KNOWLEDGE AND PRACTICE REGARDING LIFE STYLE MODIFICATIONS AMONG PATIENT AFTER PTCA, AT SCTIMST

PROJECT REPORT

Submitted By

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CERTIFICATE

Certified that this study to assess the knowledge and practice regarding life style modifications among patients after PTCA is a bonafide work of ASHA. A at the Sree Chitra Tirunal Institute for Medical Science and Technology.

Submitted in partial fulfilment of the requirement for the Diploma in Cardiovascular and Thoracic nursing from Sree Chitra Tirunal Institute of Medical Sciences and Technology.

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Investigator

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CHAPTER - 1

INTRODUCTION

Background of the study

Percutaneous Coronary Artery Angioplasty (PTCA) is one of the most common elective intervention for Coronary Artery Disease (CAD). It restores the blood flow in the diseased vessel but can not treat the underlying disease process. Prognosis of coronary atherosclerosis remains a significant problem after PTCA requiring patients to make ongoing modifications in their life style and reducing the coronary risk factor. Post PTCA patients may require further education to increase their uptake of life style change. Many studies suggested that intensified life style modification could reduce the need for further revascularisation procedure after PTCA in patients with CAD. (Gulanick 1998)

Need and importance of the study

Post PTCA patients are admitted with complaints of chest pain and exertional dyspnoea and they need further revascularisation and management. Many studies suggested that there is a major need for health education and follow up for patients after angioplasty. Nurses have an excellent opportunity to expand their focus and provide guidance and support to patients as they adopt a heart healthy life style.

During the last 6 months from April to September 2006 approximately 372 patients underwent PTCA. Among these patients some of them re-admitted with several complaints. This stimulated the interest of the investigator to go deep in to this area. Why are these patients getting readmitted ? Are they not following life style modifications as advised ? Is their knowledge is adequate ?

Statement of the problem

A study to assess the knowledge and practice regarding life style modifications among patient after PTCA at SCTIMST.

Objectives

- To find out the knowledge and practice of patients related to change in life style after PTCA
- To assess the areas which need improvement for healthy life after the procedure
- To identify the risk factors in patients with CAD

Operational Definitions :

Knowledge :

Knowledge refers to the response of selected subjects to the questions asked by the investigator regarding life style modifications of post PTCA patients.

Practice :

Activities of daily living which includes diet, exercise, medication smoking cessation etc.

Life style modification

Specific changes that bring in persons activities of daily living according to the nature of the disease condition like dietary modification which include low fat, low salt diet, smoking cessation, weight reduction in obesity, and daily exercise etc.

PTCA (Percutaneous Transluminal Coronary Angioplasty)

It is a non surgical technique applied as an alternative to CABG in the treatment of obstructive CAD. A coaxial catheter system is introduced in to the coronary artery stenosis. A balloon attached to the catheter is then inflated, increasing the luminal diameter and improving the blood flow through the dilated segment. Post PTCA patients are taken as sample.

Delimitations

- Only Malayalam speaking people are included in the study
- Subjects selected are only those willingly participated

Summary

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

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is the keep step in research process. If refers to a broad, comprehensive, in depth, systematic and critical review of scholarly publications, unpublished scholarly, print materials and audiovisual materials (Basavanthappa, 2001).

A review of literature is an essential activity of scientific research projects, which provides a basis for future investigation, justifies feasibility of the study, indicate constraints of data collection and helps to relate findings from one study to another with a view to establish a comprehensive body of scientific knowledge in a professional discipline from which valid and pertinent theories may be developed. (Abdulla,1979).

Gulanick (1998) conducted a qualitative study to examine patients reactions to suggested life style changes to identify barriers and facilitators to risk reduction and to identify source of health information and elicit suggestions for interventions to aid in long term recovery. The study was undertaken in 45 patients who had undergone PTCA 3-18 months earlier. The investigators conducted a Focus Group Discussion for 2 hrs which was tape recorded. A constant comparative method for data analysis, six major themes emerged. Positive themes included seeking control from successful changes made,

compromise with medical recommendations to maintain the quality of life and acceptance of the uncertain nature of the disease. Negative themes included powerlessness to stop disease progression. Frustation with enacting life style changes and concern's about the uncertainity of the future. Specific barries and facilitators for risk reduction were readily identified, though patients had few suggestions for nursing interventions, the most prominent request were for news letters, hot line and a video library. The result provided insight in to the experience of the relatively understudied PTCA population. Patients were making at least some of their necessary life style changes though often with some difficulty. Nurses have an excellent opportunity to expand their focus and provide guidance and support to patients as they adopt a heart healthy life style.

Mckeena (1992), evaluated the effect of PTCA on quality of life, data on symptomatic status, functional capacity, life satisfaction and psychological wellness are collected on 102 patients at one day pre PTCA and 2 months post PTCA and of the first 50 of these patients at 10 months post PTCA. There were highly significant changes in all the quality of life , measure between pre PTCA and the first follow up measurements. No further significant changes occur in these measures between the I and II follow up measurements indicating that the initial improvement in the quality of life was sustained over this period. Data on primary success rate, complication and pre and post PTCA risk factors are also reported.

Faris (1990) examined the effect of PTCA on quality of life and also studied whether there was improvement in state anxiety and physical functioning after PTCA. Subjects scheduled for elective PTCA were mailed a study packet containing 3 questionnaires prior to their admission to the hospital for a scheduled PTCA. The tools included Spielbergers state Trait Anxiety inventory and the physical functioning questionnaire. Demographic data were collected from subjects medical records six weeks after successful PTCA a second study pack was mailed to subjects. 20 subjects participated in the study. The majority were employed cauasian males with multivessel CAD and had complaints of symptoms less than 3 months. Paired t - tests demonstrated improvement in the (1) health and functioning sub scale (2) decrease in state anxiety (3) Increase in perceived physical functioning. In addition an inverse relationship was demonstrated between state anxiety and quality of life.

Wallner (1999) investigated the effects of an intestified life style intervention on the need for further revascularisation procedures in patients with reestablished CAD after successful PTCA. A total number of 60 patients were included and randomised to either conventional treatment by cardiologist and general practitioners, or additional intensified life style intention in DM and metabolism out patient clinic for 12 months. The mean objective time after PTCA is 26 months. The primary outcome variable was the further need for revascularization procedures because of clinical resteonis, secondary

outcome variables were life style related measures. Intervention resulted in a reduction in body weight and pressure and in increased physical activity. Further more nutritional habits were changed towards less fat intake and body composition changed towards a higher proportion of fat free mass. The need for further revascularisation procedures was reduced from a total number of 14 out of 32 in the conventionally treated group to 3 out of 28 in the intervention group, This resulted in the event free survival probability. The authors suggested that intensified life style modification could reduce the need for further revascularisation procedure after PTCA in patients with CAD.

Lisspers (2005) examined the effect of a behavioraly oriented cardiac rehabilitation and secondary prevention programme on life style changes and coronary recurrence rates. Patients recently treated with PCI were randomised to an intervention with an aggressive focus on life style changes. (Smoking, diet, exercise and stress) or to a standard care control group. Result showed that the intervention group had significantly larger over all life style changes than that control group after 12, 24, 36 and 60 months. The intervention group had significantly lower rate of all coronary events (Acute M1, CABG, PCI, Cardiac death and of cardio vascular mortality). The need for further large scale and long term evaluations of life style oriented secondary prevention interventions of this kind is emphasized.

Camphell (2005) conducted a study to explore self reported changes in

the coronary risk factors by patients 3 to 9 months following coronary artery angioplasty. 234 patients, 3 to 9 months after elective angioplasty patients were self selected from a convenience sample of all patients undergoing angioplasty with in 6 months period in two major metropolitan hospital in Melbourne.

234 out of 560 questionnaire were returned 40% of subjects reported the recurrence of chest pain and 42% believed they no longer had coronary artery disease. 85% of respondented reported making at least one modification to their risk factors and stress was the most common risk factor identified. Although the majority of patients had altered their life style and reduced at least one risk factors, 40% of patients in that study had a recurrence of chest pain and 42% believed their condition had been cured. Diet modification, increased exercise and stress reduction were the top three changes in life style reported. The findings suggested that was a major need for better health education and follow up for patients after coronary angioplasty.

Astin (2004) conducted a qualitative study to determine gender difference in responses and compare patients perceived causal attributions for CHD with their own coronary risk factors profile documented by their attending physician. Female subjects most commonly cited stress as the cause of their CHD followed by family history, cholesterol and cigarette smoking. Males showed a different pattern of attribution with poor diet being the most frequently cited factor, followed by cigarette smoking, stress and family history A significantly greater

proportion of males than females attributed their illness to behavioural causes rather than to biological causes. A positive history for the coronary risk factor cholesterol (84%) family history (43%) and HTN (55%) as documented by attending physician was discordent with causal attributions expressed by patients which were 17%, 31%, 4 % respectively. These findings demonstrated the need to improve communications and find a common plat form of understanding between patients and practitioner when discussing coronary risk factor in order to establish a collaborative action plan for sucesssful and long term life style change.

Higgin's (2005) conducted a study on Percutaneous Coronary Intervention (PCI) patients to find out whether they require further education to increase their further uptake of life style change. The aim of the study was to investigate PCI patients preference regarding information provision and to identify patients characteristics associated with specific preferences. A consecutive series of eligible patients were recruited from three metropolitan hospital in Melbourne in Australia after their first PCI. Structured telephone interviews were conducted with 218 patients shortly after discharge from hospital. Patients preference for source and format of information about both heart disease and life style change were ascertained. Data regarding demographic characteristics and rehabilitation attendance were also collected. Cardiac rehabilitation was also the most frequently nominated preferred format

for information delivery. Half of the patients nominated alternative formats most commonly individual consultation with a health professional and self education. Not surprisingly patients who preferred alternative formats to group cardiac rehabilitation were significantly less likely to attend rehabilitation. It is important to cater for patients who express a desire for alternative information formats. A flexible model of cardiac rehabilitation delivery which incoporates non group alternatives would meet the needs of these patients.

Hasdai (1997) conducted a qualitative study on effects of smoking status on the long term outcome after successful PCI at the Mayoclinic in between 1979 to 1995 were divided in to non smokers, former smokers, quitters and persistent smokers. The maximal follow up was 16 yrs. The non smokers and former smokers had similar baseline characteristics and outcomes. The quitters and persistent smokers were younger than the non-smokers and former smokers and had more favourable clinical and angiographic characteristics. The persistent smokers had greater relative risk of death and of Q wave infarction than the nonsmokers. The quitters and non smokers were less likely to undergo additional PCI than the persistent smokers. Patients who continued smoking after successful PCI were at greater risk for Q wave infarction and death than non smokers. The cessation of smoking either before or after PCI was beneficial. Patients undergoing percutaneous revascularisation should be encouraged to stop smoking.

Gurlek (1995), conducted a study to evaluate restenosis after transluminal coronary angioplasty. In this study he correlated restenosis with other risk factors. A total of 360 patients underwent successful PTCA, follow up coronary angiogram were performed in 181 patients. The restenosis rate was 49%, 89 patients with restenosis (8 women and 81 men), and 92 patients with no restenosis (14 women and 78 men). Age, sex, a history of cigarette smoking, DM and a h/o previous MI were not associated with restenosis Serum level of triglyceride was also unrelated to the restenosis rate. Restenosis was associated with HTN, low levels of high density lipo protein cholesterol, high level of low density lipo protein and high total cholesterol level. Patients with two vessel or multi vessel disease had significantly higher restenosis rates than patients with SVD. Patients with hyperlipidemia, hypertension and multi vessel disease appear to be higher risk of recurrent restenosis.

CHAPTER III

RESEARCH METHODOLOGY

Introduction

Research methodology is the way to systematically solve the research problem. It studies the step that researcher adopts to study this problem with the logic behind. (Kothari, 1990)

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, plan of analysis.

Statement of the problem

A study to assess the knowledge and practice regariding life style modifications among patients after PTCA at SCTIMST.

Objectives :

- To find out the knowledge and practice of patients related to change in life style after PTCA
- To assess the areas which need improvement for healthy life after the procedure.
- To identify the risk factors in patients with CAD

Research Approach

To accomplish the objectives of the study, used the descriptive approach in made quantitative by assigning scores to the responses. The aim of this study is to assess the knowledge and practice regarding life style modifications of patients undergone PTCA.

Research Design

Research desing is the conceptual structure within which the research is conducted. It facilitate the smooth sailing of the various research operation, there by making research as efficient as possible, yileding maximum information with minimal expenditure of effort, time and money. It is concerned with a researcher plan for obtaining answer to the research question. The research design selected for the present study was a non experimental design.

Settings of the study

The study was conducted at Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum.

The rationale for selecting this institute (SCTIMST) for this study was the investigator was most familiar with the institution. In addition to that SCTIMST were one of the famous cardiac care hospital all over India. PTCA were doing daily with a minimum of 4 cases per day.

Population

Patients undergone PTCA in CMICU at SCTIMST

Samples and Sampling Techniques

Convenient sampling technique was used to select the samples for the study. Two stage sampling was used for the present study. In the first stage, 5 samples were selected for the pilot study. In the second stage twenty patients were selected for the study purpose.

Inclusion criteria

- Patients who are willing to participate in this study
- Patients who can understand and speak Malayalam
- Patients who underwent PTCA in CMICU at SCTIMST

Exclusion Criteria

Patients who not know Malayalam

Development of Data Collection tool

Data collection tool refers to the instrument which was constructed by the investigator to obtain relevant data. In this study the researcher used the structured interview schedule to assess the knowledge and practice regarding life style modification among patients after PTCA. Tool was prepared by the

investigator after extensive review of Literature. The tools examined and content validity is tested by the experts of SCTIMST. A multiple choice questionnaire of 14 questions, all the questions in Malayalam, questions regarding the diet, exercise, medications and follow up after PTCA.

Description of the tools

The structured interview schedule consist of 3 sections.

Sections A, B and C

Section A : Deals with demographic data.

Section B : Deals with history of the patient

Section C

Consist of 14 questions regaring the life style modification of patient after PTCA. The total score is 20 mark and each correct answer carries 1 mark and each wrong answer carries 0 mark.

Pilot study

The pilot study was conducted in September 2006. Aim of the study to findout the practicability and feasibility of the tool. The study was conducted among 5 post pTCA patients at an age group of 45-60 all are male patients. The sampling technique used was convenient sampling, tool is questionnaire

and by an interview method. Questions are taken after review of literature and consulted with experts, all the questions are in Malayalam, and total time of for an interview is 20 mts. Interview is conducted on II post procedure day. Consent taken before asking questions and Questionannire contains 14 questions regarding the diet, exercise, medications and follow up after PTCA. Pilot study findings revealed that the study was feasible and practicable.

Data Collection Procedure

Since no problem was faced during pilot study same method of data collection was used for final study. The final study took around 2 months from September to October 2006. Researcher first introduced herself and explained the need and purpose of the study to the subjects and the subjects were made to sit comfortably and interviewed with structured tool. Total time taken for the entire procedure was 20 minutes. The samples were co-operative and no problem was encoutered.

Plan of Data Analysis

The researchers decided to analyse the data in terms of frequency in percentage and to present them in form of tables, pie diagrams and bar diagrams.

Summary

This chapter deals with introduction, statement of the problem, objectives, research approach, research design, settings of the study, population, samples and sampling techniques, criteria for sample selection, development of data collection tool, description of tools, pilot study, data collection procedure and plan of data analysis.

CHAPTER - IV

ANALYSIS AND INTERPRETATION OF DATA

Introduction

This chapter presents the analysis and interpretation of data collected from 20 patients undergone PTCA in CMICU at SCTIMST.

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

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

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

Section I - Distribution of subjects according to the demographic variables

Section II - Distribution of subjects according to the knowledge score

Section III - Distribution of subjects according to the risk factor

SECTION - I

DISTRIBUTION OF SUBJECTS ACCORDING TO THE DEMOGRAPHIC VARIABLES

Table - 1

Distribution of sample according to the age group

Sex	No	Percentage
Male	17	85%
Female	3	15%

Data presented table 1 shows that the age group ranged from 29 to 70 yrs, 45% of subjects belonged to the age group of 51-60, 25% of subjects belong to age group of both 41-50 and >60 and 5% of subjects belonged to age group of <40.

Figure 1 : Distribution of sample according to the age group

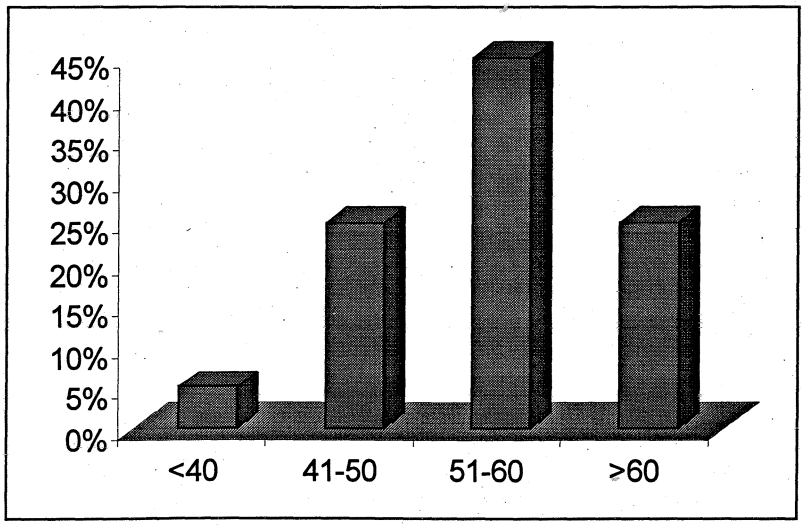


Table - 2

Distribution of sample according to the sex

Sex	No	Percentage
Male	17	85%
Female	3	15%

Data presented on table 2 shows that 85% of subjects are male and 15% of subjects are female.

Figure 2 : Distribution of sample according to the sex

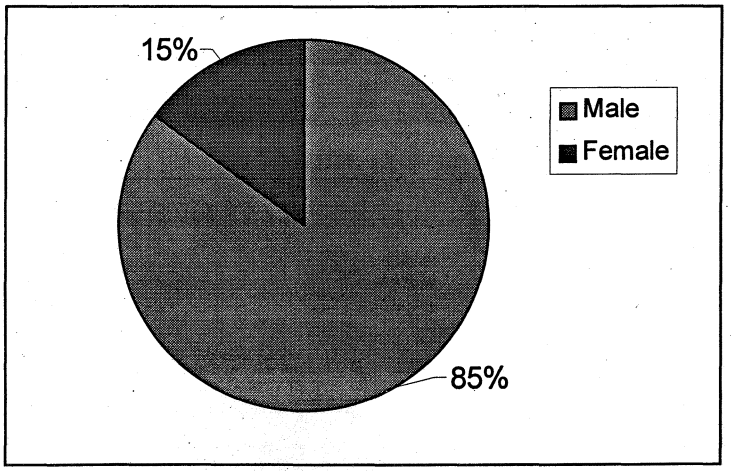


Table - 3

Distribution of sample according to the educational status

Education	Frequency	Percentage (%)
Illiterate	0	0
Up to X	11	55%
Upto PDC	4	20%
Degree & above	5	25%
Total	20	100%

Data presented on table 2 shows that 55% of patients belonged to high school level of education (Upto X), 25% belonged to degree and above, and 20% belonged to PDC.

Figure 3 : Distribution of sample according to the educational status

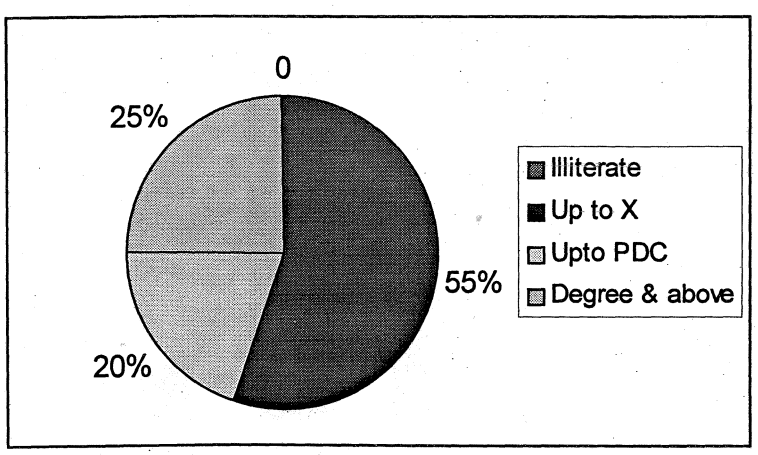


Table - 4

Distribution of sample according to the level of knowledge score

level of Knowledge Score	Frequency	Percentage (%)
Very good (17-20)	2	10%
good (14-16)	13	65%
Fair (10-13)	5	25%
poor (5-9)	0	0%
Very poor (0-4)	0	0%
Total	20	100%

Data presented on table 3 shows that 65% of subjects had marks between 14-16, 25% of the subjects had mark between 10-13 and 10% of had mark between 17-20.

Figure 4 : Distribution of sample according to the level of knowledge score

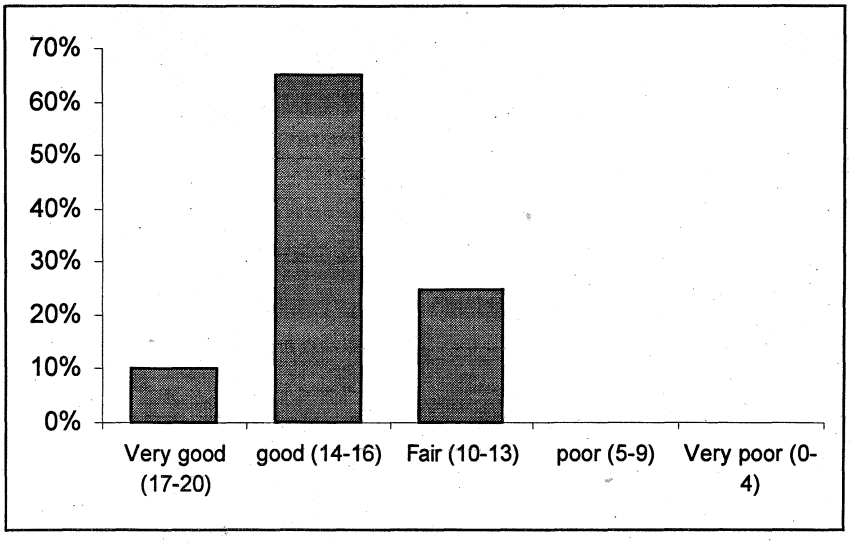
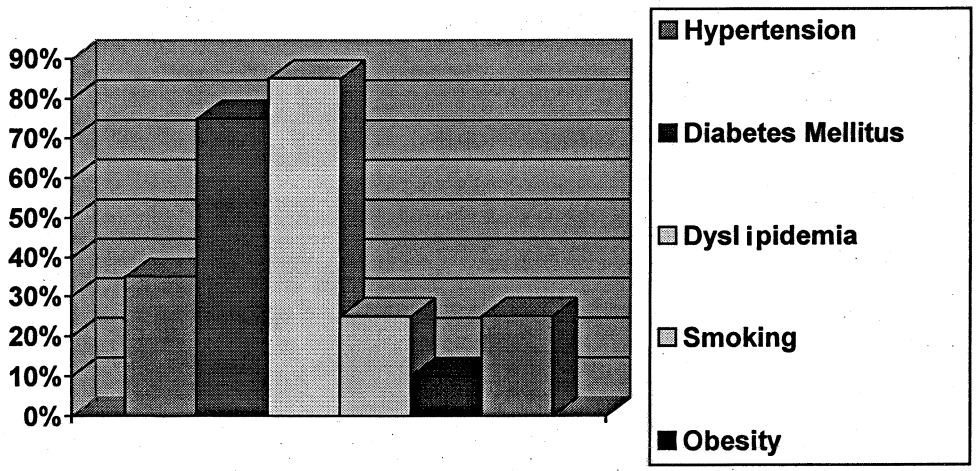


Table - 5

Distribution of sample according to the risk factor

Risk Factor	Frequency	Percentage
Hypertension	7/20	35%
Diabetes Mellitus	15/20	75%
Dyslepidemia	17/20	85%
Smoking	5/20	25%
Obesity	2/20	10%
Others (family history of CAD/Post menopausal)	5/20	25%

Distribution of sample according to the risk factor



Summary

This chapter deals with the objectives in which the data were analysed, distribution of samples according to demographic variables such as age, education, distribution of sample according to the knowledge level and risk factors.

CHAPTER - V

SUMMARY, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

Health Education is the single most determinant, which improves the quality of life after PTCA.

This study was conducted with the objective, to assess the knowledge and practice regarding life style modification after PTCA. 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 descriptive approach. The study was conducted at CACCU. Convenient sampling was used to obtain samples.

Tools used for data collection was structured interview schedule comprising of three sections. Section A deals with the demographic data Section B deals with the history of the patient and Section C consist of 14 questions regarding the life style modifications after PTCA.

The prepared tool was given to experts for content validity. The pilot

study was conducted among 5 samples and the pilot study findings revealed that the tool was feasible and practicable. The data collection was done on the month of September and October 2006 and was analysed and interpreted by using statistics.

Findings of the study

- Out of 20 subjects after PTCA, 45% of subjects are belongs to the age group of 50-60 yrs.
- Out of 20 subjects, knowledge level of the patient varies with educational status.

Limitations

- The sample size was limited to 20
- Only Malayalam speaking peoples are included in the study
- Only those are willing to participate are included in the study
- Patients at an age group between 30-70 are included in the study

Nursing implications

Nursing Education

Teach the patients about the need for change in life style modification to improve their quality of life after the procedure.

Nursing service

During the time of discharge give proper explanation about the risk factor management and necessary changes that to be bring in the daily living after the procedure.

Nursing Research

This study was conducted among 20 post PTCA patients in CMICU at SCTIMST. Patient history reveals that they having risk factor like Dyslipidemia (85%), DM (75%), HTN (35%), smoking (25%), obesity (10%). This data reveals that, these patients need awaireness about the risk factors management for preventing further progression of disease condition.

Recommendations

1. A similar study can be done by using a large sample size
2. A similar study can be done by using pretest and post test

CHAPTER VI

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APPENDIX-A

സമ്മതപത്രം

അസുഖവുമായി ബന്ധപ്പെടുത്തിയും, അറിവ് പരിശോധിക്കുന്നതിനു മായി കുറച്ച് ചോദ്യങ്ങൾ ചോദിക്കുന്നതിന് ഞാൻ പൂർണ്ണമായി സമ്മതിയ്ക്കുന്നു. ഇത് ഒരു പഠനത്തിന്റെ ഭാഗമാണ്. അതായത് "പെർക്ക്യൂട്ടേനിയസ് കൊറോണറി ആൻജിയോപ്ലാസ്റ്റി കഴിഞ്ഞ ആളുകളുടെ ജീവിതരീതിയിൽ വരുത്തേണ്ട മാറ്റങ്ങളെ കുറിച്ച്" ഉള്ള ഈ പഠനത്തിനുവേണ്ടി ഞാൻ സഹകരിച്ചു കൊള്ളാമെന്ന് സമ്മതിയ്ക്കുന്നു.

തീയതി ഒപ്പ്

സ്ഥലം (പേര്)

APPENDIX - B

A. Structured interview schedule to assess the knowledge and practice of patient regarding life style modification after PTCA.

Section A

Socio Demographic data

Name of the patient :

IP Number :

Date of procedure done :

Risk factor :

Occupation :

1. Age

< 40 ☐

41-50 ☐

51-60 ☐

> 60 ☐

2. Sex

Male ☐

Female ☐

3. Educational Status

1. Illiterate ☐

2. Up to X ☐

3. up to PDC ☐

4. Degree and above ☐

SECTION - B

Questionnaire

1. Do you think PTCA is a curative or a palliative procedure ?

   (Curative/ Palliative)

2. Regular exercise is important after PTCA or not ?

   (Yes/No)

3. Smoking is harmful to patient with coronary artery disease ?

   (Yes/No)

4. Are you think weight reduction is important for a person with CAD ?

   (Yes/No)

5. Blood pressure control is important after PTCA or Not ?

   (Yes/No)

6. Do you think stress management is important after PTCA ?

   (Yes/No)

7. After PTCA with stenting , do you think there is any chance of stent stenosis or not ?

   (Yes/No, Never)

8. From the following, which are the risk factors that Precipitate complications after PTCA ?

(Smoking, HTN, DM, Obesity, Cholesterol, Stress, all the above)

(1x7=7marks)

9. After PTCA, blood sugar control is important or Not ?

(Yes/ No)

10. After the procedure did you take the medicine regularly ?

(Yes/No)

11. Which type of diet are you following after the procedure (Normal dile low fat dite low salt diet, some other diet

12. After PTCA, at what time you will be back to your normal life ?

(After 1 week, after 1 month, after 1 yrs, None of the above)

13. Are you doing any exercise regularly ?

(Yes/ No)

14. Are you came for regular follow up after PTCA ?

(Yes/No)

(1x13= 20 marks)

SOCIO ECONOMIC DATA

Section C

ചോദ്യം നന്നായി കേട്ടതിനുശേഷം ഉത്തരം പറയുക

ഓരോ ശരിയുത്തരത്തിനു ഒരു മാർക്കു വീതവും, ഓരോ തെറ്റുത്തരത്തിനും 0 മാർക്കും ആണ്.

1. ആൻജിയോപ്ലാസ്റ്റി എന്ന ചികിത്സാ രീതി ഉപയോഗിച്ച് ഹൃദയത്തിലെ രക്ത കുഴലുകളിലെ തടസ്സം (പൂർണ്ണമായി മാറ്റുവാൻ കഴിയും, താത്ക്കാലികമായി മാറ്റുവാൻ കഴിയും).
2. ആൻജിയോപ്ലാസ്റ്റി കഴിഞ്ഞ് നിത്യേന വ്യായാമം ചെയ്യേണ്ടത് ആവശ്യമാണോ ?

   (ആണ് / അല്ല)
3. ഹൃദയത്തിലെ രക്തകുഴലിൽ തടസ്സമുള്ള വ്യക്തി പുകവലിയ്ക്കുന്നത് ആരോഗ്യത്തിന് ഹാനികരമാണോ ?

   (ആണ് / അല്ല/ അറിയില്ല)
4. ഹൃദയത്തിലെ രക്തകുഴലിൽ തടസ്സമുള്ള വ്യക്തി തന്റെ ശരീര ഭാരം കുറയ്ക്കേണ്ടത് ആവശ്യമാണോ ?

   (ആണ് / അല്ല/ അറിയില്ല)
5. ആൻജിയോപ്ലാസ്റ്റിക്കുശേഷം രക്തസമ്മർദ്ദം സാധാരണ തോതിൽ നിലനിർത്തേണ്ടത് ആവശ്യമാണോ ?

   (ആണ് / അല്ല/ അറിയില്ല)

6. ആൻജിയോപ്ലാസ്റ്റിക്കുശേഷം മാനസിക സമ്മർദ്ദം കുറയ്ക്കേണ്ടത് ആവശ്യമാണോ ?

(അതെ/അല്ല)

7. ആൻജിയോപ്ലാസ്റ്റിക്കുശേഷം അനന്തരഫലങ്ങൾ (നെഞ്ച് വേദന, ശ്വാസംമുട്ടൽ) എന്നിവയ്ക്ക് കാരണമാകുന്ന ഘടകങ്ങൾ താഴെപ്പറയുന്നയിൽ ഏതൊക്കെയാണ് ?

(ഡയബറ്റീസ്, ഉയർന്ന രക്ത സമ്മർദ്ദം, പുകവലി, കൊളസ്ട്രോൾ, അമിതഭാരം, മാനസിക സമ്മർദ്ദം, മുകളിൽ പറഞ്ഞവയെല്ലാം)

8. ആൻജിയോപ്ലാസ്റ്റിയോടൊപ്പം സ്റ്റെൻറ് വച്ച രോഗികൾക്ക് രക്ത കുഴൽ വീണ്ടും അടയുവാനുള്ള സാദ്ധ്യത ഉണ്ടോ ?

(ഉണ്ട്/ ഇല്ല)

9. ആൻജിയോപ്ലാസ്റ്റിക്കു ശേഷം നിങ്ങൾ കൃത്യമായി മരുന്ന് കഴിയ്ക്കാറുണ്ടോ ? കഴിയ്ക്കണോ?

(വേണം/ വേണ്ട)

10. ആൻജിയോപ്ലാസ്റ്റിക്കു ശേഷം ഏതു രീതിയിലുള്ള ആഹാരമാണ് നിങ്ങൾ പിൻതുടരുന്നത്/ പിൻതുടരാൻ ഉദ്ദേശിക്കുന്നത് ?

(സാധാരണ ഭക്ഷണം, കൊഴുപ്പ് കുറഞ്ഞ ഭക്ഷണം, ഉപ്പ് കുറഞ്ഞ ഭക്ഷണം, വേറെ ഏതെങ്കിലും)

11. ആൻജിയോപ്ലാസ്റ്റിക്കു ശേഷം എത്രദിവസം കഴിഞ്ഞ് നിങ്ങൾ സാധാരണ ജീവിതത്തിലേയ്ക്ക് മടങ്ങിവരാം ?

(ഒരാഴ്ച, ഒരു മാസം, ഒരു വർഷം, ഇപ്പോഴും വിശ്രമത്തിലാണ്)

12. കൃത്യമായി വ്യായാമം ചെയ്യുന്ന ആളാണോ ?

(ആണ്, അല്ല)

13. ആൻജിയോ പ്ലാസ്റ്റിക്കുശേഷം തുടർപരിശോധനയ്ക്ക് കൃത്യമായി വരാറുണ്ടോ ?

(ഉണ്ട്/ ഇല്ല)

14. ആൻജിയോ പ്ലാസ്റ്റിക്കുശേഷം രക്തത്തിലെ പഞ്ചസാരയുടെ അളവ് നിയന്ത്രിക്കേണ്ടത് ആവശ്യമാണോ ?

(അതെ/ അല്ല)