. വിലേക്ക് മാറ്റും ഈ മുറിയിൽ കൂട്ടിരിപ്പുകാർക്ക് പ്രവേശനമില്ല. എങ്കിൽപ്പോലും താങ്കളുടെ കാര്യങ്ങൾ അതാതുസമയം തന്നെ അവരെ അറിയിക്കുന്നതായിരിക്കും.

- ബോധം വന്നുകഴിയുമ്പോൾ ചെറിയ വേദന തോന്നും. വേദന സംഹാരികൾ കൊണ്ട് വേദന മാറ്റാൻ കഴിയും.

- പൂർണവിശ്രമമായതിനാൽ താങ്കൾക്ക് തനിയെ മൂത്രമൊഴിക്കാൻ പറ്റുകയില്ല. അതിനാൽ ഒരു ട്യൂബ് ഇട്ട് മൂത്രം മാറ്റുന്നതാണ്. മൂന്ന് നാല് ദിവസത്തിനുള്ളിൽ ഈ ട്യൂബ് മാറ്റും.

- താങ്കൾക്ക് ഓപ്പറേഷൻ ചെയ്ത ഭാഗത്ത് ഡ്രസ്സിംഗ് ഉണ്ടായിരിക്കും ഡോക്ടർമാർ ഇത് വൃത്തിയാക്കി മരുന്ന് വച്ചുതരും.

- താങ്കൾക്ക് ഭക്ഷണം കഴിക്കാറാകുമ്പോൾ ആശുപത്രിയിൽ നിന്നുതന്നെ ഭക്ഷണം തരും.

- ഓപ്പറേഷന് ശേഷം കാലിന് മരവിപ്പ്, നടക്കുവാനുള്ള ബുദ്ധിമുട്ട് എന്നിവ ഉണ്ടാകാൻ സാദ്ധ്യതയുണ്ട്. ഇതുമാറാൻ കുറച്ചുസമയമെടുക്കും.

- വേറെ ബുദ്ധിമുട്ടൊന്നും ഇല്ലെങ്കിൽ 3-4 ദിവസത്തിനുള്ളിൽ സ്വന്തമായി നടക്കുവാൻ തുടങ്ങുകയും 8-9 ദിവസത്തിനുള്ളിൽ ആശുപത്രിയിൽ നിന്ന് ഡിസ്ചാർജ്ജ് ചെയ്യുകയും ചെയ്യും.

- എല്ലാ ദിവസവും നടക്കുന്നത് കുറച്ചു ഉൻമേഷം നൽകും.

- തറയിൽ നിന്ന് എന്തെങ്കിലും എടുക്കേണ്ടി വരുമ്പോൾ നടുവ് വളയ്ക്കാതെ കാൽമുട്ട് മടക്കി ഇരുന്നതിനുശേഷം എടുക്കുക.

- ഭാരം എടുക്കുവാൻ പാടുള്ളതല്ല.

- രണ്ടാഴ്ചയ്ക്കുശേഷം സാവധാനം പടി കയറാം.

- തലയിണ ഉപയോഗിക്കാതെ കിടന്നുറങ്ങണം.

- ഉപ്പൂറ്റി പൊന്തിയ ചെരുപ്പ് ഉപയോഗിക്കരുത്.

- ദിവസവും കുളിക്കുക, ഓപ്പറേഷൻ ചെയ്ത ഭാഗം സോപ്പും ചെറു ചൂടുവെള്ളവും ഉപയോഗിച്ച് കഴുകി വൃത്തിയാക്കിയശേഷം അലക്കിത്തേച്ചതോ വെയിലിൽ ഉണക്കിയതോ ആയ വൃത്തിയുള്ള തുണി കൊണ്ട് ഒപ്പുക. മുറിവിന്റെ പുറത്ത് ഉരസുകയോ, ചൊറിയുകയോ ചെയ്യരുത്.

- എണ്ണയോ, പൗഡറോ മുറിവിൽ തേയ്ക്കാൻ പാടില്ല. മുറിവ് വെള്ളമയവും അഴുക്കും പുരളാതെ സൂക്ഷിക്കണം.

- പറഞ്ഞിരിക്കുന്ന തീയതിയിൽ തന്നെ പുഃനപരിശോധനയ്ക്ക് വരേണ്ടതാണ്. വരുമ്പോൾ ആശുപത്രിയിൽ നിന്നും തന്നുവിടുന്ന Discharge Summary, X-ray, MRI, CT, Scan ഇവ കൊണ്ടുവരേണ്ടതാണ്. പനി, ഓപ്പറേഷൻ ചെയ്ത ഭാഗത്ത് വേദന, നീര്, പഴുപ്പ് എന്നിങ്ങനെ ഉണ്ടായാൽ അടുത്തുള്ള ഡോക്ടറെ കാണിക്കണം. അദ്ദേഹം ആവശ്യപ്പെടുകയാണെങ്കിൽ ഈ ആശുപത്രിയിലെ ഒ.പി. വിഭാഗത്തിൽ കൊണ്ടുവരേണ്ടതാണ്.