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Printed at Saujanya Printing Press, B-303, Okhla Industrial Area, Phase-1, New Delhi - 110 020.

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Indian Journal of Surgical Nursing

IJSN

January – April 2023
Volume 12 Number 1

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Awareness towards COVID-19 among Undergraduate Student Faculty of Arts, Banaras Hindu University, Varanasi, UP

Manish Kumar Goyal

How to cite this article:

Manish Kumar Goyal/ Awareness towards COVID-19 among Undergraduate Student Faculty of Arts, Banaras Hindu University, Varanasi, UP J Surg.Nurs.2023;12(1):9-12.

ABSTRACT

Background: COVID-19 has become a pandemic these days and it is a topic of high public concern and medical students are directly or indirectly related to it.

Aim: 1. To assess level of awareness towards COVID-19 among the undergraduate students.² To find out the relationship between awareness towards COVID-19 & selected socio demographical variables among the undergraduate students.

Method & Material: The research approach for the study was descriptive research survey and the design adopted was Non experimental univarent descriptive research. 60 Sample of Undergraduate art's students in faculty of Arts, Banaras Hindu University, Varanasi was selected by the convenience sampling Techniques. The self constructed awareness questionnaire was prepare and use for data collection to assess the awareness towards COVID-19 among undergraduate students.

Results: The finding in the present study revealed that awareness towards COVID-19 undergraduate students that inadequate awareness 21.67% (13), moderate awareness 58.33% (35) and adequate awareness 20.00% (12). The Mean 16.35, median 16, mode 17, mean score percentage 65.42%, range 22-10, standard deviation 3.163 and mean deviation 2.61. The chi square (at 0.05) relationship of awareness score towards COVID-19 among the undergraduate student's with their socio demographical variables Age in (Year's), Religion, Education of father, Source of information regarding COVID-19 are significant but Gender, Course of the study, Types of family, Monthly income of the family member's, Residence area & Have previous knowledge regarding COVID-19 are not significant.

Conclusion: Study concluded that Arts college of Banaras Hindu University Undergraduate student's having Moderate knowledge regarding the COVID-19.

Keywords: Awareness; Corona Virus ; COVID-19 & Undergraduate students.

INTRODUCTION

Art can spread a message of hope, struggle, and victory over an unknown unpredictable enemy such as COVID-19.

Ajnabh Kiev

Health is the most precious asset we can ever have. During these difficult times of pandemic, humour proves to be one of the best medicines to boost our immunity and mental Well being.

NanjundaSwamy

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Received on: 18/10/2022

Accepted on: 20/11/2022

India is second most populated country in the world has, 37.4 million students in higher education.¹ COVID-19 outbreak was first identified in December 2019 in Wuhan, China. January 11, 2020 China declared first death of their 61 year old citizen due to COVID-19.² it was officially declared to be a pandemic by the World Health Organization (WHO) on March 11, 2020.² World Health Organization (WHO) provisionally named this virus as 2019 novel corona virus (2019-nCoV) on January 12, 2020.² The disease caused by this virus was termed as Corona virus Diseases of 2019 (COVID-19) on Feb 11, 2020. In India also imposed in nationwide lockdown for the first time on march 22, 2020 & continue till up to may 30, 2020. May 30, 2020 this situation of Corona Virus (COVID-19) outbreak has becomes worse as it contains 57,04,736 confirmed case 3,57,736 confirm death across 216 countries. India has also 1,65,799 confirmed cases with 4706 causalities (WHO 2020).² The govt. provide general awareness (sign symptom), health care facility (Test, Management), Public care strategies such as hand washing, wearing face masks, physical distancing and avoiding mass gathering and assemblies.³

OBJECTIVE

1. To assess level of awareness towards COVID-19 among the undergraduate students.
2. To find out the relationship between awareness towards COVID-19 & selected socio demographical variables among the undergraduate students.

REVIEW OF LITERATURE

Bhagavathula et al. (2020): A study to assessing knowledge, preventive practice of medical health worker & medical students. The study was conducted in Tamil Nadu. Sample are selected in Stratified Sampling Techniques. Lack of COVID-19 related knowledge, positive perceptions, and preventive practices was detected and seems wide spread. In particular, 56.6% of the health care workers (HCWs) and medical students had poor knowledge about COVID-19 and only 46% of the total study sample had positive perceptions towards COVID-19. Besides, 81.7% of the sample prioritized practicing hand hygiene to prevent

COVID-19, but wearing a face mask to prevent COVID-19 transmission was sub-optimal (73.4%). Finally, less than a tenth (8%) of the subjects had good knowledge about COVID-19 symptoms (79%) and its transmission (82%) and reported that they avoided crowded places to prevent getting COVID-19 (89%).

METHODOLOGY

The research approach is selected for this study descriptive research approach & Non Experimental Univariate Descriptive Research design. The study was conducted 60 Sample of Undergraduates art's student's selected in faculty of Art's, Banaras Hindu University by convenience sampling Techniques. All Sample was selected who was willing to participate & follow of the instruction given by the researcher. The instrument used for data collection was self constructed questionnaire. Before data collection the content validity of the tools were established by consulting with 10 expert. A structured Performa & observation check list used for data collection. The tools were self constructed & written in English language. Participant's were not offered any financial compensation. The structured Performa considered two parts Part-I considered of item (10) on demographic characteristics of the participants & Part-II (25) considered item regarding awareness towards in COVID-19. An observation checklist was used for awareness towards in COVID-19. The reliability of the awareness towards in COVID-19 tools was found +1, thus the tools were highly reliable. The approval of ethical clearance of the research committee, administrative approval for consent faculty of art's, information of the participant's & full fill consent form. The data collected from 01 Dec. 2020 to 15 Dec. 2020 by the online. The completion of online survey via google form about.

20 - 30 minute & included in multiple choice question. The correct answer was given 01 marks & wrong answer given 0 marks.

The data were analysed using descriptive & inferential statistics. Data analysed by the statistical package of social science (SPSS) in IBM version 22.

Obtained score/Maximum score x 100

Inadequate awareness = Below 50%

Moderate awareness = 50.1 to 75%

Adequate awareness = above 75%

RESULT

The data in demographical depicted that most of age of undergraduate student's 26 (43.33%) were age group in 17-19 year's, 15 (25.00%) were age group in 20-22 year's & 19 (31.67%) were age group 23-25 year's. Most of undergraduate student's were 36 (60.00%) male & female were 24 (40.00%). Most of undergraduate student's were 54 (90.00%) Hindu & Muslim 06 (10.00%). Most of under graduate student's were 45 (75.00%) Regular & 15 (25.00%) private or Distance type of curse study. Most of undergraduate student's were 35 (58.33%) nuclear & 25 (41.67%) joint family. Most of undergraduate student's were 32 (53.33%) rural

Table 1: Finding related to Frequency and Percentage distribution to awareness towards COVID-19 among the undergraduate students.

N=60		
Level of Awareness	Frequency	Percentage
Inadequate awareness (Below 50%)	13	21.67%
Moderate awareness (50.1-75%)	35	58.33%
Adequate awareness (Above 75%)	12	20.00%
Total	60	100%

The data presented in the table 1 & fig. 1 showed that inadequate awareness 21.67% (13), moderate awareness 58.33% (35) and adequate awareness 20.00% (12).

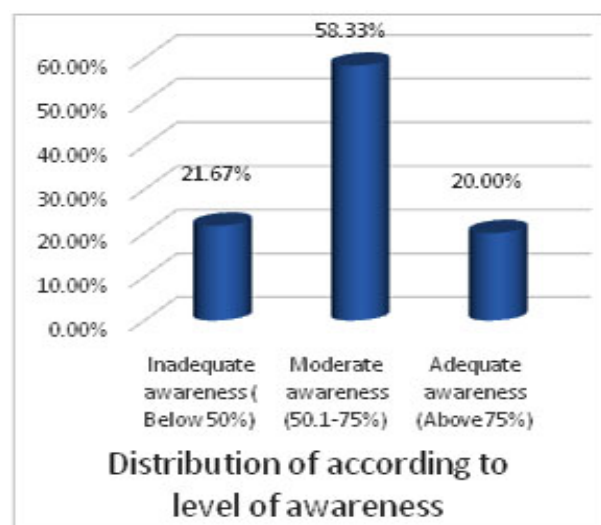


Fig. 1: Bar chart showing percentage distribution according to level of awareness

Table 2: Finding related to Mean, Median, Mode, Range, Mean score %, Standard Deviation and Mean deviation to awareness of COVID-19 among the undergraduate students.

N=60						
Mean	Median	Mode	Mean score %	Range	Standard deviation	Mean deviation
16.35	16	17	65.42	22-10	3.163	2.61

Max.Score 25

& 28 (46.67%) urban area. Most of undergraduate student's were 32 (53.34%) less than 10,000, were 20 (33.33%) 10,001-15,000, 08 (13.33%) were 15,001 - 20,000 & 0 (0.0%) above 20,000 Monthly income of the family member's (RS). Most of undergraduate student's were 57 (97.00%) yes & 03 (05.00%) no previous awareness regarding COVID-19. Most of undergraduate student's were 08 (14.06%) health care provider, were 02 (3.50%) peer group, were 45 (78.94%) mass media & were 02 (03.50%) family member's, relative & teacher source of information regarding COVID-19.

DISCUSSION

This study result was show 35 (58.33%) respondent have moderate, 12 (20.00%) Adequate & 13 (21.67%) inadequate awareness. A cross sectional study knowledge, attitude & Practice towards in COVID-19 among higher education students in India conducted (April-may 2020) by Srinivasan Padmanaban, *Poornima et al.* (doi:10.1007/s10389 - 021 - 015617, PMCID PMC8118369, PMID: 34007782). This study was conducted in 22 state in India that 65.5% of students possess a high level of knowledge about COVID-19. It was note worthy that 71.0% of them had a positive attitude towards COVID-19 and 66.7% of them exhibited desirable practices to mitigate COVID-19.⁵ Another study COVID-19 Assessment of knowledge & awareness in Indian society was conducted (April-2020) Ashish Kumar Singh, Bharti Agrawal, Anukriti Sharma (doi:10.1002/pa.2354, PMCID: PMC7460945, PMID:32904779). A total of 522 responses from all over India were received. The respondents have adequate a wareness for COVID-19 outbreak and its preventive measures, out of total, 98% (513) answered that the virus spreads from one person to another, 95% (494) answered that the disease is caused by a virus.

This study summarized result was show 35 (58.33%) respondent have moderate, 12 (20.00%) Adequate and 13 (21.67%) inadequate awareness. The study show undergraduate student's shave

sufficient knowledge regarding the COVID-19. The relationship of awareness score towards COVID-19 among the undergraduate student's with their socio-demographical variables age in (Year's), Religion, Source of information regarding COVID-19 are significant at $p < 0.05$ but Gender, Course of the study, Types of family, Residence area, Monthly income of the family member's & Have previous knowledge regarding COVID-19 are not significant.

This Study concluded that moderate awareness (35) 58.33% towards COVID-19 among undergraduate student's. Proper communication of the participant's

Conflict of interest

This study was no conflict of interest.

Source of Funding

This study no contribution of financial source of participants & no funding source of agency.

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- | | | |
|---|---|--|
| 1. Place of Publication | : | Delhi |
| 2. Periodicity of Publication | : | Quarterly |
| 3. Printer's Name | : | Dinesh Kumar Kashyap |
| Nationality | : | Indian |
| Address | : | 3/259, Trilokpuri, Delhi-91 |
| 4. Publisher's Name | : | Dinesh Kumar Kashyap |
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Role of DTAC Dressing in Wound Bed Preparation

Vikash K¹, Ravi Kumar Chittoria², Barath Kumar Singh P³

How to cite this article:

Vikash K, Ravi Kumar Chittoria, Barath Kumar Singh P/ Role of DTAC Dressing in Wound Bed Preparation/Indian J Surg Nurs. 2023;12(1):15–17.

Abstract

Bacteria Colonized wound become a major problem in wound management. Infections may lead to delayed healing process or severe complications. Thus, the incorporation of antimicrobial agents such as silver, iodine, etc., into the dressing material provides protection against microbes. One of the element available in market is Dimethyl tetradecyl [3-(trimethoxysilyl) propyl] ammonium chloride (DTAC) based 3D-hydrocellular wound dressings have emerged. In this article we highlight the role of DTAC based 3D-hydrocellular microbicidal wound dressing.

Keywords: DTAC; Dressing, Wound bed preparation; Management

INTRODUCTION

Skin is the outermost bodily tissue that protects against pathogens and external damages. It also plays a vital role in regulating water and temperature, and immunological surveillance. Micro-organisms gain entry through the damaged skin and get colonized in the wound. Thus, the microbial load can be considered as a significant factor in delayed healing. Microbial load in the wound is inversely proportional to the tendency of wound healing. Such infections not only delay the healing process but may lead to severe complications resulting in prolonged hospital stays

and increased cost of wound care. Antimicrobial agents impregnated dressing helps in fasten the wound healing.^{1,2} Prevention and control of wound infection in the early stages or whenever possible, is vitally important aspect of wound bed management. Infection control is the major part of wound bed preparation. In this article we assess the role of Dimethyl tetradecyl [3-(trimethoxysilyl) propyl] ammonium chloride (DTAC) based 3D-hydrocellular microbicidal dressing.

MATERIALS AND METHODS

This study was conducted in the department of plastic surgery in a tertiary care centre after obtaining the departmental ethical committee approval. The subject was a 31-year-old male with no known co-morbidities presenting with polytrauma including fracture of left femur and tibia. He underwent external fixation and was admitted in hospital for 5 months. He had a raw area over the left knee which was managed with wound debridement and skin grafting. The remanent non healing area of the left knee joint shows unhealthy granulation tissue with minimal slough (fig. 1). The healing of the wound was delayed. Wound culture shows persistent colonization of bacteria in

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Received on: 19.01.2023

Accepted on: 08.02.2023



Fig. 1: Infected wound with unhealthy granulation tissue



Fig. 2: Application of DTAC dressing

RESULTS

DTAC technology fastens the wound healing. The wound contracted and granulated well. (Fig. 4) No complications noted with this procedure.



Fig. 4: Wound contracted and remanant raw area

the wound. For the same, we used fabric sample of size 10 cm, was cut from 3D-hydrocellular wound dressing to cover the non-healing wound over the left knee and dressing applied (Fig. 2). The Wound shows healthy granulation tissue with no slough on day 5 (Fig. 3). Preoperative Assessment



Fig. 3: Well granulated with healthy granulation tissue

DISCUSSION

Various antimicrobial solutions and dressing materials are available for wound dressing for control of infection. Silverion solutions, Superoxide preparation, Di Alky¹ Carbamoyl Chloride (DACC)² Technology, lipido colloid with silver impregnated polyabsorbent fibre³, Curcumin⁴, Centenella Asiatica⁵ extract are some of the examples about microbicidal dressing

materials. A novel technology that is non-toxic, non-leachable, effectively eliminates germs, doesn't result in medication resistance in microbes, and speeds up the healing process is needed. With technological developments, focus has switched to wound dressings based on Dimethyl tetradecyl [3-(trimethoxysilyl) propyl] ammonium chloride (DTAC) technology. A cationic surfactant called DTAC is employed at 1% concentration. A 3-dimensional knitted fabric made of 3D-hydrocellular wound dressing based on DTAC technology is offered under the trade names Trushield and Theruptor [Healthium Medtech Limited, India]. A hydrocellular structure is created by the DTAC- bounded polyethylene terephthalate and polyurethane material used to create the three dimensional knit fabric. DTAC based dressing effectively controls exudates, maintains the moist environment, aids in gaseous exchange, and serves as a physical barrier against pollutants. They are primarily utilized for first and second degree burns, minor, chronic, and surgical wounds that are leaking. The "physical kill mechanism" for germ protection and the non leachability of DTAC into the skin or out of the dressing are two outstanding features of DTAC technology. The cross-linking characteristic makes sure that the active ingredient stays linked to the dressing's surface. Additionally, as antimicrobial dressings, DTAC dressings eliminate the infection load at the wound site and cover a wide range of bacteria. Modern wound care could undergo a transformation thanks to DTAC-based dressings. The pathogens are removed from the wound by the DTAC technology using a physical kill mechanism, preventing them from leaking into the skin or out of the dressing. In addition to showing antimicrobial activity against a wide range of micro-organisms, these dressings

were also effective from 1 minute to 28 days. These characteristics are essential for controlling all phases of wound care by providing long term defense against potential infection sources. Additionally, using 3D-hydrocellular dressings will lessen the need for routine dressing changes, lowering the cost of wound management. Based on these characteristics, DTAC based 3D-hydrocellular wound dressing can be seen as a potential solution for limiting the spread of pathogens and improving the environment for wound healing.

CONCLUSION

DTAC technology helps in the wound healing process. Large randomized studies are needed to assess the efficacy of the DTAC based Dressing material.

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Wilson's disease

Jancy J, Sheeja Sebastian

How to cite this article:

Jancy J, Sheeja Sebastian/Wilson's disease/Indian J Surg Nurs. 2023;12(1):21–23.

Abstract

Wilson's Disease is an autosomal-recessive disorder caused by mutation in the ATP7B gene which impairs copper excretion from the bile. Impaired copper transport and decrease copper secretion into bile which leads copper accumulation, first in the liver but ultimately in the brain and other tissues, produces clinical manifestations that may include hepatic, neurological, psychiatric and ophthalmological. Treatment is only palliative and intended to restore and maintain copper balance.

Key words: Ceruloplasmin, copper, Wilson's disease

INTRODUCTION

Wilson's disease is also known as hepatocellular degeneration. It is an inherited disease that causes too much of copper that accumulate in the organ. Dietary source of copper content includes shellfish, liver, nuts, bran and organ meat.¹ Normally the copper is absorbed from the stomach and proximal small intestine and is rapidly taken into the liver, where it is stored and incorporated into ceruloplasmin, which is secreted into blood for the function of the body. Any alteration of copper absorption and metabolism cause overload of copper in the organs which impair the function of the organs.

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Received on: 08/10/2022

Accepted on: 10/11/2022

DEFINITION

Wilson's disease (*hepatocellular degeneration*) is a rare but important autosomal recessive disorder of copper metabolism that is caused by variety of mutations in the ATP7B gene on chromosome 13.²

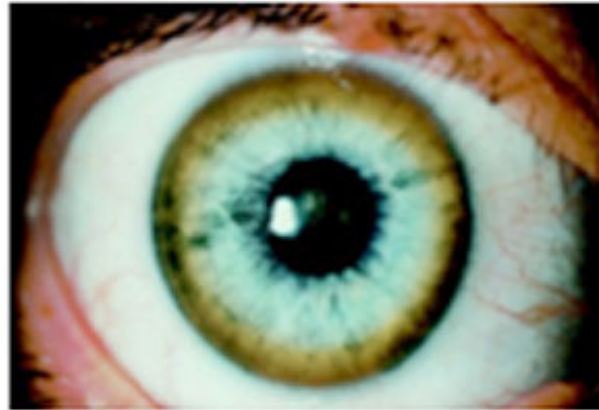
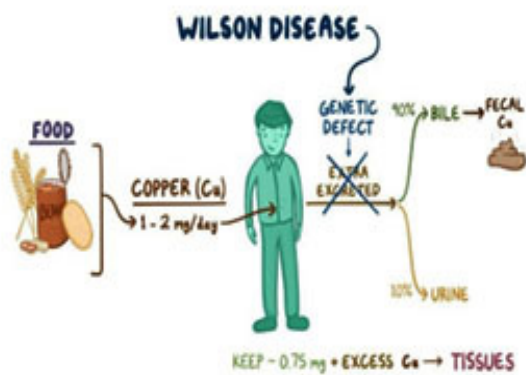
FUNCTION OF COPPER

Copper is an enzyme which support for iron absorption and helps to form RBCs. It also help maintain healthy blood vessels, nerves, immune system and bone.¹

EPIDEMIOLOGY

According to the World Health Organization, WD affects between 1/10,000 and 1/30,000 people worldwide. WD makes up 7.6–19.7% of juvenile liver disorders in tertiary hepatobiliary centres in India. A referral neurology centre registered 15 to 20 new cases of WD each year.³

Wilson's disease is diagnosed between the ages of 5 and 45 years, but it can affect younger and older people, as well.²



Kayser- Fleischer ring

NORMAL COPPER METABOLISM

Normal dietary Cu intake is 1.5–5 mg in 24 hours, 25–40% is absorbed from the duodenum which is stored by enterocytes and bound to metallothioneins in a non toxic form. 50–60% Cu is unabsorbed and excreted in faeces. From the intestine, 75% flows through the portal system with albumin or transcuprein and is taken up by the liver. The remaining 25% is bound to albumin in the circulation. In the liver, 20% of Cu is re-excreted back into the gastrointestinal tract through bile and 80% is transported to the periphery, bound to ceruloplasmin. The biliary excretion is approximately 2.5 mg/dl. Cu excretion is more through faeces than the urinary excretion.³

PATHOPHYSIOLOGY

Genetic defect (ATP7B gene-which transport copper).

Impaired copper transport and decrease copper secretion into bile.

These all interferes with incorporation of copper into the copper protein ceruloplasmin.

Copper overload mainly in hepatic system.

Hepatic fibrosis ultimately cause cirrhosis.

Then the copper diffuse into the blood, then into other tissues. (Basal ganglia of the brain, kidney, skeleton, reproductive organs).

Which leads to manifestations such as hemolytic anaemia, kayser-fleischer rings.^{2,4}

STAGING

Stage 1: Initial period of accumulation of copper within hepatic binding sites.

Stage 2: The acute redistribution of copper within liver and subsequent release into circulation.

Stage 3: Chronic accumulation of copper in the brain and other extrahepatic tissue, with progressive disease eventually leading to fatal symptoms.

Stage 4: Restoration of copper balance by use of long term chelation therapy.³

SIGNS AND SYMPTOMS

Wilson's disease manifests clinically as hepatic and psychological issues. Most common symptoms are jaundice, ascitis, hepatomegaly, edema, and variceal haemorrhage and common hepatic presentation is chronic active hepatitis, which leads to cirrhosis with fulminant liver failure.⁵

Symptoms usually arises between the ages of 5-45 years. Hepatic disease occurs predominantly in childhood and early adolescence, although it can be present in adult in their fifties.

Liver Dseases

Acute hepatitis may progress into fulminant liver failure.

Chronic hepatitis leads to cirrhosis.

Massive haemolysis and renal tubulopathy due to free copper into blood stream.

Neurological disease

Tremor, choreoathetosis, dystonia, Parkinsonism and dementia, unusual clumsiness.

Kayser-Fleischer ring-greenish-brown or dark rings that appear to encircle the iris of the eye.²

DIAGNOSIS

- Low ceruloplasmin (less than 20 mg/dl, Referencerange 20-40 mg/dl) high free copper concentration.
- Urine/ 24 hrs urine collection.
- High urine copper excretion greater than 0.6 micromol/24 hrs (38 micromol/24hr).
- More than 25 micromole/24hrs of D-penicillamine.²
- Hepatic copper concentration of a liver biopsy specimen is >250mcg/g of dry weight (normal: 15- 55mcg/g).
- Kayser-Fleischer rings in cornea and Urine: 24 hours urine collection.

MANAGEMENT

The goal of treatment is to reduce the amount of copper in the tissues by chelation therapy:

- Copper binding agents: Penicillamine 1.5g/day.
- Alternative choices: Trientinedi hydrochloride (1.2-2.4g/day) and Zinc 50mg 8 hrly.
- Liver transplantation.²
- A low-copper diet is recommended to reduce dietary copper intake to 1 mg/day. Foods to be avoided include: Chocolate, Dried fruit, Liver, Nuts, Shellfish.
- Demineralized drinking water can be suggested for patients as drinking water is high in copper.⁵

PROGNOSIS

Prognosis is better, if treatment is started before

the irreversible damage to the organs.²

CONCLUSION

Wilson's disease (WD), which is defined by poor copper metabolism, can have a range of clinical effects, including asymptomatic conditions to fulminant hepatic failure, chronic liver disease with or without cirrhosis, and neurological and psychiatric manifestations. Chelators like D-penicillamine and trientine are used as part of treatment plans, while zinc salts act as methallothionein inducers, which encourage a negative copper balance and a decrease in free plasmatic copper.

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Role of Cost-effective Magnifying Glass in Clinical Practice of Plastic Surgery

Amrutha J S¹, Ravi Kumar Chittoria², Barath Kumar Singh P³

How to cite this article:

Amrutha J S, Ravi Kumar Chittoria, Barath Kumar Singh P/ Role of Cost-effective Magnifying Glass in Clinical Practice of Plastic Surgery/Indian J Surg Nurs. 2023;12(1):25–27.

Abstract

The use of cost-effective magnifying glasses is innovation in the field of microsurgery. Magnification methods usually in practice are microscopes and binocular loupes. Foldable magnifying eye glass is a new addition. It is readily available at a low cost, convenient to carry and easy to use.¹ Wound inspection, Diagnosis of skin lesions, Tissue visualisation, suturing and suture removal made easy with the help of the cost-effective magnifying glass. In this review article we will assess the multiple roles of cost-effective magnifying glass.

Keywords: Magnifying eyeglasses; Cost-effective; Clinical practice; Plastic surgery.

INTRODUCTION

In daily clinical practice, a plastic surgeon needs the certain amount of magnification for his daily routine clinical examination, procedures and surgeries. During surgical procedure, with magnification, precise anatomy is delineated, neurovascular structures easily identified, better placement of sutures and microsurgical instruments are correctly positioned. Loupes generally have magnification of 2.5x to 5x and microscopes have 6x to 40x. Loupes are custom made but it is difficult to carry and is expensive. This cost-effective

Magnifying glass is convenient because it can be easily clipped into glasses and can be folded and carried in our pockets. In this article, we describe the various roles of cost-magnifying lens in plastic surgery.

MATERIALS AND METHODS

This study was done in the department of plastic surgery department. We used this clip on eyeglasses type foldable magnifying glasses in daily clinical practice in Out-Patient department and in operation theatre during minor procedures and while assisting surgery. The cost of foldable magnifying eyeglasses was around 700 Indian rupees comes in the following specifications. It is available in online portal for purchase. The name of the Eyeglasses is Foldable Magnifier. The Model number is MG19156-2. (Fig. 1 and 2)

The Magnification available in this package were 1.5x, 2.5x, 3.5x. The Weight of the glass is about 85g. It is made up of Plastic and acrylic lenses. This foldable magnifying glass is easily applicable on any spectacles with ease. (Fig. 3) It can be used for clinical examination in out-patient department,

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Received on: 19.01.2023

Accepted on: 08.02.2023

minor day-care procedures and assisting short surgeries.

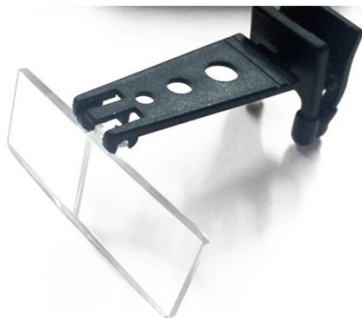


Fig. 1: Magnifying glass assembly



Fig. 2: Set of magnifying glasses



Fig. 3: Magnifying glass used during surgery

RESULTS

It is found to be easy to carry and useful in minor procedures such as suture removal and clinical examination. It is suitable for short surgeries. But during long and microvascular surgery a branded customized loupe provides better magnification. It is easily adjustable after wearing. The added advantage is that it is handsfree and whenever not needed, it can be flipped upwards. The kit contains only three different magnifications and it is not custom made.

DISCUSSIONS

The advent of microsurgery in the 1960's is considered to be one of the most important milestones in recent plastic and reconstructive surgery. Although there is no generally agreed definition, microsurgery may be defined as surgery requiring an operating microscope. The first to coin the term "microsurgery" was the vascular surgeon, Jules Jacobson, who anastomosed blood vessels with a diameter smaller than 1.4 mm with the aid of a microscope. Now a days many surgical subspecialties, such as plastic surgery, trauma surgery, neurosurgery, and maxillofacial surgery, use microsurgery in their clinical routine. Successful microsurgical operations require sufficient training and experience using delicate instruments and suture material of 8/0 and less. ^{2,3} In addition, optical magnification should be mandatory for precise handling of tissue and sutures.

Advantages of Cost-effective magnifying glass are as follows:

We can use our hands freely when conducting detailed operation. It is easy to carry due to its folding type feature. It can be conveniently used. Viewing objects in three dimensional way by double eye type lens can make it very interesting to do more detailed work. In order to meet different needs, lens with about 1.5x 2.5x 3.5x magnifications are available. Clamp the magnifier on eyeglasses with your hands, lens angle can be adjusted freely. It is foldable, easy to carry.

Disadvantages:

It is not suitable for long and microvascular surgeries. It will be tiring to the eyes if it was used for longer time. The focal length is very less for higher magnification.

CONCLUSION

In our study we found that cost effective magnifying glass is an innovative method to achieve magnification in an easy and convenient way. It can be used in situations of daily clinical practice. It can be used when a loupe is not readily available.

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