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Role of Video Consent in Burns

Jibetosh Biswas¹, Ravi Kumar Chittoria², Barath Kumar Singh P.³

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Abstract

The video consent and capture system are a useful application in the medicolegal and rehabilitative context. This technology has improved the way of tackling legal lawsuits and also optimised patient care. The stored data is also helpful for future reference and academic purposes. In this article, we explain the importance of video consent in burn patients for documentation.

Keywords: video consent; burn injuries.

INTRODUCTION

The usage of photographic and video support in medical education and research enhances the learning process. The visual documents are more effective evidence and support the progress of medical research. Written documentation and verbal consent carry major risk of fabrication of evidence and post event modification of important factors by doctors and patients. Video consent not only reduces chance of litigation, it is helpful for optimized treatment and future follow up and

rehabilitation. Apart from ethical values, it carries high efficiency in academic purposes. In the burn population, consent is often performed by the resident physician. These providers are required to experience an orientation about the process of video consent when working on the burns unit. The written informed consent was used prior treatment, surgeries and during communication with the attenders regarding the daily reporting and status of the patient worldwide. In this article we document the role of video consent in burn patients.

METHODS AND MATERIALS

This study was conducted in the JIPMER plastic surgery department in a tertiary care center. Informed video consent along with written consent taken from the patients using android device and video recording cameras. Informed consent was taken before recording of video and shots being taken. All these videos are stored in a password protected, confidential hard disk of JIPMER plastic surgery department. Stored data can be used for review and analysis in future. It was

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beneficial not only for legal purpose but also for authorized documentation for tackling follow up and rehabilitation post burn injury. The video was taken when explaining the condition of the patient,

treatment, surgeries, rehabilitation and further plan to the patient and the relatives by the bedside (Fig. 1).



Fig. 1: Explaining patient and patient relative about the condition and procedure.

The video consent about the condition of the intubated and seriously ill patient was taken with patient relatives (Fig. 2).



Fig. 2: Explaining patient relatives in detail about the condition

Video consent was taken in the similar informed consent format which is followed globally (Fig. 3).

Give this patient information sheet to the patient or substitute decision-maker(s) to read carefully and allow time to ask any questions about the procedure.

1. What is this procedure and how will it help me?

Burnt/Damaged areas of the skin will be debrided/ removed until only viable healthy tissue is left. These areas will then be dressed with sterile dressings, biosynthetic skin substitutes or human Skin Allograft.

A sample of tissue may be taken for therapeutic purposes or for other medical or scientific purposes. Skin cells from this tissue may be used to grow sheets of cultured skin to use to treat your wounds. Some tissue may also be used for research studies which may lead to medical and scientific advances

and improvements in patient care. All research studies have been approved by the appropriate ethics committee.

Uncommon risks and complications include:

- Heart attack or stroke could occur due to the strain on the heart;
- Blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs;
- The duration of skin allografts may only last seven to ten days before the body rejects them.

Rare risks and complications include:

Death as a result of this procedure is often dependent on the severity of the injury. If you have additional questions, please ask your doctor/clinician.

2. My anaesthetic

This procedure will require an anaesthetic. For more information about the anaesthetic and the risks involved please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with your clinician.

If you have not been given an anaesthetic sheet, ask for one.

3. What are the specific risks of this procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Infections can occur, requiring antibiotics and further treatment;
- Bleeding could occur and may require a return to the operating room;
- Bleeding is more common if you have been taking blood thinning drugs such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines such as fish oil;
- Small areas of the lung can collapse, increasing

the risk of chest infection. This may need antibiotics and physiotherapy;

- Increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs for people who are obese;
- The debrided wound may deteriorate requiring further debridement procedures before any skin grafting or reconstruction can be carried out.

4. What are the risks specific to me?

There may also be risks specific to your individual condition and circumstances. Please discuss these with your clinician and ensure they are written on the consent form before you sign it.

5. What are the risks of not having this procedure?

There may be consequences if you choose not to have the proposed procedure/treatment/investigation. Please discuss these with your clinician.

If you choose not to have the procedure you will not be required to sign a consent form.

6. Who will be performing my procedure?

A doctor/clinician other than the consultant or specialist may conduct the procedure/treatment/investigation. I understand this could be a doctor/clinician undergoing further training. All surgical trainees are supervised according to the relevant professional body guidelines.

If you have any concerns about which doctor/clinician will be performing your procedure please discuss the concerns with your doctor/clinician.

Fig. 3: Video consent format which is followed globally

RESULTS

In our study, after implementing video consent process, evidences show that patients and patient bystanders have increased comfort and knowledge about the condition and treatment given to the patient in the informed consent process. It has removed the increased threat of fabrication of legalized documents and verbal or oral consents during and after the hospital stay.

DISCUSSION

Informed consent is a process where the provider and the patient discuss about the treatment, invasive procedures and the condition of the patient. The consent process highlights the risks of the procedure versus the benefits and the complications that could potentially arise. It also creates a forum for discussion and questions. This is an integral part of the perioperative process and must be conducted in a way so that patients can fully understand the consent that they are signing.⁴ Implementation of a standardized audio/video consent method for burn surgical patients is an effective way to increase patient and provider

satisfaction. Implementing this educational tool is a cost-effective and simple way to educate burn patients before their surgical procedures. There is an overall improvement in patient and patient relatives satisfaction during the hospital stay. Creating a video that explains the contents of the informed consent, was done. The first and most prioritized goal was to improve patient knowledge and understanding of the informed consent process. Patients that were surveyed expressed how helpful this video was to understand the surgical procedures that were listed on the consent. Patients also reported that the terminology was much easier to understand when it was explained to them in the format that was provided.

CONCLUSION

In our study, the implementation of this evidence-based project is a simple, affordable, and effective way to educate patients on the burn service. Overall, this project is sustainable, leading to further study

and ultimately improved patient outcomes.

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Effect of Video Assisted Teaching Module on Knowledge Regarding PPC among Patients Undergoing Abdominal Surgeries in Selected Hospitals of Maharashtra State

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Abstract

Aim of the study: The study aims to find the effect of video assisted teaching module on prevention of post operative complications among patients undergoing abdominal surgeries Maharashtra state.

Objectives of study: *Primary objective* - To assess the knowledge on PPC among patients undergoing abdominal surgeries before intervention.

Secondary objectives: (1) Assess the knowledge regarding prevention of post-operative complications among patients undergoing abdominal surgeries. (2) To find out the effect of VATM on knowledge regarding PPC among patients undergoing abdominal surgeries. (3) To find out association between post-test knowledge score with selected demographic variables.

Method: Quasi experimental one group pre-test posttest design and quantitative approach was carried out on 60 patients selected by simple random sampling technique to test effect of structured teaching module. The data was collected by using structured interview questionnaire consists of 30 items.

Results: The presents study evaluates and found that demographic variables, Majority 40% of patients undergoing abdominal surgeries were in the age group of 29-39 years, gender depicts that majority of patients 56.70% of them were females, of them had educated up to secondary education. Majority of 38.30% of them were from Hindu religion. Majority (65%) of them had monthly income between 5000 to 10000 majority (50%) had information post operative complications from patients undergoing abdominal surgeries.

Interpretation and conclusion: The data were analysed by applying descriptive and inferential statistics. The result of the study indicated that after intervention there was an improvement in the knowledge and they gain good knowledge about prevention of post operative complications. Analysis data shows that highly significance difference found between the pre-test and post-test knowledge scores at the level of ($P < 0.05$). The hypothesis are proved and accepted.

Keywords: Video Assisted Teaching Module; Patients; Abdominal Surgeries.

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INTRODUCTION

Surgery is the art and science of treating disease, injuries and deformities and instrumentation. Surgery may be performed for purpose of diagnosis, cure, palliation, cosmetic improvement and prevention.¹ The advance in surgical techniques and operative management has enable expert surgeons to perform highly demanding and extended operations with acceptable mortality rates in specialized institutions. However overall postoperative morbidity remains at 24-44% depending on the definitions used, types of operations performed and the patients characteristics. Post operative complications considerably impair patient's postoperative outcome, lengthening intensive care unit and total hospital stay and increasing mortality. In view of the large numbers of operations carried out worldwide and the cost increase caused, post-operative complication burdens not only the Individual patient but also the healthcare system. Thus the prevention of post-operative complication is of prime importance.²

To prevent postoperative surgical complication, care full pre-operative preparation and practice in deep breathing and coughing exercises should be reinforced to prevent mostly pneumonia and atelectasis. Coughing removes retained secretion from the bronchi and larger airways.

The patient is encouraged to take three deep breaths exhaling through the mouth before coughing. Systematic and structured efforts are needed in order to improve the quality of anesthetic care, based on examination of the circumstances surrounding undesired events. Pulmonary complications during the pre, intra and post-operative periods have been a matter of concern for many years with regard to anesthesia.³

Need for the study

In health care sector the demand of surgery always occupies high. It was calculated that each year 234 million major surgeries are done in all over the world. It represents at least seven million cases are having post-operative complications and one million deaths in each year, which illustrate the high socio-economic burden associated with post-operative mortality and morbidity. So it is most important to prevent these post-operative complications with highest medical interest.⁴ Global incidence of post-operative respiratory complications were 11.7 percent, global mortality in surgical patient ranges from seven to eight percent and out of all cases,

pneumonia contributes 10 to 28%. In United States, elective abdominal surgery were 5075, the incidence of respiratory complications were 10.4% most frequent is pneumonia 52.5%, overall mortality due to the respiratory complication were seven and half percent and 27.8% morbidity related to respiratory complications. In India the incidence of respiratory complications following upper abdominal surgery is 20 to 25% and following lower abdominal surgery five to ten%.⁵ Acute abdominal conditions, including peptic ulcer disease, appendicitis, and hernias are time critical illnesses that need urgent surgical care. These are common, treatable conditions in high income countries, but they remain important causes of premature mortality in India and many low income and 6 middle income countries where access to surgical care remains poor. There is growing recognition that mortality and morbidity from surgical diseases in low income and middle income countries could be reduced significantly by scaling up basic, life saving surgical care. Reducing mortality from surgical diseases, including deaths from acute abdominal conditions, will require better knowledge of where deaths occur, and the barriers to accessing surgical care. In India, as in many other low income and middle income countries, limited population based data exist to quantify the number and distribution of causes of death. About 75% of all deaths in India occur at home without medical attention and in the absence of national civil registration with medical certification at time of death, alternative systems to determine causes of death are needed especially where significant socioeconomic inequalities exist that affect disease risk and access to health care.⁶

Review of literature: A descriptive study was conducted among patients undergoing abdominal surgeries in selected hospitals of Maharashtra. Globally millions of people every year required urgent time the critical emergency abdominal surgery resolve such as potentially catastrophic small bowel obstruction gastrointestinal perforation hemorrhage, intensive cancerous tumors, blunt force / penetrative trauma injuries and peritonitis.

Emergency surgery account for approximately 11% of total surgical cases in USA yet disproportionately can contribute to half of all surgical death and a third of all complication. Postoperative outcome following emergency abdominal surgery are generally poorer when compared to electives the most common serious complication after emergency abdominal surgery is a postoperative pulmonary complication (PPC) with an incidence rate 20-50% emergency surgery is the single greatest risk factors for a PPC much greater than the risk attributed to

others types of surgeries and existing patients co morbidities.¹ In India the incidence of respiratory complications following upper abdominal surgery is 20-25 percent and following lower abdominal surgery five to 10 percent. Abdominal surgery is the most frequently undertaken surgery type in Australia and New Zealand. At least 130,000 operations were performed in 2012-2013 across 246 hospitals in Australia alone and this is increasing by 25% per year (AIHW 2013). World wide, approximately 500 to 1,000 22 procedures per 100,000 head of population are performed annually in developed countries 3 Acute appendicitis is the most frequent etiology of acute surgical abdominal pain in developed countries.¹ Its currently approved standard of treatment is appendectomy. In the USA, the annual number of people undergoing appendectomy in acute care hospital is estimated at 300 000 Some studies done in Brazil, Sweden, China and the USA report SSI prevalence rates of 7.2%, 5.9%, 6.2% and 2.9%, respectively, after appendectomy.⁴

Assumption:

1. Patients may have some knowledge on PPC.
2. The demographic variables may influence on knowledge of patients with regard to PPC.
3. Effect of VATM on PPC may enhance the knowledge of patients.

Limitations: (1) Assessment of knowledge with regard to prevention of post operative complications. (2) The sample size is limited to 60 patients. (3) Patients who are undergoing abdominal surgeries and willing to participate in the study.

HYPOTHESIS

- **H₁:** There is significant difference between pretest and posttest knowledge score regarding PPC among patients undergoing abdominal surgeries.
- **H₂:** There is significant association between posttest knowledge score on PPC among patients undergoing abdominal surgeries and demographic variables.

METHODOLOGY

Research approach: An experimental research approach was used for the study.

Research design: Quantitative, quasi-experimental one group pre-test & post-test design.

Variables under study: Dependent Variable:

-knowledge on prevention of post operative complications.

Independent Variable: Structured teaching Module on effect on video assisted teaching module on prevention of post operative complications.

Accessible population: available of patients undergoing abdominal for present surgeries particular research study present at the time of research study were accessible populations.

Sample and sampling technique

Sample: patients undergoing abdominal surgeries in selected hospitals at Maharashtra were the samples for present study.

Sample size: Samples size was 60 calculated based on sample size determination formula.

Sampling technique: The convenient sampling technique was used to select patients undergoing abdominal surgeries in selected hospitals of Maharashtra. As per the tentative schedule of data collection, the investigator has selected the housewife conveniently on first come first basis after informed consent.

Inclusion criteria - Gave consent to participate in the study. were be available at the time of data collection.

Exclusion criteria: Who were critically ill.

Tool preparation: Tool used for the research study was structured knowledge questionnaire on prevention of post operative complications. The tool was prepared after extensive review of literature search, consultation with experts, and based on the past experience of the investigator.

DEVELOPMENT OF TOOL

The research instrument consists of two parts

Part A - Demographic data: It is related to seeking information on demographic variable of patients undergoing abdominal surgeries such as Age, Gender, Religion, Education, Monthly income, Occupation, area of residence, past history of surgery.

Part B - Structured knowledge questionnaires and observational checklist: It is related multiple choice questions on prevention of post operative complications. This multiple choice question (MCQ) Total 30 items. The questionnaire has 4 areas i.e. prevention of post operative complications, Impact of post operative complications of patients, Knowledge of patients undergoing abdominal

surgeries, Prevention of prevention of post operative complications.

Validation of the tool: To ensure The Content validity of SAQ and STM were established in consultation with 10 experts from the field of Medical Surgical nursing, preventive and social medicine expert, statistician, language expert. The experts were requested to give their opinions and suggestions regarding the relevance, adequacy and appropriateness of the tool. Their suggestions were taken into consideration in the preparation of the tool and structured teaching module (STM).

Reliability: In order to establish reliability of the tool, test re test method was used. Reliability of the tool was 0.78 and 0.99 which showed that tool was highly reliable.

Feasibility of the study: The investigator conducted a Pilot study.

Pilot study: The pilot study was conducted from 21/09/2019 to 28/09/2019 on after prior permission from concerned authority. Eight (08) patients were selected using convenient sampling technique from selected rural area of Maharashtra state. To assess the feasibility of the study and to decide the plan for analysis.

DATA COLLECTION PROCEDURE

The investigator has obtained formal permission from consent authorities in selected hospitals of patients undergoing abdominal surgeries pre operative and post operative urban & rural, Maharashtra for the conduct research study. The inform consent was obtained from each patients

for their wiliness to participate in the study and data will be kept confidential. The period of data collection was from 16th December 2019. The data were collected by the investigator. Pre-test was conducted on patients undergoing abdominal surgeries of Maharashtra. Who fulfilled the inclusion criteria soon after the pre-test structured knowledge questionnaires was administered. Investigator dictates and one by one and put (✓) mark on the right option mentioned below each question. If they required. On the same day of pre-test, given one video assisted teaching module to the patients to teach regarding the prevention of post operative complications. Told them about posttest after 7 days. The post test was conducted by using the same tool used for pre-test on 7th day of the intervention.

Plan for data analysis: (1) Description of demographic characteristics of the housewives was computed by using frequency and percentage. (2) Mean, Standard deviation of pre and post-test knowledge scores was computed. (3) "t" test was applied to determine the significance of mean difference between mean pre-test and post-test knowledge scores. (4) Chi-square test was used to find the association of knowledge score with demographic variables and the findings were documented in tables, graphs and diagram.

Scoring mode: Score 1 was given to every correct answer. 0 was given to every wrong answer. Based on the percentage of scores, level of knowledge was graded as Poor-5 to below Average-6 to 10, Good-11 to 16. Very good-17 to 21, Excellent – 22 above.

RESULTS

Section-I: Table 1: Distribution of patients undergoing abdominal surgeries according to their demographic variables.

n=60

Demographic Variables	No. of Housewives	Percentage (%)
Age (yrs)		
22-28 yrs	22	36.0
29-41yrs	24	40.0
39- 48 yrs	09	15.0
49-60 yrs	05	8.3
Gender		
Male	26	43.3
Female	34	56.7
Education		
No Formal Education	5	8.3
Formal Education	22	36.7
Primary	10	16.7
Secondary	23	38.3

Religion

Hindu	39	65.0
Muslim	6	10.0
Christian	5	8.3
Others	10	16.7

Monthly Family Income (Rs.)

<5000 Rs	17	28.3
5000-10000 Rs	30	50.0
10000-15000 Rs	8	13.3
>15000 Rs	5	8.3

Occupation

Govt. Job	4	6.7
Private Job	32	36.7
Business	17	16.7
Unemployment	07	38.3

Area of residence

Rural	28	46.7
Urban Slum	17	28.3
Urban	15	25.0

Past History of Surgery

Yes	7	11.7
No	53	88.3

Section-II: Assessment of knowledge regarding prevention of post operative complications among patients undergoing abdominal surgeries before intervention

Table 2: Percentage distribution of knowledge on PPC among patients undergoing abdominal surgeries before intervention.

n=60

Level of knowledge	No of Patients	Percentage of knowledge	Mean	SD
Excellent	-	-	-	-
Very Good	-	-	-	-
Good	03	5%	14.33	2.30
Average	16	26.6%	9.25	1.61
Poor	41	68.3%	4.19	0.95
Overall	60	20.16%	10.60	3.18

Table 3: Area wise percentage distribution and Area wise Mean & Standard deviation of knowledge on prevention of post operative complications among patients undergoing abdominal surgeries.

n=60

Area	Item	Percentage of knowledge	Mean	SD
General information on of abdominal surgeries	3	22.2%	0.66	0.65
Knowledge of patients on risk factor of abdominal surgeries	3	17.2.33%	0.51	0.65
Post operative complications of abdominal surgeries	6	22.5.66%	1.35	1.08
Prevention of post operative complications of abdominal surgeries	18	20.4%	3.68	2.07
Overall	30	20.16%	11.60	3.18

Section-III: Assessment of knowledge on prevention of post operative complications among patients undergoing abdominal surgeries after intervention.

Table 4: Percentage wise distribution of knowledge on prevention of post operative complications among after intervention patients undergoing abdominal surgeries.

n=60

Level of knowledge	Pre-test		Post-test		Difference in Percentage
	Frequency	Percentage	Frequency	Percentage	
Excellent	-	-	1	1.67%	+1.676%
Very good	-	-	10	16.67%	+16.6%
Good	03	5 %	43	71.47%	+40. %
Average	16	26.6%	6	10%	-10%
Poor	41	68.3%	-	-	-41 %
Overall	60	20.16%	60	55.16%	35%

Table 5: Mean SD & Mean percentage of knowledge on prevention of post-operative complications among patients undergoing abdominal surgeries after intervention

n=60

Level of knowledge	Pre-test		Post-test		Difference in mean %	
	Mean± SD	Mean%	Mean± SD	Mean%	Mean± SD	Mean%
Excellent	-	-	25.0±0.00	1.6 %	25.0 ± 00	+1.6%
Very good	-	-	21.10±2.02	16.67%	21.10±2.02	+16.67%
Good	14.33±2.30	5%	15.97±1.62	71.47%	+1.64±0.68	+66.67%
Average	9.25±1.61	26.6%	11.66±0.51	10%	2.41±1.1	-16.6%
Poor	4.19±0.95	68.3%	-	-	-	+68.3%
Overall	6.05±3.18	20.16%	16.55±3.14	55.16%	0.11±0.04	35%

Table 6: Area wise percentage distribution, Mean SD & % of knowledge on prevention of post operative complications among patients undergoing abdominal surgeries after intervention

n=60

Area wise percentage distribution					Areas wise Mean SD & %					
					Pre-test		Post-test		Difference in mean %	
Areas	Item	Pre-test %	Post-test %	Difference in %	Mean ± SD	Mean %	Mean ± SD	Mean %	Mean ± SD	Mean %
General information on abdominal surgeries	3	22.2%	61.66%	+39.4%	0.66±0.65	22.2 %	0.66±0.65	22.22 %	1.19±0.05	39.46%
Knowledge of patients on risk factor of abdominal series	3	17.2%	52.77%	+35.5 %	0.51±0.65	17.2%	0.51±0.65	17.22%	1.07±0.14	35.55%
Postoperative complications of abdominal surgeries	6	22.5%	56.38%	+33.8%	1.35±1.8	22.5%	1.35±1.8	22.50%	2.03±0.17	33.88%
PPC of abdominal surgeries	18	20.4 %	55.18%	+34.7%	3.68±2.07	22.4%	3.68± 2.07	22.46%	6.25±0.28	34.72%
Overall	30	20.16%	55.16%	35%	6.05 ±3.18	20.1 %	16.55±3.14	55.16%	0.11±0.04	35% %

Section-IV: Effect on prevention of post operative complications among patients undergoing abdominal surgeries after intervention.

Table 7: Area wise effect of VATM on prevention of post operative complications among patients undergoing abdominal surgeries

n=60

Area of knowledge	Pre-test	Post-test	t-value	p-value
	Mean \pm SD	Mean \pm SD		
General information on abdominal surgeries	0.66 \pm 0.65	1.85 \pm 0.60	11.27	0.0001 S,p<0.05
Knowledge of patients on risk factor of abdominal series	0.51 \pm 0.65	1.85 \pm 0.51	1.06	0.0001 S,p<0.05
Postoperative complications of abdominal surgeries	1.35 \pm 1.08	3.38 \pm 2.91	13.88	0.0001 S,p<0.05
PPC of abdominal surgeries	3.68 \pm 2.07	9.93 \pm 2.35	21.35	0.0001 S,p<0.05
Overall	6.05 \pm 3.18	16.5 \pm 3.14	34.13	0.003 S,p<0.05

Table 8: Overall Effect of VATM on prevention of post operative complications among patients undergoes abdominal surgeries.

n=60

Level of knowledge	Pre-test	Post-test	t value	p value
	Mean \pm SD	Mean \pm SD		
Excellent	-	25.0 \pm 0.00	11.27	0.0001 S,p<0.05
Very good	-	21.10 \pm 2.02	1.06	0.0001 S,p<0.05
Good	14.33 \pm 2.30	15.97 \pm 1.62	13.88	0.0001 S,p<0.05
Average	9.25 \pm 1.61	11.66 \pm 0.51	21.35	0.0001 S,p<0.05
Poor	4.19 \pm 0.95	-	-	0.0001 S,p<0.05
Overall	6.05 \pm 3.18	16.55 \pm 3.14	34.13	0.0001 S,p<0.05

With Student's paired 't' test applied at 5% level of significance 't' value was

Section-V: Association between posttest knowledge score prevention of post operative compilations and demographic variables of patients undergoing abdominal surgeries.

Table 9: Association of posttest knowledge score on prevention of post operative complications among patients undergoing abdominal surgeries with their demographic variables.

n=60

		No. of patients	Mean posttest knowledge score	F-value	p-value
Age (years)	18-28 yrs	22	16 \pm 2.37	1.28	0.28 NS, p>0.05
	29-39 yrs	24	17.50 \pm 3.76		
	39-48 yrs	9	16 \pm 3.04		
	49-60 yrs	5	15.40 \pm 2.70		
Gender	Male	26	16.69 \pm 3.39	0.30	0.76 NS,p>0.05
	Female	34	16.4 \pm 2.99		

Education	No formal Education	05	14.80±3.03	0.86	0.46 NS,p>0.05
	Formal Education	22	17.04±2.95		
	Primary	10	15.90±1.37		
	Secondary	23	16.73±3.82		
Religion	Hindu	39	16.87±3.46	1.50	0.22 NS,p>0.05
	Muslim	6	17.50±1.64		
	Christian	05	16.60±2.60		
	Others	10	14.70±2.21		
Monthly Family Income (Rs)	<5000 Rs	17	15.82±3.00	1.64	0.18 NS,p>0.05
	5000-10000 Rs	30	16.30±2.58		
	10000-15000 Rs	8	18.62±3.92		
	>15000 Rs	05	17.20±4.76		
Occupation	Govt. Job	04	18±5.09	1.53	0.21 NS,p>0.05
	Private Job	32	16.90±3.42		
	Business	17	16.41±2.18		
	Unemployment	07	14.42±1.98		
Area of Residence	Rural	28	16.32±2.81	1.97	0.14 NS, p>0.05
	Urban Slum	17	15.76±2.63		
	Urban	15	17.86±3.97		
Past history of Surgery	Yes	7	17±4.58	0.39	0.69 NS,p>0.05
	No	53	16.49±2.96		

Organization of the data: The collected data is tabulated, analyzed, organized and presented under the following sections:

TESTING OF HYPOTHESIS

H₁: There is a significant difference between pre-test and post-test knowledge score on prevention of postoperative complication among patients undergoing abdominal surgeries.

In the present study, a significant difference ($t= .35$; $p=0.001$ at 0.05 level of significance) between pre-test and post-test knowledge score among Housewives was observed and hence, it is inferred that the VATM was effective in improving the knowledge of patients regarding prevention of post operative complication patients undergoing abdominal surgeries and the Research Hypothesis H1 Accepted.

H₂: Significant- $p<0.05$

For the variable like Age, Gender, education, religion, monthly income occupation area of residence the p value of the chi square test with knowledge and skill was less than 0.05. Concludes that there was significant association except past history of surgery of these demographic variables with the knowledge of the housewives at the time

of pre-test. (H₂) hypothesis was accepted.

SUMMARY

- Majority (40%) of patients were 29-39 years.
- Majority (56.70%) of female patients had abdominal surgeries.
- Majority of (38.30%) patients had to Education.
- Around (65%) of patients undergoing abdominal surgeries Hindu.
- Around (50%) patients undergoing abdominal surgeries had monthly income is 5000 - 10000.
- Around (53.30%) Patients undergoing abdominal surgeries had private job.
- majority (46.70%) of Patients undergoing Abdominal surgeries were living in rural Area.
- majority 88.30% of them were no past History of surgery patients undergoing abdominal surgeries Before intervention, overall knowledge among patients undergoing abdominal surgeries was around 20.16%.
- Before intervention, the patients undergoing abdominal surgeries had mean knowledge score of 10.60 ± 3.18 .
- After intervention, overall knowledge among patients undergoing abdominal surgeries

was around 55.16%

- After intervention, the patients undergoing abdominal surgeries had mean knowledge score of 16.55 ± 3.14
- There was a significant difference between mean pre-test and post test scores of knowledge among patients undergoing abdominal surgeries ($t=34.13\%$, $p=0.0001$ $p>0.05$).
- There was significant association ($F=1.28$, $p<0.05$) between knowledge scores and age in years of patients.
- There was significant association ($F=30$, $p<0.05$) between knowledge scores and in gender of patients.
- There was significant association ($F=0.86$, $p<0.05$) between knowledge scores and education.
- There was significant association ($F=1.50$, $p<0.05$) between knowledge scores and religion.
- There was no significant association ($F=1.64$, $p>0.05$) between knowledge scores and monthly income.
- There was no significant association ($F=1.53$, $p>0.05$) between knowledge scores and occupation.
- There was no significant association ($F=1.97$, $p>0.05$) between knowledge score and area of residence.
- There was no significant association ($F=0.39$, $p>0.05$) between knowledge score and area of past history of surgery.
- The demographic variables such as age, education, religion, monthly income, source of information are having association with pre-test knowledge on prevention of post operative complication.
- Highly significance difference found between the pre -test and post- test knowledge scores at the level of ($P<0.05$).
- VATM proved to be effective in improving the knowledge of prevention of post operative complication among patients undergoing abdominal surgeries.

CONCLUSION

Around 60 Patients undergoing abdominal surgeries were selected by Conveniently sampling method working in hospitals. To assess the knowledge after teaching on VATM of selected

hospitals of Maharashtra. The SIS was used before & after teaching. The result shows that significant differences in "t" value ($t=17.37$, $p<0.0001$). the study findings revealed that the instructional method like VATM are useful study among Patients undergoing abdominal surgeries. Therefore, the VATM as a instructional method is on PPC among Patients Undergoing abdominal surgeries hospitals.

RECOMMENDATIONS

The present study recommends the following in different areas

- A similar study can be done on large scale.
- comparative study can be undertaken to find out the difference in knowledge among housewives urban and rural areas.
- A similar study can be undertaken with a control group.
- A similar study can be undertaken on domains of practice.
- A similar study can be conducted among patients.
- A similar study can be conducted by using video assisted teaching module.

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Prevalence of Postpartum Depression during Covid 19 Pandemic

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Abstract

Background: The coronavirus disease (COVID-19) is a highly infectious disease and have posed a global health threat. The 2019 coronavirus disease (COVID-19) is a public health emergency of International concern. To date, there are limited studies that have investigated the impact of COVID-19 pandemic on mental health among female population.

Aim: This study was aimed to investigate the prevalence of postpartum depression (PPD) and its related factors among women in RGGW&CH, Puducherry during the COVID-19 pandemic.

Methodology: A cross-sectional study was performed from June 2021, using direct interview among 70 mothers at 6–12 weeks postpartum. The Edinburgh Postnatal Depression Scale and a self structured questionnaire regarding associated factors was administered to all participants.

Result: In this study, the proportion of patients with and without post-partum depression was found to be 13(18.6)% and 57(81.4)% respectively. The demographic and obstetric variables such as religion, mode of delivery, and complication during delivery of pregnancy were statistically significant at the p value of $p < 0.035$, $p < 0.003$, $p < 0.001$ respectively. The chi-square test reveals that factors such as family problems during covid, history of depression before pregnancy, husband consume alcohol, stressful feeling, adequate family support are significantly associated with level of depression, $p < 0.008$, $p < 0.002$, $p < 0.006$, $p < 0.009$, $p < 0.027$.

Conclusion: According to findings, there was a high prevalence of postpartum depression among postnatal mother during the COVID-19 period. Additionally, strategies have to be developed by health care authorities to design recommendations and actions to prevent occurrence of post-partum depression during the pandemic.

Keywords: Post-partum Depression; Postnatal mother; COVID-19; Prevalence.

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INTRODUCTION

The coronavirus disease (COVID-19) is a highly infectious disease and have posed a global health threat.¹ Since the emergence of COVID-19 infection in Wuhan, China on December 2019, it has rapidly spread across China and other countries around the world.² On January 30th 2020, the World Health Organization (WHO) declared the outbreak of the COVID-19 as a public health emergency of

international concern.³ Since the outbreak, the Chinese government has taken a swift move to reduce the spread of the virus. As of 19th March, zero domestic infection was recorded for the first time since it's outbreak in China.⁴

The ongoing COVID-19 pandemic is not only threatening people's physical health but also inducing fear and helplessness. Previous research has explored such psychological effect during the outbreaks of infection.⁵ During the Severe Acute Respiratory Syndrome (SARS) outbreak, 17.3% of health workers had experienced mental symptoms.⁵ During one influenza break, around 10 ~ 30% of general population were concerned about the possibility of contracting the disease.⁶

Similarly, the impacts of COVID-19 pandemic on mental health including depression and negative assessment have also been recorded.⁷ Risk factors such as being female, specific physical symptoms, poor self-rated health status and increased self-blame were associated with a higher risk of COVID-19 related post-traumatic stress symptoms.⁷ For women, the transition to motherhood is a challenging period and has been considered a window of increased vulnerability for the development of mental illness.⁸ Therefore, it's essential to understand the potential psychological changes caused by COVID-19 among perinatal women.

During the postpartum period, women are vulnerable to clinical depression characterized by depressed mood, agitation, disappointment and sleep disorders.⁹ Prior research has identified a number of biological, psychological, socioeconomic, and cultural factors that were associated with the development of postpartum depression (PPD). For example, women with limited financial means are more prone to report PPD¹⁰, perhaps due to the increased financial stress to raise an infant.

During the COVID-19 pandemic, it's imperative to understand the complex interplay of these factors in the development of PPD in Chinese context. Affected by COVID-19, people behave in a more reticent and conservative way such as staying at home with family and reducing get togethers with friends and relatives.¹¹ It indicated that people were more likely to gain more support from their family members during this period.

On the other hand, restricted travel policy and self-isolation regulations may lead to a more passive lifestyle and a subsequent worsened mental health. To date, there're limited studies that have investigated the impact of COVID-19 pandemic on mental health of women after delivery.

This study aimed to investigate the prevalence of PPD among mothers admitted in postnatal ward and to explore the related factors of PPD during the COVID-19 pandemic.

MATERIALS AND METHODS

In this study was quantitative research approach was used. Descriptive cross sectional research design was used. The study was conducted in RGGW&CH, Puducherry. 70 postnatal mothers were selected by using convenient sampling technique who fulfilled the inclusion criteria such as postnatal mothers who have delivered within 6 weeks and those who are willing to participate in the study. The tool used for data collection is divided into two sections. Section A includes demographic and obstetric variables and Section B includes Edinburgh postnatal depression 12 and Self Structured Questionnaire to assess the prevalence of postpartum depression among mothers during covid. The data was collected after obtaining permission from the concerned authority, researcher introduced herself to each mother. Researcher explained the purpose of the study and the written consent was obtained from each mother before data collection.

PLAN FOR DATA ANALYSIS

Plan for data analysis were done using Statistical Package of Social Sciences (SPSS) version 16.0 software for Windows. The data were analyzed in terms descriptive (frequency, percentage) and inferential statistics (chi-square test).

Scoring Interpretation

Score	Percentage	Interpretation
Less than 19	57(81.4)	Absent
19 and above	13(18.6)	Present

RESULTS

Table 1: Frequency and percentage distribution of demographic variables among postnatal mother.

(N=70)		
Demographic Variables	Frequency	Percentage
Age		
<24	41	58.6
25-29	20	28.6
30-34	9	12.9
Religion		
Hindu	69	98.6
Christian	1	1.4

Educational qualification		
No formal education	3	4.3
Primary education	11	15.7
Secondary education	24	34.3
Graduate & post graduate	32	45.7
Occupational Status		
Govt service	40	57.1
Employed	13	18.6
Private service	17	24.3
Residence		
Urban	46	65.7
Rural	24	34.3
Type of family		
Joint family	40	57.1
Nuclear family	30	42.9
Husband Occupation		
Govt service	13	18.6
Private service	57	81.4

Table 1: It shows among 70 study participants, more than half of them 41(58.6) were in the age group of less than 24 years. Around 69(98.6%) participants were belongs to Hindu. Out of 70, 3(4.3%) had no formal education, 11(15.7%) of the participants had studied upto primary class, 24(34.3) had secondary education, 32(45.7%) were graduates and post graduates. Regarding the mother's occupational status, 40(57.1%) belongs to govt service, 13(18.6%) were self employed and 17(24.3%) of them belongs to private service. Regarding the residence, 46(65.7%) mothers were residing in the urban area, 24(34.3%) were from rural area. Among 70 postnatal mothers, 40(57.1%) were living in a joint family and 30 (42.9) were living in a nuclear family respectively. Among 70 study participants, 13(18.6%) and 57(81.4%) of their husband were working in govt and private service respectively.

Table 2: Frequency and Percentage distribution of obstetric variables among postnatal mother

(N=70)

Obstetric Variable	Frequency	Percentage
Gender of baby		
Male	34	48.6
Female	36	51.4
Condition of baby		
Normal	46	65.7
Sick	24	34.3
Mode of delivery		
Vaginal	31	44.3
Lscs	39	55.7

Pregnancy related disease		
Yes	5	7.1
No	65	92.4
Place of delivery		
Private	9	12.9
Govt	59	84.3
Others	2	2.9
Family history of psychiatric illness		
No	70	100
Yes	-	-
Complication during delivery or pregnancy		
Yes	10	14.28
No	60	85.72

Table 2: Out of 70 study participants, 34(48.6)% reported that the gender of baby was male and 36(51.4) had female baby. With regard to the condition of baby, 46(65.7)% mother had normal baby and 24(34.3)% mothers baby was sick condition. More than half of mother delivered via 39(55.7)% were in LSCS and 31(44.3)% were delivered by spontaneous vaginal delivery. The majority of postnatal mother, 65(92.4%) reported in no pregnancy related disease. With reported to the place of delivery, 59(84.3%) were delivered in Govt hospital and 9 (12.9%) were delivered in private hospital respectively. The majority of postnatal mother reported no any family history of psychiatric illness. 10(14.28)% mother reported that the complication during delivery or pregnancy period.

Table 3: Frequency and Percentage distribution of factors affecting health issue among postnatal mothers during COVID 19 Pandemic.

(N=70)

Variables	Frequency	Percentage
Difficult to visit your doctor during the quarantine period		
Yes	49	70
No	21	30
Anxious in getting covid-19		
Yes	53	75.7
No	17	24.3
Staying in home for a long period time		
Yes	45	64.3
No	25	35.7
Concern about providing health services on time		
Yes	49	70
No	21	30
Family problems during covid -19		
Yes	26	37.1
No	44	62.9

History of depression before pregnancy		
Yes	19	27.1
No	51	72.9
Alcohol consumption by spouse		
Yes	10	14.3
No	60	85.7
Any difficulties during childbirth		
Yes	20	28.6
No	50	71.4
Tested for covid-19 on admission		
Yes	61	87.1
No	9	12.9

Table 3: It shows more than half of participants 49(70)% reported difficulties in visiting the doctor during the quarantine period. Majority of mother 53(75.7) reported anxious in getting covid19 infection. 64.3% mothers had stayed in home for a long period. 49(70)% mothers had reported concern about providing health services on time. 26(37.1)% participants had family problems during covid 19 pandemic. Majority of mothers 51(72.9) reported no history of depression before pregnancy, whereas 19(27.1) reported the presence of such history. Around 10(14.3)% mothers reported that their husband consume alcohol during pandemic. Around 20(28.6)% mothers reported that suffering from difficulties during childbirth. Majority of women were tested for covid-19 on admission 67(87.1)%.

Table 4: Frequency and Percentage distribution of factors affecting health issue among postnatal mothers during COVID 19 Pandemic

(N=70)

Variables	Frequency	Percentage
Compare to before the pandemic, how do you evaluate health care		
Same	17	24.3
Worse	53	75.7
Sleep during the covid phase after postpartum depression		
Good sleep	23	32.9
Disturbed sleep	47	67.1
Symptoms of depression during pregnancy		
Yes	39	55.7
No	31	44.3
Had not accessible to essential food items during pregnancy due to covid-19		
Yes	54	77.1
No	16	22.9

Taken all of the required Covid -19 precautions		
Yes	63	90
No	7	10
Stressful feeling during isolation		
Yes	31	55.7
No	39	44.3
Suicidal thoughts during the pandemic		
Yes	6	8.6
No	64	91.4
Adequate family support during this pandemic		
Yes	54	77.1
No	16	8.6
Vaccination for covid -19 to good		
Yes	48	68.6
No	22	31.4
Unable to do interesting activities during postpartum period		
Yes	40	57.1
No	30	42.9

Table 4: when comparing the healthcare services before the pandemic, 17(24.3)% reported same, and 53(75.7)% reported worse. More than half of the mothers reported that they had disturbed sleep 47(67.1)% and 23(32.9)% mothers had good sleep. Nearly 39 (55.7)% of mothers reported having symptoms of depression during pregnancy. Majority of mothers 54(77.1)% reported that they had no access to essential food items during pregnancy due to covid-19. Most of the mothers 63(90)% reported that they have taken all the required covid 19 precautions. Around 31(55.7)% mothers reported that isolation made them to feel stressful. Only 6(8.6)% mothers reported to have suicidal thought in pandemic. Around participants 54(77.1)% mothers had adequate family support during this pandemic. Around 68% of the mothers reported that they felt good to receive vaccination for covid 19. Around 40 (57.1)% mothers reported that they were unable to do activities in postpartum depression.

Table 5: Status of Postpartum depression among postnatal mother

(N=70)

PPD	Frequency	Percentage
Present	13	18.6
Absent	57	81.4

Table 5: It shows out of 70 mother participants, the proportion of mothers who had postpartum depression was 13(18.6)%.

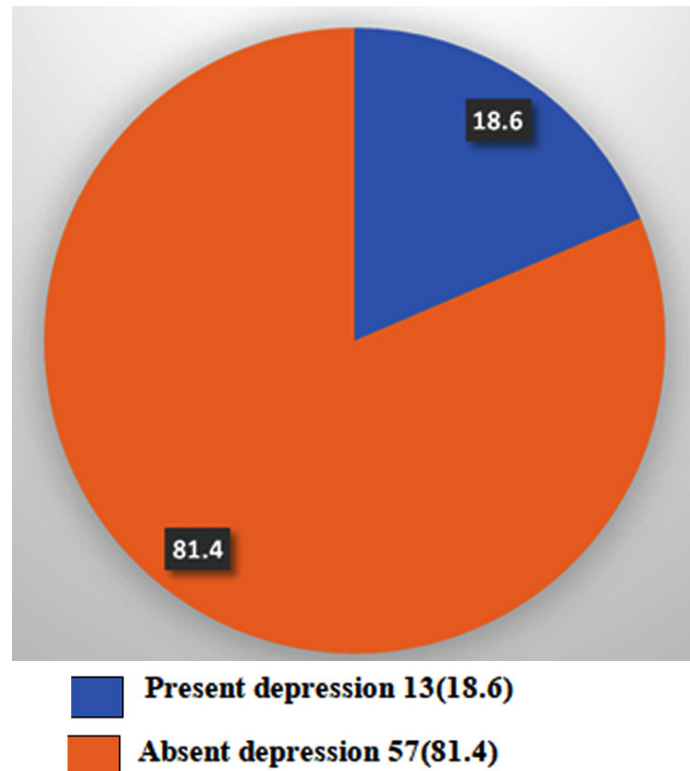


Table 6: Association between the selected demographic variables, obstetric variables and factor affecting Postpartum Depression among mother.

(N=70)

Variable	PPD Absent		PPD Present		X2 value	P value
	N	%	N	%		
Religion						
Hindu	57	82.6	12	17.4	4.448	0.035 Df=1 S
Christian	-	-	1	100		
Residence						
Urban	36	78.3	10	21.7	0.890	0.345 Df=1 NS
Rural	21	87.5	3	12.5		
Type of family						
Joint family	32	80	8	20	0.126	0.723 Df=1 NS
Nuclear family	25	83.3	5	16.7		
Gender of baby						
Male	29	85.29	5	14.70	0.653	0.419 Df=1 NS
Female	28	82.35	8	23.52		
Condition of baby						
Normal	40	86.95	6	13.04	2.711	0.100 Df=1 NS
Sick	17	70.83	7	29.16		
Mode of delivery						
Vaginal	27	69.2	12	30.8	8.664	0.003 Df=1 S
Lscs	30	96.8	1	3.2		

Pregnancy related disease						
Yes	4	80	1	20	0.236	0.889
No=	5	82.2	12	18.8		Df=2
NS						
Complication during delivery or pregnancy						
Absent	53	88.3	7	11.7	13.241	0.001
Present	4	40	6	60		Df=1
						S

The factors associated with depression during the COVID-19 period were investigated and they are shown in

Table 6: The chi square test reveals that the level of depression was significantly affected by religion, the Hindu ($P=0.035$), mode of delivery at ($P= 0.003$), mother reported that the complication during delivery or pregnancy at ($P=0.001$).

Table 7: Association between the selected demographic variables, obstetric variables and factor affecting Postpartum Depression among mother.

(N=70)

Variable	PPD absent		PPD Present		X² Value	P value
	No	%	No	%		
Difficult to visit your doctor during the quarantine period?						
Yes	39	79.6	10	20.4	0.346	0.546
No	18	85.7	3	14.3		Df=1 NS
Anxious in getting COVID-19						
Yes	44	83	9	17	0.365	0.546
No	13	76.5	4	23.5		Df=1 NS
Staying in home for a long period						
Yes	35	77.8	10	22.2	1.111	0.292
No	22	88	3	12		Df=1 NS
Loss of support from family and friends						
Yes	20	60.6	13	39.4	17.90	0.000
No	37	100	0	0		Df=1 NS
Concerns about providing health care services						
Yes	38	77.6	11	22.4	1.624	0.203
No	19	90.5	2	9.5		Df=1 NS
Family problems during covid 19						
Yes	17	65.4	9	34.6	7.041	0.008
No	40	90.9	4	9.1		Df=1 S
History of depression before pregnancy						
Yes	11	57.9	8	42.1	9.551	0.002
No	46	90.2	5	9.8		Df=1 S

The factors associated with depression during the COVID-19 period were investigated and they are shown in

Table 7: The chi square reveals that other factors like, family problems during covid 19 ($P = 0.008$), and the history of depression before pregnancy is highly significant at the P value of 0.002.

Table 8: Association between the selected demographic variables, obstetric variables and factor affecting Postpartum Depression among mother during covid

($N=70$)

Variable	PPD absent		PPD Present		X² value	P value
	N	%	N	%		
Husband consume alcohol during pandemic						
Yes	5	50	5	50	7.620	0.006 Df=1 S
No	52	86.7	8	13.3		
Suffer from any difficulties during childbirth						
Yes	39	78	11	22	1.360	0.243 Df=1 NS
No	18	90		10		
Tested for covid 19						
Yes	49	80.3	12	19.7	0.380	0.538 Df=1 NS
No	8	88.9	1	11.1		
Compared to before the pandemic, how do you evaluate health care						
Same	16	94.1	1	5.9	2.391	0.122 Df=1 NS
Worse	41	77.4	12	22.6		
Sleep during covid phase after postpartum depression						
Disturbed sleep	39	83	8	17	0.227	0.634 Df=1 NS
Good sleep	18	78.3	5	21.7		
Symptoms of depression during pregnancy						
Yes	30	76.9	9	23.1	1.182	0.277 Df=1 NS
No	27	87.1	4	12.9		
Had not accessible to essential food item during pregnancy due to covid 19						
Yes	42	77.8	12	22.2	2.082	0.149 Df=1 NS
No	15	93.8	1	6.2		

The factors associated with depression during the COVID-19 period were investigated and they are shown in

Table 8: The chi square test reveals that the husband consume alcohol during pandemic is highly significant at the P value of 0.006.

Table 9: Association between the selected demographic variables, obstetric variables and factor affecting Postpartum Depression among mothers during mothers during covid.

Variable	PPD absent		PPD Present		X² value	P value
	N	%	N	%		
Have you taken all the required covid 19 precaution						
Yes	51	81	12	19	0.094	0.759
No	6	85.7	1	14.3		Df=1
						NS

Stressful feeling during isolation						
Yes	21	67.7	10	32.3	6.892	0.009
No	36	92.3	3	7.7		Df=1 S
Suicidal thoughts during the pandemic						
Yes	5	83.3	1	16.7	0.016	0.900
No	52	81.2	12	18.8		Df=1 NS
Adequate family support during the covid pandemic						
Yes	47	87	7	13	4.914	0.027
No	10	62.5	6	37.5		Df=1 S
Vaccination for covid 19 is good						
Yes	40	83.3	8	16.7	0.366	0.545
No	17	77.3	5	22.7		Df=1 NS
Unable to do interest activities during postpartum period						
Yes	31	77.5	9	22.5	0.953	0.329
No	26	86.7	4	13.3		Df=1 NS

The factors associated with depression during the COVID-19 period were investigated and they are shown in

Table 9: The chi square test reveals that the postpartum mother had in stressful feeling during isolation is highly significant at ($P = 0.009$), and adequate family support during the covid pandemic is significant at ($P = 0.027$).

DISCUSSION

In the present study shows out of 70 mother participants, the proportion of mothers had postpartum depression was 13(18.6)%. The present study was supported by Vidhi Prakash Modi, Minakshi Nimesh Parikh, et. al., (2018) to assess the prevalence of postpartum depression and correlation with risk factors. The study results was found that 20.4% of the women evaluated suffered from Postpartum depression.¹³ The present study was supported by Aisha Ibrahim Tarabay, Dalal. Boogis, et. al., (2020) to assess the prevalence and Factors Associated with Postpartum Depression during the COVID-19 Pandemic among Women in Jeddah, Saudi Arabia. This study results included 150 participated women; 49.3% were in the age range of 25 - 34 years old. There were 30.7% reported being primigravida. Regarding the level of depression, there were 60.7% reported the presence of depression; the depression was affected by some demographics variables and obstetrics variables modify covid factors.¹⁴ The present study

was supported by Gowsalya Selvam, Janarthanan Balasubramanian et.al., (2020) conducted a cross sectional study on assess the prevalence of postpartum depression among primi mothers in JIPMER, Puducherry and to compare the level of postpartum depression among LSCS Lower Segment Cesarean Section and vaginal delivery mothers. The study revealed that the prevalence of postnatal depression among the primi mothers was 12%, level of depression was high among vaginal delivery mothers (12%) than the mothers underwent LSCS15. The present study was supported by Blanca Vianey Suárez-Rico, Maribel Sánchez-Martínez, et.al., (2021) conducted a cross-sectional study to investigate the prevalence of depression, anxiety, and perceived stress in postpartum Mexican (North America) women. The study result of prevalence (95% CI) of the postpartum depression symptoms was 39.2% (34–45%), trait anxiety symptoms were found among 46.1% (32–43%) of the participants, and moderate and high perceived stress were in 58% (52–64) and 10.9% (7.8–15) of the participants, respectively.¹⁶ The present study was supported by Peiqin Liang, Yiding Wang, Si Shi, et.al., (2020) conducted a cross sectional study to assess the prevalence and factors associated with postpartum depression during the COVID-19 pandemic among women in Guangzhou, China. Multivariate logistic regression was used to determine factors that were significantly associated with PPD. The prevalence of PPD among women at 6–12 weeks postpartum was 30.0%4.

CONCLUSION

The study results should that there was a high prevalence of PP D among postnatal mother during the COVID-19 period. Compared with the period before the COVID-19 pandemic, the prevalence during the COVID-19 was higher than before the pandemic.

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Study to assess the Perception about Tobacco Consumption among Nursing Students in a Selected Nursing College

Rahul Kumar Jaga¹

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Abstract

Background of the study: “Health is wealth” goes the saying health is an essential factor for a happy contended life based on Alma-Ata’s declaration. Much emphasis is being laid on health promotion and preventive health care. Encouraging people to adopt healthy lifestyles and appropriate coping strategies is a key to promoting optimum health.

Objectives: To assess the perception of nursing students towards tobacco consumption. And To determine the association of perception with the selected demographic variable.

Methodology: A descriptive study was conducted to assess the perception about tobacco consumption among nursing students with a view to providing tobacco avoidance therapy. A non-experimental research approach was adopted for this study, which was considered the most appropriate to assess nursing students’ perception of tobacco consumption. The research design was a Descriptive survey research design. The population for this study was all nursing students studying at Jai Institute of Nursing and Research. A sample of 30 nursing students was selected by using a purposive sampling technique. Data was collected using a Likert type of perception rating scale.

Data were analyzed and Result: The results of this study revealed that the majority of the students (56.7%) belonged to the 21-23-year age group, the majority of male (100%) students, majority of the students (36.7%) belonged to the batch 2013-17, majority of 33.3% of the students are having family income more than 36997 Rs, majority of 46.7% of the students having no tobacco users in his family, majority of 70% of the student’s age of 1st tobacco consumption between 16-24 year, majorities of 76.7% of the students were consumed tobacco by smoking, majority of 63.3% of the students were consumed tobacco at once or 2 times in a day, majority of the 33.3% students having unknown causes of tobacco consumption, majority of the 76.66% of the students are ready to quit now, majority of the 90% of the students knew about the harmful effects of tobacco

consumption. The perception score showed that 100% of the students agree that cigarette smoking contains a chemical that irritates the air passage and lungs, There is a significant association of perception with Age and Feel About tobacco consumption at a 0.05 level of significance. Conclusion: this revealed that 100% of the nursing students had a good perception about tobacco consumption.

Keywords: Perception; Nursing; Tobacco; Avoidance Therapy.

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INTRODUCTION

“Health is wealth” goes the saying health is an essential factor for a happy contented life based on Alma-Ata’s declaration. Much emphasis is being laid on health promotion and preventive health care. Encouraging people to adopt a healthy life styles and appropriate coping strategies as a key to promoted optimum health.¹

Tobacco use is one of the major health hazards the world faces globally. It is estimated that there are more than 1 billion.² The world health organization has estimated that tobacco and its products kill over 3.5 people worldwide every year.³

Smoking has great economic burden by causing a decrease of economic productivity and high health care expenditure in addition to the cost of tobacco. The rate of smoking had increase by 32% among 18-24 year old adult in the USA.^{4,5}

In addition, the preface of the WHO framework convention on tobacco control (FCTC) emphasis the role of the health professional bodies in efforts to include tobacco control in the public health agenda and contribute actively to the reduction of tobacco utilization. These actions are also described in the code of practice for health professionals which has been officially adopted now by several health professional association worldwide.^{6,7}

Tobacco use among health professional is of particular importance the area of tobacco associated surveillance since they are not only accountable for primary health care but also in educating public and changing their perception towards tobacco consumption.^{7,8}

The avoidance tobacco is the single most preventable cause of death and disease in our society and despite the information through materials or messages to increase awareness of the harm tobacco many people continue to consume tobacco in India inspite of tobacco consumption prohibition many people continue its uses.⁹

The question arises whether the smoking behavior of teenagers. Especially college going students is to their poor perception towards its avoidance or due to any other seasons tobacco use is the leading preventable cause of death in the world. Globally tobacco cause 5.4 million death on an average of one death every 6 second and account for one in 10 adults death worldwide the tobacco related death currently range between 8-9 lakh per year.¹⁰

OBJECTIVES

- To assess the perception of nursing students towards tobacco consumption.
- To determine the association of perception with the selected demographic variable.

Assumption

The nursing students may or may not have a positive perception towards tobacco consumption

Hypothesis:

H_1 : There will be a significant association of perception with the selected baseline variable at 0.05 level of significance.

H_0 : There will not be a significant association of perception with the selected baseline variable at 0.05 level of significance.

METHODOLOGY

Demographical variables

Age, gender, family income, family history of tobacco use, batch, Age of 1st tobacco consumption, tobacco type, frequency of consumption (in a day), causes of tobacco consumption like: Peer pressure, Personal pleasure, Stress reduction, Unknown causes.

Study variable: Perception

Research approach: A non-experimental research approach was adopted for this study, which was considered the most appropriate to assess the percept nursing students’ perception of nsumption.

Research design: Descriptive survey research design.

Setting: The study was conducted among all nursing students of Jai Institute of Nursing and research. Jai Institute of Nursing and Research was established in the year 2006-07, and is recognized and approved by the Indian Nursing Council, New Delhi; The directorate of medical education, Bhopal (M.P.) and the Madhya Pradesh nurses registration council, Bhopal (M.P). It is affiliated to the Jiwaji University Gwalior (M.P.) and the Madhya Pradesh Medical Science University, Jabalpur (M.P.). This institute runs 4 fulltime nursing courses they are GNM, Basic B.Sc. nursing, PC B.Sc. nursing and M.Sc. Nursing. It also provides a 2 year diploma course for Auxiliary Nurses Midwives.

Population: The population of the present study

refers to, all nursing students studying in jai institute of nursing and research.

Sample size: The sample size of the present study comprises 30 nursing students.

Sample technique: Purposive sampling technique was adapted to select the sample.

Sources of data: The data was collected from the nursing students studying in Jai institute of nursing and research.

SAMPLE CRITERIA

Inclusion criteria

1. The Student who are studying for nursing in the present institution
2. The student who are present at the time of data collection
3. Willing to participate in the study
4. Those who are consuming to tobacco

Exclusion criteria

1. The students who are not available at the time of study

Duration of data collection: The duration of data collection was for 1 month

Tool for data collection: A rating scale to assess the perception about tobacco consumption among nursing students. It is Likert type scale that consists of 25 items. 20 positively and 5 negatively worded. Items 5, 6, 9, 13, 17, are negative statement and remaining are positive. Each item has two alternatives, agree and disagree. Each item carries (1) mark for agree and (-1) mark for disagree. So the total is 25.

METHOD OF DATA COLLECTION

- A prior permission was obtained from the higher authorities of jai institute of nursing & Research College.
- Participant information sheet was obtained from the students.
- Perception rating scale was administered.
- Each student was given about 1 min/question.

Analysis of data collection

- Descriptive and inferential statistic was used.
- Mean, median & mode was used to explain

demographic variable.

Descriptive Statistics

Frequencies, percentage, mean, median & standard deviation was used to explain demographic variable & to complete the perception of nursing students.

Inferential statistics

A t-test was used to find out the association between selected demographical variables with the perception of nursing students.

RESULTS

Organization of findings

The collected data is organized and represented under the following headings:

Section I: Distribution of sample characteristics with selected baseline variables.

Section II: Distribution of perception of nursing students towards tobacco consumption.

Section III: Distribution of association of perception with the selected demographic variable.

Section I: Distribution of sample characteristics with selected baseline variables.

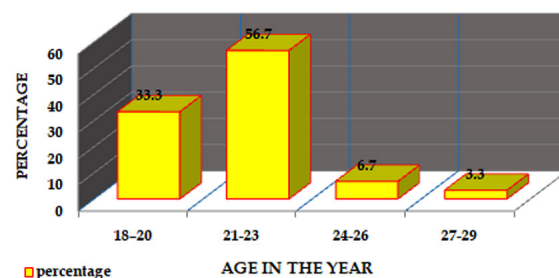


Fig. 1: Column diagram showing the age in the year.

The data in fig. 1 shows that most of the students (56.7%) belonged to the 21-23 year age group, 33.3% belonged to the 18 -20 year age group, 6.7% belonged to the 24-26 year age group, and 3.3% belonged to the 27-29 year age group

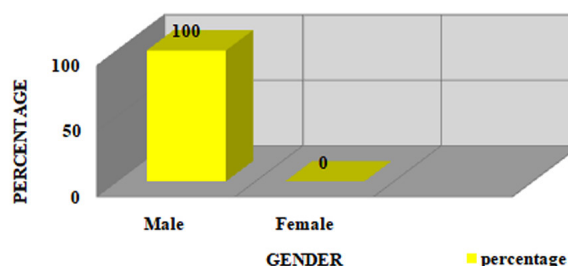


Fig. 2: Column diagram showing the gender.

The data in fig. 2 shows a majority of male (100%) students.

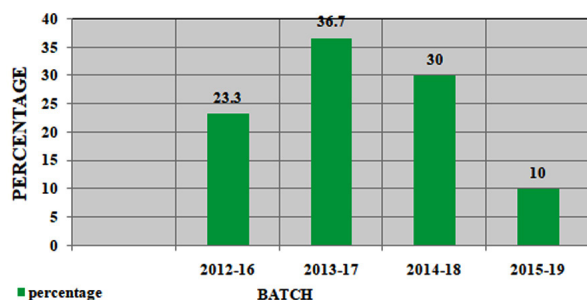


Fig. 3: Column diagram showing the batch.

The data in fig. 3 shows a majority of the students (36.7%) belonged to the batch 2013-17, 23.3% of the students belonged to the batch 2012-16, 30% of the students belonged to the batch 2014-18, 10% of the students belonged to the batch 2015-19.

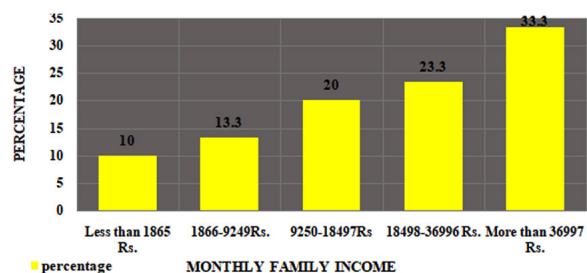


Fig. 4: Column diagram showing the monthly family income.

The data in fig. 4 shows a majority of 33.3% of the students are having family income more than 36997 Rs, and 23.3% of the students are having family income Rs 18498-36996, and 20% of the students are having family income 9250-18497 Rs, and 13.3% of the students are having family income 1866-9259 Rs, and 3% of the students are having family income less than 18656 Rs.

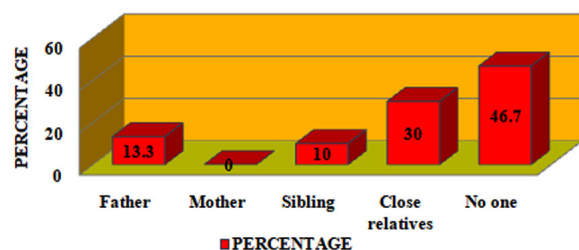


Fig. 5: Column diagram showing the tobacco users in the family.

The data in fig. 5 shows a majority of 46.7% of the students having no tobacco users in his family, 30% of the close relatives, and 13.3% fathers are using tobacco in the family, and 10% of the sibling.

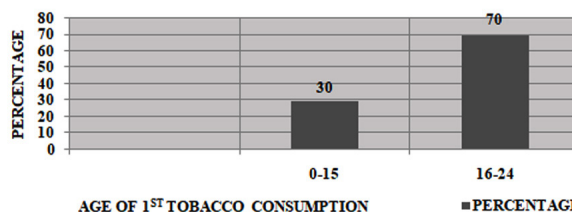


Fig. 6: Column diagram showing the age of 1st tobacco consumption.

The data in fig. 6 shows a majority of 70% of the student's age of 1st tobacco consumption between 16-24 year, and 30% of the student's age of 1st tobacco consumption is less than 15 year.

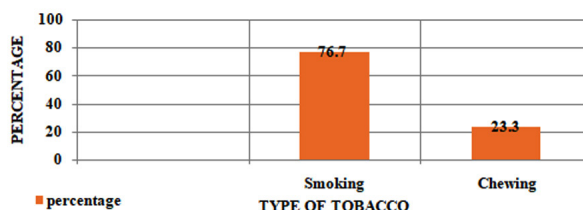


Fig. 7: Column diagram showing the type of tobacco.

The data in fig. 7 shows majorities of 76.7% of the students were consumed tobacco by smoking, and 23.3% of the students were consumed tobacco by chewing.

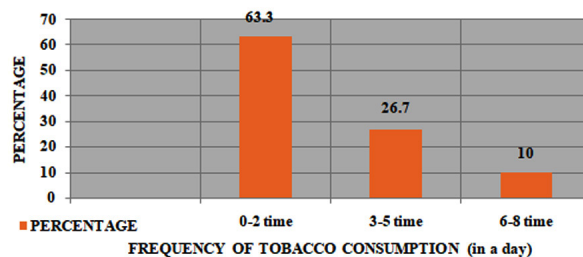


Fig. 8: Column diagram showing the frequency of tobacco consumption (In a day).

The data in fig. 8 shows a majority of 63.3% of the students were consumed tobacco at once or 2 times in a day, and 26.7% of the students were consumed tobacco at 3-5 time in a day, and 10% of the students were consumed tobacco at 6-8 time in a day.

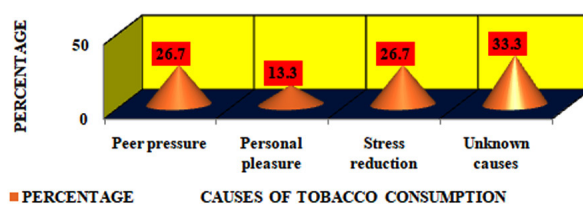


Fig. 9: Column diagram showing the causes of tobacco consumption.

The data in fig. 9 shows a majority of the 33.3% students having unknown causes of tobacco consumption, and 26.7% students are consuming tobacco to avoided stress and peer pressure, and 13.3% of the students consume tobacco for personal pleasure.

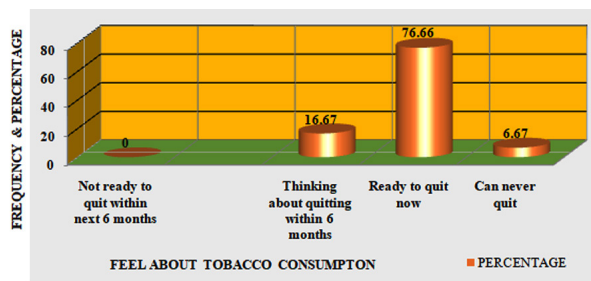


Fig. 10: Column diagram showing the feel about tobacco consumption.

The data in fig. 10 shows a majority of the 76.66% of the students are ready to quit now, and 16.67% of the students are thinking about quitting within 6 months, and 6.67% of the students are not ready to quit tobacco consumption.

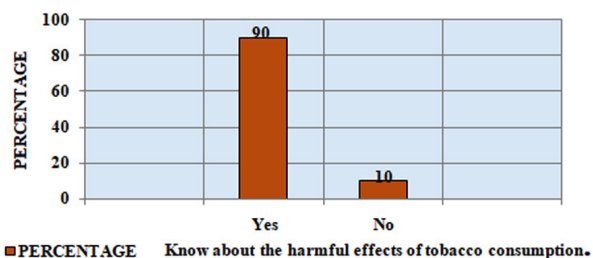


Fig. 11: Column diagram showing know about the harmful effects of tobacco consumption.

The data in fig. 11 shows a majority of the 90% of the students were knew about the harmful effects of tobacco consumption, and 10% of the students were did not know about the harmful effects of tobacco consumption.

Section II: Distribution of perception of nursing students towards tobacco consumption.

Table 1: Frequency and percentage distribution of the tool table

Sr. No.	Check appropriate box	Agree		Disagree	
		f	%	f	%
1	Smoking is harmful to your health.	29	96.7	1	3.4
2	Health professionals should set a good example by not smoking.	29	96.7	1	3.4
3	Tobacco is a primary cause of cancer	26	86.7	4	13.3
4	Tobacco consumption causes addiction.	25	83.3	5	16.7
5	Tobacco consumption is healthy for pregnant women and their babies.	25	83.3	5	16.7
6	I think tobacco should be consumed by youth.	22	73.3	8	26.7
7	Health professionals should get specific training on cessation techniques.	27	90	3	10
8	Health professionals should speak to community groups about the harms of tobacco consumption.	29	96.7	1	3.4
9	Smoking in enclosed public places should not be prohibited.	15	50	15	50
10	Tobacco sales to children and adolescents should be banned.	28	93.3	2	6.7
11	Avoiding tobacco increases life expectancy.	25	83.3	5	16.7
12	There should be a complete ban on the advertising of tobacco products.	26	86.7	4	13.3
13	Hospitals and health care centres should not have "smoke free" zone.	15	50	15	50
14	The price of tobacco products should be increased sharply.	20	66.7	10	33.3
15	Congenital deformities can be caused by maternal tobacco consumption.	26	86.7	4	13.3
16	Passive smoking increases the risk of lung disease in non-smoking adults	29	96.7	1	3.4
17	Tobacco consumption does not have any impact on an individual economy.	21	70	9	30
18	Nicotine is not responsible for the cause lung cancer.	21	70	9	30
19	Cigarette smoke contains chemicals that irritate the air passages and lungs.	30	100	0	0
20	Government should encourage more tobacco avoidance advertisements.	20	66.7	10	33.3
21	Juice of tobacco products infiltrates the tissue, leading to cancer.	30	100	0	0
22	Tobacco Consumption should be discouraged in the presence of children and minors.	18	60	12	40
23	I think you would be able to stop tobacco consumption if you wanted to.	29	96.7	1	3.4
24	People can successfully quit tobacco consumption by the help of tobacco avoidance therapy.	28	93.3	2	6.7
25	Researches should be conducted to find alternatives for tobacco consumption.	29	96.7	1	3.4

Table 1 shows that

- 100% of the students agree that cigarette smoking contain chemical that irritate the air passage and lungs.
- 96.7% of the students agree that the smoking is harmful to the health.
- 93.3% of the students agree that public can successfully quit tobacco consumption by the help of tobacco avoidance therapy.
- 86.7% of the students agree that tobacco is primary cause for cancer.
- 70% of the students agree that the tobacco consumption does not have any impact on the individual economy.
- 50% of the students agree that smoking in enclosed public place should not be prohibited.

Table 2: Frequency and percentage distribution of the perception of the nursing students.

N = 30		
Perception Score	F	%
22-25	10	33.3
18-21	18	60
14-17	2	6.7
10-13	0	0
Below 10	0	0

Maximum score = 24

Minimum score = 17

Data in table 2 shows that the nursing students' perception score among tobacco consumption 60% of the nursing students scored between 18-21, where as 33.3% of the nursing students scored between 22-25, and 6.7% of the nursing students scored between 14-17. The maximum score was gained 24 and the minimum score was gained 17.

Table 3: Distribution of the nursing students according to grading of perception score.

N = 30				
Score	Percentage	Grade	F	%
13-25	91-100	Good	30	100
0-12	81-90	Poor	—	—

Maximum score = 24

Minimum score = 17

Section III: Distribution of association of perception with the selected demographic variable.

H₁: There will be a significant association of perception with the selected baseline variable at a 0.05 level of significance.

Table 4: Showing Mean, standard deviation, and 't' value of the observation. Calculation of 't' test using these observations

N = 30 population mean (μ) = 25

Perception score	Mean	Standard deviation	't' test
Total 622	21	1.8	('t' cal.)12.22 ('t' tab.)2.05

Maximum score = 24

Minimum score = 17

Table 4 shows that Mean (21), standard deviation (1.8), and 't' cal. (12.22) where 't' tab (2.05). And there is a significant association of perception with Age and Feel About tobacco consumption at a 0.05 level of significance and degree of freedom (d.f) 29. The association was done using 't' test.

DISCUSSION

The findings of the present study have been discussed with the objectives, conclusions, findings and the results of other similar studies.

The findings of the present study are discussed under various headings.

1. Finding related to baseline variables.
2. Finding related to the perception of nursing students towards tobacco consumption.
3. Finding related to the association of perception with the selected demographic variable.

DISCUSSION OF THE FINDINGS

1. Finding related to baseline variables.

In the present study, subjects were in the age group of 18-29 years another similar study students belonged to the age group. This is because of the age group criteria required for nursing courses.

2. Finding related to the perception of nursing students towards tobacco consumption.

The study findings revealed that the students had a good (100%) perception about tobacco consumption. It revealed that they are aware of the harmful effects of tobacco consumption, but still they are consuming it. This could be because they are addicted to the product or because they have not been affected by the adverse effects.

3. Finding related to the association of perception with the selected demographic variable.

The study shows that the Mean (21), standard deviation (1.8), and ['t' cal. (12.22)] where ['t' tab (2.05)]. And there is a significant association of

perception with Age and Feel about tobacco consumption at 0.05 level of significance and degree of freedom (d.f) 29. The association was done using 't' test.

CONCLUSION

This chapter deals with the conclusions drawn based on the study findings to assess the perception of nursing students towards tobacco consumption. Thirty nursing students were selected for the assessment of perception. This was done using a Likert's type perception rating scale. It was found that almost every student (100%) had a good perception about tobacco consumption; hence tobacco avoidance therapy was provided to all the students in the sample. It was 30 minutes Power Point presentation that comprised of the harmful effects of tobacco consumption, along with different ways and means an individual can use to avoid tobacco. Post therapy verbal feedback was obtained from the sample and it was found that they were satisfied with the information provided. The interested samples were randomly assessed and it was found that out of 30 samples 10 had significant decrease in the habit of tobacco consumption.

- Out of 30 study samples, 10 belonged to the age group 18-20, 17 belonged to the age group 21-23, 2 belonged to the age group 24-26, and 1 belonged to the age group 27-29. These nursing students comprised all the male students.
- Out of the 30 study samples, 33.3% had a very good perception and 60% students had very good poor perception towards tobacco consumption and 6.7% of the nursing students had average perception towards tobacco consumption.

Findings related to association of perception with the selected demographic variable.

There is a significant association of perception with Age and Feel About tobacco consumption at a 0.05 level of significance.

RECOMMENDATIONS

Keeping in view the findings of the present study, the following recommendations have been made for further study:

1. The study can be conducted on a larger group of students.
2. The study can also be done by assessing the post therapy evaluation of tobacco consumption.

3. The study can also be conducted on other students of other nursing college or disciplinary.
4. A comparative study on nursing students or other disciplinary students' perception about tobacco consumption.
5. The study can also be conducted in a community set up.

Limitations of the Study

1. Other nursing college students were not included.
2. Post therapy evaluation score was not obtained.
3. Due to the complexity of the problem attrition of sample were assessed.

Implications of the Study

The findings of this study have several implications in the field of nursing practice.

Nursing education and nursing administration.

Implication for nursing practice.

The finding of the study will help nurses to concentrate on the avoidance of tobacco in nursing college.

Implication for Nursing Education

The finding of the study will enable professional as well as nursing students to provide health education to their fellow nursing students about the harmful effects of tobacco and how to avoid them.

Implication for Nursing Administration

The finding of the study will enable the nursing administrators of the various nursing college to implement measures to avoid tobacco consumption within nursing college campus.

Implication for Nursing Research

1. The finding of the present study will help in understanding and finding various other ways and means to avoid tobacco.
2. It will also enable to improve awareness to change the perception of nursing students about tobacco consumption.

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Surgical Site Infection: A Challenge for Nursing

Vineeth P P¹, Avadhesh Kumar Yadav²

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Abstract

Surgical site infection (SSI) is defined as an infection that occurs in the part of the body where the surgery is done. It can be superficial, deep, and organ/space SSI. Surgical site infections lead to increased morbidity, mortality, length of stay, and cost of money each year. Our skin is a natural barrier against infection, and any surgery which causes breakage in the skin may lead to an infection. The chances of developing surgical site infection are 1% to 3% if you have surgery. Most SSIs can be treated with antibiotics, and sometimes additional procedures or surgery may be needed to treat them. Surgical site infection (SSI) usually occurs within 30 days after surgery if there is no implant or within 1 year if the implant is placed and involves any part of the anatomy other than the incision which was opened or manipulated during the surgery. There is a chance for SSI for the patient who is hospitalized 7 days longer, is 55% more likely to spend time in ICU, and is times more likely to be re-admitted.

Keywords: Surgical Site Infection; Superficial; Organ or Space SSI; Barrier; Surgery; Skin Preparation.

INTRODUCTION

Types of Surgical Site Infection

According to The Centers for Disease Control and Prevention (CDC) and National Nosocomial

Infections Surveillance System (NNIS), surgical site infection is divided into three types which are superficial SSI, deep SSI, and organ or space SSI.¹ Literature Survey conducted by Isik et al. reports the incident rate in superficial incisions is found to be 42.19%, which is more frequent, followed next in frequency by deep incisions having an SSI of 40.1%, while organ space shows a 17.71% rate of infection.

Superficial Incisional SSI

This infection occurs in the area of the skin where the incision was made. This involves the skin or subcutaneous tissue and occurs 30 days after surgery. These infections occur in more than 50% of all surgical infections. This can be diagnosed by a surgeon by doing the following observations. Signs and symptoms of localized pain or edema. Purulent

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drainage from the incision site should be done laboratory test (Culture). Isolated organism found in the laboratory test.²



Fig. 1: Source: <https://www.jaypeedigital.com/book/9789351527220/chapter/ch8>

Deep Incisional SSI

This infection occurs in muscle and the tissue surrounding the muscle beneath the incisional area. It mainly involves deep tissues, including muscles and facial planes.

Deep SSI occurs within 30 or 90 days after surgery, and the surgeon should identify this by checking the following things, the patient has signs and symptoms of fever, localized pain, or tenderness. Purulent drainage from the deep incision. The deep incision spontaneously dehisces. An organism is identified by a laboratory test, an abscess, or evidence of infection detected on an anatomical or histo-pathogenic exam.³

Organ or Space SSI

Organ or space surgical site infection occurs in any of the body other than skin, muscle, and surrounding tissue that was involved in the surgery, and it appears within 30 or 90 days after surgery. The patient has at least one of the following criteria to identify this type of SSI.

Purulent drainage from the drain, Organisms are identified by laboratory test. An abscess or evidence of infection is detected on anatomical or histo-pathogenic examination.

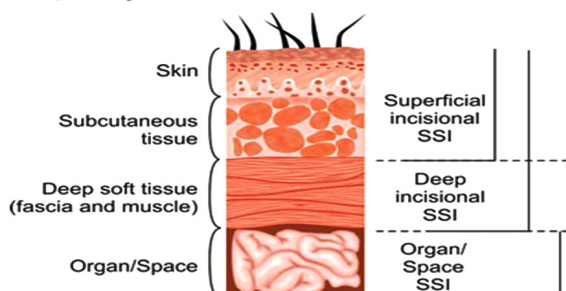


Fig. 2: Source: <https://www.jaypeedigital.com/book/9789351527220/chapter/ch8>

Risk Factors of Surgical Site Infection

The main risk factors of SSI related to the patient are increasing age, poor glucose control, obesity, renal failure, and immune suppression.⁴ The operation factors for SSI include preoperative shaving, length of operation, use of antimicrobial prophylaxis, appropriate skin preparation, and appropriate gowning and sterile technique during surgery. Other risk factors include a Compromised state of health before surgery, chronic illnesses, an unhealthy lifestyle, and advanced age. Most infections are due to germs found on and in a patient's body that enter the surgical site. Outside sources of contamination-surgical personnel, surgical environment, instruments, and air.⁵

PREVENTION

Prevention can be done in three stages preoperative, intraoperative, and post-operative.

PRE-OPERATIVE PHASE

- In the preoperative phase, the main preventive methods are as follows
- Identify and treat all infections before elective operations.
- Good control of diabetics.
- Keep hospital stay minimum.
- Remove hair before surgery on the incision site. Hair has often been perceived to be associated with a lack of cleanliness, and its removal is linked to infection prophylaxis. Numerous randomized controlled trials have evaluated the practice of preoperative hair removal and its association with surgical site infections.⁶
- Use an antiseptic for skin preparation. The purpose of preoperative skin antisepsis is to remove dirt and transient organisms from the skin. The skin is a dynamic home for a large number of bacteria, with up to 3 million microorganisms on every square centimeter of skin.⁷
- Perform preoperative surgical scrub before surgery using an appropriate antiseptic.
- Administer prophylactic antibiotics according to local policy.
- Determine the level of experience of the

surgeon.

- Encourage smoking cessation 30 days before elective surgery.

INTRA-OPERATIVE PHASE

The intra-operative phase is as follows

- Always use a surgical checklist before surgery to ensure compliance with best practices.
- Limit the duration as much as possible.
- Sterile all surgical instruments with the proper sterilization technique.
- Maintain a positive pressure ventilator in the operating room. Keep the operating room closed and restrict entrance to the operating room to necessary personnel only and
- minimize the movement as much as possible.
- Wear a sterile gown and gloves. Wear a surgical mask and cap or hood to fully cover your hair. Several studies have questioned whether the routine use of surgical masks in the operating room reduces the risk of surgical site infection.⁸
- Keep the patient body temperature between 36.5 and 37 degrees Celcius during the surgical procedure.
- Maintain effective homeostat, and minimize devitalized tissue and foreign bodies.⁹ Keep the glycemia level to below 200 mg/dl during operation.
- Avoid artificial nails among the surgical



Fig. 3: Source: <https://www.dreamstime.com/photos-images/surgery-hand-washing.html>



Fig. 4: Source: <https://www.dreamstime.com/photos-images/surgery-hand-washing.html>

team.

- Do not perform special cleaning or closing of the operation room after contaminated surgeries.

Post-Operative Phase

- Do not touch the wound site unnecessarily and always wear sterile gloves and sterile technique to dress the wound.
- Check the drain regularly and empty it regularly.
- Maintain Normothermia (>96.8)-Hypothermia impairs the patient's immune function and causes vasoconstriction at the incision site.
- Use proper hand hygiene.

- Maintain sterile dressing as directed. Ensure delivery of antibiotics as directed.
- Monitor and Maintain adequate blood glucose control.

Provide Balanced Nutrition operation room and Equipment Cleaning

- Clean operation room between each procedure, Terminal cleaning daily is critical in preventing healthcare associated infections.
- Dust contains human skin and hair, fabric fibers, pollens, mold, fungi, glove powder, and paper fibers.
- Disinfect non-critical equipment. Equipment should be disassembled, cleaned, disinfected, cleaned with an EPA-registered disinfectant, and dried before reuse and/or storage.
- Sterilization of Critical equipment/ supplies.
- High.level disinfection.

Discharge Instructions

- Dressing maintenance
- Proper incision care
- Symptoms and reporting of SSI
- Hand Hygiene at home before and after dressing changes and any contact with the incision site
- Nutrition guidelines
- Medications
- Blood glucose monitoring
- Bathing instructions
- Follow-up appointments

CONCLUSION

Surgical site infections result in significant patient morbidity and mortality and increased hospital costs. The infection can be achieved by strict adherence to standard surgical guidelines and proper use of surgical prophylaxis crucial to maintaining a low rate of SSIs. Surgical site infections can be reduced with several interventions. With these encouraging results, good practices should be sustained and promulgated. Such an SSI prevention program must be embedded in the work processes of all surgical disciplines.

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