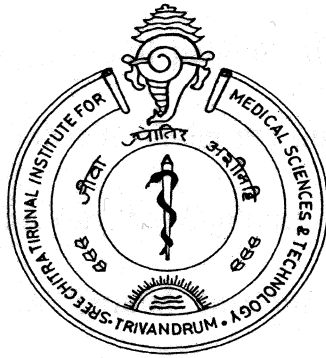


**A STUDY TO ASSESS THE EFFECTIVENESS OF AN
EDUCATIONAL PAMPHLET ON KNOWLEDGE OF HOME CARE
AMONG CARE GIVERS OF PATIENTS AFTER POSTERIOR
FOSSA SURGERY SCTIMST, TRIVANDRUM**



Project report

Submitted in partial fulfillment of the requirements

For the

Diploma in Neuro Nursing

By

SAJITHRA.S

Code no (6061)

**Sree Chitra Tirunal Institute for Medical Sciences and
Technology, Trivandrum.**

(November 2010)

CERTIFICATE FROM THE SUPERVISORY GUIDE

This is to certify that SAJITHRA.S has completed the project work on “A study to assess the effectiveness of an educational pamphlet on knowledge of home care among care givers of patients after posterior fossa surgery in NSICU and NSWRD, SCTIMST” under my direct supervision and guidance for the partial fulfillment for the Diploma in “Neuro Nursing” in the University of Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum. I also certify that no part of this work report has been included in any other thesis for procuring any other degree by the candidate.



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CERTIFICATE FROM CANDIDATE

This is to certify that the project report on “ A study to assess the effectiveness of an educational pamphlet on knowledge of home care among care givers of patients after posterior fossa surgery in NSICU and NSW RD, SCTIMST” is a genuine work done by me at Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum under the guidance of Dr Saramma P.P. It is also certified that this work has not been presented previously to any university for award of degree, diploma, fellowship or other recognition.

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Examiners

Guide(s)

Date: _____

Place: _____

ACKNOWLEDGEMENT

First of all let me thank God almighty for unending love, care and blessing especially during the tenure of this study.

I take this opportunity to express my sincere thanks to Dr. Saramma P.P, Senior Lecturer in nursing, Sree Chitra Tirunal Institute for Medical Science and Technology, Trivandrum, for the guidance she provided for executing this study. Her advices regarding the concept, basic guidelines and analysis of data were very much encouraging. Her contributions and suggestions have been of great help for which I am extremely grateful. With profound sentiments and gratitude the investigator acknowledges the encouragement and help received from the following persons for the completion of the study.

The researcher expresses her sincere thanks to Dr. K. Radhakrishnan, Director and Dr. A. V. George, Registrar, SCTIMST, Trivandrum, for giving opportunity to conduct this study.

The researcher greatly values the favor extended by Pro. Suresh Nair, Head of the department of Neuro Surgery, SCTIMST, Trivandrum, and Mrs. Sudarsa S. Ward Sister, NSICU and Mrs. Saramma Antony Koshy for their constant support and encouragement. All the staff in NSICU and NSW helped for the completion of this study at I am indebted to them.

Investigator would also like to acknowledge the contribution of all participants who kindly agreed to take part in this study. They generously gave their time and attention to the research. This study would have been impossible without such generosity.

ABSTRACT

Topic - A study to assess the effectiveness of an educational pamphlet on knowledge of home care among care givers of patients after posterior fossa surgery. **Back ground of the study** - PF surgery involves greater morbidity and mortality and has a wide variety of complications than surgery in the supratentorial compartment. The majority of survivors return home to reside in community with various physical, psychological, emotional, social and spiritual health disabilities after the initial period of hospitalization and rehabilitation. These disabilities are preventing the patient from functioning independently and effectively in the community. Approximately three fourths of them continue to receive assistance for meeting daily living activities from family care givers. So family care givers play an important role, as a substantial portion of home care is done by them. **Aim of the study** - To assess the effectiveness of an educational pamphlet on the knowledge of home care among care givers of patients after posterior fossa surgery. **Method** – This study was conducted in Neuro Surgery units in Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum. It was an experimental study, care givers of, 25 patients, who underwent posterior fossa surgery were conveniently selected on the post operative day.

It was a pre test post test design using a self prepared validated questionnaire to assess the level of knowledge, and an educational pamphlet to provide instruction to the group were used as tool for the study. **Results:** The data were analyzed using Epi Info version 3.5.1. This study revealed that the mean knowledge score increased significantly in the post test (p value =0.004). It indicates the effectiveness of care giver education in home care management of patients after posterior fossa surgery. **Conclusion:** Appropriate and timely care giver education is necessary during hospitalization. So that optimum care is given to the patients after discharge. Studies using more sample size may be useful to validate the findings.

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LIST OF ABBREVIATIONS

NS - Nervous system

PCF - Posterior cranial fossa

PF - Posterior fossa

SCTIMST- Sree Chitra Tirunal Institute for
Medical Sciences and Technology

NSICU- Neurosurgical intensive care unit

NSW- Neurosurgical ward

CHAPTER-1

INTRODUCTION

1.1 Introduction

Brain tumour is one of the most devastating forms of human illness, especially, which occurs in the PF. The posterior cranial fossa contains the brain stem and cerebellum. It is situated between the foramen magnum and tentorium cerebelli. Brainstem herniation, compression and death are all risks in tumors, which occur in this critical location. No specific causes for PF tumors exist. However genetic factors such as dysfunction of some tumors, suppression genes and activities of some oncogenes, may play a role in their development. Environmental factors such as radiation and toxins may also play a role (Hassan et al, 2010).

Many disease processes can occur in the PF. Tumors can arise from the brain tissue itself, the cranial nerves, the meninges, or the skull. All these structures are also susceptible to infection and inflammation. Vascular diseases can leads to infarction or hemorrhage. Finally the posterior fossa can be invaded by neoplasm and infections from the head and neck regions. PF surgery is performed for lesions involving the cerebellum, brainstem, fourth ventricle, cranial nerves or vascular structures of the PF.

Neurosurgical patients are plagued with a high incidence of secondary complications, because many of these patients have depressed defensive reflexes and decreased levels of consciousness and they endure prolonged periods of immobilization. The systemic factors that favors the development of infection are poor nutrition, debilitation from chronic illness, long - term steroid or immunosuppressive therapy, diabetes mellitus, systemic infections and prolonged immobilization (Howe R J 1983).

Post-operative care of patients after posterior fossa surgery deserves special attention as due to the combination of the small size of the PF and the importance of its contents for basic life support. For instance, PF bleeding, including post-operative bleeding, may be rapidly fatal unless the problem is promptly identified and treated. The PF is also the region in which the CSF flows from the ventricular system to the subarachnoid space. Blood within the CSF may cause a blockage of the CSF pathways and an acute hydrocephalus. This disturbance may also cause an acute clinical deterioration and the insertion of an external ventricular drain as an urgent procedure.

Infections remain a serious problem in the treatment of PF surgical patients, although urinary tract infections, wound infections, infections of the CNS,

pneumonia and septicemia are usually more difficult to treat. So prevention of infection should be taken in the home care itself (Landolt, Zurich 1984).

1.2 Background of the study

Tumors in the posterior fossa are considered critical brain lesions. This is primarily because of limited space in the PF and the potential involvement of vital brainstem nuclei. PF tumors are more common in children than adult. Between 54% and 70% of brain tumors in children originate in the PF. About 15-20% of brain tumors in adults occur in PF (Hassan et al, 2010). Approximately 50% of tumors in children older than one year of age are infratentorial (David, 2003).

Complications of PF tumor excision are lower cranial dysfunction, facial nerve palsy, deafness, hemiplegia, hemiparesis, sensory abnormalities, other post operative complications, infection, prolonged coma, shunt obstruction, or malfunction, chest infection, deep vein thrombosis, pulmonary embolism, CSF leak and cerebellar mutism syndrome. The majority of survivors return home to reside in community with various physical, psychological, emotional, social and spiritual health disabilities after the initial period of hospitalization and rehabilitation. These disabilities are preventing the patient from functioning independently and effectively in the community. Approximately three fourths of them continue to receive assistance of daily

living activities from family caregivers. So family caregivers play an important role, as a substantial portion of the cost of home care is born by them.

Therefore a sustaining family caregivers and their ability to provide care at home is important. A key concern is that the continued reliance on family caregivers, without better recognition of their own support needs, could negatively affect the ability of family caregivers to provide care in the future and result in even greater emotional, physical and financial strains. This negative impact on the caregiver likely would affect quality of care and the quality of life of the care recipient and the rest of the family. Research has shown that unrelieved caregiver depression, exhaustion, financial concerns and other care-related strain are major contributing factors to institutionalization, often resulting in higher public expenditures for nursing costs. (David et al., 2006)

1.3Need for the study

PF surgery involves greater morbidity and mortality and has a wider variety of complications than surgery in the supratentorial compartment. These complications may be avoided by careful perioperative planning, strict adherence to aseptic technique, meticulous microsurgical dissection, proper

wound closure, the judicious use of prophylactic agent, and proper wound care. (Dubey et al., 2009)

Patients with neurological and neurosurgical disease increasingly are being cared at home. These patients may encounter many problems in every day life and usually handle them by means of acceptance, avoidance, practical problem solving, and reappraisal. Dependence of personal assistance gives rise to a sense of helplessness, but it is also the major coping resource. Nurses can improve home care by giving instruction and guidance to care givers (Ahlstrom et al., 2006).

The combination of verbal and written health information enables the provision of the standardized care information to patients and significant others, which appears to improve knowledge and satisfaction. The nature and extend of post discharge problem experienced by newly discharged patients helps as a baseline for discharge planning. Most patients reported that they had been by well informed about pain management and the majority patients reported that pain was well controlled. There was subset of patients, however, who continued to report high levels of pain, even at one month after discharge. Less than one in three patients stated that they had received information about wound care and the information received was not consistent among health professionals (Lam et al., 2001).

Discharge planning has a long and varied history in health care delivery. A length of stay declines the health care provider has less time to educate patients and families about home care and less time to coordinate services from home health and community agencies. As a result many patients and families are discharged with unmet home care needs and thus are at an increased risk for complication and hospital readmission. Readiness for discharge is one part of discharge planning and is a multifaceted, multistage concept that provides an estimate of patients and their family members ability to leave an acute care facility (Tiltler et al., 1995).

PF surgeries are commonly performed operations and these patients have high risk of secondary complication due to improper care and handling. In SCTIMST during the investigator's neurosurgical experience in neurosurgical ICU three patients, were seen; two had post operative surgical site infection, probably due to improper home care management and one had CSF rhinorrhea for one month. These happened probably because of inadequate knowledge regarding home care after PF surgery. For this reason the investigator decided to do a study to assess the effectiveness of an educational pamphlet on knowledge of home care among care givers of patients after PF surgery.

1.4 Statement of the problem

A study to assess the effectiveness of an educational pamphlet on knowledge of home care among care givers of patients after posterior fossa surgery.

1.5 Objectives

- 1) To assess the effectiveness of an educational pamphlet on the knowledge of home care among care givers of patients after posterior fossa surgery.
- 2) To find association between the knowledge on home care among care givers and selected variables.

1.6 Operational definition

Educational pamphlet: is the sheet of paper that is printed on both sides and folded in half and saddle stapled at the crease to make a simple book to provide information to the caregivers, on home care after posterior fossa surgery.

Knowledge: Knowledge is the information acquired by the care giver regarding home care after posterior fossa surgery, and is measured using a knowledge test.

Home care: Home Care is the health care or supportive care provided in the patient's home by a family member or a friend.

Care giver : Caregiver in this study refers to a family member who provides home care to patients after posterior fossa surgery; administering medications and physical therapy, assisting with daily tasks, meeting with healthcare providers, coordinating treatment regimens and schedules, and providing emotional support that is so essential to healing and coping with disease.

Patients: patients refers to the persons who have undergone surgery in the region of posterior fossa of the brain.

Posterior fossa: The posterior fossa is part of the intracranial cavity, located between the foramen magnum and tentorium cerebelli; it contains the brainstem and cerebellum.

1.7 Methodology

Settings: Neuro surgical ward and neurosurgical ICU.

Sample: Care givers of patients undergoing PF surgery.

Sample size: 25

Sampling technique: Purposive sampling

Design of the study: One group pre test- post test design.

1.8 Tool

In this study the investigator assesses the knowledge level of care givers of patients undergone posterior fossa surgery using a self prepared, validated

questionnaire. The questionnaire contains 12 questions about the home care after PF surgery. Knowledge assessment was done in the post operative period.

1.9 Delimitations

- ♣ Samples were selected only from SCTIMST, Trivandrum.
- ♣ Only those who were interested and willing to participate were included in the study.
- ♣ Only Malayalam speaking caregivers were included in the study.
- ♣ The data collection period is limited to one month.

1.10 Organization of the report

The report is organized with the introduction, background of the study, need and significance of the study, statement of the problem, objectives, operational definitions, methodology, tool, and delimitations.

CHAPTER II

REVIEW OF LITERATURE

2.1 Introduction

Review of literature is the critical summary of research on a topic of interest, often prepared to put a research problem in context. Literature reviews can serve a number of important functions – as well as important functions for nurse seeking to develop an evidence- based practice. It gives character in sight in to the problem and help in selecting methodology, developing and analyzing 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.

2.2 Studies related to effectiveness of discharge planning.

2.3 Studies related to care givers knowledge on assessment on home care.

2.4 Studies related to complications after PF surgery.

2.2 Studies related to effectiveness of discharge planning

Dai Y T et al. (2003) done a study on effectiveness of discharge planning in Taiwan. The author examined the effects of a nurse-designed discharge-planning project in a teaching hospital in Taiwan. A before-and-after quasi-experimental design was used. Craniotomy (n = 112) and stroke (n = 171) patients were recruited and divided into control and intervention groups. Outcome indicators included length of hospital stay, change in activities of daily living (ADL), rate of nursing home placement, rate of unplanned readmission, and level of satisfaction. In the stroke sample, length of hospital stay was shorter in the intervention group than in the control group. In the craniotomy sample unplanned readmission was less frequent in the intervention group than in the control group. No differences were found between the control and intervention groups in other outcome indicators.

Evans et al. (1993) done a randomized clinical trial to evaluate a protocol that used risk factors identified upon hospital admission. The goal of the study was to determine if intervention with high-risk patients could reduce the need for hospital admission or skilled care. Of 13,255 patients screened, 835 study participants were identified as "at risk" for frequent health care resource use. Half of the high-risk patients were randomly assigned to the experimental group (n = 417) and received discharge planning from day 3 of

their hospital stay, while the control group (n = 418) received discharge planning only if there was a written physician request. Those patients receiving early, systematic discharge planning experienced an increased likelihood of successful return to home after hospital admission and a decreased chance of unscheduled readmission for the 9-month study period. Length of the index hospital stay was not affected by early planning. The major clinical implication was the potential for discharge planners to decrease the need for, and use of, health care resources after hospital admission.

Mistiaen et al. (2007) conducted a systematic review to synthesize the evidence presented in literature on the effectiveness of interventions aimed to reduce post-discharge problems in adults discharged home from an acute general care hospital. Based on fifteen high quality systematic reviews, there is some evidence that some interventions might have a positive impact, particularly those with educational components and those that combine pre-discharge and post-discharge interventions. However, on the whole there was only limited summarized evidence that discharge planning and discharge support interventions have a positive impact on patient status at hospital discharge, on patient functioning after discharge, on health care use after discharge, or on costs.

Bergkvist et al. (2009) conducted a study to find out whether improved quality in the hospital discharge summary reduced medication errors. The researchers developed a model for integrated medicines management, including tools and activities for medication reconciliation and medication review. In this study, the researchers focussed on improving the quality of the discharge summary including the medication report to reduce medication errors in the transition from hospital to primary and community care. By improving the quality of the discharge summary, patients had on average 45% fewer medication errors per patient ($P = 0.012$). The proportion of patients without medication errors was 63.5% in the control group and 73.1% in the intervention group. However, this increase was not significant ($P = 0.319$). Patients who used a specific medication dispensing system had a 5.9-fold higher risk of suffering from medication errors than those without this medication dispensing system. Review and feedback on errors in the discharge summary, including the medication report and a correct medication list, reduced medication errors during the transfer of information from hospital to primary and community care.

Middleton et al. (2005) conducted a randomized trial to evaluate the short-term impact of nursing-led, co-ordinated care after discharge following carotid endarterectomy. Patient education about stroke risk factors, combined

systematically with carotid endarterectomy, holds unrealized potential to improve patient outcomes. Nurses are well-placed in the healthcare system to coordinate this type of education. A randomized controlled trial was conducted between October 2001 and October 2002. Patients having carotid endarterectomy ($n = 133$) were randomized to either the intervention ($n = 66$) or control group ($n = 67$). The intervention consisted of telephone liaison with the patient by a Registered Nurse at 2, 6 and 12 weeks following carotid endarterectomy, combined with education about stroke risk factor management and structured liaison with the patient's surgeon and referring general practitioner. While patients allocated to the control group did not receive any postoperative telephone contact directly from the Registered Nurse during the study, their general practitioners received structured postoperative liaison. The co-ordinated care postdischarge intervention had a statistically significant positive effect on patient knowledge of stroke warning signs ($P = 0.002$), patient self-reported changes to improve lifestyle ($P = 0.006$) and diet modification ($P < 0.001$). Statistically significant improvements from baseline to follow-up were detected in both groups for other outcomes. While nursing-led, co-ordinated care after discharge achieves important improvements for short-term outcomes, carotid endarterectomy itself may have been a catalyst for improved patient outcomes.

2.3 Studies related to the care givers knowledge on assessment of home care

Crooks et al. (2007) explored an underdeveloped area of health geography by examining information transfer and knowledge acquisition for a health-related social program. Specifically, the researchers discussed the findings of a small-scale utilization-focused evaluation of Canada's Compassionate Care Benefit (CCB). The CCB allowed workers who were eligible for employment insurance to leave work to care for family members at end-of-life. Using the findings of 25 interviews with family caregivers, the authors explored their geographies of information transfer and knowledge acquisition. First, however, they introduced their respondent group and provided an overview of their socio-spatial lives as family caregivers. They then examined three specific thematic findings: awareness of the CCB, access to information related to the CCB, and the application process. The authors discussed the implications of the findings for the information needs and burdens of family caregivers and for Canadian nursing practice.

Shyu et al. (2000) done a study on the development and testing of the Family Caregiving Factors Inventory (FCFI) for home health assessment in Taiwan. The authors described the development and psychometric testing of the Family

Caregiving Factors Inventory (FCFI). Data were collected from 97 caregivers of frail elders in Taiwan to examine the validity and reliability of the four FCFI scales: care giving resources, caregiver self-expectations, care giving task difficulty, and knowledge of the care receiver. Acceptable test-retest and internal consistency reliabilities were found, though inter-rater reliability was unsatisfactory for care giving task difficulty and knowledge of the care receiver scales. Testing of hypothesized relationships between the FCFI and related variables supported the construct validity of the FCFI. Confirmatory factor analysis with good overall model fits also supported the construct validity of the FCFI scales. In its present form, the FCFI can facilitate home health assessment and problem identification for families with frail elders. Studies with larger samples are needed to further verify the measurement models.

2.4 Studies related to complications after posterior fossa surgery

Dennis et al. (1986) conducted a study on Risk factors for postoperative neurosurgical wound infection. A case-control analysis was performed to evaluate the association of 15 potential risk factors with postoperative infection in neurosurgical patients. All infections that developed postoperatively on the neurosurgical service at the University of Minnesota from January, 1970, to March, 1984, were identified. Among the 9202 operations performed during that time, 101 infections occurred for a rate of 1.1%. Three risk factors showed

significant association with postoperative infection: cerebrospinal fluid (CSF) leak, concurrent non-central nervous system infection, and peri operative antibiotic therapy. The presence of a CSF leak and a concurrent non-CNS infection increased the estimated relative risk of infection to 13:1 and 6:1, respectively. The use of peri operative antibiotics was associated with a decrease in the risk of infection to approximately 20% of the control level. Three other risk factors (paranasal sinus entry, placement of a foreign body, and use of a postoperative drain) appeared to be associated with increased risk of infection, although statistical significance was not demonstrated. None of the remaining nine risk factors studied showed any suggestion of increased risk of infection.

Geffery et al. (1984) conducted a study on Pseudobulbar Palsy after Posterior Fossa Operation in Children. The authors describe their experience with an unusual postoperative syndrome of pseudobulbar palsy occurring a few days after the removal of large midline vermian/4th ventricular tumors in children. The patients had a delayed onset of supranuclear cranial nerve palsies associated with emotional incontinence and lability that resolved over several weeks to months. It is postulated that retraction pressure on the medial cerebellum and split vermis is the operative insult responsible for edema that subsequently tracked along fiber pathways in the middle and superior cerebellar peduncles into the upper pons and midbrain.

Copland et al. (2004) conducted a study on post operative epilepsy after ventricular drainage. The risk of developing post operative epilepsy following the insertion of an internal ventricular drainage system is 24% Infection of the system was noted to be a higher risk.

Deborah et al. (1999) conducted a study to find out Identifiable Risk Factors and Irreversible Complications of Posterior Fossa Syndrome. Cerebellar mutism is a transient condition, which occurs after posterior fossa operations in children. Posterior fossa syndrome (PFS) and cerebellar mutism are often used interchangeably in the literature. The researchers found cerebellar mutism to be a reversible component of a persistent neurologic syndrome. To further characterize PFS, the authors reviewed 253 children with posterior fossa tumors who underwent surgical resection. The authors documented 20 cases of PFS (8%), 12 males and 8 females. Age ranged from 1.5 to 13 years (mean = 6.5). Of the 20, 16 were medulloblastoma, 3 ependymoma and 1 astrocytoma. There was a 21% incidence (16/76) of PFS in medulloblastoma of the posterior fossa. The incidence for ependymoma was 13% (3/24) and 1% (1/102) for astrocytoma. All 20 cases (100%) had brainstem involvement by the tumor. The most frequent postoperative findings included mutism, ataxia, 6th and 7th nerve palsies and hemiparesis. Mutism had a latency range of 1–7 days (mean = 1.7) and duration of 6–365 days (mean = 69.2, median = 35). Although mutism resolved in all

cases, the remaining neurologic complications of PFS were rarely reversible. Early recognition of PFS would further promote patient and family understanding and coping with this syndrome.

Suri et al. (1998) conducted a study on seizures following posterior fossa surgery. A retrospective analysis of seizure incidence in 511 patients, who underwent PF operations via a suboccipital craniectomy with prophylactic anticonvulsant agents, was performed. Thirty patients (5.9%) experienced seizures within 2 weeks postoperatively. Their mean age was 15 years. Twenty patients had seizures within 3 h of operation; 24 patients had generalized tonic clonic seizures. Focal motor seizures with secondary generalization and simple focal motor seizures were recorded in three patients each. The incidence of postoperative seizures was highest in patients with acoustic schwannomas (9.09%) followed by those with medulloblastomas (8.54%) and astrocytomas (8.33%). The sitting position, associated with venous air embolism (VAE) and or pneumocephalus, was related to the occurrence ($p = 0.001$) of postoperative seizures. Seizures occurred in 24 patients out of 250 cases operated on in the sitting position compared with 3/170 and 3/91 in the prone and lateral positions, respectively. Intraoperatively significant VAE occurred in 10 out of 30 patients and postoperative computed tomography revealed pneumocephalus in 20 out of 30 patients. A higher percentage was found in patients with a preoperative

ventriculoperitoneal shunt or intraoperative ventriculostomy (6.5%) than in those without (5.1%), but the difference was not statistically significant. In conclusion, seizures after posterior fossa surgery are a significant problem that is not reflected in the published literature. This study highlighted the significance of the sitting position in the causation of seizures after posterior fossa surgery.

2.5 Summary

Review of literature enabled the investigator to have a deep knowledge and insight in to the problem. This chapter – covered introduction, review of literature related to effectiveness of discharge planning, care givers knowledge on assessment on home care and complications after PF surgery. From this review of literature the investigator understand that, nurse – designed discharge planning is effective and this will reduce problems in patients discharged from hospital to home.

CHAPTER-III

METHODOLOGY

3.1 Introduction

This chapter contains research approach, study design, the sample and sampling technique, development and description of the tool, pilot study, data collection and plan of analysis.

3.2 Objectives

- 1) To assess the effectiveness of health educational pamphlet on the knowledge of home care among care givers of patients after posterior fossa surgery.
- 2) To find association between the knowledge on home care among care givers and selected variables.

3.3 Research approach

It is an experimental study. One group pre test – post test method was used in this study.

3.4 Research design

To accomplish the objective of the study the investigator a one-group pre test- post test design was used. Data were collected from selected care givers by a self prepared questionnaire including 12 questions based on various

aspect of home care after posterior fossa surgery. Each correct answer carries one mark and the knowledge is assessed by the total knowledge score in the group from the pre test and the post test.

3.5 Setting of the study

The study was conducted in neurosurgical intensive care unit and neurosurgical ward of Sree Chitra Thirunal Institute For Medical Science and Technology, Trivandrum.

3.6 Study population

Populations of the study were the care givers of patients in neuro surgery ICU and neuro surgery ward of SCTIMST, those who have undergone surgery in the posterior fossa of the brain.

3.7 Sample and sampling technique

This study constituted 25 care givers, of patients who have undergone posterior fossa surgery. Data collected from 25 care givers regarding the knowledge about home care. After that an individualized instruction based on an educational pamphlet is given, data was collected again with the same questionnaire from the same sample. The pilot study was done in 7 patients. The total period of study is from 25-9-2010 to 4-11-2010.

3.8 Inclusion criteria

- Care givers of patients within this study period.
- Care givers who knows Malayalam.

3.9 Exclusion criteria

- Care givers those who are not willing to participate.

3.10 Development of the tool

Self-prepared questionnaire was used to assess the knowledge of care givers of patients who have undergone posterior fossa surgery in SCTIMST Thiruvananthapuram. Several journals and textbooks helped me to develop the tool and experts in SCTIMST validated it. The self-prepared questionnaire contains 12 questions regarding several aspects of home care after posterior fossa surgery.

3.11 Description of the tool

The used in this study contains the following parts

♠Consent

♠Demographic data

♠Questions about the different aspects of the home care of patients after posterior fossa surgery.

♠Educational pamphlet on home care after posterior fossa surgery.

3.12 Pilot study

Pilot study was conducted in the month of September 2010 after obtaining permission from the authorities. The study was conducted in 7 care givers both male and female between the age group of 20 to 60 years of age with the self prepared questionnaire.

3.13 Data collection procedure

Formal permission obtained from the authorities for the study. The period of data collection was from September to November 2010. The data were collected from the neuro surgical intensive care unit and neuro surgical ward of SCTIMST Trivandrum. The investigator first introduced her and explained the need and purpose of the study. After getting the consent from the care giver, the knowledge level was assessed through the pre test. Then the educational pamphlet was given and post test was done after 10 minutes.

3.14 Plan for analysis

The investigator plans to analyze the data in terms of frequency, percentages, mean, standard deviation and p value and represent them in terms of tables and bar diagrams.

3.15 Summary

This chapter contains objectives, research approach, research design, setting of the study, study population, sample and sampling technique, inclusion criteria, exclusion criteria, development of the tool, description of the tool, pilot study, data collection procedure, and plan of analysis.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

Analysis is the process of organizing and synthesizing data so as to answer questions and test hypotheses. This chapter deals with the analysis and interpretation of data collected in the present study. Data collected from 25 care givers of patients who have undergone posterior fossa surgery in SCTIMST Trivandrum.

The data collected were analyzed using Epi Info version 3.5.1 and the findings of the study were arranged under the following sections.

4.2 Section I - Distribution of sample according to demographic data.

4.3 Section II- Relationship between caregiver's knowledge regarding home care after posterior fossa surgery and selected variables.

4.4 Summary

4.2 Section I- Distribution of sample according to demographic data

In this section an attempt is made to study the demographic characteristics of sample's information collected on age, sex, education, marital status and economic data.

4.2 a) Distribution of sample according to age group

Age	Frequency	Percentage
21- 30	5	20
31-40	7	28
41-50	11	44
51-60	2	8
Total	25	100

Table 4.1

Table 4.1 shows that the age of the sample ranged between 21 and 60 years, with a mean age of 40.39. The data also shows that the majority of the caregivers (44%) were between 41 to 50 years. Same data is represented in figure 4.1.

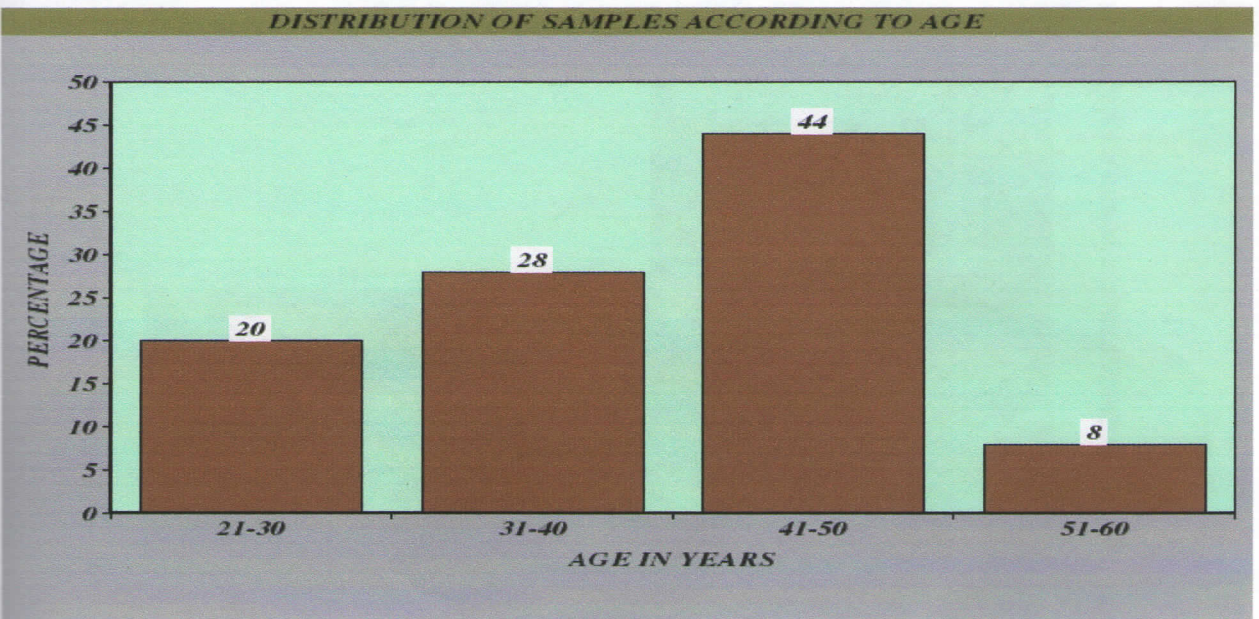


Figure 4.1

Bar diagram showing distribution of sample by age

b) Distribution of sample according to the sex.

Sex	Frequency	Percentage
Male	9	36
Female	16	64
Total	25	100

Table 4.2

Table 4.1 shows that the majority of the care givers were females (64%).

The data is represented in figure 4.2.

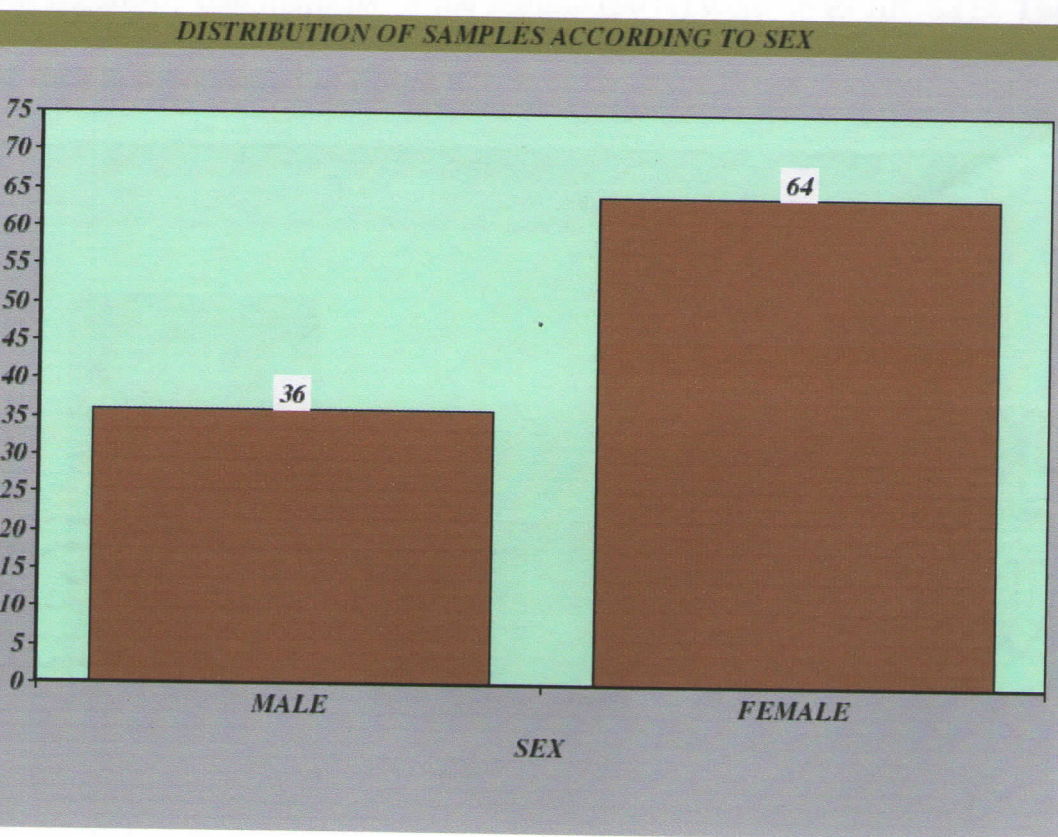


Figure 4.2

Bar diagram showing distribution of sample by sex

Distribution of sample according to educational status.

Education	Frequency	Percentage
Up to 10 th std	15	60
11-12	7	28
Degree + master degree	3	12
Total	25	100

Table 4.3

4.3 shows that majority of the sample (60%) were up to 10th STD. The data is represented in figure 4.3.

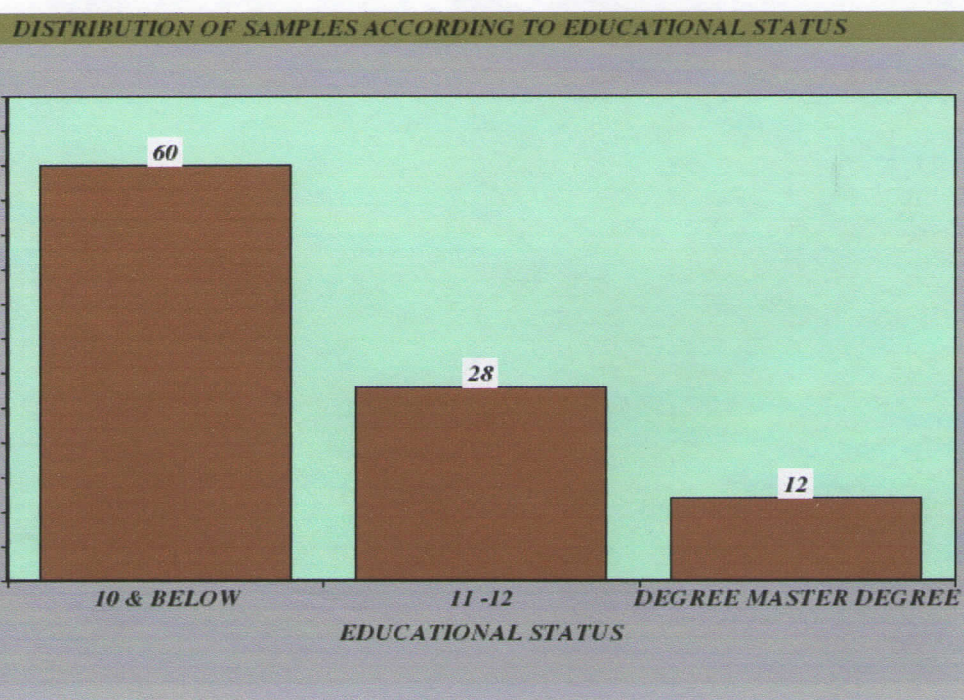


Figure 4.3

diagram showing distribution of sample according to educational s.

d) Distribution of sample according to marital status.

Marital status	Frequency	Percentage
Married	24	96
Unmarried	1	4
Total	25	100

Table- 4.4

Table 4.4 shows that majority of the sample (96%) were married. Same data is presented in figure 4.4.

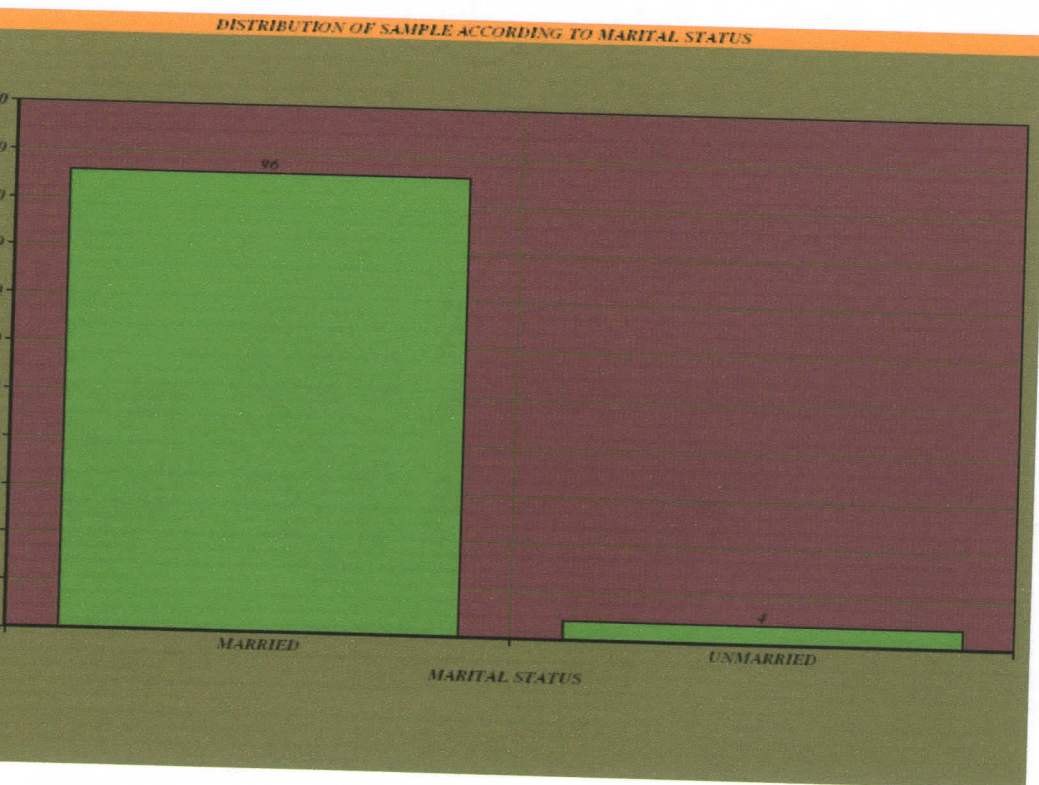


Figure 4.4

Diagram showing distribution of sample according to marital

Distribution of sample according to economic category.

Economic category(Rs/month)	Frequency	Percentage
A (<400)	4	16
B1 (400-700)	8	32
B (700-1300)	6	24
C (1300-2000)	3	12
D (>2000)	4	16
Total	25	100

Table 4.5

4.5 shows that majority of the sample (32%) were B1 category. The data is represented in figure 4.5.

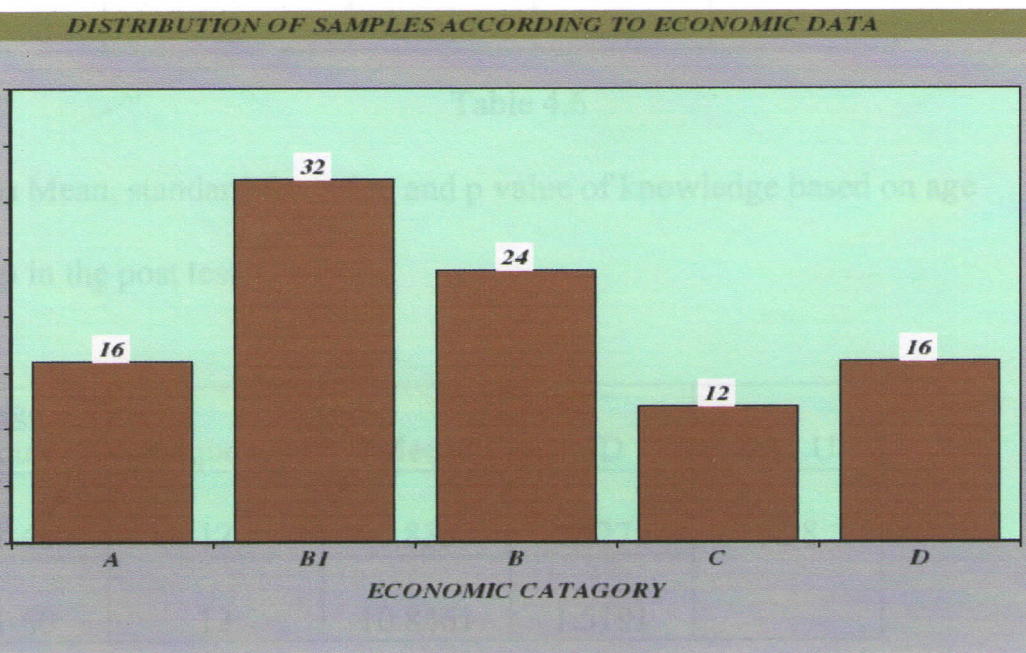


Figure 4.5

agram showing distribution of sample according to educational status

4.3 Section-II Relationship between caregiver's knowledge

regarding home care after posterior fossa surgery and selected variables.

4.3 a) Mean, standard deviation and p value of knowledge based on age group in the pre test.

Age group`	Frequency	Mean	SD	PVALUE
21-40	12	4.75	2.340	0.5668
41-60	13	4.23077	2.127	

Table 4.6

4.3 b) Mean, standard deviation and p value of knowledge based on age group in the post test.

Age group`	Frequency	Mean	SD	PVALUE
21-40	12	10.8333	1.5275	0.98
41-60	13	10.8461	1.5191	

Table 4.7

The data shows the p value of pretest is 0.5668 and the p value of post test is 0.98, there is no statistically significant relationship between the age and knowledge level of the patient in the pre test and post test. The knowledge

anged from 2-9 in pre test and 7-12 in post test. The mean was used to
 ne sample into two groups.

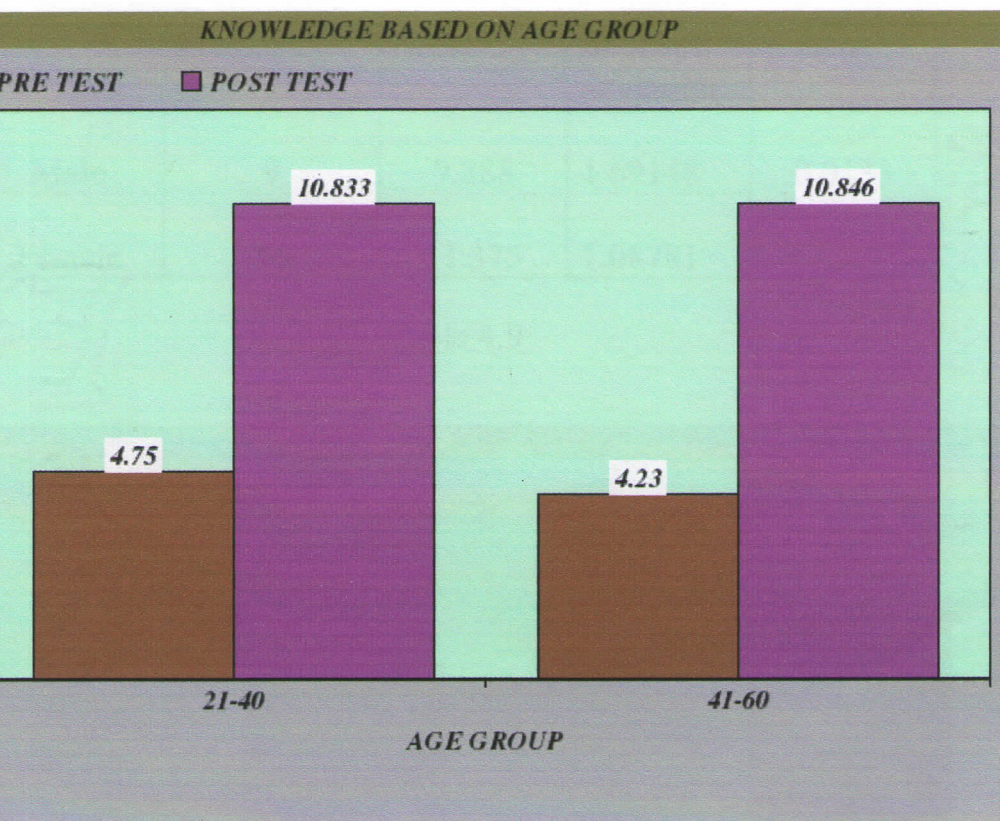


Figure 4.6

gram showing distribution of sample's knowledge according to age

Mean, standard deviation and p value of knowledge based on sex

re test.

Sex	Frequency	Mean	Standard deviation	p value
Male	9	4.5555	2.55495	0.9084
Female	16	4.437	2.06458	

Table 4.8

Mean, standard deviation and p value of knowledge based on sex in t test

Sex	Frequency	Mean	Standard deviation	p value
Male	9	9.888	1.69148	0.0133
Female	16	11.375	1.08781	

Table 4.9

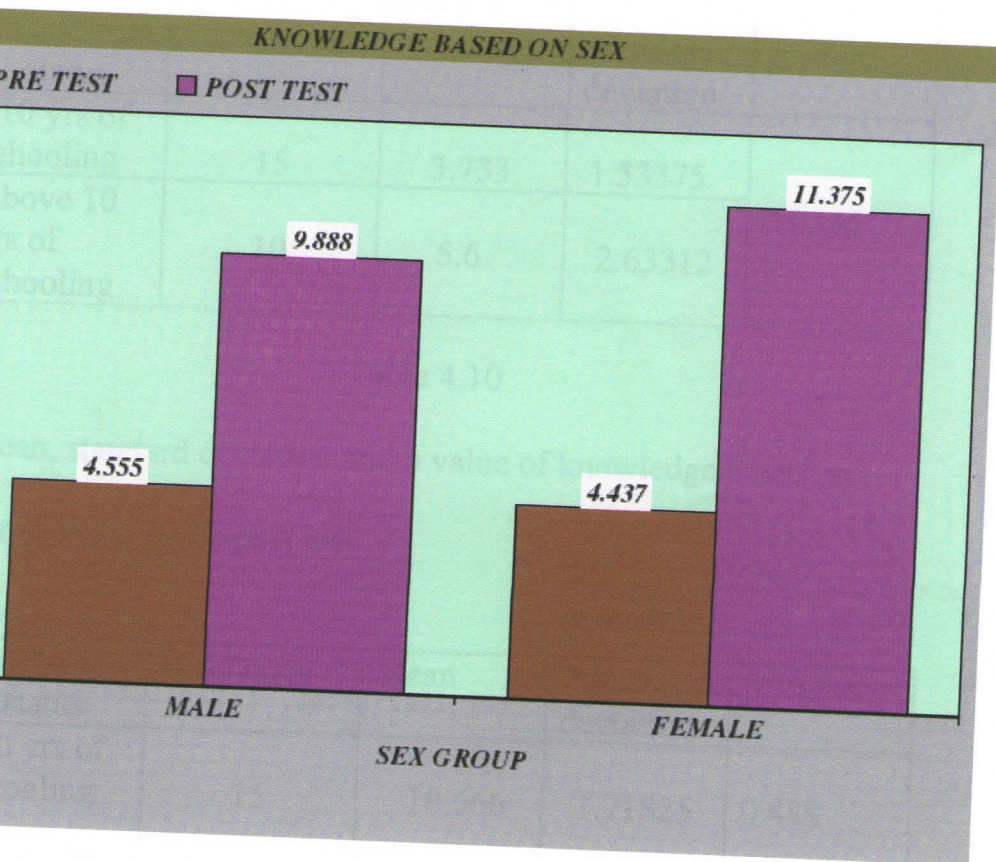


Figure 4.7
 showing distribution of sample's knowledge according to sex

Table 4.8 & figure 4.7 shows that there was no significant difference in the knowledge level in the pre test among males and females. But table 4.9 & figure 4.7 show that the female group has significantly higher knowledge than males in the post test (p value 0.0133).

4.3 e) Mean, standard deviation and p value of knowledge based on educational status in the pre test.

Educational status	Table 2 e			
	Frequency	Mean	Standard deviation	p value
<10 yrs of schooling	15	3.733	1.53375	0.0346
Above 10 yrs of schooling	10	5.6	2.63312	

Table 4.10

4.3 f) Mean, standard deviation and p value of knowledge based on educational status in the post test.

Educational status	Frequency	Mean	Standard deviation	p Value
<10 yrs of schooling	15	10.666	1.71825	0.488
Above 10 yrs of schooling	10	11.1	1.1005	

Table 4.11

Mean, standard deviation and p value of knowledge based on sex in t test

Sex	Frequency	Mean	Standard deviation	p value
Male	9	9.888	1.69148	0.0133
Female	16	11.375	1.08781	

Table 4.9

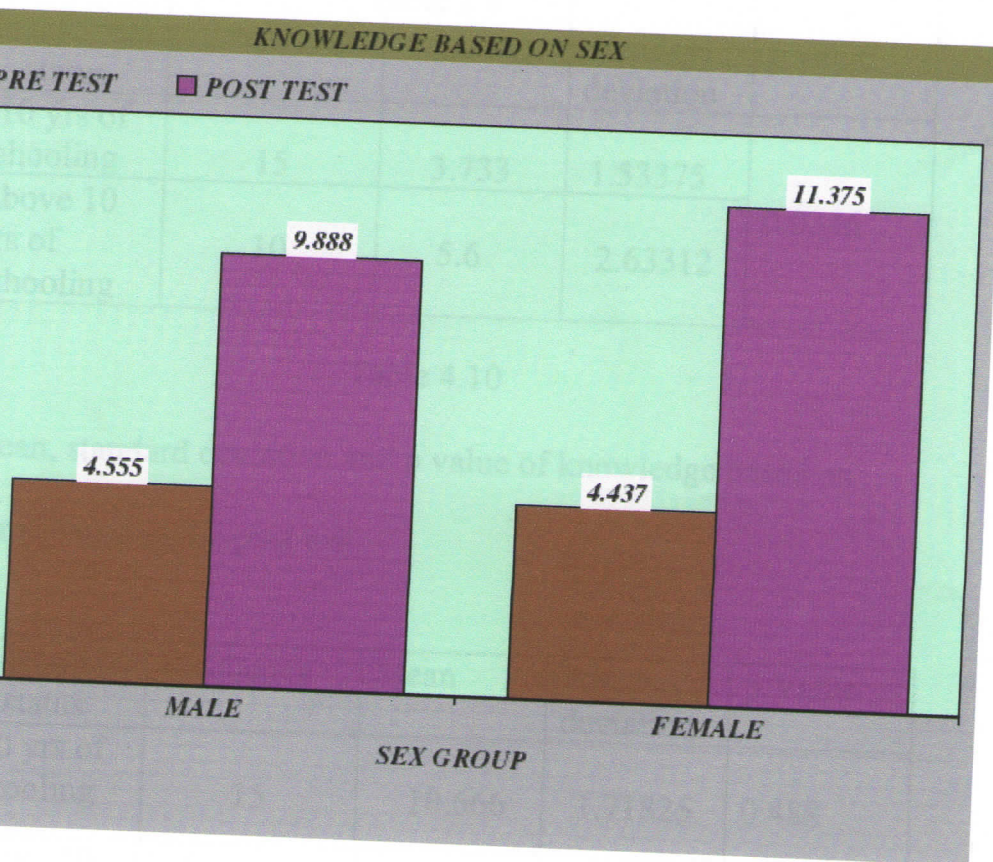


Figure 4.7
 showing distribution of sample's knowledge according to sex

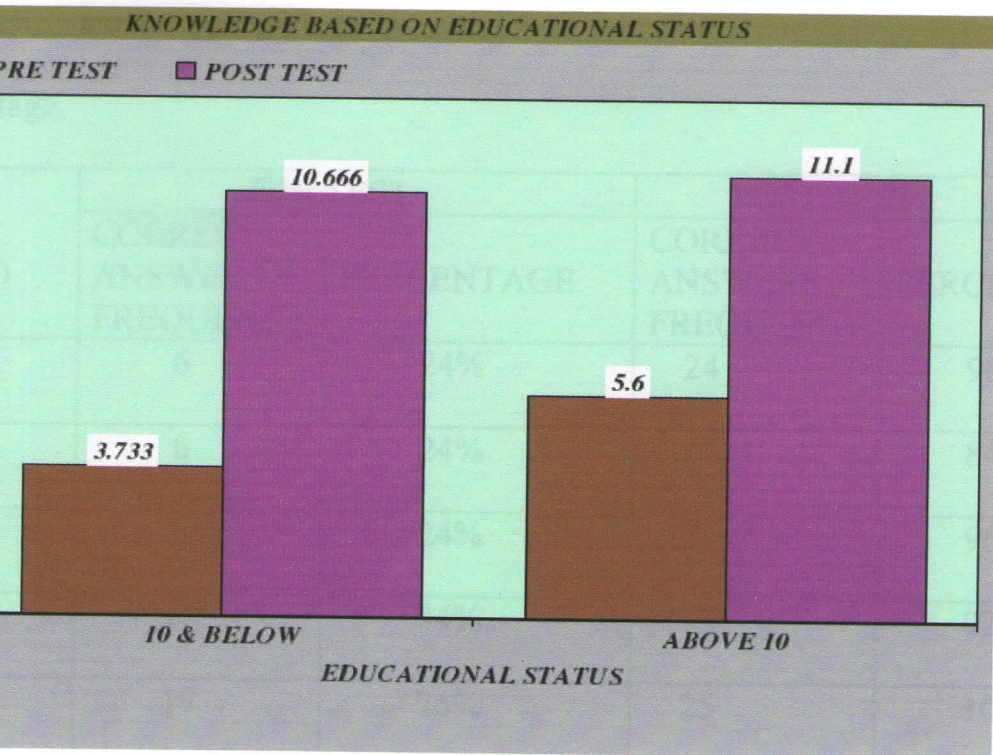
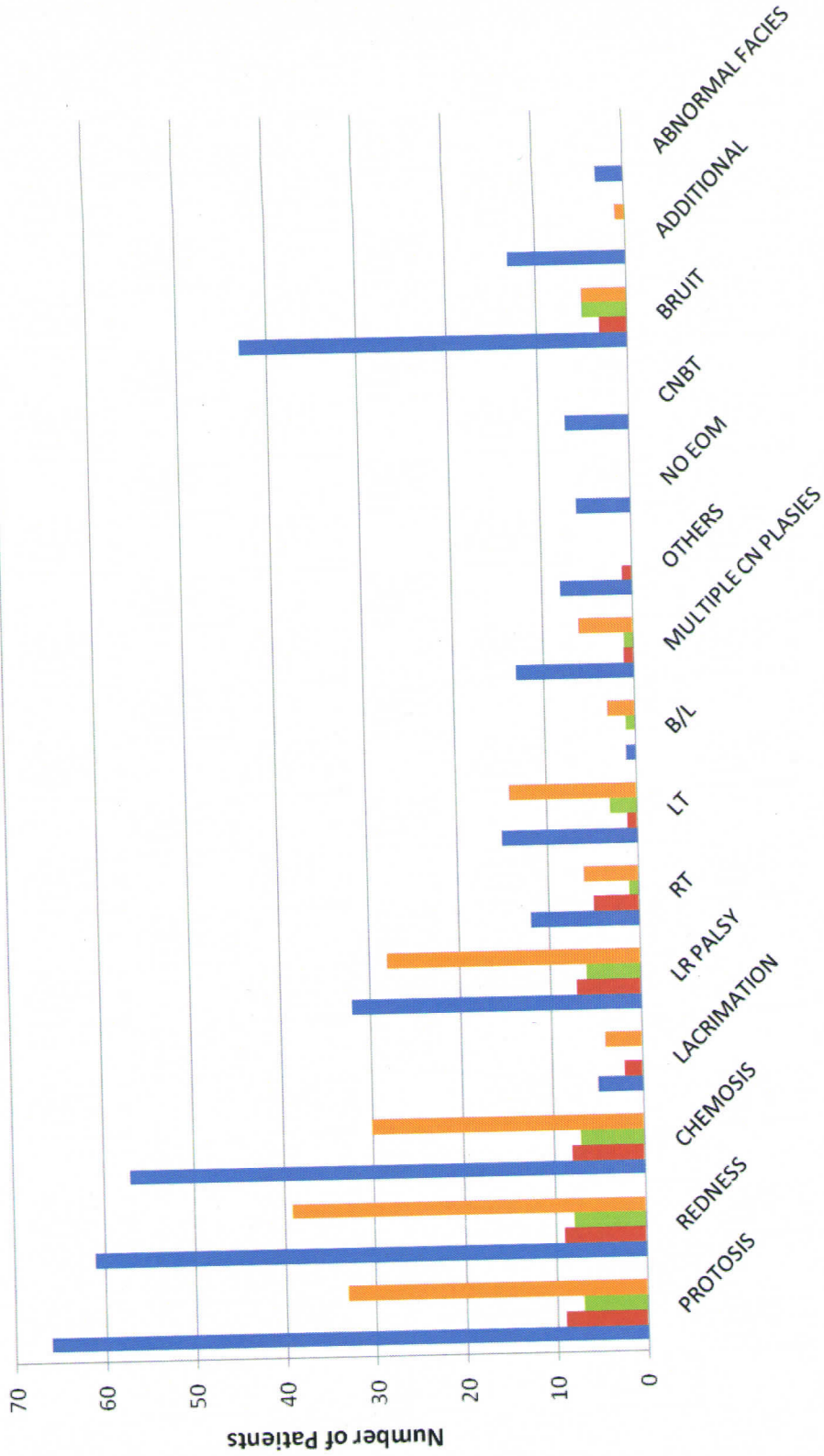


Figure 4.8

am showing distribution of sample's knowledge according to
al status.

10 & figure 4.8 shows that there is significant difference in the
ge score based on the educational status in the pre test. Education
and below had less mean knowledge score than above 10 group.
o value is significant ($p=0.0346$). But table 4.11 & figure 4.8 shows
is no significant difference in the post test of this 2 group (p value

Figure 8 : Signs on Examination



Signs

mean, standard deviation and p value of sample's total knowledge
the pre test and the post test.

	Total score	Mean	Standard deviation	p value
Pre test	112	4.48	2.20076	0.004
Post test	271	10.84	1.49108	

Table 4.13

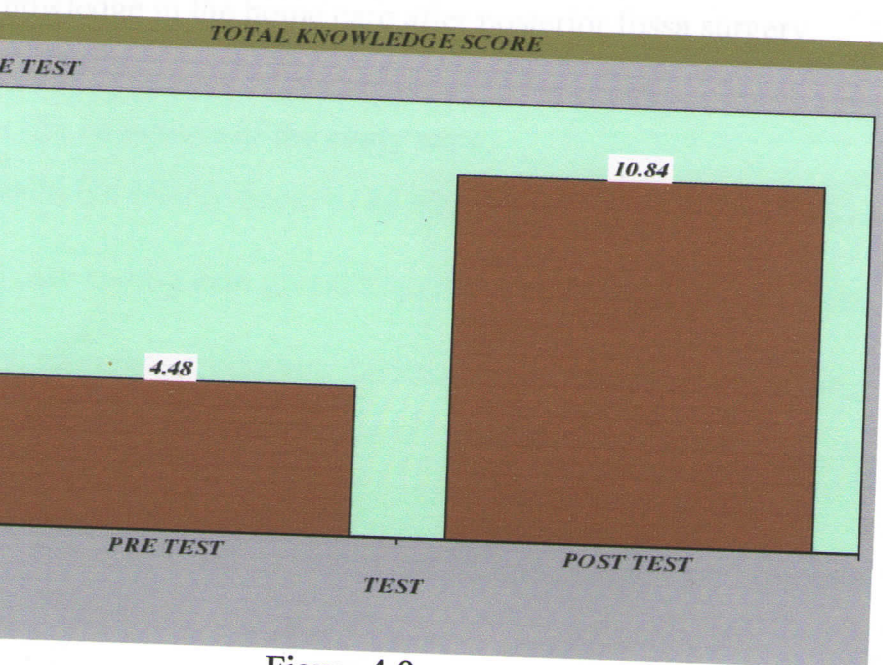


Figure 4.9

& figure 4.9 shows that there is significant difference in the total
score in the pre test and the post test. In the pre test the samples
knowledge about home care after posterior fossa surgery with a

mean knowledge of 4.48. In the post test they have an adequate knowledge with a mean of 10.84 (p value=0.004).

4.4 Summary

As a conclusion in this study most of the samples taken in this study are female, between the age group of 41-50 and having secondary school level education. Knowledge level in the pre test and the post test have statistically significant difference. After giving the educational pamphlet they have better knowledge in the home care after posterior fossa surgery.

CHAPTER-V

SUMMARY, CONCLUSION, DISCUSSION AND LIMITATIONS

This chapter gives a brief account of the present study including conclusions drawn from the findings and possible applications of the result, recommendations for the future research and suggestions for improving the present study is also included.

5.1 Summary

The specific objectives of the study were:-

- 1) To assess the effectiveness of an educational pamphlet on the knowledge of home care among care givers of patients after posterior fossa surgery.
- 2) To find association between the knowledge on home care among care givers and selected variables.

The study was conducted in Neuro Surgical ICU and Neuro Surgical ward of Sree Chitra Tirunal Institute for Medical Sciences and Technology. Study population consisted of 25 caregivers of patients after posterior fossa surgery. Self - prepared questionnaire consist of 12 questions regarding the home care after PF surgery were used to assess the knowledge of the sample. An educational pamphlet was given to the caregivers regarding the home

care and a post test was done with the same questionnaire to check the effectiveness of the health education. Pilot study was done prior to the main study. The obtained results were analyzed using Epi Info 3.5.1. Tables and bar diagrams were utilized to illustrate the findings of the study. Paired 't' test was used as test of significance.

5.2 Major findings of the study

The study revealed that percentage of females was greater than males. And the major age group was between the age of 41-60 and the educational status was less than 10 years of schooling. In the pre test the mean knowledge score was 4.48 and the post test it was 10.84 with a p value of 0.004. Other findings were female group had significantly higher knowledge than males in the post test. The mean knowledge score was lesser in the lower education group, which was brought at par with the higher education group in the post test.

5.3 Discussion

Dai Y T et al. (2003) done a study on effectiveness of a pilot project of discharge planning in Taiwan. He examined the effects of a nurse-designed discharge-planning project in a teaching hospital in Taiwan. In the sample length of hospital stay was shorter in the intervention group than in the control group. Mistiaen et al. (2007) conducted a study on interventions

aimed at reducing problems in adult patients discharged from hospital to home. They summarized that discharge planning and discharge support interventions have a positive impact on patient status at hospital discharge, on patient functioning after discharge and health care use after discharge. The authors concluded that if the discharge planning is effective the complications that can occur because of improper home care could be minimized. The researcher in this study found that discharge planning and interventions were increasing the knowledge level of the care givers.

5.4 Limitations

- ♣ Study was limited to the SCTIMST, Trivandrum.
- ♣ The sample size was limited to 25 within a period of 1 month.
- ♣ The post test was administered ten minutes after exposure to the education material.

5.5 Recommendations

- ♣ Discharge planning including the detailed educational pamphlet regarding the home care management could be provided.
- ♣ A true experimental study can be undertaken.
- ♣ Using a large sample size the same study, can be repeated.

5.6 Conclusion

Based on the findings of the study, the following conclusions were drawn.

With the limited number of sample, the study findings lack generalization.

Therefore studies using more number of samples might may be useful to

validate the findings. However this study concludes that the educational

pamphlet was effective in increasing the knowledge of home care after

posterior fossa surgery, among care givers.

BIBLIOGRAPHY

- ♣Ahlstrom, G. (2006). "Personal assistance for patients living with a severe neurological disorder", *Journal of Neuroscience Nursing*, 6 (12), 218-222.
- ♣Bergkvist, A, Midlöv, P, Höglund, P, Larsson, L, Bondesson, A. & Eriksson, T. (2009) "Improved quality in the hospital discharge summary reduces medication errors—LIMM", *European Journal of Clinical Pharmacology*, 65 (10), 1037-464.
- ♣Copeland, G.P, Foy, F.M. & Shaw,m. (1982), ' Post operative epilepsy after ventricular drainage", *Surgical Neurology*, 17 (4), 279-281.
- ♣4 Crooks, V. A, Williams, A, Stajduhar, K. I, Allan, D.E. & Cohen, S.R. (2007), "The information transfer and knowledge acquisition geographies of family caregivers: an analysis of Canada's Compassionate Care Benefit", *Canadian Journal of Nursing Research*, 39(3), 36-54.
- ♣Dai,Y.T, Chang, Y, Hsieh, C.Y. & Tai, T,Y.(2003), "Effectiveness of a pilot project of discharge planning in Taiwan. *Research in Nursing and Health*, 26 (1), 53-63.
- ♣David, I. S. (1985), "Infratentorial brain tumors", *Neurosurgery Pediatrics*, 6 (25), 985.

- ♣ Dennis, H. & Haines, J. S. (1986), "Risk factors for postoperative neurosurgical wound infection, A case control study", *Journal of Neurosurgery*, 64 (6).
- ♣ Doxey, D, Bruce, D, Sklar, F, Swift, D. & Shapiro, K. (1999), "Posterior fossa syndrome: identifiable risk factors and irreversible complications", *Pediatric Neurosurgery*, 31(3), 131-6.
- ♣ Dubey, A, Sung, W. S, Shaya, M, Patwardhan, Willis, B, Smith, D. & Nanda, A. (2009) "Complications of posterior cranial fossa surgery--an institutional experience of 500 patients", *Surg Neurol*, 72(4), 369-75.
- ♣ Evans, R.L. & Hendricks, R.D. (1993) "Evaluating hospital discharge planning: a randomized clinical trial", *Med Care*, 31(4), 358-70.
- ♣ Geffery, W.H. & Epstein, F.J. (1984). "Pseudobulbar palsy after posterior fossa operation in children". *Neurosurgery*, 15(5), 707-9.
- ♣ Hassan, A, Galhom, A. & Engelhard, H. (2010), "Posterior fossa tumors: Treatment", *J Neurosurgery Pediatrics*, 5 (4), 329-334.
- ♣ Landolt, A. M. & Zurich. (1984), " Complications in neurosurgery", *Karger publications*, II, 65.
- ♣ Middleton, S, Donnelly, N, Harris, J. & Ward, J. (2005) "Nursing intervention after carotid endarterectomy: a randomized trial of Co-ordinated Care Post-Discharge (CCPD)", *Journal of advance nursig*, 52 (3), 250-61.

- ♣ Mistiaen, P, Francke, A.L. & Poot, E. (2007), "Interventions aimed at reducing problems in adult patients discharged from hospital to home: a systematic meta-review", *BMC Health Serv Res*, 4 (7), 47.
- ♣ Mollman, H.D & Haines, S.J. (1986), "Risk factors for postoperative neurosurgical wound infection. A case-control study", *Journal of Neurosurg*, 64(6), 902-6.
- ♣ Shyu, Y.I.(2000), "Development and testing of the Family Caregiving Factors Inventory (FCFI) for home health assessment in Taiwan", *Journal of advance nursig*, 32(1), 226-34.
- ♣ Suri, A, Mahapatra, A, K. & Bithal, A. (1998), "Seizures following posterior fossa surgery", *British Journal of Neurosurgery*, 12 (1), 41-44.
- ♣ Wisoff, J.H. & Epstein, F.J. (1984), "Pseudobulbar palsy after posterior fossa operation in children", *Neurosurgery*, 15(5) 707-9.

APPENDIX

SECTION – A

INFORMED CONSENT

I hereby agree to participate in the research study conducted by Ms. Sajithra.s 1st year Diploma in NeuroNursing of SCTIMST, Trivandrum. I understand that there will not be any change in the nature of care that I receive and the data given by me will be kept confidential, and will be used only for research purpose.

Signature of the care giver

Name of the patient

Place:

Date:

SECTION -B
DEMOGRAPHIC DATA

CARE GIVER'S NAME:

AGE:

MALE/ FEMALE:

EDUCATIONAL QUALIFICATION: UP TO 10 STD/ 12 STD/

DEGREE/ MASTER DEGREE

OCCUPATION:

MARITAL STATUS: MARRIED/ UNMARRIED

RELATIONSHIP TO THE PERSON:

AGE OF THE PATIENT:

MALE/FEMALE:

SOCIOECONOMIC DATA: A B1 B C D

NAME OF THE OPERATION:

SECTION - C

A QUESTIONNAIRE TO ASSESS THE LEVEL OF KNOWLEDGE ABOUT HOME CARE AFTER POSTERIOR FOSSA SURGERY

Please mark (✓) the most appropriate answer for the following question

I Which of the following method is suitable for wound care?

1. Clean with tap water
2. Clean with cold water
3. Clean with lukewarm water
4. Clean with boiled cooled water
5. I don't know

II How can we identify the infected wound?

1. Vomiting, redness around the eyes
2. Itching around the wound
3. High grade fever, drainage from the wound, pain
4. Swelling around the eyes, loss of sleep, loss of appetite
5. I don't know

III Which type of diet should be given to the patient?

1. Balanced diet
2. Liquid diet
3. Fatty diet

4. Fried foods

5. I don't know

IV How much glass of water should be given to the patient to drink?

1. 1-2 glass of water

2. 3-5 glass of water

3. 6-8 glass of water

4. Should control the intake of water

5. I don't know

V Which type of exercise should the patient practice?

1. Swimming

2. Cycling

3. Heavy exercise

4. Light exercise

5. I don't know

VI How long will it take for the patient to reach a state of complete health?

1. 2-4 weeks

2. 4-6 weeks

3. 6-12 weeks

4. After 6 weeks

5. I don't know

VII Can the patient changes the medicine order by himself?

1. Could change in the amount

2. Could change the time

3. Could change the time and amount

4. Don't change it

5. I don't know

VIII Which medicine should be taken continuously?

1. Analgesics

2. Antibiotics

3. Anti seizure medications

4. All medicines

5. I don't know

IX Which type of room should be provided for the patient?

1. Adequately ventilated room

2. Non ventilated room

3. Dim lighted room

4. Hall

5. I don't know

X In which situation should the patient be send to the hospital

1. Swelling around the eyes
2. Pain
3. Salty tasted water coming through the nose
4. Low grade fever
5. I don't know

XI Which type of food should be given to the patient to prevent Constipation?

1. Liquid diet
2. Fiber content diet
3. Fatty diet
4. Meat
5. I don't know

XII Which type of persons contact should be avoided by the patient?

1. Hypertensive
2. Common cold
3. Injured
4. Other operated cases
5. I don't know

Answer key: I. (4), II. (3), III. (1), IV. (3), V. (4), VI. (3), VII. (3), VIII. (3), IX. (1), X. (3), XI. (2), XII. (2).

SECTION - D

EDUCATIONAL PAMPHLET REGARDING HOME CARE AFTER POSTERIOR FOSSA SURGERY

Posterior fossa of the brain controls the balance of the body. Most of the important cranial nerves also pass through the back of the brain. So the patients those who are operated on these region should need a comprehensive care. After reaching the home also the care should be continued. So read the following instructions carefully and care the patient according to this will help to improve the health of the patient.

How will you take care of the patient after posterior fossa surgery?

Usually the patient becomes healthy within 6 weeks to 3 months after the surgery. However this will depends on the following aspects.

1. How sick the patient was before the surgery?
2. The neurological problems after the operation?
3. Any complications either from the disease or the surgery?
4. The patient's age.
5. Other medical conditions (Diabetes mellitus, Hypertension)

HOME CARE INSTRUCTIONS

1 Incision care

- ♣ The patient will have staples or stitches in place for 7 days. The doctor will determine the exact time of suture removal.
- ♣ A small amount of fluid may collect under the skin near the incision, inform the doctor if the swelling lasts longer than 2 weeks.
- ♣ The patient can use a small pillow under the head while sleeping.
- ♣ The patient may shower or bath, once the staples are removed. Gently wash the incision site with boiled cooled water, and dry with a clean cloth.
- ♣ Avoid soaking, scrubbing or rubbing the incision site. Do not apply any creams, lotions or powders to the incision. Do not put extreme hot or cold substance on the incision site.
- ♣ The patient not need a bandage or dressing over the incision. Leave it to open air and may wear a light hat or scarf while going out side.
- ♣ Check the incision site daily for redness, swelling, drainage, bloody discharge or uncontrolled pain. If these occur inform the doctor.
- ♣ Avoid permanent colouring or bleaching of hair for 4 weeks.
- ♣ You should watch the wound carefully if the patient has temperature; it is the sign of infection.

2 Diet

♣The patient may resume his/her usual diet unless instructed to follow a special diet.

♣The diet should contain cereals, milk, fruits, peas etc. For nonvegetarian patients you can add chicken, fish and egg. Boiled cooled water or juice may be taken.

♣Adequate salt should be included in the diet. If Hypertensive provide a salt restricted diet.

♣If diabetic limit the amount of cereals, roots, sugar, oil, ghee etc.

♣Limit the use of fatty foods, tea and coffee.

♣While giving ryles tube feed, patient should sit straight with the help of a pillow and give liquid diet. After that patient should remain in the same position for half an hour. One and half to two glass of liquid diet can be given second hourly. You can include egg flip, rice water, tender coconut, juice etc. Fifty ml of water should be given through the tube before and after the feed. Syrups and crushed tablets should also give through the tube at proper time.

3 Medications

♣Always take the medicine at proper time and amount as directed by the doctor, (especially antibiotics and anti - seizure medications).

♣ Call the doctor if you think the medicines are not helping, or if you feel the patient is having side effects, do not quit taking the medicines until you discuss with the doctor.

♣ Consult a doctor if the patient has severe headache or if it is not relieved with medicine.

4 Exercise and daily activities

♣ Walking is a good way to get back the strength. Every day, take short walks. Going a little longer each day. If the weather is very hot, cold or wet, do not go out. Stop walking if the patient feels tired or in pain.

♣ Do not lift, push or pull anything that weighs more than 10 pound at least for 12 weeks after surgery. After that you can weigh as much as you can.

♣ Limit bending the head of the patient. Bend the knees instead to limit pressure on the head.

♣ Do not do anything during which the patient holds his/her breath and push.

♣ It is normal for the energy level and sleep patterns of the patient change after surgery. These things will slowly return to normal as the patient starts his/her usual activities. Get extra sleep at night and take naps during the day to help him feel less tired. Take rest periods during the day.

♣ Usually the patient can drive 6-12 weeks after surgery, if the doctors advise so.

♣The patient may resume sexual activities as per the instructions given by your doctor.

5 Bowel movement

♣ Some pain medicine can cause constipation. Drink at least 6-8 cups of fluid each day.

♣Increase the amount of fruit and fiber in the diet.

♣Being active and walking can be helpful too.

♣It may be hard for the patient to have a bowel movement after surgery. Try to avoid straining to push the feces out, if it is too hard.

♣After following these instructions, if the patient has constipation, consult the doctor.

6 Risk factors

♣Be aware of salty tasted water coming through nose, mouth or ear. If it occurs, consult doctor immediately otherwise it will cause infection of the brain.

♣Position changing and passive exercise to be given every second hourly for bedridden patients. It will help to prevent formation of blood clot in the lower extremities and lung diseases. Bed should be kept wrinkle free.

♣For catheterized patients the private part should be washed with soap and boiled cooled water. The tube should not be kept above the abdomen. Tube should not be disconnected.

♣If the patient is unable to clean the teeth, provide mouth care with lime and salt solution or mouthwash.

♣Anyone who has had a brain surgery can have a seizure. This will depend on which part of the brain is operated and the severity of the disease. So you should not discontinue the antiepileptic medicine without the doctor's order.

♣You should not leave the patient alone, and don't allow them to do the harmful activities. If the patient gets a seizure, the care giver or whoever is with the patient at the time, should try to prevent injury. They can help the patient gently to the floor. Loosen the clothes if it is too tight. Should not restrain the patient at the time of fits. Nobody should try to put anything into the patient's mouth. Turn the patient's head to one side; this will help to prevent aspiration of saliva in to the lungs. Care giver should note the seizure episode, affected body parts, whether the patient is conscious or not, if he is unconscious how long it took to regain consciousness etc. You should consult the doctor if the fits persist for more than 5 minutes or if it is a continuous episode.

- ♣It is never too late to quit smoking if the patient smokes and also avoid the contact with the smokers. Smoking can cause a high blood pressure.
- ♣It is normal to have some swelling around your eyes.
- ♣Patient's room should be ventilated with adequate light and air.
- ♣Dress should be properly washed and dried it in the sunlight.
- ♣Stay near the hospital for 2 days after the discharge.
- ♣A follow up appointment will be included at the time of discharge. Come with the scanning films and treatment slips, for follow up.
- ♣If any emergency occur you can consult the doctor without appointment.
- ♣If you have any questions you can call to 2524618 (day time) 2524565 (night time).

THANK YOU

സമ്മതപത്രം

തലയുടെ പിൻഭാഗത്ത് ഓപ്പറേഷൻ കഴിഞ്ഞവരുടെ ശുശ്രൂഷയെ കുറിച്ച് അറിഞ്ഞിരിക്കേണ്ട വസ്തുതകൾ പറഞ്ഞ് മനസ്സിലാക്കി തരുന്നതിനും അതുമായി ബന്ധപ്പെട്ട എന്റെ അറിവ് പരിശോധിക്കുന്നതിനും വേണ്ടി തിരുവനന്തപുരം ശ്രീ ചിത്തിര തിരുനാൾ ആശുപത്രിയിലെ ഒന്നാം വർഷ ഡിപ്ലോമ ന്യൂറോ നഴ്സിങ് വിദ്യാർത്ഥിനിയായ സജിത്ര. എസ്. നടത്തുന്ന പഠനത്തിൽ സഹകരിക്കാൻ ഞാൻ സമ്മതിക്കുന്നു. എന്റെ സഹകരണമോ നിസഹകരണമോ എനിക്ക് ലഭിക്കുന്ന ചികിത്സയെ ബാധിക്കുകയില്ലെന്ന് ഞാൻ മനസ്സിലാക്കുന്നു എല്ലാ വിവരങ്ങളും തികച്ചും രഹസ്യമായി സൂക്ഷിക്കുമെന്നും അവ പഠനത്തിന് മാത്രമേ ഉപയോഗിക്കുകയുള്ളൂവെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. ആയതിനാൽ സ്വമനസ്സാലെ ഞാൻ ഈ പഠനത്തിന്റെ ഭാഗമാകാമെന്ന് സമ്മതിക്കുന്നു.

ഒപ്പ്

സ്ഥലം

തീയതി

വിവരം നൽകുന്ന വ്യക്തിയുടെ പേര്

രോഗിയെ ശുശ്രൂഷിക്കുന്ന വ്യക്തിയെ കുറി ചുറ്റുള്ള വിവരങ്ങൾ

ശുശ്രൂഷകൻ്റെ പേര് :

വയസ്സ് :

സ്ത്രീ / പുരുഷൻ :

വിദ്യാഭ്യാസ യോഗ്യത : സ്കൂൾ വിദ്യാഭ്യാസം / 12 ക്ലാസ്സ് / ബിരുദം /

ബിരുദാനന്തര ബിരുദം

ജോലി :

വിവാഹം കഴിഞ്ഞതാണോ : അതെ / അല്ല

:

വ്യക്തിയുടേതായുള്ള ബന്ധം :

രോഗിയുടെ വയസ്സ് :

രോഗി സ്ത്രീയോ / പുരുഷനോ :

വരുമാന കാറ്റഗറി ഡേറ്റ : A B B1 C D

ഏത് ഓപ്പറേഷനാണ് ചെയ്തത്?

തലയുടെ പിൻഭാഗത്ത് ഓപ്പറേഷൻ കഴിഞ്ഞ രോഗികൾ പാലിക്കേണ്ട നിർദ്ദേശങ്ങളെക്കുറിച്ചുള്ള ചോദ്യാവലി.

(താഴെപ്പറയുന്നവയിൽ ശരിയുത്തരത്തിന് നേരെ ശരി (✓) അടയാളപ്പെടുത്തുക.)

1. മുറിവിന്റെ പരിചരണത്തിന് താഴെപ്പറയുന്നവയിൽ ഏത് രീതിയാണ് അഭികാമ്യം ?
 - ✦ സാധാരണ വെള്ളം ഉപയോഗിച്ച് കഴുകുക
 - ✦ തണുത്ത വെള്ളം ഉപയോഗിച്ച് കഴുകുക
 - ✦ ചെറു ചൂട് വെള്ളം ഉപയോഗിച്ച് കഴുകുക
 - ✦ തിളപ്പിച്ചാനിയ ചെറു ചൂട് വെള്ളം ഉപയോഗിച്ച് കഴുകുക
 - ✦ അറിയില്ല.
2. മുറിവിൽ അണുബാധയുണ്ടെന്ന് എങ്ങനെ മനസ്സിലാക്കാം ?
 - ✦ ചർദ്ദി, കണ്ണിന് ചുറ്റും ചെറുതായ ചുമപ്പ്
 - ✦ മുറിവിന് ചുറ്റും ചൊറിച്ചിൽ, നീറ്റൽ.
 - ✦ ഉയർന്ന പനി, നീരാലിപ്പ്, വേദന
 - ✦ കണ്ണിന് ചുറ്റും നീര്, ഉറക്കമില്ലായ്മ, വിശപ്പില്ലായ്മ
 - ✦ അറിയില്ല
3. ഏത് തരത്തിലുള്ള ഭക്ഷണമാണ് രോഗിക്ക് നൽകേണ്ടത്. ?
 - ✦ സമീകൃതമായത്.
 - ✦ ദ്രവ രൂപത്തിലുള്ളത്.
 - ✦ കൊഴുപ്പ് അടങ്ങിയത്.
 - ✦ എണ്ണയിൽ വറുത്തത്
 - ✦ അറിയില്ല.
4. രോഗി ദിവസവും കുറഞ്ഞത് എത്ര ഗ്ലാസ്സ് വെള്ളം കുടിക്കണം ?
 - ✦ 1 മുതൽ 2 ഗ്ലാസ്സ്
 - ✦ 3 മുതൽ 5 ഗ്ലാസ്സ് വരെ
 - ✦ 6 മുതൽ 8 ഗ്ലാസ്സ് വരെ
 - ✦ വെള്ളം കുടിക്കുന്നതിൽ നിയന്ത്രണം വേണം
 - ✦ അറിയില്ല.
5. രോഗിക്ക് ഏത് തരത്തിലുള്ള വ്യായാമമാണ് ആവശ്യം ?
 - ✦ നീന്തൽ
 - ✦ സൈക്ലിംഗ്
 - ✦ ആയാസം കുടിയ വ്യായാമം
 - ✦ മിതമായ വ്യായാമം.
 - ✦ അറിയില്ല.
6. ഓപ്പറേഷനുശേഷം എത്ര നാൾ കഴിഞ്ഞാണ് രോഗി പൂർണ്ണ ആരോഗ്യ സ്ഥിതിയിലെത്തുന്നത് ?
 - ✦ 2 മുതൽ 4 ആഴ്ച്ച
 - ✦ 4 മുതൽ 6 ആഴ്ച്ച
 - ✦ 6 മുതൽ 12 ആഴ്ച്ച
 - ✦ 6 മാസം കഴിഞ്ഞ്
 - ✦ അറിയില്ല

12. നീത്യപ്രലം
 ഗൃഹഗ്രാമലം യഥാക്രമേണ വാസപുരാനു
 വാസഭൂമിപ്രദാനം
 വാസഭൂമിസംരക്ഷണം
 വാസഭൂമിസംരക്ഷണനിയമം

11. നീത്യപ്രലം
 ഹോമം
 ഹോമനിയമം
 ഹോമനിയമസംഹാരം
 വാസഭൂമിസംരക്ഷണനിയമം

10. നീത്യപ്രലം
 വാസഭൂമിസംരക്ഷണനിയമം
 വാസഭൂമിസംരക്ഷണനിയമസംഹാരം
 വാസഭൂമിസംരക്ഷണനിയമസംഹാരം

9. നീത്യപ്രലം
 വാസഭൂമിസംരക്ഷണനിയമം
 വാസഭൂമിസംരക്ഷണനിയമസംഹാരം
 വാസഭൂമിസംരക്ഷണനിയമസംഹാരം

8. നീത്യപ്രലം
 വാസഭൂമിസംരക്ഷണനിയമം
 വാസഭൂമിസംരക്ഷണനിയമസംഹാരം
 വാസഭൂമിസംരക്ഷണനിയമസംഹാരം

7. നീത്യപ്രലം
 വാസഭൂമിസംരക്ഷണനിയമം
 വാസഭൂമിസംരക്ഷണനിയമസംഹാരം
 വാസഭൂമിസംരക്ഷണനിയമസംഹാരം

ന്യൂനോസർജറി വിഭാഗത്തിൽ തലയുടെ പിൻഭാഗത്ത് ഓപ്പറേഷൻ കഴിഞ്ഞ രോഗികൾ പാലിക്കേണ്ട നിർദ്ദേശങ്ങളെ കുറിച്ചുള്ള പഠനാവലി.



തലച്ചോറിന്റെ പിൻഭാഗമാണ് മനുഷ്യ ശരീരത്തിന്റെ സംതുലിതാവസ്ഥയെ നിയന്ത്രിക്കുന്നത്. മനുഷ്യ ശരീരത്തിലെ പ്രധാനപ്പെട്ട എല്ലാ നാഡികളും കടന്നു പോകുന്നതും ഈ ഭാഗത്ത് കൂടിയാണ്. അതുകൊണ്ട് തന്നെ ഈ ഭാഗത്ത് ഓപ്പറേഷൻ കഴിഞ്ഞ രോഗികൾക്ക് അതിവ ശ്രദ്ധയോടുകൂടിയുള്ള പരിചരണം ആവശ്യമാണ്. രോഗി വീട്ടിലെത്തിയതിന് ശേഷവും ഇത് തുടരേണ്ടതാണ്. ഇതിനാൽ താഴെപ്പറയുന്ന നിർദ്ദേശങ്ങൾ ശ്രദ്ധയോടുകൂടി വായിച്ച് മനസ്സിലാക്കുകയും അതിനനുസരിച്ച് രോഗിയെ പരിപാലിക്കുകയും ചെയ്യുന്നത് ആരോഗ്യനില കൂടുതൽ മെച്ചപ്പെടുന്നതിന് സഹായിക്കും.

ഓപ്പറേഷനു ശേഷം എത്രനാൾ കഴിഞ്ഞാണ് രോഗി പൂർണ്ണ ആരോഗ്യ സ്ഥിതിയിലെത്തുന്നത് ?

സാധാരണ ഗതിയിൽ ഓപ്പറേഷനു ശേഷം 6 ആഴ്ച മുതൽ 3 മാസത്തിനുള്ളിൽ രോഗി പൂർണ്ണ ആരോഗ്യ സ്ഥിതിയിലെത്തുന്നു. എന്നാലും രോഗിയുടെ ആരോഗ്യനില താഴെപ്പറയുന്ന കാര്യങ്ങളെ ആശ്രയിച്ചിരിക്കുന്നു.

★ തുണൽ എടുത്ത് കഴിഞ്ഞാൽ ഡ്രസ്സിങ് ചെയ്യേണ്ട ആവശ്യമില്ല. മുറിവ് അന്തരീക്ഷ വായുവുമായി സമ്പർക്കം വരുന്നതാണ് നല്ലത്. എന്നാൽ പുറത്ത് പോകുന്ന സമയത്ത് മുദുവായ സ്കാർഫോ, തൊപ്പിയോ ഉപയോഗിക്കാം.

★ മുറിവിന്റെ ഭാഗത്ത് ചുവപ്പ് നിറം, വീക്കം, നീരൊലിപ്പ്, രക്ത സ്രാവം, പഴുപ്പ്, അസഹ്യമായ വേദന എന്നിവയുണ്ടെങ്കിൽ ഡോക്ടറുടെ ഉപദേശം തേടണം.

★ കുറഞ്ഞത് 4 ആഴ്ചയെങ്കിലും രാസവസ്തുക്കൾ തലയിൽ ഉപയോഗിക്കരുത്. (ബ്ലീച്ചിംഗ്, കളറിംഗ്).

★ രോഗിക്ക് പനിയുണ്ടാകുകയാണെങ്കിൽ മുറിവിന്റെ കാര്യത്തിൽ പ്രത്യേക ശ്രദ്ധ വേണം. പനി അണുബാധയുടെ ലക്ഷണമാകാം..

ആഹാരക്രമം.



★ പ്രത്യേകിച്ച് നിർദ്ദേശങ്ങൾ ഒന്നും തന്നെയില്ലെങ്കിൽ രോഗിക്ക് സമീകൃതാഹാരം നൽകാവുന്നതാണ്. ഇതിൽ ധാന്യങ്ങൾ, പാൽ, പഴങ്ങൾ, പച്ചക്കറികൾ, പയറുവർഗങ്ങൾ, എന്നിവ ഉൾപ്പെടുത്തിയിരിക്കണം മാംസാഹാരം കഴിക്കുന്നവർക്ക് കോഴിയിറച്ചി, മത്സ്യം, മുട്ട എന്നിവ കഴിക്കാവുന്നതാണ്, കൂടിക്കാനായി തിളപ്പിച്ചാറിയ വെള്ളം, ജ്യൂസ് എന്നിവ നൽകാവുന്നതാണ്.

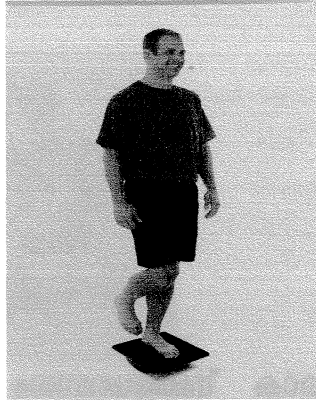
★ ആഹാരത്തിൽ ഉപ്പ് ഉൾപ്പെടുത്തണം. ഉയർന്ന രക്ത സമ്മർദ്ദമുള്ളവരാണെങ്കിൽ ഉപ്പിന്റെ അളവ് നിയന്ത്രിക്കുക.

★ പ്രമേഹ രോഗമുള്ളവരാണെങ്കിൽ ധാന്യങ്ങൾ, കിഴങ്ങുവർഗ്ഗങ്ങൾ, പഞ്ചസാര, എണ്ണ, നെയ്യ് എന്നിവ നിയന്ത്രിച്ച് ഉപയോഗിക്കുക.

★ കൊഴുപ്പുകളടങ്ങിയ ആഹാരം, ചായ, കോഫി, കോള എന്നിവയുടെ ഉപയോഗം കുറയ്ക്കുക

★ ട്യൂബ് വഴി ആഹാരം കൊടുക്കുന്ന രോഗികളാണെങ്കിൽ ഒരു തലയണയുടെ സഹായത്താൽ രോഗിയുടെ തല ഭാഗം ഉയർത്തി വച്ച് ദ്രവാഹാരം കൊടുക്കുക. അതിനു ശേഷം അരമണിക്കൂർ നേരം രോഗിയെ ഇതേരീതിയിൽ തന്നെ ഇരുത്തണം. രണ്ട് മണിക്കൂർ ഇടവിട്ട് ഒന്ന് മുതൽ ഒന്നര ഗ്ലാസ് വരെ അളവിൽ ദ്രവാഹാരം കൊടുക്കാവുന്നതാണ്. ഇതിൽ ഉൾപ്പെടുത്താവുന്നവ മുട്ട അടിച്ചു ചേർത്ത പാൽ, കഞ്ഞി വെള്ളം, കരിക്കിൻ വെള്ളം, ജ്യൂസ് എന്നിവയാണ്. തിളപ്പിച്ചാറിയ വെള്ളം (ഏകദേശം കാൽ ഗ്ലാസ്) ആഹാരത്തിന് മുമ്പും പിൻപും

വ്യായാമവും ദിനചര്യയും



★ അസഹ്യമായ ചുടും തണുപ്പുമുള്ളപ്പോൾ വീടിന് പുറത്ത് അധികം യാത്ര ചെയ്യരുത് .

★ നിങ്ങൾ കഴിയുന്നത്ര നടക്കാൻ ശ്രമിക്കുക. ക്ഷീണമോ തളർച്ചയോ അനുഭവപ്പെടുന്നെങ്കിൽ ഒരു സ്ഥലത്തിരുന്ന് വിശ്രമിക്കണം.

★ ആദ്യത്തെ 12 ആഴ്ച വരെ അമിത ഭാരം എടുക്കരുത്. അതിനുശേഷം കഴിയുന്നതിനനുസരിച്ച് ഭാരം എടുക്കാവുന്നതാണ്.

★ തല കുനിക്കുന്നത് കഴിവതും ഒഴിവാക്കുക. ഇത് തലയിലെ മർദ്ദം കുറയ്ക്കാൻ സഹായിക്കും.

★ യോഗ ചെയ്യുന്നവരാണെങ്കിൽ ശ്വാസം പിടിച്ചു വയ്ക്കുന്ന ശീലം കഴിവതും ഒഴിവാക്കുക. ഇത് തലയിലെ മർദ്ദം കൂട്ടുന്നതിന് കാരണമാകും.

★ ഓപ്പറേഷനു ശേഷം നിങ്ങളുടെ ഉൻമേഷത്തിനും ഉറക്കത്തിന്റെ ദൈർഘ്യത്തിനും വ്യത്യാസം കാണാം ഇത് സാധാരണമാണ്. പകൽ സമയം നല്ലവണ്ണം വിശ്രമിക്കുന്നതോടൊപ്പം ചെറിയ ചെറിയ ജോലികൾ ചെയ്യാവുന്നതാണ്.

★ സാധാരണയായി 6 മുതൽ 12 ആഴ്ച കഴിഞ്ഞാൽ വാഹനം ഓടിക്കാവുന്നതാണ്. എങ്കിൽ പോലും ഇതിന് മുമ്പ് കൃത്യമായി ഡോക്ടറുടെ ഉപദേശം തേടിയിരിക്കണം.

★ നിങ്ങൾക്ക് സാധാരണ രീതിയിലുള്ള ലൈംഗിക ബന്ധത്തിൽ ഏർപ്പെടാവുന്നതാണ്.

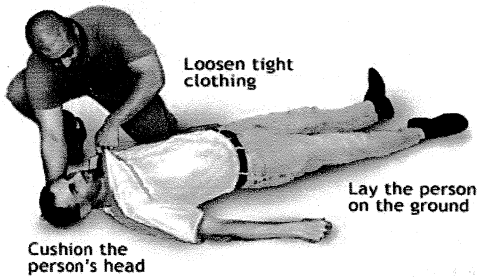
★ മുത്രം പോകുവാനുള്ള ട്വബ്ബ് ഇട്ടിരിക്കുന്ന രോഗികളാണെങ്കിൽ ആ ഭാഗം സോപ്പും തിളപ്പിച്ചാറ്റിയ വെള്ളവും ഉപയോഗിച്ച് കഴുകി വൃത്തിയായി നന്നവില്ലാതെ സൂക്ഷിക്കുക.. ഈ ട്വബ്ബ് രോഗിയുടെ വയറിന് മുകളിൽ ഉയർത്തിപ്പിടിക്കുകയോ, ബന്ധം വിട്ടുപോകുകയോ ചെയ്യരുത്.

★ സ്വന്തമായി പല്ല് വൃത്തിയാക്കാൻ കഴിയാത്ത രോഗികളാണെങ്കിൽ നാരങ്ങ നീരും, ഉപ്പും ചേർത്ത ലായനിയോ, മൗത്ത് വാഷോ ഉപയോഗിച്ച് പല്ല് വൃത്തിയാക്കിക്കൊടുക്കുക.

★ ഈ ഓപ്പറേഷൻ കഴിഞ്ഞവർക്ക് ചെറിയ തോതിൽ ജന്നിയുടെ അസുഖം വരാൻ സാധ്യതയുണ്ട്.

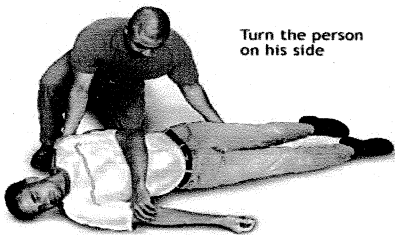
★ രോഗത്തിന്റെ തീവ്രത അനുസരിച്ചും തലച്ചോറിന്റെ ഏത് ഭാഗത്തെയാണോ ഇത് ബാധിച്ചിരിക്കുന്നത് എന്നതിനെ ആശ്രയിച്ചാണ് ഇത് കണ്ടു വരുന്നത്. അതിനാലാണ് ജന്നിവരാതിരിക്കാനുള്ള മരുന്ന് കഴിക്കാൻ ഉപദേശിക്കുന്നത്.

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ഏത് സമയത്തും ജന്നിവരാൻ സാധ്യതയുള്ളതിനാൽ രോഗിയെ തനിയെ പുറത്ത് പോകാൻ അനുവദിക്കുകയോ അപകടകരമായ പ്രവർത്തികളിൽ ഉൾപ്പെടുത്തുകയോ ചെയ്യരുത്. അഥവാ ജന്നി വന്നു കഴിഞ്ഞാൽ ആദ്യം രോഗിയെ സുരക്ഷിതമായ സ്ഥലത്ത് കിടത്തുക ഇറുകിയ വസ്ത്രങ്ങളാണെങ്കിൽ അയച്ചു കൊടുക്കുക. രോഗിയെ ബലമായി പിടിച്ചു വയ്ക്കുകയോ, ഏതെങ്കിലും വസ്തുക്കൾ വായിൽ വച്ചുകൊടുക്കുകയോ (വെള്ളം) ചെയ്യരുത്. രോഗിയുടെ തല ഒരുവശത്തേക്ക് ചരിച്ച് വയ്ക്കുന്നത് നൂരയും പതയും ശ്വാസകോശത്തിലേക്ക്

