KNOWLEDGE AND PRACTICE REGARDING LIFE STYLE MODIFICATIONS AFTER CABG, 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 CABG is a bonafide work of Aswathy L.B. at the Sree Chitra Tirunal Institute for Medical Sciences and Technology

Submitted in partial fulfilment of the requierment for the Diploma in Cardiovascular and Thoracic nursing from Sree Chitra Tirunal Institute for Medical science and technology.

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Investigator

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CHAPTER - 1

INTRODUCTION

Background of the study

Improvement in survival and quality of life are the primary indications for Coronary Artery Bypass Graft (CABG) operations. Little is known about the determinants of health related quality of life after CABG. There are limited data to help clinicians identify patients likely to bone an imparement in quality of life following CABG surgery (J.S. Rumsfeld- 2001). Various aspects of knowledge and practice regarding life style modifications in post CABG patients improves health related quality of life in both men and women. Recovery from CABG is a dynamic process and associated with physical, social and psychological effects (Zohnghua - 2006, J.S. Rumsfeld- 2004). There is datas indicating the benefit of behaviour modifications. There is room for improvement and more knowledge, when it comes to secondary prevention of CABG. (J. Herlitz-2004)

Need and Importance of the study

Post CABG patients are admitted with the complaints of chest pain, dyspnoea for further management. Many studies suggested that knowledge and practice regarding life style modifications among post operative patients after CABG improved their health related quality of life. Nurses can perform an

excellent role in this by giving proper explanations and suggestions to the patients regarding life style modifications and its importance.

During the last 6 months from January to June 2006, 211 patients underwent CABG surgery. Among these patients eight got readmitted with several complaints in this Institute. This stimulated the interest of the investigator to go deep into this area. Why are these patients getting readmitted ? Are they not following the life style modifications as advised ? Is their knowledge inadequate?

Statement of the problem

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

Objectives

1) To find out the knowledge of the patient related to changes in life style after CABG

2) To find out the relationship between knowledge and practice and selected variables

Operational Definitions

- **Knowledge :** Knowledge refers to the response of selected subjects to the questions asked by the Investigator regarding life style modifications of post CABG patients.

- **Practice :** Activities of daily livings which include diet, medications, exercise etc.

- **Life style modifications :** Specific changes in person's activities of daily living according to the nature of disease condition like dietary modification including low fat, low salt diet, smoking cessation, weight reduction, daily exercise etc.

- **CABG :** Coronary artery Bypass Graft is a revascularization procedure in which a blood vessel from another part of the body is grafted to the occluded coronary artery so that blood can flow beyond the occlusion. It creates new routes around narrowed or blocked arteries allowing sufficient blood flow to deliver oxygen and nutrients to heart muscles. post CABG patients are taken as samples.

Delimitations

1) Subjects selected are only those willingly participated

2) Subjects selected are only those who came for follow up in the OPD of Sree Chitra Thirunal Institute for Medical Sciences and Technology during the study period.

Summary

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

CHAPTER II

REVIEW OF LITERATURE

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

A review of literature is an essential activity of scientific research projects which provides a basis for future investigations, 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 Faye. G, 1979)

Related to quality of life

Hertiz (2001) conducted a study to determine the relief of symptoms and improvement in other aspects of health related quality of life during 5 years after CABG in women and men. Patients who underwent CABG in western Sweden were approached prior to and 5 years after surgery. Health related quality of life was estimated with physical activity score (PAS). Nottingham healthy

profile and psychological general well being index. Both women and men improved markedly and highly significantly, both with respect to symptoms and other aspects of health related Quality of Life (QOL). Women suffered more than men in terms of limitation of physical activity, dyspnoea, chest pain and other aspects of QOL. There was a significant interaction between time and gender, with more improvement in men with regard to chest pain when walking uphill or quickly on level ground, when walking on level ground at the speed of other persons, their own age, when under stress, and in windly and cold weather. For those parameters as well as for PAS; improvement was more marked in men than women. In other aspects of QOL, there was no interaction between time and gender. Researcher's concluded that 5 years after CABG, limitation of physical activities, symptoms of dyspnoea and chest pain were reduced, and various aspects of health related QOL had improved in both women and men. In general women suffered more than men prior to and after CABG, however, in some aspects of improvement was more pronounced in men. Because of the limited response rate the results may not be applicable to a non selected population who had undergone CABG.

JS Rumfeld (2004) evaluated over all physical and mental health status 6 months after the operation. Evaluated 1,973 patients enrolled in a multicenter veterans. In multivariable analysis adjusting the base line health status. Significant Predictors of post operative physical health status were a history of neurologic

disease, peripheral vascular disease, COPD, hypertension, current smoking, forced expiratory volume, left ventricular ejection fraction and serum creatinine. Significant predictors of mental health status were a history of psychiatric disease, chronic obstructive pulmonary disease, current smoking, age and Newyork heart association (NYHA) functional class. The predictors may be used for preoperative risk assessment and counselling of patient with regard to anticipated health status outcome.

O Jarvinen (2003) investigated changes in health related quality of life, overall performance status and symptomatic changes after during one year after surgery. Comprehensive data on 508 CABG patients were prospectively collected, including preoperative risk factors and postoperative morbidity in surgical center in all eighteen secondary referral hospital up to discharge. The RAND-36 health Survey (RAND-36) was used as indicator of quality of life. The primary outcome was change in the physical component summary and general health summary scores from the RAND-36. Elderly patients not only have higher mortality and morbidity but also derive less benefit from CABG regarding certain aspects of quality of life.

Rumsfeld (2001) evaluated the relationship between pre-operative health status and changes in quality of life following CABG surgery. Preoperative preoperative health status was the major determinant of changes in quality of life following surgery. Patient with pre-operative health status deficits were

likely to have an improvement in their quality of life following CABG surgery. Alternatively, patients with relatively good pre-operative health status are unlikely to have a quality of life benefit from surgery and the operation should primarily be performed to improve survival.

Risk factors modifications

Lopez (2006) examined the physical, psychological and social recovery patterns of Hongkong Chinese patient who had undergone CABG surgery over a period of 6 months. A prospective repeated measures design was used for this research. Patients were interviewed in person 5 days before surgery and 1 week after discharge, and by telephone at 3 and 6 months after discharge. Physical recovery dimension was assessed by three categories of the sickness impact profile (SIP) (ambutation, sleep-rest, body movement and care). Social recovery dimention was assessed by three categories of the SIP, home management, social interaction, and recreation and past times) Psychological recovery was assessed by using the centre for epidemiologic Studies Depression (CES -D).

Sixty eight patients participated in this research. The mean physical and SIP - social and depression level differed significantly across the four assessment time with in group. There was no gender difference between physical and social recovery and depression levels. Patients who had poorer physical and social recovery had more depression at one week and three months after CABG surgery.

Patients should be prepared for discharge after CABG surgery. Cultural factors might have influenced the similar recovery patterns between genders. These factors contributing to early recovery must be further examined.

The results provided some in lights in to the Hong Kong Chineese patients recovery from CABG surgery that could guide the development of culturally appropriate pre-operative and discharge teaching for this group of patients.

Zohnghua (2006) conducted a study to elucidate the profile of risk factor modifications after percutaneous coronary interventions or coronary artery bypass graft in patient with Coronary artery disease in order to scale the gap between real world practice and evidence based guidelines. The sample included 3767 patients with at least 30 days follow up after discharge in the single centre (DESIRE) Drug Eluting Stend Impact on Revascularization registry were enrolled to compare in hospital and follow up data including smoking, body weight, blood pressure, fasting blood sugar and lipid levels. The author concluded that risk factor modifications and coronary revascularization was far beyond optimal, with high rate of continued smoking and poor control of body weight, blood sugar, blood pressure and serum lipids; Prompt and effective measures should be taken to enhance the secondary prevention and patient education to minimize the gap between clinical practical and evidence based guidelines.

Sebrets (2003) conducted a randomized controlled clinical trial on

patients with coronary artery disease Acute MI or CABG patients were randomly assigned to the intervention (N=94) or to usual care (N=90) group. After 9 months follow up it was found that the interventions were effective in reducing total cholesterol and low density lipoprotein cholesterol levels particularly in patients with high base line lipid levels. An unexpected findings was a lower increase in high density lipid profile cholestrol in the intervention group than in the control group.

Gysan (1997) conducted a prospective study to demonstrate risk factor modifications and increase work load capacity resulting directly from the rehabilitation in terms of primary results and long term effects. The authors followed up their patients to find out how many of the participants were able to be occupationally reintegrated after completion of phase II rehabilitation. Of the patients questioned (n=73) 73% found the programme very good, 27% said it was good and no patients was dissatisfied. Of the 67 patients who are activity employed before becoming ill and later entered to the rehabilitation programme, 51 (81%) are able to be immediately reintegrated in to their pervious occupation. In several cases this re-integration took 7 weeks, seven (11%) patients applied for pension of 58% patients remained unemployed or sick leave.

Lindsay (2001) conducted an observational study to access health status, level of social support and presence of coronary artery disease (CAD) risk factors before and after CABG and to examine the association between pre-operative

health status and recurrence of symptoms. Health status and social support levels preoperatively were lower than in other reported coronary artery disease patient group. Pre-operatively CAD risk factors were higher than recommended in current guidelines. The author concluded that patients perception of general health, symptoms and social support influence outcome.

M. Brykczynski (2000) analyzed the effect of the coronary risk factors and pharmacotherapy on the long-term outcome in women following coronary artery bypass. In 1004-1997, 253 female patients aged between 33 and 82 years were treated for 7 to 60 months. Ten patients died. Answer to the questionnaire and personal interviews assessed, physical fitness based on CCS classification, pharmacotherapy and presence of risk factors. The lower CCS class before surgery the more significant improvement after it. As pharmacotherapy was used according to European guidelines, an improvement in the long term outcome required some modifications in patients life style.

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CHAPTER - III

RESEARCH METHODOLOGY

Introduction

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

This chapter provides brief discription of different steps taken to conduct the study. It includes research approach, research design, settings 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 regarding life style modifications among patients after CABG at SCTIMST.

Objectives

1) To find out the knowledge of the patient related to changes in life style after CABG.

2) To find out the relationship between knowledge and practice and selected variables.

Research Approach

To accomplish the objectives of the study. Used the descriptive approach in made quantitative by assaigning score to the responces. The aim of this study is to assess the knowledge and practice regarding the life style modifications of patients undergone CABG.

Research Design

Research design is the conceptual structure with in which the research is conducted. If facilitate the smooth sailing of the various research operation, thereby making research as efficient as possible, yielding maximum information with minimal expenditure of effort, time and money. It is concerned with a researcher plan for obtaining answer to the research questions. 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. CABG were doing daily with a minimum of 1-2 cases per day.

Population

Post CABG patients who came for follow up in OPD at SCTIMST.

Samples and sampling technique

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 are selected for the study purpose.

Inclusion Criteria

- Patients who are willing to participate in this study
- Patients who can understand Malayalam
- Patients who comes for follow up in OPD at SCTIMST

Exclusion Criteria

- Patients who are unable to co-operate due to personal problems

Development of Data collection tool

Data collection tool refers to the instrument which was constructed by the investigators to obtain relevant data. In this study the researcher used this structured interview schedule to assess the knowledge and practice regarding life style modifications among patients after CABG. 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 questionaire of 11 questions, all the questions in Malayalam, questions regarding the diet, exercise, medications and follow up after CABG.

Description of tools

The structured interview schedule consists of 3 sections

Sections - A, B and C

Section A

Deals with demographic data

Section B

Deals with history of patient

Section C

Consist of 11 questions regarding knowledge and practice after CABG, includes diet exercise, medication and follow up. The total score is 15 marks and each correct answer carries '1' mark and each wrong answer carries 'O' mark.

Pilot study

Pilot study was conducted in September 2006. The aim of the pilot study was to find out the practicability and feasibility of the tool. The study was

conducted among 5 post CABG patients - 3 months after CABG, with an age group of 45-70 yrs, 4 males and one female. 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 for an interview is 20 mins. Consent was taken before asking questions. Questionnaire contains 11 questions regarding diet, exercise medications and follow up after CABG. pilot study collection 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 her self and explained the need and the purpose of the study to subjects and the subjects were made to sit comfortably. Interviewed with structured tool. Total time taken for the entire procedure was 20 mins. The samples were co-operating and no problem was encounted.

Plan of data analysis

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

Summary

This chapter deals with introduction, statement of the problem, objectives, research approach, research design, settings of the study, population, samples and sampling technique. Criteria for sample selection, development of data collection tool, description of tool, 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 post CABG patients 3 months after procedure who came in OPD at SCTIMST for review.

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

Interpretation refers to the process to making sense of the results and to examining the implications of the findings with in a border content.

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

Section I : Distribution of subjects according to the demographic variable

Section 2 : Distribution of subjects according to the knowledge score

Section 3 : Distribution of subjects according to the risk factors

Section 4 : Distribution of subjects according to the life style modifications

SECTION I

Distribution of subjects according to the demographic varaibles

Table - 1

a) Distribution of sample according to the age group

No.	Age Group (Years)	Frequency	Percentage (%)
1	40-50	4	20%
2	51-60	10	50%
3	61-70	6	30%
	Total	**20**	**100%**

The age group of samples ranged from 40-70 yrs. Data presented on Table 1 shows that 50% of subjects belongs to 51-60 age group, 30% of subjects belongs to 61-70 age group and remaining 20% belongs to 40-50 age group.

Figure - 1

Distribution of sample according to the age group

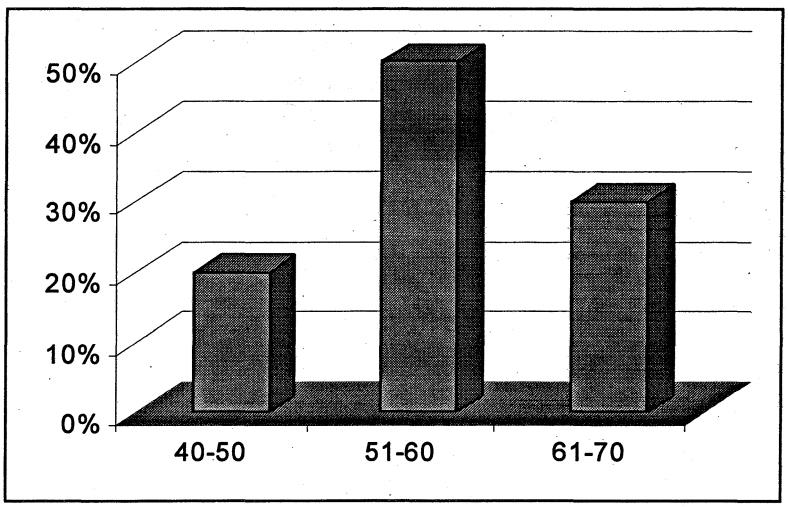


Table - II

b) Distribution of sample according to the sex

Sex	Frequency	Percentage
Male	15	75%
Female	5	25%

Data presented on Table II shows that 75% of subjects are male and 25% of subjects are female.

Figure - 2

Distribution of sample according to the sex

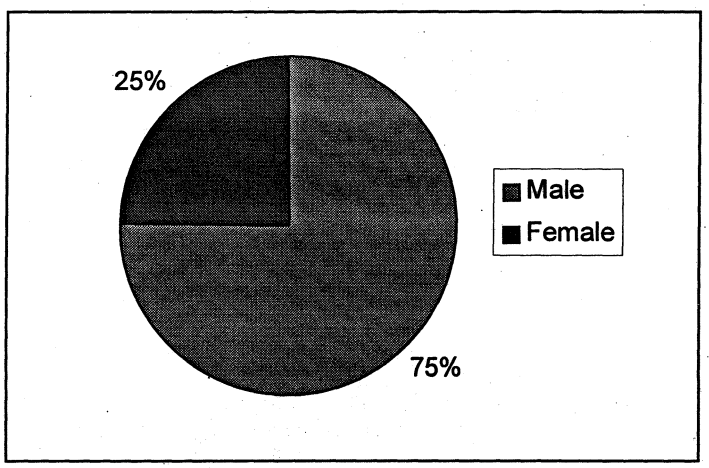


Table - III

b) Distribution of sample according to the educational status

No.	Education	Frequency	Percentage (%)
1	Illiterate	0	0
2	Up to X	12	60%
3	Up to +2	3	15%
4	Degree and above	5	25%
	Total	**20**	**100%**

Data presented on Table II shows that 60% of subjects belonged to high school level of education (up to X). 25% of the subjects belonged to degree and above of education and remaining 15% belonged to +2 level.

Figure - 3

Distribution of sample according to the educational status

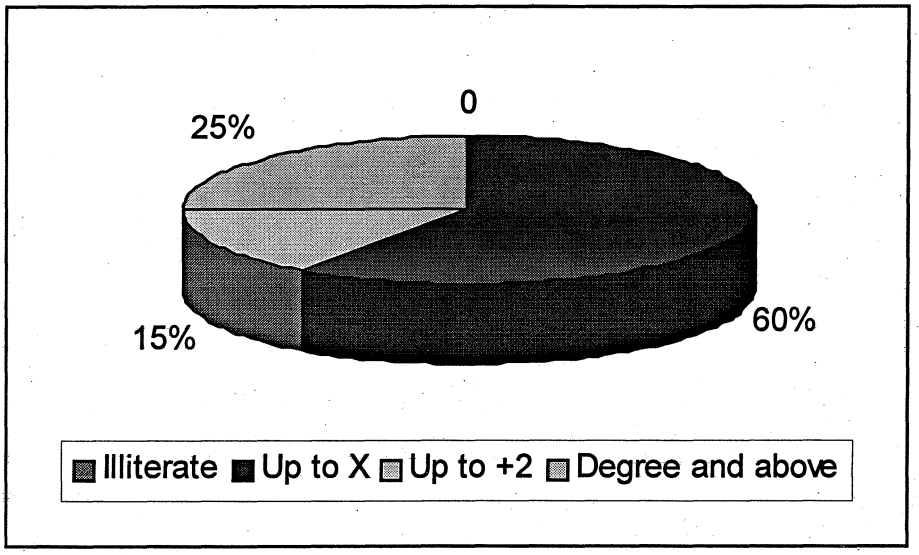


Table - IV

a) Distribution of sample according to the level of knowledge score

No.	Level of Knowledge	Frequency	Percentage (%)
1	(15-13) Very good	3	15%
2	(12-10) Good	14	70%
3	(9-7) Fare	3	15%
4	(0-6) Poor	Nil	Nil
	Total	**20**	**100%**

Data presented on Table III shows that 70% of subjects had marks between 15-13, 15% of subjects had marks between 12-10 and 15% of subjects had marks between 9-7.

Figure - 4 (a)

Distribution of sample according to the level of knowledge score

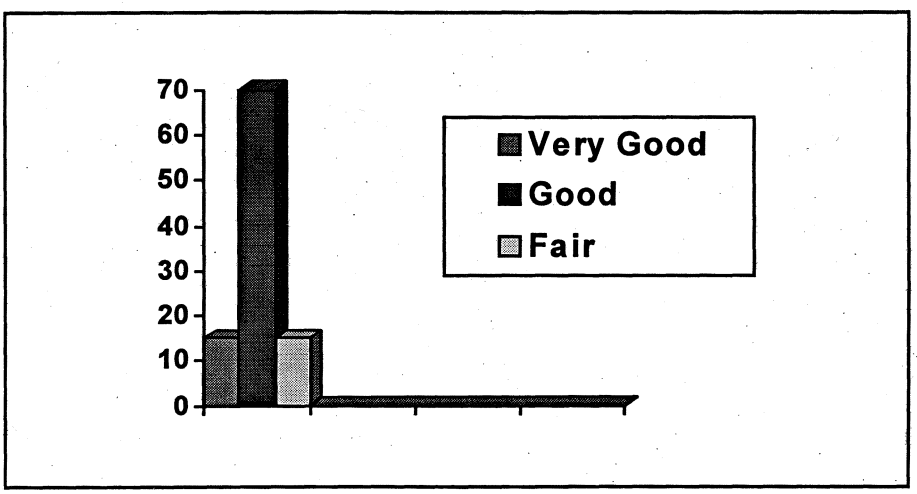


Figure - 4 (b)

b) Distribution of sample according to the knowledge

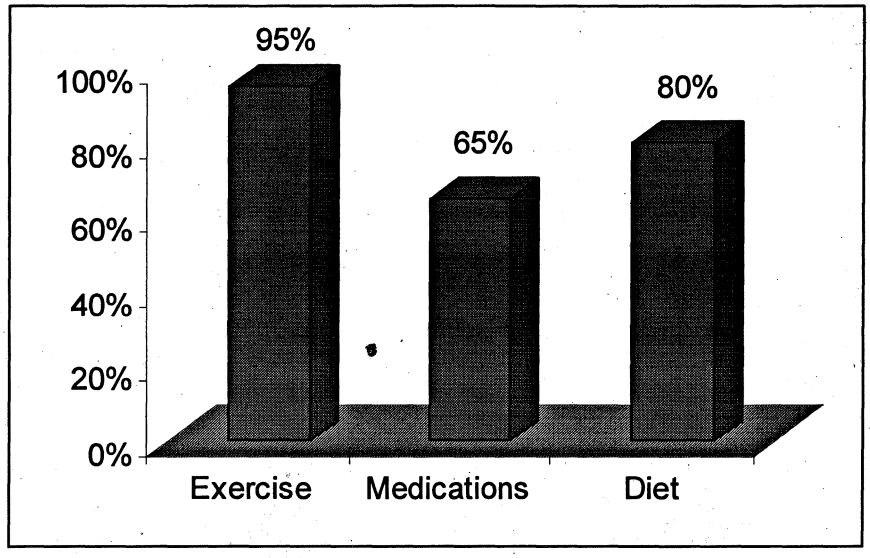


Table - V

Distribution of sample according to the risk factor

No.	Risk Factor	Frequency	Percentage (%)
1	Hypertension	9/20	45%
2	Diabetes Mellitus	10/20	50%
3	Smoking	6/20	30%
4	Dyslipidemia	1/20	5%
5	Obesity	4/20	20%

Figure - 5

Distribution of sample according to the risk factors

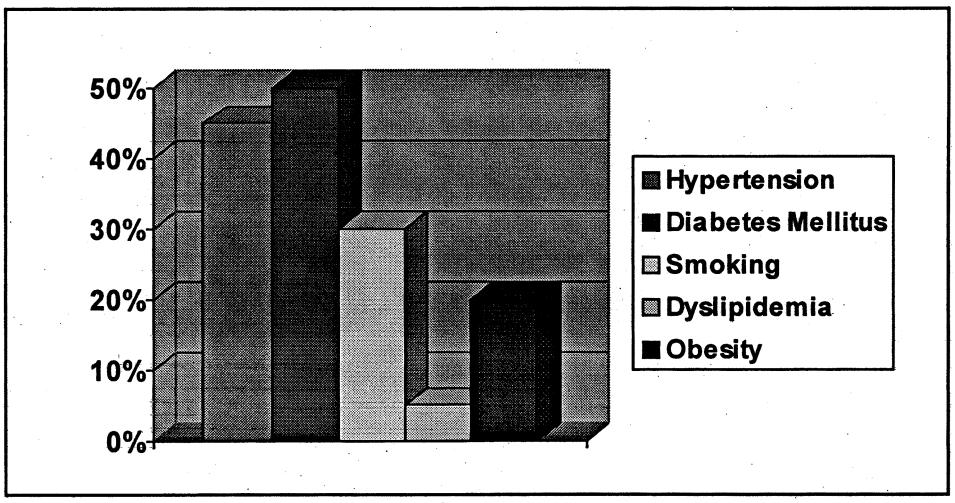


Table - VI

a) Distribution of sample according to the life style modifications

Life style modifications	Percentage
Follow up	100%
Exercise	85%
Non smokers	100%
Medicines	100%

Table VI shows that all subjects followup correctly 85% of subjects excercising daily all subjects take medicines regularly and all subjects are non-smokers.

Figure - 6 (a)

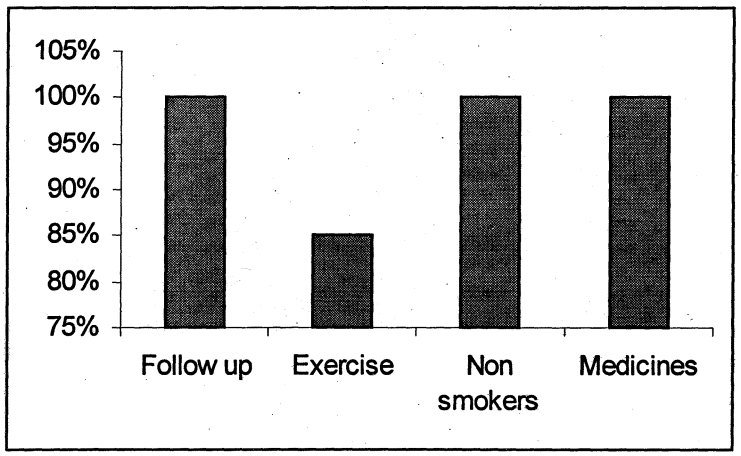


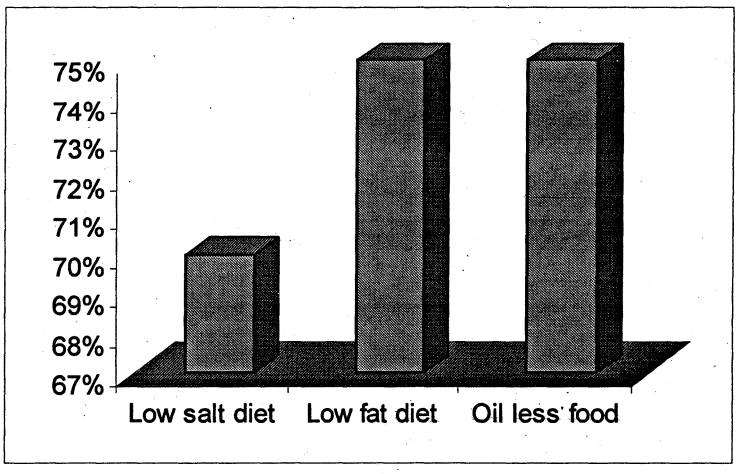
Table - VI

b) Distribution of sample according to the life style modifications

Type of Diet	Percentage
Low salt diet	70%
Low fat diet	75%
Oil less food	75%

Table VII shows that 75% of subjects use low fat, less oily foods and 70% subjects use low salt diet.

Figure - 6 (b)



SUMMARY

This chapter deals with the objectives in which the data were analyzed. 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, LIMITATION AND RECOMMENDATIONS

Health education is the single most determinant which improves the quality of life after CABG.

This study was conducted with the objective to access the knowledge and practice regarding the style modifications after CABG. The structured interview method was used for collecting data from 20 samples.

A review of related research literature helps 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 OPD at SCTIMST. Convenient sampling technique was used to obtain samples.

Tool used for data collection was structured interview schedule compraizing of 3 sections. Section A deals with the demographic data. Section B deals with history of patients and section C consists of 11 questions regarding the life style modifications after CABG.

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 - October 2006 and was analyzed and interpreted by using statistics.

Findings of the study

- Out of 20 subjects after CABG 50% of subjects belongs to the age group of 50-60 yrs.
- Out of 20 subjects knowledge level of the patient varies with the educational status
- Out of 20 subjects 35% patients are Ex. smokers who stopped smoking after the procedure

Limitations

- The sample size was limited to 20
- Patients who can understand Malayalam
- Only who are willing to participate
- Patients from age group of 40-70 yrs
- Patients who comes for review in OPD at SCTIMST are included

Nursing Implications

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

Nursing Service

During discharge give proper explanations 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 CABG patients who came for review in OPD at SCTIMST. Patients history reveals that they are having risk factors like dyslipidemia (5%) hypertension (45%), diabetes mellitus (50%) and obesity (20%) smoking (30%). This data reveals that these patients need awareness 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 pretest and post test

CHAPTER IV

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APPENDIX-A

സമ്മതപത്രം

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

തീയതി

സ്ഥലം

ഒപ്പ്

(പേര്)

APPENDIX - B

A. Structured Inerview schedule to assess the knowledge and pactice regarding the life style modification among post operative patient after CABG during follow up.

SECTION A

Socio Demographic Data

Name of the patient :

Date of Surgery :

1. Age

   1. 30-40 ☐
   2. 41-50 ☐
   3. 51-60 ☐
   4. 61-70 ☐
   5. 71-80 ☐

2. Sex

   1. Male ☐
   2. Female ☐

3. Educational Status

1. Illiterate ☐
2. Primary School ☐
3. High School ☐
4. Higher secondary ☐
5. Others ☐

4. Occuption

1. Private Employee ☐
2. Govt. Employee ☐
3. Professional ☐
4. Self employed ☐
5. Unemployed ☐

SECTION B

Listen the questions and answer the most appropriate one.

Each correct answer carries 1 mark

Each wrong answer carries 0 mark total score 15

1. Is CABG is a curative or palliative surgery

   1. Curative

   2. Palliative

2. Is this operation reduced your previous discomfort and improved your life?

   1. Yes 2. No

3. Are you think, blood sugar level should be controlled ?

   1. Yes 2. No

4. Do you knew the names of medicines which you take ?

   1. Yes 2. No

5. After surgery (CABG) any from of exercise should be done daily, are you think so ?

   1. Yes 2. No

6. Are you an ex-smoker ?

   1. Yes 2. No

7. Do you came for regular follow up after CABG ?

   1. Yes 2. No

8. Do you take medicines regularly ?

1. Yes 2. No

9. Are you smoking after surgery ?

1. Yes 2. No

10. Are you exercising daily ?

1. Yes 2. No

11. Which kind of food should be used after CABG ?

1. Low salt diet 2. Low Fat diet

3. Less oily food 4. Food including more vegitables

5. All the above

(1x5 = 5)

SECTION - C

ചോദ്യം നന്നായി കേട്ടതിനുശേഷം ഉത്തരം പറയുക

ഓരോ ശരി ഉത്തരത്തിനും 1 മാർക്കും തെറ്റ് ഉത്തരത്തിന് 0 മാർക്കും തരുന്നതാണ്.

1. ഹൃദയ ശസ്ത്രക്രിയ രോഗം പൂർണ്ണമായും /താൽക്കാലികമായി മാറ്റുന്നു.

   1. പൂർണ്ണമായി 2. താൽക്കാലികമായി

2. നിങ്ങൾക്ക് മുൻപുണ്ടായിരുന്ന ബുദ്ധിമുട്ടുകൾ കുറയ്ക്കുവാനും നിങ്ങളുടെ ജീവിതം മെച്ചപ്പെടുത്തുവാനും ഈ ശസ്ത്രക്രിയക്ക് കഴിഞ്ഞോ ?

   1. കഴിഞ്ഞു 2. ഇല്ല

3. രക്തത്തിലെ പഞ്ചസാരയുടെ അളവ് നിയന്ത്രിതമായിരിക്കേണ്ടത് ആവശ്യമാണെന്ന് നിങ്ങൾ കരുതുന്നുണ്ടോ ?

   1. ഉണ്ട് 2. ഇല്ല

4. നിങ്ങൾ കഴിയ്ക്കുന്ന എല്ലാ മരുന്നുകളുടെയും പേര് അറിയാമോ ?

   1. അറിയാം 3.അറിയില്ല

5. ശസ്ത്രക്രിയക്ക് ശേഷം ഏതെങ്കിലും തരത്തിലുള്ള വ്യായാമം നിത്യേന ചേയ്യേണ്ടതാണെന്ന് നിങ്ങൾ കരുതുന്നുണ്ടോ ?

   1. ഉണ്ട് 2. ഇല്ല

6. നിങ്ങൾ മുൻപ് പുക വലിച്ചിട്ടുണ്ടോ ?

   1. ഉണ്ട് 2. ഇല്ല

7. ശസ്ത്രക്രിയക്ക് ശേഷം മുടങ്ങാതെ തുടർപരിശോധനകൾ നടത്തുന്നുണ്ടോ ?

   1. ഉണ്ട് 2. ഇല്ല

8. മുടങ്ങാതെ മരുന്നുകൾ കഴിക്കാറുണ്ടോ ?

   1. ഉണ്ട് 2. ഇല്ല

9. ശസ്ത്രക്രയയ്ക്ക് ശേഷം പുകവലിച്ചിട്ടുണ്ടോ ?

   1. ഉണ്ട് 2. ഇല്ല

10. നിത്യേന വ്യായാമം ചെയ്യാറുണ്ടോ ?

1. ഉണ്ട് 2. ഇല്ല

11. ശസ്ത്രക്രിയക്ക് ശേഷം ഏതു തരം ഭക്ഷണമാണ് ഉപയോഗിക്കുന്നത് ?

1. കൊഴുപ്പുകുറഞ്ഞ ഭക്ഷണം 2. ഉപ്പുകുറഞ്ഞ ഭക്ഷണം

3. എണ്ണ കുറഞ്ഞ ഭക്ഷണം

4. പച്ചക്കറികൾ കൂടുതൽ അടങ്ങിയ ഭക്ഷണം

5. മേൽപ്പറഞ്ഞതെല്ലാം

(1x5 = 5)