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**A STUDY TO ASSESS THE EFFECTIVENESS  
OF PRE-OPERATIVE TEACHING ON THE  
ANXIETY LEVEL OF PATIENTS BEFORE  
AND AFTER MEDICALLY REFRACTORY  
EPILEPSY SURGERY AT SCTIMST TVM.**

PROJECT REPORT

SHEEBA MOL.S



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

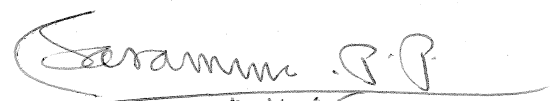
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and technology.*

*Submitted in partial fulfillment of the requirement in  
Diploma in Meuro Nursing from the Sree Chitra  
Tirunal Institute for medical sciences and technology.*



**Mrs. Saramma.P.P (MN)  
Lecturer in Nursing  
SCTIMST  
TVM 695011  
October 2005**

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## **BIBLIOGRAPHY**

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# Chapter I

## INTRODUCTION

### **Background**

Anxiety is a state that serves to mobilize an organize to escape or to avoid danger. All people experience some degree of anxiety as they face, new challenging or life threatening situations. Anxiety is n't just a feeling of uneasiness but a serious problem that increases the risk of depression substance abuse, and numerous physical health problems. Surgery is always a major experience (especially cranial surgery) in the life of the patient and family. Surgery often raises fears about what will be found during operation and how this may or may not express it almost all of them have fears about surgery. If the pre-op anxiety is sever at panic stage, the patient can develop post operative complications easily. In this situation pre-op teaching is important.

People with epilepsy as a group have a high prevalence of psychological disturbances, more so among patients with medically refractory chronic epilepsy. The fear, misunderstanding and the resulting social stigma & discrimination surrounding epilepsy can often cause more suffering. The most frequent psychological problem associated with Chronic epilepsy are anxiety & depression often

causing a degree of disability disproportionate to seizure frequency. About 10-20% of epilepsies are medically intractable. About 70% of patients are totally seizure free after this surgery. In our institution 1st epilepsy surgery was conducted on March 20<sup>th</sup> 1995.

The Major two centers in India SCTIMST ( TVM), AIIMS (New Delhi) have active epilepsy programmes. The NIMHANS Bangalore has recently initiated epilepsy surgery. The most common surgery for epilepsy is anterior temporal lobectomy, with amygdalohippocampectomy. The overall quality of life improves because of seizure control & reduction in A&D'S and there by side effects.

### **Need and significance of the study.**

Patients with uncontrolled seizure or those who develops intolerable side effects that interfere with quality of life, despite maximally to create of one or more AED'S are the candidates for surgery. So patients are more anxious about the outcome of surgery. Patients are in deviating mood is surgery is a success or not. They are in high emotional stress before surgery. They also feared about the risk factors. Because all know that no surgery is risk free. The patients general anxiety level seems to be a predictor of post operative

problems. Pre op. anxiety increase the chances of post operative pain, post op analgesic consumption, and also hospital stay & recovery. In this situation pre-operation teaching play a dramatic role in relieving post operative anxiety and to reduce anxiety related complications. Most people have no capacity to face the pre-operative anxiety.

Nurse have an important role for relieving pre and post operative anxiety. Many studies proved that pre-operative teaching by the nurses helps to reduces post operative anxiety of the pt.

Hence the investigator felt the need to conduct study about the effectiveness of pre-operative teaching on the anxiety level of patients before and after medically refractory epilepsy surgery. In medically refractory epilepsy surgery patients are already frustrated with medical management and they give more expectation toward surgery. So they are very anxious.

**Statement of the problem.**

A study to assess the effectiveness of preoperative teaching of on the anxiety level of patients before and after medically refractory epilepsy surgery at SCTIMST TVM.

## **Definition of terms**

Medically refractory epilepsy :- patients with uncontrolled seizures or those who develop intolerable side effects that interface with their quality of life, despite maximally tolerated trials of one or more AED'S are considered to have medically refractory epilepsy.

Medically refractory epilepsy surgery :- the surgery done for medically refractory epilepsy patients.

Pre-operative teaching:- An interactive process of providing information and explanation about surgical processes, expected patient behavior & anticipated sensations and providing appropriate reassurance and therapeutic listening to patients who are about to undergo surgery.

## **Anxiety**

Anxiety assessment by using speilberger's state-trait anxiety inventory (STAI)

## **Objectives**

1. to assess pre-operative anxiety before health teaching
2. to assess post operative anxiety after surgery.

## Delimitations

The study is delimited to

1. limited sample size of 10 patients
2. Samples include medically refractory epilepsy surgery from our institution only (SCTIMST, TVM).
3. Convenient sample technique issued .

## Summary

This chapter has included the background of the study, need for the study, statement of the problems, objectives of the study, definition of terms, and delimitation.

## CHAPTER II

### REVIEW OF LITERATURE

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

The review of literature relevant to this study is persecuted in the following situations.

- a) Studies on the effect of structured pre-op teaching on anxiety level of patients scheduled for surgery.
- b) Studies on the effect of Nursing instruction on the physical and emotional recovery of patients.
- c) Studies for reducing anxiety by pre-operative education. Etc.

Morrel.G (Pumbed 2001) conducted a study about the effect of structured pre-operative teaching on the anxiety level of patients scheduled for cataract surgery. A pretest. Post test classical experimental design was assessed by using speilberger's state trait anxiety inventory . BP,PR,RR, were measured to assess the stimulation of the sympathetic nervous system in response to stress.

The findings of the study include the structured pre-op instructions will decrease the anxiety level of patients schedule for cataract surgery.

An experimental study conducted by Joung SC(Koreamed 1974) about the effect of pre-operative nursing instruction in physical, emotional recovery of predicative surgical patients. The study was conducted Aug 15<sup>th</sup> to October 30<sup>th</sup>. A total of 41 pediatric surgical patients between the age of 4 & 14. participated in this study. Twenty patients randomly selected were visited by the experimenter in the evening before surgery and received specify instructions. These instructions were designed to alleviated emotional stress and adopted to the age of the child. The pre-operative recovery of these patients were then compared with randomly selected control group of 21 patient who received only routine pre-op case from by the staff in the hospital. Dependent variables were vomiting, pain medication, ability to void, elevation of temp, infection, time between surgery and hospital discharge and post operative emotional stress which was measured by the vital signs. The analysis of raw data indicate that the preoperative nursing instructions appear to promote physical recovery and it seems

especially effective in preventing elevation of temp, and shortening of length of hospital stay. (b) Pre-op nursing instruction also seems to be effective in reliving the child's emotional stress after surgery. (c) Patients general anxiety level seems to be a predictor of post operative problems, (d) The pre-op nursing instructions were an effective means of promoting physical recovery in every age group as long as the child understood instructions.

Mrs. Chang xiuyee (Pubmed 1999) study on the effect of pre operative instruction on pre-op anxiety among abdominal surgical patients. The subjects purposely selected were 20 abdominal surgical pts admitted in a hospital in china ( Second teaching hospital). Data was collected during Nov. 1998 to Jan 1999. the instrument used rouses of two parts. Demographic data record form and state-anxiety inventory. The manual was validated by the panel of experts in Nursing. The result of the study revealed that there was statistical significant decreasing level of pre-op anxiety after receiving instructions.

Spalding N.J (pubmed 2003) conducted a study about reducing anxiety (school of occupational therapy) by pre-op education. The participant in this study for convenient sample is heath care

professional who presented information on preoperative education during 9<sup>th</sup> month data collation period and sample of patients who affected the programme, 26 written pt evaluation, observation of 3 team meetings 20 interviews of 10pt and documentation pertaining to the programme. From the result it seems that pt education can reduce anxiety by the unknown familiar such pts with an encounter during and after surgery giving an opportunity to the staff who will be caring for them and familiarizing patients with the environment they will meet in hospital.

Morita.Y. Sanki.M (Pubmed 2002) Kinoshila conducted a study about the assessment of pre-op anxiety in pt entering the operating room in foot using state- trait anxiety inventor . Non pre medicated patient schedule for elective surgery were randomly decided into two groups based on how they were transported into operative room. One group was carried a stretches and other in foot. A subjective assessment of anxiety was performed sign a state trait anxiety inventers the day before surgery and an arrival at the operating room. State- trait anxiety were not increased in operating room as compared to the day before surgery. Though they showed a high level of anxiety

through the preoperative period. They concluded that walking into the operating room has no significant in pre-operative anxiety level.

Greive R.J (pubmed 2001) conducted a study about day surgery pre operative anxiety & reduction & coping strategies. Anxiety provokes a physiological stress response which impedes the healing process this article investigates the coping strategies that patient adopt and the suitability of current anxiety interruption. Coping style do not remain state but adopt according to need purposes that as a result of lack of awareness. The therapeutic potential of the patient relationship in anxiety reduction is being overshadowed by uncertainty reduction approach which place disproportionate emphasis in the provision of information.

Render .M (Pubmed 2004) university hospital of epidemiology, Germany conducted a study about depression and anxiety before and after temporal lobe epilepsy. OF 96 pts TLE are evaluated for epilepsy surgery T6 underwent resective procedure 18<sup>th</sup> continued on medical treatment alone. Depression and anxiety score were examined during pre-surgical (T1) evaluation and after a mean of 16 months (T2) or 12 months after surgery. Results showed that before surgery (T1) depression & anxiety score were high in TLE than score in published

normal population. After surgery (T2) depression but not anxiety scores were significantly lower than at T, they concluded that evidence of depression & anxiety commonly found in pts with TLE. Depression improve not because of epilepsy surgery perse but because of improved seizure control. This is more commonly achieved by surgery than medical treatment. The results are consistent with hypothesis that depressing TLE is caused by pathological epileptic activity rather than fixed structural defect.

Manual Diaz (Permanent Journal 2005) conducted a study about preparing for successful surgery. 235 patients participated in this investigation. 115 pts were assigned to the control group, before the start of mind-body programme and received routine care. The next 115 pts were assigned to the intervention group and were given an audio CD and a brochure 3 to 7 days before surgery. The brochure recommended that pts listen to the CD twice a day before and after surgery Results showed that anxiety scores were lower n the intervention group on the evening of surgery despite a trend towards lower pain scores in the intervention group, no diff. between intervention & control group reached statistical significance including quality of reached statistical significance including quality of sleep.

Most pt who used CD at least once stated it as helpful and ST said they would use it for future operations.

Cristopes R. Nelson (Pubmed 2001) conducted a study about a comparison of two pre-admission education programme and their relationship to pre op anxiety and satisfaction at hospital. The purpose of this study is to identify the difference between two comparable pre admission education methods on pre-op anxiety, subsequent levels of perceived satisfaction pts express upon discharge from the hospital. The proposed study is guided by prior research that has identified the importance of pre admission education modules and techniques. The educational seminars utilized in this proposal was created to address joint venture to improve pt outcomes at the hospital in which the study will be performed. Results of this clinical intervention project are limited to other clinical sitting. The educational interventions employed by this project may be utilized as a module by other institutions but generalizations to other setting was not the focus of this project.

Janet Reich (Pubmed 1990) in 1990 conducted a study about evaluation of two different pre operative instruction on leaning and anxiety. The purpose of this study was to determine the effect of two diff. types pre-op instruction on learning and anxiety. Group one

received a pre-admission booklet containing pre-op exercises and was taught the exercise post admission Group & received only the booklet containing pre-op exercise per-admission . Both groups were tested on knowledge of exercise , behavior and for anxiety level after admission. Results created that those pts who received that booklet as well as the post admission instruction gained significantly more knowledge than those receiving only the booklet explaining the exercise. The group receiving both type of instruct also had high anxiety level.

## **CHAPTER III**

### **METHODOLOGY**

#### **Introduction**

The methodology of research means the general pattern for organizing the procedure together valid and reliable data for the problem under investigation approach research methodology is a way to systematically . it includes the process, technique or approaches employed in solving the problem under studies.

#### **Research approach**

To accomplish the objectives of the study the investigator used descriptive approach. The approach is made quantitative by using speilberger's state trait anxiety inventory. The aim of the study to assess the effectiveness of pre-operative teaching on the anxiety level of patients before and after medically refractory epilepsy surgery.

#### **Research design**

Research design is the conceptual structure within which the research is conducted. It facilitates the smooth sailing of the various research operations and there by making research as efficient as possible yielding maximum information with minimal expenditure of

effort, time and money. The research design selected for the present study was descriptive approach.

### **Setting**

The study was conducted in the epilepsy ward at SCTIMST TVM. The origin of the SCTIMST reach back to 1973 when the Royal family of Travancore gifted a multistoried building for the people and the Government of Kerala resolved to develop the gift as the Sree Chitra Tirunal Institute for Medical center for medical specialties.

The concept and achievement of uniting technology and medical sciences within a single institutional framework was regarded sufficiently important by the government of India to declare it as an "Institute of National importance by an act of parliament in 1980. The rationale for selecting SCTIMSO for the study was the investigators familiarity with this institution. Epilepsy ward is located at the 10<sup>th</sup> floor of middle block. The SCTIMST started a comprehensive programme for patients with intractable seizures

### **Population**

The population taken for the study was the patients who had undergone medically refractory epilepsy surgery of SCTMST, TVM.

From September 2005 to October 2005 total 10 patients undergoes surgery for medically refractory epilepsy.

### **Samples and sampling technique**

Sample is a subset of unit that composes the group. In the present study total 10 patients who had undergoes medically refractory epilepsy surgery was selected as samples.

Sampling techniques refers to the process of selecting a portion of population to represent entire population.

Convenient sampling technique used for the present study.

Inclusion criteria:- Both male & female patients who had undergoes medically refractory epilepsy surgery

:- Patients who all are willing for the study.

:- Conscious, oriented co-operative patient

Exclusion criteria:- Patient who are not willing for the study

:- Patients who are mentally retarded un co-operated, psychiatric patients.

### **Development of data collection tool**

Data collection tool refers to the instrument which was constructed to obtain relevant data. In this study the investigator used the structured Spielberger's state-trait anxiety inventory for assessing

pre-op anxiety and to assess post operative anxiety: The tool used contains 36 questions.

### **Description of tool**

The tool used in the present study consisted of two section

Part I:- for obtaining personal data & general information

Part II:- For obtaining state trait anxiety score before surgery

Part III:- For obtaining state trait anxiety score after surgery.

### **Testing of the tools**

Part I of the tool contained items for obtaining information about background variable like age, sex, academic stream, marital status, monthly income, etc.

Part II & III :- STATE TRAIT ANXIETY INVENTORY (STAI) is a popular instrument for measuring anxiety. It is written at a Sixth grade reading level and can be completed in approximately 10-20mts. This questioner consists of 36 items self reporting scale and has two parts the state scale and trait scale. The state anxiety scale assesses the feeling of apprehension, tension, nervousness, and worry in terms of how respondents feel "right now". For the 18 questions on this scale possible responses are not at all, some what, moderately so, very much so. The trait anxiety reflects how people feel generally all the

time. It includes statements such as I am a steady person or I am nervous. Possible answers for these 18 items are almost never, sometimes, often and almost always.

### **Data collection**

For data collection formal permission was obtained from the authorities. The period of data collection was from September 2005 to October 2005. The investigator first introduced herself and explained the need and purpose of study to the patients. The purpose of the study and the confidentiality of their responses were assured. The patients were made to sit comfortably and interviewed with the structured tool. The day before surgery anxiety assessed and proper teaching given. Before discharge (Two days before discharge) post operative anxiety assessed. The anxiety scored by using Spielberg's state trait anxiety inventory. The time taken for the completion for the entire procedure was 10 to 20 mins.

### **Plan of analysis**

The data obtained from the STAI the investigator decided to analyse the data in terms of frequency and percentages and to present them in the form of tables bar diagrams etc.;

## **Summary**

This chapter presented the research approach used for , the study design of the study, setting of the study and samples and sampling technique, population and development of data collection tool, data collection procedure and plan for data analysis.

## CHAPTER IV

### ANALYSIS AND INTERPRETATION OF DATA

#### Introduction

This chapter presents the analysis and interpretation of data collected from 10 patients at SCTIMST, TVM .

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

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

The finding of the study were arranged and analyzed under the following sections.

Section A :- Distribution of subjects according to the demographic variable

Section B :- Distribution of data according to the STAI score preoperatively before health teaching

Section C:- Distribution of data according to the STAI score postoperatively

## Section A

Table I

**Distribution of sample according to the demographic variables.**

Distribution of sample according to the age group

No	Age	Frequency	Percentage
1	15-20	2	20%
2	20-25	2	20%
3	25-30	2	20%
4	30-35	2	20%
5	35-40	2	20%
Total		10	100%

Total Data presented on the table & shows that 20% of objects belongs to the age group of <20%, 20% of objects belonging to the age of <25. 20% of objects belongs to the age groups <30. and 20% of objects belongs to <35. and 20% of objects belongs to <35.

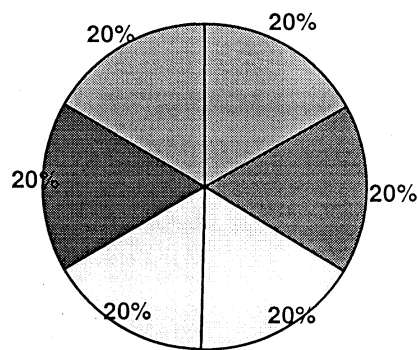
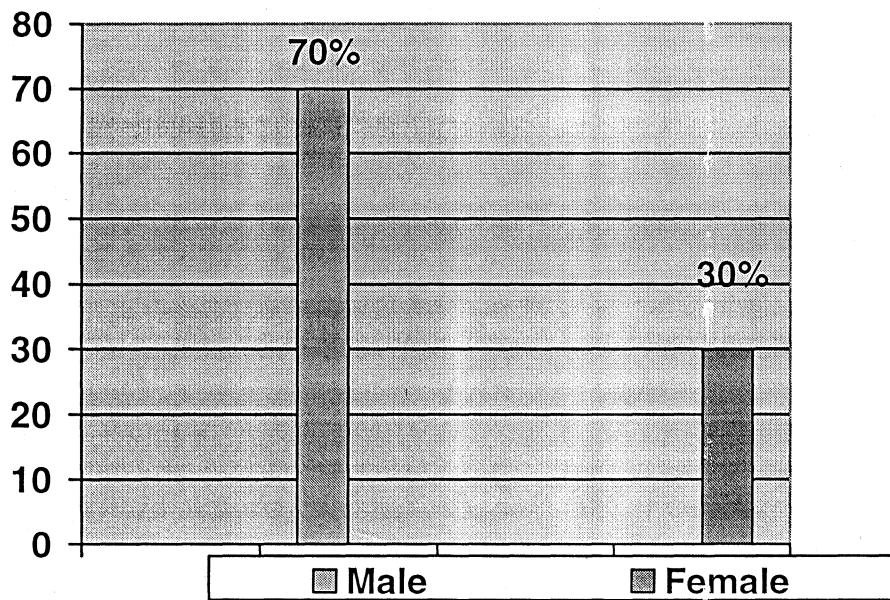


Table II

**Distribution of sample according to sex**

No	Sex	Frequency	Percentage
1	Male	7	70%
2	Female	3	30%
Total		10	100%

Data presented on the table I shows that 70% of objects belongs to male group and 30% of objects belong to Female group



Section B Table I

Distribution of sample according to the pre operative score of state trait anxiety inventory

**Preoperative scale anxiety score**

No	State anxiety score	Frequency	Percentage
1	35-40	2	20%
2	40-45	3	30%
3	45-50	2	20%
4	50-55	1	10%
5	55-60	2	20%
Total		10	100%

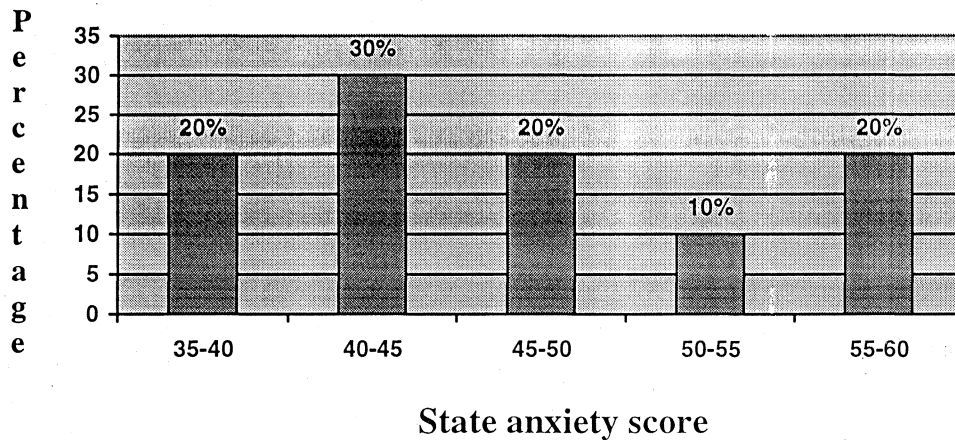
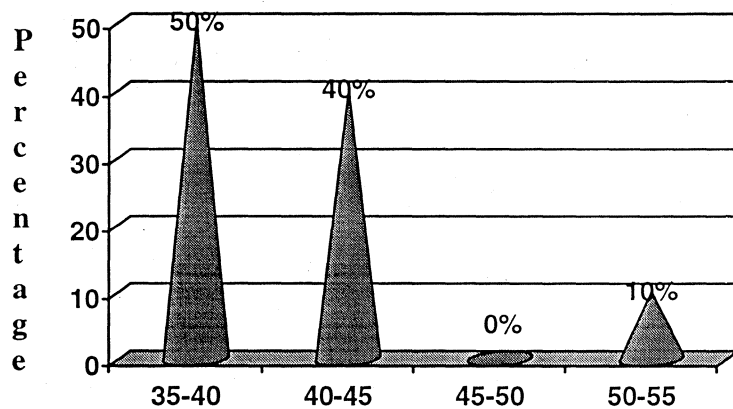


Table III shows that 20% objects have state anxiety score between 35-40. 30% of objects have state anxiety score 40-45. 20% of objects have state anxiety score 45-50. 10% of objects have state anxiety score 50-55. 20% of objects have state anxiety score 55-60% pre-operatively.

Table III  
**Pre operative trait anxiety score**

No	Trait anxiety score	Frequency	Percentage
1	35-40	5	50%
2	40-45	4	40%
3	45-50	Nil	NIL
4	50-55	1	10%
Total		10	100%

This table shows that 50% of objects have pre-operative trait anxiety score of 35-40. 40% of objects have pre-operative trait anxiety score of 40-45. 10% of objects have pre-operative trait anxiety score of 50-55.



**Trait anxiety score**

### Section C

Distribution of sample according to the post operative STAI score

Table I

#### Post operative state anxiety score

No	State anxiety	Frequency	Percentage
1	35-40	5	50%
2	40-45	3	30%
3	45-50	Nil	-
4	50-55	1	10%
5	55-60	1	10%
Total		10	100%

This table shows that 50% of objects have state anxiety score of 35-40. 30% of objects have state anxiety score of 40-45. 10% of objects have state anxiety score of 50-55%. 10% of objects have state anxiety score of 55-60.

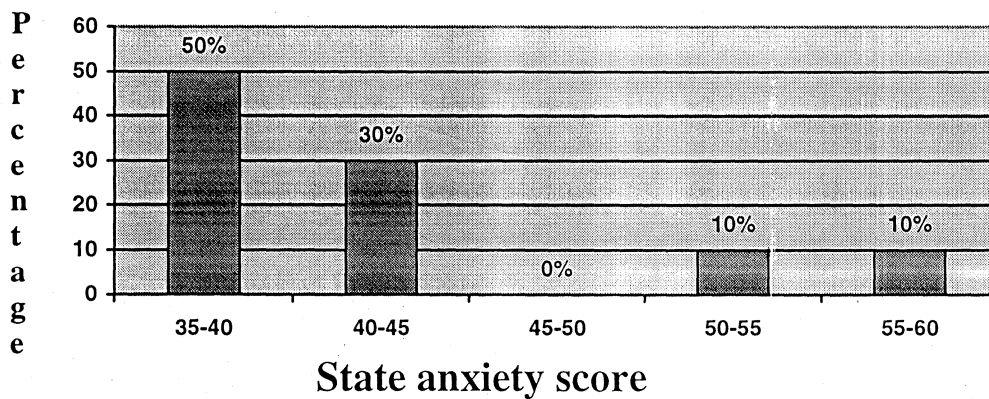
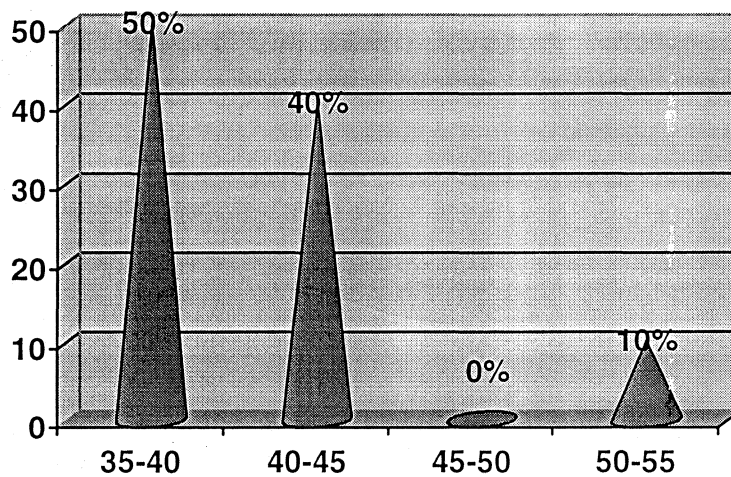


Table II

**Post operative trait anxiety score**

No	State anxiety	Frequency	Percentage
1	35-40	5	50%
2	40-45	4	40%
3	45-50	Nil	Nil
4	50-55	1	10%
Total		10	100%

This table shows that 50% of objects have trait anxiety score of 35-40% . 40% of objects have trait anxiety score of 40-45. 10% of objects have trait anxiety score of 50-55.



## **Summary**

The chapter dealt with the objective in which the data were analyzed, distribution of samples according to demographic variables such as age, sex, distribution of sample according to the pre-operative state-trait anxiety score, distribution of sample according to the post operative state trait anxiety inventory score. Frequency polygons bar diagrams & pie diagrams was used to the score of the sample.

# CHAPTER V

## SUMMARY, CONCLUSION, LIMITATION AND RECOMMENDATION

### Introduction

A brief account of the study is given in this chapter which cover objectives, findings of the study, summary may living with anxiety can be devastating , Easing anxiety may make for smoother, less painful recovery.

This study was conducted with the objective to assess pre-operative anxiety before health teaching and to assess post operative anxiety. The structured state-trait anxiety inventory was used for collecting data from 10 samples.

A review of related literature helps the investigator to get a clear concept about the project 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 epilepsy ward of SCTIMST,TVM. Convenient sampling technique was used to obtain samples.

Tools used for data collection was structured speilberger's state trait anxiety inventory score consisting of demographic data, state anxiety score and trait anxiety score. State anxiety scale consist of 18 questions and trait anxiety scale consist of 18 questions.

The pilot study was conducted among 2 samples. The data collection was done on and it was analyzed and interpreted

### **Objectives of the study**

1. To assess pre-operative anxiety before surgery
2. To assess post-operative anxiety after surgery

### **Limitation**

1. The sample size is limited to 10 patients
2. Convenient sampling technique is used
3. Sample include medically refractory epilepsy surgery from one institution only (SCTIMST,TVM).

### **Findings of the study**

The trait anxiety score which refer to stable personality factors reflecting the general level of fearfulness did not change significantly after surgery. In contrast the state anxiety score which refers to transient anxiety that varies according to the situation decreased significantly after the surgery. Only the preoperative high state anxiety

score among multiple variables were associated with the significant decrease in state anxiety after surgery.

Implication of the study:- The study results showed that pre-operative state anxiety score decreased post operatively. But the trait anxiety score did not change. A structured preoperative health teaching help the patient to reduce the anxiety and to avoid anxiety related complication. So for reducing the anxiety related complication structured pre-operative teaching is necessary

### **Recommendation for future study**

Keeping in mind the finding & limitations of the study, the following recommendations were made for future research.

- Similar study would be repeated by increasing the sample size
- An evaluation study to assess the effectiveness of pre-operative teaching on anxiety level of patients before and after surgery can also be done.

### **Conclusion**

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

- The anxiety of patients with medically refractory epilepsy significantly decreased after surgery.

- High pre-operative state anxiety score were the greatest factor in the decreased state anxiety after surgery.
- The trait anxiety score did not change post operatively.
- No patient exhibited a postoperative increase in state anxiety score.

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## APPENDIX

1. Adoption and translation of Spielberg's state trait anxiety inventory
2. Health education

# THE STATE TRAIT ANXIETY INVENTORY

## (ADOPTION AND TRANSLATION OF SPEILBERGER'S STATE TRAIT ANXIETY INVENTORY)

### നിർദ്ദേശങ്ങൾ

താഴെകൊടുത്തിരിക്കുന്ന കാര്യങ്ങൾ ഇപ്പോൾ നിങ്ങൾക്ക് എത്രമാത്രം അനുഭവപ്പെടുന്നുണ്ടെന്ന് ഓരോ ചോദ്യത്തിനും ഉചിതമായ ഉത്തരത്തിനുനേരെ X അടയാളത്തിലൂടെ രേഖപ്പെടുത്തുക. മനോഭാവങ്ങളിലും താല്പര്യങ്ങളിലും ഓരോ വ്യക്തിയും വ്യത്യസ്ഥനായിരിക്കുന്നു എന്നതിനാൽ ശരിയോ തെറ്റോ ആയ ഉത്തരങ്ങളില്ല. ഓരോ ചോദ്യത്തിനും നാല് സാധ്യതകൾ ഉത്തരങ്ങളായി കൊടുത്തിട്ടുണ്ട്. അവയിൽ നിങ്ങൾക്ക് യോജിക്കുന്നത് ഏതാണെന്ന് X അടയാളപ്പെടുത്തി സൂചിപ്പിക്കുക.

ഇത് സമയപരിധിയില്ലാത്ത ഒരു ടെസ്റ്റ് ആണെങ്കിലും കഴിയുന്നതും വേഗത്തിൽ ചെയ്തുതീർക്കുവാൻ ശ്രമിക്കണം. ചോദ്യങ്ങളെക്കുറിച്ച് ചിന്തിച്ച് കൂടുതൽ സമയം കളയാതെ ഓരോ ചോദ്യവും വായിക്കുമ്പോൾ തോന്നുന്ന ആദ്യത്തെ പ്രതികരണം രേഖപ്പെടുത്തുക. എല്ലാചോദ്യങ്ങൾക്കും ഉത്തരം എഴുതുവാൻ പ്രത്യേകം ശ്രദ്ധിക്കുക. നിങ്ങളുടെ ഉത്തരങ്ങൾ പരമരഹസ്യമായി സൂക്ഷിക്കുന്നതാണ്.

ഈ ചോദ്യാവലിയിൽ നിങ്ങളുടെ പേര് നൽകണമെന്നില്ല. എന്നാൽ ഗവേഷണത്തിന് താഴെപറയുന്ന വിവരങ്ങൾ നൽകുക

- വയസ്സ്.....
- സ്ത്രീ / പുരുഷൻ.....
- വിദ്യാഭ്യാസയോഗ്യത .....
- കുടുംബാംഗങ്ങളുടെ എണ്ണം .....
- വിവാഹിത(ൻ) / അവിവാഹിത(ൻ) .....
- പ്രതിമാസ കുടുംബവരുമാനം .....

നമ്പർ	പ്രസ്താവന	ഒരിക്കലുമില്ല	വല്ലപ്പോഴും	മിക്കവാറും	എല്ലായ്പ്പോഴും
1.	എനിക്ക് ശാന്തത അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
2.	എനിക്ക് സുരക്ഷിതത്വം തോന്നുന്നുണ്ട്	1	2	3	4
3.	എനിക്ക് മനോസമ്മർദ്ദം ഉണ്ടാകുന്നുണ്ട്	1	2	3	4
4.	എനിക്ക് ആശ്വാസം തോന്നുന്നുണ്ട്	1	2	3	4
5.	എനിക്ക് അസ്വസ്ഥത അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
6.	വന്നുചേരാവുന്ന നിർഭാഗ്യങ്ങളെക്കുറിച്ചുള്ള ആകുലചിന്ത എനിക്കിപ്പോൾ തോന്നുന്നുണ്ട്	1	2	3	4
7.	എനിക്ക് വിശ്രമം ലഭിച്ചതായി അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
8.	എനിക്ക് ഉത്കണ്ഠ അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4

നമ്പർ	പ്രസ്താവന	ഒരിക്കലുമില്ല	വല്ലപ്പോഴും	മിക്കവാറും	എല്ലായ്പ്പോഴും
9.	എനിക്ക് സുഖം തോന്നുന്നുണ്ട്	1	2	3	4
10.	എനിക്ക് ആത്മവിശ്വാസം അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
11.	എനിക്ക് അധൈര്യം തോന്നുന്നുണ്ട്	1	2	3	4
12.	എനിക്ക് പിരിമുറുക്കം അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
13.	എനിക്ക് വിശ്രമം അനുഭവപ്പെടുന്നുണ്ട്	1	2	3	4
14.	എനിക്ക് സംതൃപ്തി തോന്നുന്നുണ്ട്	1	2	3	4
15.	എനിക്ക് നിരാശ തോന്നുന്നുണ്ട്	1	2	3	4
16.	ഞാൻ പെട്ടെന്ന് വികാരക്ഷോഭത്തിന് അടിമപ്പെടുന്നുണ്ട്	1	2	3	4
17.	എനിക്ക് ആനന്ദം തോന്നുന്നുണ്ട്	1	2	3	4
18.	എനിക്ക് പ്രസന്നത തോന്നുന്നുണ്ട്	1	2	3	4

**നിർദ്ദേശങ്ങൾ**

ദൈനംദിന ജീവിതത്തിൽ അനുഭവപ്പെടാറുള്ള ചില കാര്യങ്ങൾ താഴെകൊടുത്തിരിക്കുന്നു അവസാധാരണയായി നിങ്ങൾക്ക് എത്രത്തോളം അനുഭവപ്പെടുന്നുവെന്നത് ഉചിതമായതിനുനേരെ X അടയാളത്തിലൂടെ രേഖപ്പെടുത്തുക.

19.	എനിക്ക് മനസുഖം തോന്നാറുണ്ട്	1	2	3	4
20.	എനിക്ക് പെട്ടെന്ന് ക്ഷീണം അനുഭവപ്പെടാറുണ്ട്	1	2	3	4
21.	എനിക്ക് കരയണമെന്ന് തോന്നാറുണ്ട്	1	2	3	4
22.	മറ്റുള്ളവരെപ്പോലെ സന്തോഷിച്ചിരിക്കാനുള്ള ആഗ്രഹം എനിക്കുണ്ട്	1	2	3	4
23.	പെട്ടെന്ന് തീരുമാനങ്ങൾ എടുക്കുവാൻ സാധിക്കാത്തതുമൂലം പല നഷ്ടങ്ങളും എനിക്കുണ്ടാകാറുണ്ട്	1	2	3	4
24.	എനിക്ക് വിശ്രമം അനുഭവപ്പെടാറുണ്ട്	1	2	3	4
25.	എനിക്ക് സ്വസ്ഥതയും ശാന്തതയും അനുഭവപ്പെടാറുണ്ട്	1	2	3	4

നമ്പർ	പ്രസ്താവന	ഒരിക്കലുമില്ല	വല്ലപ്പോഴും	മിക്കവാറും	എല്ലായ്പ്പോഴും
26.	എനിക്ക് വിഷമതകൾ വർദ്ധിക്കുകയും അവയെ തരണം ചെയ്യുവാൻ കഴിയാതെയും വരാറുണ്ട്	1	2	3	4
27.	നിസ്സാരകാര്യങ്ങളെക്കുറിച്ച് ഞാൻ ചിന്താകുലനാകാറുണ്ട്	1	2	3	4
28.	എനിക്ക് സന്തോഷമുണ്ട്	1	2	3	4
29.	സാധാരണ കാര്യങ്ങൾ കഠിനമായിട്ടെടുക്കുന്ന പ്രവണത എനിക്കുണ്ട്	1	2	3	4
30.	എനിക്ക് സുരക്ഷിതത്വം തോന്നാറുണ്ട്	1	2	3	4
31.	എനിക്ക് നിരാശ ഉണ്ടാകാറുണ്ട്	1	2	3	4
32.	എനിക്ക് സംതൃപ്തി തോന്നാറുണ്ട്	1	2	3	4
33.	അപ്രധാനമായ ചില ചിന്തകൾ എന്നെ വിഷമിപ്പിക്കാറുണ്ട്	1	2	3	4
34.	ജീവിതനൈരാശ്യങ്ങൾ ഗൗരവപൂർവ്വമെടുക്കുന്നു മനസ്സിൽനിന്ന് അവയെ മാറ്റുവാൻ കഴിയാറില്ല	1	2	3	4
35.	സ്ഥിരചിന്തയുള്ള വ്യക്തിയാണ് ഞാൻ	1	2	3	4
36.	അടുത്തകാലത്തു എന്റെ സംരംഭങ്ങളെ കുറിച്ചും താല്പര്യങ്ങളെക്കുറിച്ചും ആലോചിക്കുമ്പോൾ എനിക്ക് മനോസമ്മർദ്ദമുണ്ടാകുന്നു	1	2	3	4

NB: എല്ലാ ചോദ്യത്തിനും ഉത്തരം എഴുതിയിട്ടുണ്ടോ എന്ന് ഒരിക്കൽകൂടി പരിശോധിക്കുക.

അപസ്മാരം ഓരോ വർഷവും ലോകവ്യാപകമായി 35 ലക്ഷത്തോളം ആളുകൾക്ക് ഉണ്ടാകുന്നതാി കണക്കാക്കപ്പെട്ടിരിക്കുന്നു. ഇതിൽ 40 ശതമാനം രോഗികൾ 15വയസ്സിന് താഴെയുള്ളവരാണ്.

പരീക്ഷണങ്ങൾ തെളിയിക്കുന്നത് വളർന്ന് കൊണ്ടിരിക്കുന്ന മസ്തിഷ്കം പൂർണ്ണവളർച്ചയെത്തിയ മസ്തിഷ്കത്തെക്കാൾ അപസ്മാരം വരാൻ സാധ്യതയുള്ളവയെന്നാണ്. വളർച്ചയെത്തിയ മസ്തിഷ്കത്തേക്കാൾ വേഗത്തിൽ ഉത്തേജിക്കപ്പെടുകയും അതേസമയം വളരെ കുറഞ്ഞ രീതിയിൽ മാത്രം വിലക്കപ്പെടുകയും ചെയ്യുന്നത് ഇതിന് കാരണമായി കണക്കാക്കുന്നു.

മസ്തിഷ്കത്തിന് ശ്വാസവായുവിന്റെയും, രക്തത്തിന്റെയും ദൗർലഭ്യം മൂലമുണ്ടാകുന്ന ക്ഷതം, രക്തത്തിലെ ചിലരാസപദാർത്ഥങ്ങളുടെ തോതിൽ വരുന്ന വ്യതിയാനം മസ്തിഷ്കത്തിലോ ശരീരത്തിലെ ഇതരഭാഗങ്ങളിലോ ഉണ്ടാകുന്ന അണുബാധ, മസ്തിഷ്കത്തെ ജന്മനാ ബാധിക്കുന്ന വൈകല്യങ്ങൾ എന്നിവയാണ് അപസ്മാരത്തിന്റെ കാരണങ്ങൾ.

മരുന്നുകൾ കഴിച്ച് അപസ്മാരം നിയന്ത്രിക്കാൻ പറ്റാത്ത സന്ദർഭങ്ങളിൽ ശസ്ത്രക്രിയ പ്രയോജനപ്രദമായക്കാം.

അപസ്മാര ശസ്ത്രക്രിയക്ക് വ്യക്തികളെ തിരഞ്ഞെടുക്കുന്നതിന് രണ്ട് സാങ്കേതിക വിദ്യകൾ അത്യന്താപേക്ഷിതമാണ്. ഒന്ന് MRI വീഡിയോ EEG , വീഡിയോ EEG,MRI എന്നിവയിലൂടെ അപസ്മാരത്തിന്റെ ഉത്ഭവസ്ഥാനം കൃത്യമായി കണ്ടുപിടിക്കാൻ പറ്റും..

സർജറിക്ക് ശേഷം 70 ശതമാനം ആൾക്കാരും അപസ്മാര വിമുക്തനാവുന്നതാണ്.

സർജറിക്ക് മുമ്പ് നിങ്ങളുടെ തലയിലെ മുടിമുഴുവൻ മാറ്റും.

സർജറി സമയത്ത് നിങ്ങൾക്ക് വേദന അറിയുവാതിരിക്കുവാനായി മയങ്ങാനുള്ള മരുന്ന് നൽകും.

സർജറിക്ക് ശേഷം കൂടുതൽ പരിചരണത്തിനായി തീവ്രപരിചരണ വിഭാഗത്തിലേക്ക് മാറ്റും.

ഒരു മാസ്ക് വച്ച് നിങ്ങൾക്ക് ഓക്സിജൻ തരും

മൂത്രം കളയുന്നതിനായി ഒരു ട്യൂബ് ഇട്ടിരിക്കും.

ഹൃദയത്തിന്റെ പ്രവർത്തനം മനസ്സിലാക്കുന്നതിനായി chest lead കൾ വയ്ക്കും.

മറ്റു കുഴപ്പങ്ങളൊന്നുമില്ലെങ്കിൽ അടുത്ത ദിവസം തന്നെ സാധാരണ ആഹാരം കഴിക്കാവുന്നതാണ്.

മറ്റു കുഴപ്പങ്ങളൊന്നുമില്ലെങ്കിൽ 10 ദിവസത്തിനുള്ളിൽ വീട്ടിലേക്ക് പോകാവുന്നതാണ്.



## Health education

- Epilepsy is the commonest disorder encountered in neurological practice affecting individuals of all age groups irrespective of their gender and socio economic status. Every year about 35 lakhs people are suffered from Epilepsy (world wide). About 40%of patients are under the age of 15.
- According to the experimental it is proved that there is more chance of occurrence of Epilepsy in patients with growing brain than compared to completely developed brain. Excitation more speedily occur and inhibition occur more slowly in growing brain result in occurrence of epilepsy under the age of 15 age
- The major risk factor for developing seizure can be classified according to age group. In young adults trauma, alcohol withdrawal, brain tumor, drug abuse, idiopathic causes are common. In person older than 35 yrs CUA, brain tumor, alcohol withdrawal, metabolic disorders (uremia, electrolyte imbalance), Alzhiemer's disease, and other neurodegenerative disease, idiopathic causes are the major cause of seizures cerebral hypoxia etc.

- When medical management is ineffective surgery is the next option.
- The two basic technological requirements that are mandatory for pre-surgical assessment are high resolution MRI and Video EEG telemetry. The long term video EEG mentoring is the most definitive method for differentiation of epileptic seizure onset.
- About 70% patients are seizure free after medically refractory epilepsy surgery.
- Head shaving done before the surgery the convenient of surgery
- To avoid pain dressing surgery pain medical given at time
- For give more intensive care patient should be shifted to the
- An oxygen mask placed for giving O<sub>2</sub> the pt to avoid breathing difficulty
- For the drainage of urine a folley's eat helter is placed .
- Leads should be placed over the chest for assessing heart rate, RR etc
- If there is no problem we can start normal diet the day after surgery
- If there is no problem pt can be discharged after 7-8 days.

- Medicines should be taken at proper time according to the doctors order.
- If there is fever, inflammation around the wound, pain pus formation etc you should inform to the doctor in the local hospital
- If there is epilepsy you should inform to the doctor immediately

#### How we can control seizures

- a) Medicine must be taken at proper time
- b) If you forgot to take the medicine, it immediately when you remember it.
- c) Keep the medicine in the same place
- d) Without the order from the doctor don't reduce or stop AED'S
- e) Give more attention to the pt by the family
- f) Leave the place which will cause more anxiety to you.
- g) Don't be over excited have both daily clean the wound with soap and warm water and mop with clean cloth. Do not rub or scratch the wound with the nail. Used separate cloth for cleaning the wound change your cloth daily. Do not apply oil or powder over the wound. Keep the wound dry.