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Original Article

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Effectiveness of Computer Assisted Teaching and Skill Development Program on Knowledge and Practice Regarding BLS among Staff Nurses Working in Selected Hospital, Amritsar, Punjab

Vijayalakshmi

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Abstract

Context: Many emergencies are there in the life of human being, among that Cardiac arrest being world's largest killer disease leads to death of around 17.3 million/year in India. Sudden Cardiac arrest needs to be managed with BLS. Nurses are having prime role in providing BLS and need to be trained.

Aim: The overall aim of the study is to assess and train the staff nurses on knowledge and practice skill regarding Basic Life support (BLS).

Setting and Design: Research design for study was pre-experimental one group pretest and posttest design.

Methods and Material: The samples of 30 staff nurses were selected to collect data by using purposive sampling technique. The tool used were demographic variables, structured knowledge Questionnaire regarding BLS, and checklist on BLS to evaluate practical skills.

Statistical analysis used: The collected data were tabulated, analyzed and interpreted by using descriptive and inferential method.

Results: The results showed that in pretest majority 73.3% of staff nurses have average knowledge, 26.7 % having poor knowledge and in posttest majority 80% had developed good knowledge only 20% had average knowledge. In practice skill, the pretest finding revealed that 56.7% staff nurses had good practice skill while most of the staff nurses 43.3% had poor practice whereas in the posttest all 100% had developed good practice skill regarding BLS.

Conclusion: Findings concluded that computer assisted teaching and skill development program were very effective in improving knowledge and skill regarding BLS among staff nurses.

Keywords: Knowledge; Practice; Basic life support; Computer assisted teaching; Skill development program.

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INTRODUCTION

Numerous emergencies cause immediate danger to life of people involved like Heart attacks, stroke, Cardiac arrest and trauma, Respiratory arrest, chocking etc. Among these Cardiac arrest deaths remain major cause of mortality in the world *(Nadkani UM, 2019)*.[1] One

Indian dies in every 29 seconds because of heart problems and around 25 thousand new cases develop every day. But not all the heart attacks causes' deaths of every four persons, they were saved and now only two lose their lives. Sudden Cardiac arrest needs to be managed by BLS which is an emergency medical procedure *(Medical news 2020)*.[2] Training on BLS would increase staff nurses self-esteem related to BLS practice and contribute to anxiety management.

Problem Statement

A pre experimental study to assess the effectiveness of computer assisted teaching and skill development programme on knowledge and practice regarding BLS among staff nurses working in selected hospitals, Amritsar.

Objectives

1. To assess the pre-test knowledge and practice scores regarding BLS among staff nurses working in selected hospital, Amritsar.
2. To assess the post-test knowledge and practice scores regarding BLS among staff nurses working in hospital, Amritsar.
3. To compare the pre-test and post-test knowledge scores regarding BLS among staff nurses working in selected hospital, Amritsar.
4. To compare the pre-test and post-test practice scores regarding BLS among staff nurses.
5. To find out the association between pre-test knowledge and demographic variables regarding BLS among staff nurses working in selected hospital, Amritsar.
6. To find out the association between pre-test practice and demographic variables regarding BLS among staff nurses working in selected hospital, Amritsar.

Hypothesis

H_1: There will be significant difference between pre-test and post-test knowledge scores regarding BLS.

H_2: There will be significant difference between pre-test and post-test practice scores regarding BLS.

H_3: There will be significant association between pre-test level of knowledge regarding BLS among staff nurses with their selected demographic variables.

H_4: There will be significant association between pre-test level of practice regarding BLS among staff nurses with their selected demographic variables.

MATERIALS AND METHODS

Research approach: Quantitative evaluative approach.

Research Design: Apre experimental Research design with one group pre-test and post-test design was used *(Suresh K Sharma2021)*.[3]

Setting of the study: The study was conducted in Life Kare hospital, Amritsar.

Sample Size: 30 Staff Nurses.

Sampling Technique: Convenient sampling technique.

Description of tool:

The tool consists of 3 parts:

Part I: Socio demographic variables: It consist of 6 items for obtaining information from staff nurses such as age in years, gender, previous knowledge about BLS, qualification and experience in years.

Part II: Structured knowledge questionnaire on BLS is used to assess the level of knowledge among staff nurses. It consists of 24 items related to BLS.

Part III: Structured practice checklist on BLS is used to assess the level of practice among staff nurses. It consists of 10 items related to BLS.

Scoring criteria:

For each correct response 1 mark will be given and 0 mark for incorrect answer.

Knowledge Level	Score	Percentage
Poor knowledge	0 - 8	0-33%
Average knowledge	9 - 16	34-66%
Good knowledge	17 - 24	67-100%

Practice Level	Score	Percentage
Poor practice	0 – 5	1-50%
Good practice	6 - 10	51-100%

Data collection procedure

Before proceeding with the study formal permission was taken from the medical director of selected hospital. The researcher gave necessary information about the study to subjects and

obtained consent from the participants. For the pre-test, questionnaire was given to the participants for knowledge assessment and observation checklist for practise skill evaluation. After that, computer assisted teaching and skill development programme was given to the participants following which doubts were clarified. Then post-test was conducted to evaluate the knowledge and practice of all the participants by giving same structured knowledge questionnaire and observation checklist. Collected data were coded, tabulated and analysed by descriptive and inferential statistics.

Statistical Analysis

Data Analysis	Method	Purpose
Descriptive statistics	Frequency, Percentage, Mean, Standard deviation	To describe the demographic variables of staff nurses To assess the pre and post-test knowledge and practice regarding BLS.
Inferential statistics	Paired T test Chi-square test	To compare the pre and post-test knowledge and practice regarding BLS. To find the association between pre-test knowledge and practice regarding BLS among staff nurses with selected demographic variables.

RESULTS AND DISCUSSION

Table 1: Frequency and Percentage Distribution of Demographic Variables.

N=30

Demographic Variables	Frequency (f)	Percentage (%)
Age		
21-25 years	19	63.3
26-30 years	8	26.7
31-35 years	3	10
Qualification		
ANM	6	20
GNM	13	43.3
B.Sc Nursing	11	36.7
Previous knowledge on BLS		
Yes	30	100
No	0	0
If yes source of information		
Books and journals	5	16.7
Friends and family	3	10
Health personnel	22	73.3
Experience		
0-2 years	14	46.6
2-4 years	11	36.7
> 5 years	5	16.7
Any special training course taken		
Yes	6	20
No	24	80

Findings related to Demographic variables of Staff Nurses (Table 1).

- According to their age, most of the staff nurses 19 (63.3%) were in 21-25 years of age, followed by few 8 (26.7%) were in 26-30 years of age and very few 3 (10%) were in 31-35 years of age.
- Regarding qualification, most of the staff nurses 13 (43.3%) had completed GNM, few 11 (36.7%) had completed B.SC Nursing and very few 6 (20%) had completed ANM.
- In regard to previous knowledge on BLS among staff nurses, mostly all of them 30 (100%) had previous knowledge on BLS whereas most of the staff nurses 22 (73.3%) got information from health personnel, 5 (16.7%) got information from books and journals and very few 3 (10%) got information from friends and family.
- As per experience, most of the staff nurses 14 (46.6%) had 0-2 years of experience, few 11 (36.7%) had 2-4 years of experience and very few 5 (16.7%) had above 5 years of experience.
- Regarding any special training course taken on BLS, most of the staff nurses 24 (80%) had not taken any special course and only few 6 (20%) had taken special course on BLS.

Objective 1: To assess the pre-test knowledge and practice regarding Basic Life Support among staff nurses.

Present study results revealed that during pre-test majority 22 (73.3%) had moderate knowledge and 8 (26.7%) had in adequate knowledge regarding Basic Life Support whereas regarding practice majority 17 (56.7%) had adequate practice and 13

(43.3%) had inadequate practice regarding Basic Life Support. (Fig. 1 & 2).

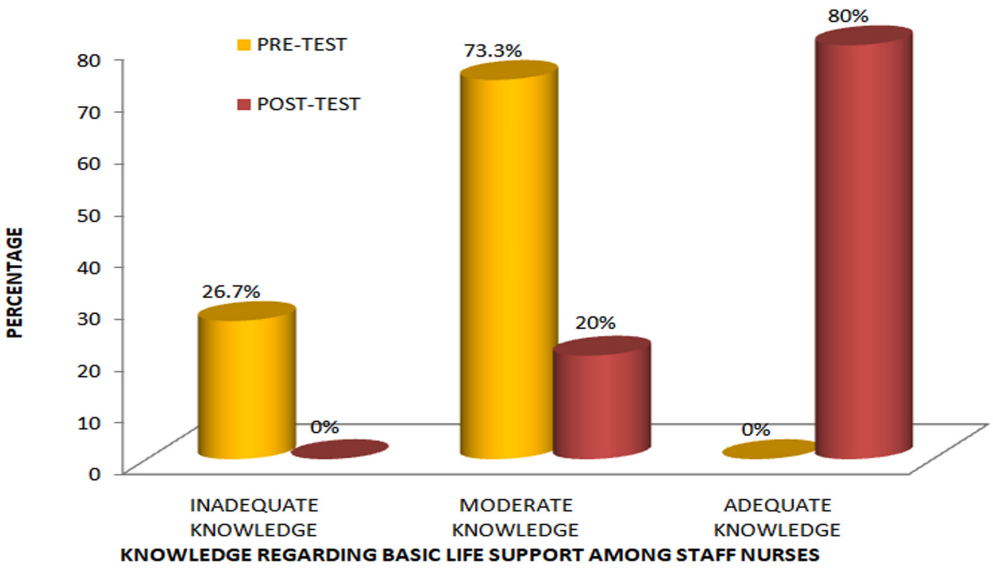

Fig 1: Pre-test and post-test level of knowledge regarding Basic Life Support among staff nurses.

Similar study was carried by Prasad M (2017)[4] to assess the knowledge and practice of nurses on BLS revealed that majority 65% of nurses had moderate knowledge and 53% had moderate practices on BLS.

Objective 2: To assess the post-test knowledge and practice regarding Basic Life Support among staff nurses.

Present study results showed that during post-test majority 24 (80%) had adequate knowledge and 6 (20%) had moderate knowledge regarding Basic Life Support while regarding practice post-test all the staff nurses 30 (100%) had adequate practice regarding Basic Life Support. (Fig. 1 & 2)

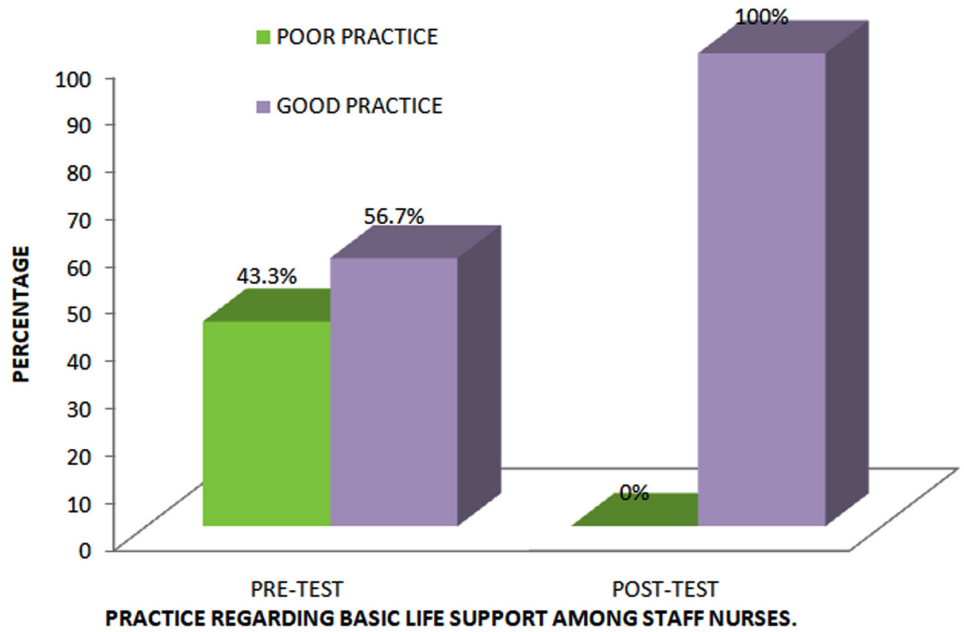

Fig 2: Pre-test and post-test level of practice regarding Basic Life Support among staff nurses.

Study was supported by Ravichander K (2016)[5] assessed the effectiveness of structured teaching programme on knowledge and practice regarding BLS among staff nurses. Results revealed that maximum 88% staff nurses had adequate knowledge and 12% had moderate knowledge. More over majority 95% staff nurses had adequate practice and 5% had moderate practice on BLS.

Objective 3: To compare the pre-test and post-test knowledge score regarding Basic Life Support among staff nurses.

Findings showed that mean pre-test knowledge score was 10.23± 2.315 and in post-test mean knowledge score was 18.27± 1.946 with mean difference of 8.03 and t=value 17.71 (df=29, p=0.001) which was found statistically highly significant at p<0.05. So H1 hypothesis is accepted. Findings indicated that structured teaching programme was effective in improving the knowledge regarding Basic Life Support among staff nurses. (Table 2)

Table 2: Effectiveness of structured teaching programme on knowledge regarding Basic Life Support among staff nurses.

N=30

Level of Knowledge	Mean	SD	Mean D	t value	df	P value
Pre-test	10.23	2.315	8.03	17.71	29	0.001*
Post-test	18.27	1.946				

***p<0.05 level of significance**

Similar Study was carried out by Filmon Ghirmai. *et al.*, (2022)[6] and the findings showed that before training, the mean score of the study participant on knowledge questions was 9.58/20 and none of the respondents got a pass mark. Immediately after the training the mean score of the study participants was increased to 15.9/20 and 55.0% of the study participant got a passing mark. Nurses' knowledge was improved from their pre-training scores, which clearly indicated a positive response in Basic Life Support knowledge after training.

Objective 4: To compare the pre-test and post-test practice score regarding Basic Life Support among staff nurses.

Findings revealed that mean pre-test practice score was 5.77± 1.194 and in post-test mean practice score was 8.57± 1.104 with mean difference of 2.80 and t=value 9.815 (df=29, p=0.001) which was found statistically highly significant at p<0.05. So H2 hypothesis is accepted. Findings indicated that structured teaching programme was effective in improving the practice regarding Basic Life Support among staff nurses. (Table 3)

Table 3: Effectiveness of skill development programme on practice regarding Basic Life Support among staff nurses.

N=30

Level of Practice	Mean	SD	Mean D	t value	df	P value
Pre-test	5.77	1.194	2.80	9.815	29	0.001*
Post-test	8.57	1.104				

***p<0.05 level of significance**

The mean post-test practice scores (7.8) of experimental.

Related study was conducted by Swati Sharma *et al.*, (2017)[7] and revealed that the mean post-test practice scores (7.8) of experimental group was higher than their mean pre-test practice scores (2.9) with a mean difference of 4.9. the 't' value of 14.62 for df 11 was found to be statistically significant at 0.05 level of significance.

Objective 5: To find out the association between pre-test knowledge regarding Basic Life Support among staff nurses with selected demographic variables.

Results revealed that demographic variables such as age, qualification, source of information, experience and any special training course taken, were not found significantly associated at p<0.05 level with pre-test level of knowledge regarding Basic Life Support among staff nurses. So H3 hypothesis is rejected.

Objective 6: To find out the association between pre-test practice regarding Basic Life Support among staff nurses with selected demographic variables.

Result revealed that experience of staff nurses was found significantly associated at p<0.05 level. So H4 hypothesis is accepted for this variable. But other demographic variables such as age,

qualification, source of information and any special training course taken, were not found significantly associated at $p<0.05$ level with pre-test level of practice regarding Basic Life Support among staff nurses. So H4 hypothesis is rejected for these demographic variables.

CONCLUSION

The findings of the study concluded that during pre-test majority 22 (73.3%) had moderate knowledge whereas during post-test majority 24 (80%) had adequate knowledge and all the staff nurses 30 (100%) had adequate practice skill regarding Basic Life Support. After administration of computer assisted teaching and skill development programme, the knowledge and practice of staff nurses were improved regarding BLS and was found very effective.

Implications of the Study

Nursing Education

- The knowledge and practice regarding BLS is more important for the nurses in the practice in order to provide quality of care for the cardiac arrest victims.
- The present study emphasized on educating the staff nurses to improve their knowledge on BLS and cardio-pulmonary resuscitation.

Nursing Practice

- Educate the staff nurses by updating their skills in performing CPR to the cardiac arrest victim as per the manual.
- To improve the skills of nursing practice, continuous training sessions to be implemented.

Nursing Administration

- Nursing administrators should take initiative and be involved in organizing various sessions to update the skills among staff nurses in performing CPR/BLS.
- Nursing administrators should ensure to provide continuous education to the nurses in updating their knowledge and practice skills to perform effective basic life support.

Nursing Research

- Nursing research can be conducted among the staff nurses to ensure the skills among nurses in performing the BLS/ ACLS.
- Experimental research study can be conducted among the staff nurses to assess the skills among nurses.

Limitations

- The present study was limited to 30 staff nurses.
- The present study was limited to staff nurses.

Recommendations

- The study can be conducted on large sample size.
- The study can be conducted at different settings and population.
- The follow up study can be conducted to assess the practice of staff nurses on BLS.

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Conflict of interest

This study is self-funded research work. So there is no conflict of interest.

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Review Article

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Crucial Role of the Operation Theatre Scrub Nurse in Breast Cancer Surgery

Avadhesh Kumar Yadav[1], Rajendra Kumar Sahu[2], Jaya Chatterjee[3]

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Abstract

Breast cancer surgery is a common procedure that required specialized care in the operation theatre. As a nurse in the theatre, it is important to understand the surgical steps involved and the critical role you play in supporting the surgical team. This includes assisting with patient positioning, skin preparation, anesthesia administration, incision, dissection, haemostasis, drain placement, closure, and post-operative care. By providing expert nursing care, you can help ensure a safe and successful procedure, as well as optimize patient outcomes and satisfaction.

Keywords: Breast Cancer Surgery; Operation Theatre Scrub Nurse; Surgical Steps; Instrumentation, Responsibilities; Patient Positioning; Drain Placement.

INTRODUCTION

Breast cancer is one of the most common types of cancer in women worldwide, and surgery is often the primary treatment.[1] Breast cancer surgery can be a complex and delicate procedure that requires a skilled surgical team, including an operation theatre scrub nurse. The scrub nurse plays a crucial role in ensuring the success of the surgery by managing the surgical field, preparing the instruments and supplies, assisting the surgeon during the procedure, and providing post operative care. In this article, we will discuss the role and responsibilities of the scrub nurse in breast cancer surgery, the steps of the procedure, the instruments required, patient positioning, skin preparation, anaesthesia, incision, dissection, hemostasis, drain placement, closure, and post-operative care.

Role and Responsibilities of the Scrub Nurse

The scrub nurse is an integral part of the surgical team in the operating room. The nurse's primary responsibility is to maintain a sterile field and assist the surgeon during the procedure. The scrub nurse must ensure that all the necessary equipment and supplies are available and in good condition before the surgery begins. The nurse must also confirm the patient's identity and surgical site, and ensure that the patient has been appropriately prepped and draped for the surgery.

During the surgery, the scrub nurse must maintain

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a sterile field, ensuring that all instruments and supplies remain sterile through out the procedure. The nurse must also assist the surgeon by passing instruments and supplies as needed, anticipating the surgeon's needs, and keeping the surgical site clear of debris and blood. The scrub nurse must also monitor the patient's vital signs and assist with anaesthesia management, as required.

Surgical Steps

Breast cancer surgery can involve a variety of procedures, such as lumpectomy, mastectomy, and breast reconstruction.[2] The scrub nurse must be familiar with the specific steps of each procedure and assist the surgeon as needed. The steps typically involve patient positioning, skin preparation, anesthesia, incision, dissection, haemostasis, drain placement, closure, and postoperative care.

Patient Positioning

The patient's position during breast cancer surgery depends on the type of procedure being performed. For a lumpectomy, the patient is typically placed in a supine position with the affected breast exposed.[3] For a mastectomy, the patient is often placed in a lateral decubitus position with the affected breast elevated. The patient's arms are typically secured to prevent accidental movement during the procedure.

Skin Preparation

Skin preparation is a critical step in breast cancer surgery. The scrub nurse must ensure that the surgical site is clean and free of any contaminants before the surgery begins. This involves scrubbing the skin with an antiseptic solution and applying a sterile drape to the surgical site.

Instruments Required Breast cancer surgery requires a variety of instruments and supplies. The scrub nurse must ensure that all the necessary equipment is available and in good condition before the surgery begins. Some of the essential instruments include scalpels, forceps, retractors, scissors, and electrocautery devices. Other supplies required include sponges, gauze, and dressings.

Anesthesia

Breast cancer surgery is typically performed under general anesthesia. The scrub nurse must assist with the administration and monitoring of the anaesthesia, ensuring that the patient remains stable throughout the procedure.

Incision

The surgeon will make an incision in the skin over the affected breast, following a pre-determined surgical plan. The scrub nurse must ensure that the incision site is properly exposed and that the surgeon has a clear view of the surgical field.[4]

Dissection

The surgeon will then dissect through the breast tissue, removing any cancerous tissue and preserving as much healthy tissue as possible. The scrub nurse must assist with the dissection by passing instruments and supplies, controlling bleeding, and keeping the surgical site clear of debris and blood.

Haemostasis

Is the process of stopping bleeding. The scrub nurse must assist the surgeon in achieving haemostasis by applying pressure, using electrocautery, or other means, to control bleeding.

Drain Placement

After the dissection is complete, the surgeon will often place drains in the surgical site to prevent fluid build-up and promote healing. The scrub nurse must ensure that the drains are placed correctly, that they are functioning properly, and that they are secured in place.[5]

Closure

After the drains are placed, the surgeon will close the incision. The scrub nurse must assist with the closure by passing instruments and supplies, controlling bleeding, and ensuring that the closure is neat and secure.

Documentation

The scrub nurse is responsible for documenting the surgical procedure accurately, including the number and types of instruments used, and any complications or issues that arise during the surgery.

Post-operative Care

After the surgery is complete, the scrub nurse's responsibilities continue. The nurse must monitor the patient's vital signs and assist with the administration of pain medication and other

care. The nurse must also ensure that the patient is comfortable, and that the surgical site is clean and properly dressed.

CONCLUSION

Breast cancer surgery is a complex and delicate procedure that requires a skilled surgical team, including an operation theatre scrub nurse. The scrub nurse plays a crucial role in ensuring the success of the surgery by managing the surgical field, preparing the instruments and supplies, assisting the surgeon during the procedure, and providing postoperative care. The nurse must be knowledgeable about the specific steps of the procedure, the instruments required, patient positioning, skin preparation, anaesthesia, incision, dissection, haemostasis, drain placement, closure, and postoperative care. By working closely with the surgeon and other members of the surgical team, the scrub nurse can help ensure that breast cancer surgery is safe and successful for patients.

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Review Article

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Psychosocial Aspect of Penile Cancer: Impact on Health and Social Background, and the Role of Nurses in Counselling and Guidance

Avadhesh Kumar Yadav[1], Rajendra Kumar Sahu[2]

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Abstract

Penile cancer, though rare, presents unique challenges that extend beyond the physical realm, significantly impacting patients' psychosocial well-being. This article explores the psychosocial aspects of penile cancer, including its effects on health and social background, and highlights the crucial role of nurses in providing counselling and guidance. Nurses play a vital role in assessing the psychosocial needs of patients, offering emotional support, providing education and information, addressing body image and sexual functioning concerns, facilitating social support, and ensuring long term follow-up care. By actively engaging in the holistic care of patients with penile cancer, nurses contribute to improving their overall quality of life and well-being.

Keywords: Penile Cancer, Ca Penis, Penis Cancer and Psychological Issue.

INTRODUCTION

Penile cancer is a rare and malignant tumour that develops on the tissues or skin of the penis. It affects men of all ages but is more common in older men. It often starts in skin cells and can work its way inside. It's more common in men who have the human papilloma virus (HPV), are over age 60, smoke, have a weakened immune system[1,2] Symptoms of penile cancer include changes in skin thickness or color, a rash or small crusty bump on the penis, a lump on the penis, a bad smelling discharge underneath the foreskin, a sore on the penis that may bleed, or swelling at the end of the penis.[2,1] Penile cancer can be treated with medications, cryotherapy, surgery, radiation therapy, or chemotherapy depending on the stage and type of cancer. In this article, we will discuss the psychosocial aspects of penile cancer, its incidence, the impact on health and social background, and the role of nurses in counselling and guidance.

Incidence

Penile cancer is a rare cancer, accounting for less than 1% of all cancers in men in the United States.[3] The incidence of penile cancer varies worldwide, with the highest rates reported in South America, Africa, and Asia. According to the American Cancer Society, there will be approximately 2,200 new cases of penile cancer in the United States in 2023, and around 440 men will die from it.[4] In India,

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the estimated incidence rate of penile cancer is 0.8 per 100,000 based on the recent population based cancer registry report.[5]

Predisposing factor of penis cancer: Penile cancer is a rare type of cancer that affects the penis. Some of the known risk factors for penile cancer include:

- *Lack of circumcision:* Uncircumcised men have a higher risk of penile cancer than those who have been circumcised, possibly because the foreskin can trap bacteria and other substances that can cause cancer.
- *HPV infection:* Human papilloma virus (HPV) infection is a significant risk factor for penile cancer. HPV is a sexually transmitted infection that can cause changes in the cells of the penis that can lead to cancer.
- *Smoking:* Smoking to bacco is a known risk factor for many types of cancer, including penile cancer.
- *Age:* Penile cancer is more common in older men, with most cases occurring in men over 50 years old.
- *Phimosis:* Phimosis is a condition in which the foreskin cannot be retracted from the head of the penis, which can lead to inflammation and infection that may increase the risk of penile cancer.
- *Poor hygiene:* Poor hygiene practices, such as not washing the penis regularly, can increase the risk of infection and inflammation that may lead to penile cancer.
- *HIV infection:* Men who are HIV positive have an increased risk of penile cancer, possibly because of the weakened immune system associated with HIV.

It's important to note that while these factors may increase the risk of penile cancer, not everyone who has one or more of these risk factors will develop the disease. Additionally, some people who develop penile cancer may not have any of these risk factors.

Signs and symptoms

The signs and symptoms of penile cancer may vary from person to person, and some men may not experience any symptoms at all in the early stages. Early detection and treatment of penile cancer can improve the chances of successful treatment and recovery. However, some common signs and symptoms of penile cancer include:

- A lump or thickening on the penis.
- Redness or irritation on the penis.
- Sores or ulcers on the penis that do not heal.
- Bleeding from the penis, especially during inter course.
- Pain or discomfort on the penis.
- Changes in the skin color or texture on the penis.
- Swelling in the groin area

The prognosis for penile cancer:

The prognosis for penile cancer depends on various factors, including the stage of the cancer, the size and location of the tumour, and whether the cancer has spread to other parts of the body. In general, the earlier the cancer is detected and treated, the better the prognosis.

The American Cancer Society provides the following general survival rates for penile cancer based on the stage of the cancer:

1. For localized cancer (cancer that has not spread beyond the penis), the 5 years relative survival rate is approximately 85%.
2. For regional cancer (cancer that has spread to near by lymph nodes), the 5 years relative survival rate is approximately 59%.
3. For distant cancer (cancer that has spread to distant organs or tissues), the 5 years relative survival rate is approximately 11%.

It's important to note that survival rates are based on large groups of people and do not predict the outcome for any individual person. The outlook for each patient depends on many individual factors, and treatment can greatly affect survival rates.

Psychosocial aspect of penile cancer

The psychosocial aspect of penile cancer refers to the impact of the disease and its treatment on the patient's mental and emotional well-being, quality of life, sexual function, and body image. Penile cancer can cause psychological distress, anxiety, depression, low self-esteem, and sexual dysfunction in patients[6,7,8] Some of the factors that contribute to the psychosocial burden of penile cancer are:

1. Fear or embarrassment of having a penile lesion and seeking medical help.[9,8]
2. Delayed diagnosis and treatment due to stigma or lack of awareness.
3. Mutilating or disfiguring effects of radical surgery such as partial or total penectomy.[8,9]

4. Loss of sexual identity and intimacy due to changes in penile appearance and function.[8,9]
5. Social isolation and lack of support from partners, family, or friends.[8,9]

Organ preserving treatments such as topical therapy, laser therapy, glans resurfacing, or glansectomy with reconstruction can have a positive impact on the psychosocial outcomes of penile cancer patients by preserving as much of the penis as possible and maintaining satisfactory somatic and sexual health. However, these treatments may not be suitable for all patients depending on the stage and type of cancer. Therefore, it is important to provide psychological counselling and support to patients with penile cancer before, during, and after treatment to help them cope with the emotional challenges and improve their quality of life.

Role of Nurses in Counselling and Guidance

Nurses have multifaceted responsibilities in managing the psychosocial aspects of penile cancer.

Counselling

Counselling can help men with penile cancer cope with the psychological and social effects of the disease. Nurses can provide emotional support to help men deal with fear, anxiety, and depression. They can also help men develop coping strategies to manage the stress of the disease and its treatment.

Guidance

Guidance can help men with penile cancer understand the disease, its treatment, and the potential side effects of treatment. Nurses can provide information about the different treatment options available and help men make informed decisions about their care. They can also provide practical guidance on how to manage the physical side effects of treatment, such as fatigue, nausea, and pain.

Following are the essential role in counselling and guidance:

1. *Assessing Psychosocial Needs:* Nurses are responsible for conducting thorough assessments to identify the psychosocial needs of patients with penile cancer. They engage in empathetic and compassionate conversations to understand the emotional, psychological, and social challenges faced by the patients. By developing a comprehensive understanding of the individual's unique circumstances, nurses can tailor their interventions accordingly.
2. *Emotional Support:* Receiving a penile cancer diagnosis can evoke a range of emotions, including fear, anxiety, depression, and body image concerns. Nurses provide emotional support by creating a safe and non-judgmental environment for patients to express their feelings. They actively listen, validate emotions, and offer reassurance, helping patients cope with the emotional roller coaster that accompanies the diagnosis and treatment.
3. *Education and Information:* Nurses play a crucial role in educating patients about penile cancer, treatment options, and potential side effects. They ensure that patients and their families have access to accurate and understandable information, empowering them to make informed decisions. By addressing concerns and providing clear explanations, nurses alleviate anxiety and foster a sense of control and involvement in the treatment process.
4. *Body Image and Sexual Functioning:* Penile cancer and its treatments can significantly impact body image and sexual functioning, leading to self-esteem issues and relationship challenges. Nurses provide counselling and support to patients, addressing body image concerns, discussing coping strategies, and facilitating open conversations about sexual health. They may collaborate with other healthcare professionals, such as psychologists or sexual counsellors, to ensure comprehensive care.
5. *Social Support and Community Resources:* Nurses serve as advocates, connecting patients with appropriate support networks and community resources. They provide information about support groups, counselling services, and online communities where patients can find solidarity and share experiences. By facilitating social support, nurses help patients navigate the challenges of penile cancer and reduce feelings of isolation.
6. *Follow-up Care and Survivorship:* Nurses continue to play a pivotal role in the long-term care of penile cancer survivors. They monitor patients' psychosocial well-being, address ongoing concerns, and provide support throughout the survivorship journey. Nurses also educate survivors on self-care practices, including regular check-ups, healthy lifestyle choices, and symptom management.

CONCLUSION

In conclusion, penile cancer is a rare but serious disease that can have significant physical, psychological, and social effects on men. The incidence of penile cancer varies widely around the world, and the disease can cause discomfort, pain, and difficulty in urinating. A diagnosis of penile cancer can lead to feelings of fear, anxiety, and depression, as well as social isolation and discrimination. The psychosocial aspect of penile cancer demands comprehensive care, and nurses are at the forefront of providing this essential support. By addressing emotional needs, offering education and information, facilitating discussions on body image and sexual functioning, connecting patients with social support, and ensuring long-term follow-up care, nurses contribute significantly to the holistic well-being of individuals affected by penile cancer. Their expertise, compassion, and guidance empower patients to navigate the challenges and improve their overall quality of life.

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Case Report

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Role of Cyclical Negative Pressure Wound Therapy in Post-Traumatic Raw Area

Kishore Kumar U[1], Ravi Kumar Chittoria[2], Jacob Antony[3]

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Abstract

Negative pressure wound therapy is shown to improve tissue blood flow and tissue oxygen saturation. Application of negative pressure causes subtotal capillary occlusion, which acts as a stimulus for post occlusive reactive hyperaemia. This promotes wound bed granulation, contraction of wound margins and reduction of bacterial load. There are 3 modes of applying negative pressure: continuous, intermittent and cyclical. The aim of this article is to assess the role of cyclical negative pressure wound therapy in management of raw post traumatic wounds.

Keywords: Cyclical Negative Pressure Wound Therapy; Post Traumatic Raw Area; Wound.

INTRODUCTION

Management of chronic non-healing wounds poses a challenge improving the general condition of the patient, adequate dressing of the wound and planning for coverage of the wound. Apart from wound cleaning and dressing, one of the available methods of wound care is negative pressure wound dressing which utilises a vacuum device to create negative pressure over the wound, which then improves the wound blood supply, improves wound granulation and removes exudates.[1] The cyclic method is found to be less painful than intermittent method, as it does not cause a rapid increase in pressure; and has superior effects on tissue perfusion compared to continuous and intermittent method.

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MATERIALS AND METHODS

The study is done in a tertiary care hospital in South India. The subject is a 22 year old male patient, with no comorbidities, with a history of injury to right upper limb by a cement machine 2 months back. On examination, the patient's vitals were stable. On local examination a grossly contaminated wound extending from right shoulder to right hand was present with exposed congested muscles, exposed ends of fractured humerus, impaired distal sensation and distal pulses, and cold and

paralysed upper limb. He underwent right above elbow guillotine amputation on the same day, and wound care was given in the form of daily Eusol dressings. 24 days after the injury, he was admitted for management of the non-healing wound over the right upper arm stump (fig. 1). Split skin grafting from right thigh was used to cover the raw area and Cyclical NPWT two sessions (Fig. 2) were done.

Fig. 1: Post traumatic raw area right upper limb stump

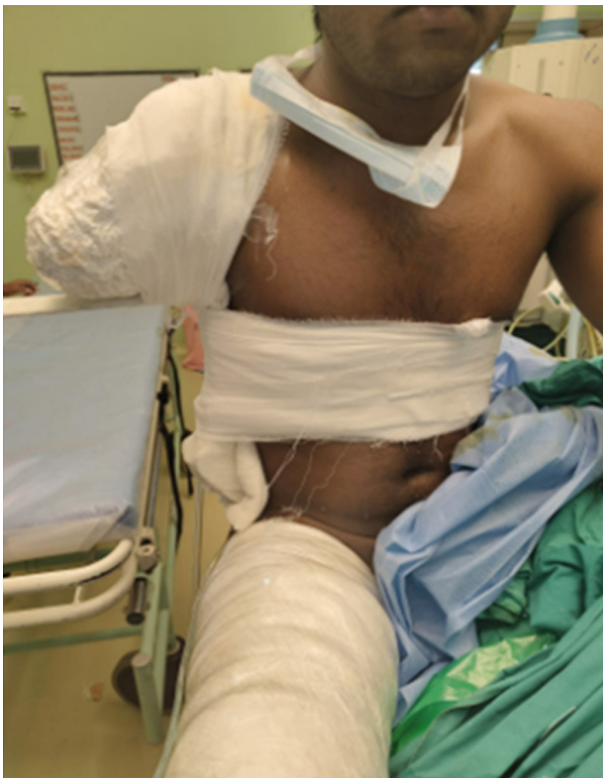

Fig. 2: Cyclical negative pressure wound therapy (CNPWT)

RESULTS

CNPWT is useful in reducing size of the wound and improves wound healing in our patient. (Fig. 3).

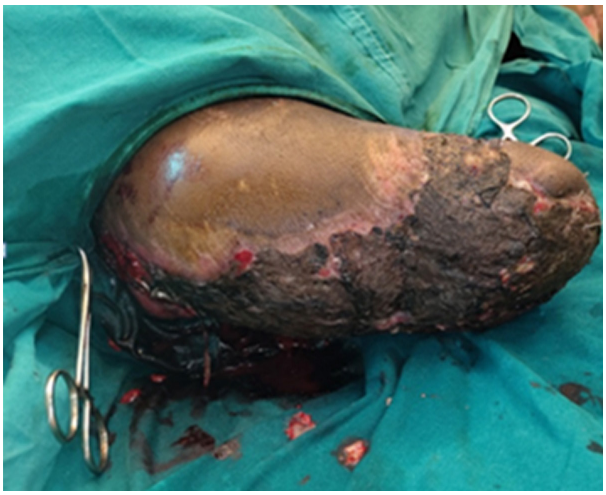

Fig. 3: Improved post traumatic raw area wound after CNPWT

DISCUSSION

Negative pressure wound therapy is shown to improve tissue blood flow and tissue oxygen saturation. Application of negative pressure causes subtotal capillary occlusion, which acts as a stimulus for post occlusive reactive hyperaemia.[2] This promotes wound bed granulation, contraction of wound margins and reduction of bacterial load. There are 3 modes of applying negative pressure: continuous, intermittent and cyclical.[3] In continuous mode, a constant sub-atmospheric pressure of 125 mmHg is applied. In intermittent mode, 5 minutes of -125 mmHg applied followed by 2 minutes of 0 mmHg. In cyclic mode, the pressure oscillates between 0 and -125 mmHg.[4] Intermittent mode is found to be superior to continuous mode in terms of effectiveness however it is associated with pain with each cycle of application of pressure.[5] The cyclic method is found to be less painful than intermittent method, as it does not cause a rapid increase in pressure; and has superior effects on tissue perfusion compared to continuous and intermittent method.[6] Both the intermittent and the cyclic mode require specific machines to generate intermittent and cyclic suction respectively and thus may not be feasible to use with classic suction devices available in most hospitals which give continuous suction. Hence, continuous mode NPWT is commonly used in most cases.[7]

CONCLUSION

Cyclic negative pressure wound therapy is found to be effective in improving wound healing in post-

traumatic raw area, by enhancing the blood supply and tissue oxygenation.

Conflicts of Interest

This study does not require any institutional approval.

Declarations

Authors' contributions

All authors made contributions to the article.

Availability of data and materials

Not applicable

Financial support and sponsorship

None

Consent for publication

Not applicable

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Case Report

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Peripheral Nerve Damage: Local "Pehalwan" or Injection Induced? The Challenge

Amandeep Kaur[1], Josephine Leshiini[2]

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Abstract

Peripheral nerve injury due to intramuscular injections and excessive physiotherapy is rare when done correctly but not inevitable. Axillary nerve injury responds well to conservative management but at times, it requires surgical intervention. In this study, we will report an interesting case of peripheral nerve injury with the challenge to find the underlying cause of the presentation and discuss a brief review of literature.

Keywords: Nerve Injury; Peripheral Nerve Damage.

INTRODUCTION

Peripheral nerve injury presentations vary from mild moreness to severe muscle weakness. Failure to diagnose and accurately treat patients with axillary nerve damage can lead to permanent disability and deformity. In this case report, we will discuss an interesting and challenging case to diagnose and treat axillary nerve damage along with a brief discussion on axillary nerve injury mechanism and management. This study report will also impart knowledge to new nurses and nursing students for proper administration of intramuscular injections (IM).

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CASE

A 38 year old healthy man was brought to the ER with complaints of right upper limb weakness, which started gradually and progressed over the right upper limb over a span of 5-7 days. The patient was unable to "make a fist", grasp objects, and was unable to comb his head for the last 2-3 days. On further examination, the patient was unable to abduct his shoulder. There was no sign of external injuries.

Further detailed history revealed that the patient was feeling muscle soreness of the right upper limb due to heavy weight lifting activities. Initially he went to local "pehelwan" shop (a famous shop in Indian localities who are non-certified experts in treating sprain, muscle soreness by passive active movements of the joint and muscles) 10 days back and he became alright there after. 7 days back, he had generalized abdominal discomfort for which he took an analgesic intramuscular injection in his right deltoid at a nursing home in his locality, when he immediately complained of pain and "electric conduction" along his shoulder border. Later, he

started having progressive weakness in the right upper limb.

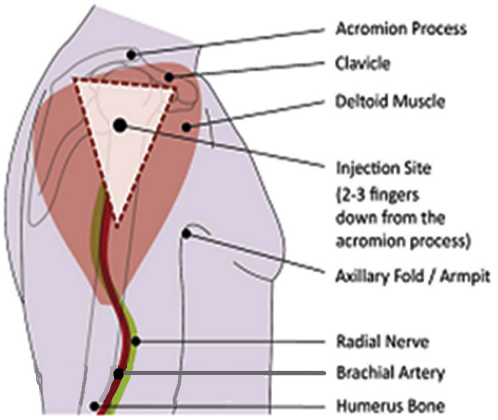
Based on the clinical profile and history, a provisional diagnosis of axillary nerve injury was made in the ER. Magnetic resonance imaging of the shoulder joint was advised, which did not reveal any bony injuries to the shoulder girdle. The patient was admitted under the supervision of a neurologist. Further investigations were done during the course of admission. The nerve conduction study (NCV) of the right axillary nerve showed decreased conduction in the right axillary nerve. Hence, the final diagnosis of axillary nerve injury was made, and conservative management with steroids and other supportive care, along with physiotherapy was initiated.

The patient recovered well after 3 days of hospitalization with further follow up in the physiotherapy department for the next 14-20 days. Post physiotherapy sessions, after 4 months, the patient recovered well and the weakness of right arm was reduced with improved strength in the right upper limb.

DISCUSSION

This was an interesting case of injection administration induced axillary nerve injury. Based on the history and presentation of the patient and after thorough examination and NCV study, it was concluded that the patient had suffered injury to the axillary nerve during administration of intramuscular injection into the deltoid muscle. Axillary nerve may get injured if the intramuscular injection in the deltoid muscle is not done appropriately (as per guidelines). Training medical professionals like nurses and doctors are sometimes caught in this argument of inappropriate injection administration injuring the axillary or sciatic nerve (most common). The safe triangle is demonstrated for intramuscular injection administration in the deltoid muscle (fig. beside). Iatrogenic axillary nerve injury can occur during intramuscular administration of analgesics, antiemetics, vaccines, steroids and sometimes antibiotics.[1] The landmark for intramuscular deltoid injection is 3 cm (fingers) below the acromion process. The most common mechanism to injury to the nerve are direct injury by needle, neurotoxic agent administration, constriction by scar tissue.[2]

The extent of nerve injury is determined by the nature of injury to the nerve (fig.). The neurological



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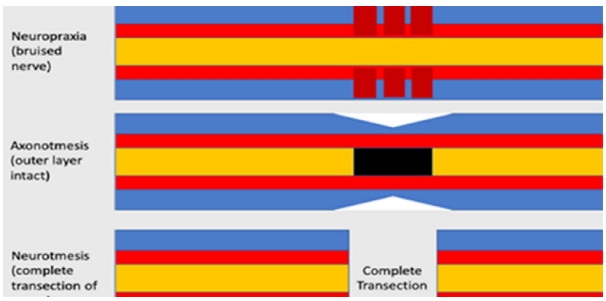
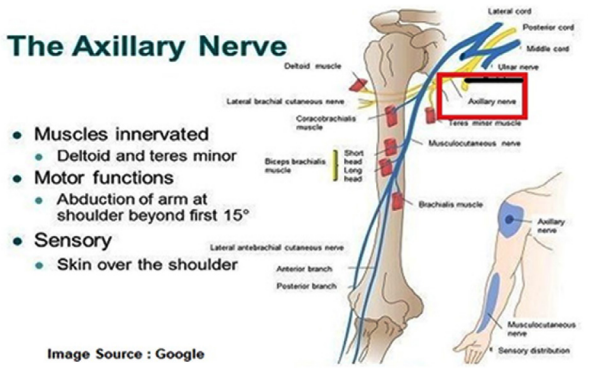
sequelae extends from minor sensory disturbance to major limb paralysis.[3] The axillary nerve supplies the major portion of the rotator cuff muscles (SITS muscle) the deltoid and the teres minor (figure). Thus, there will be functional loss of this muscle action arm abduction.



The management of nerve injuries depends on the extent of nerve injury. Electromyography and nerve conduction study are the diagnostic tests for nerve injury evaluation. MRI of the site will determine any anatomic injury to the bone or the soft tissue. Neuropraxia and axonotmesis requires medical management only with physiotherapy and rest for nerve regeneration. Neurotmesis requires skilled surgical repair. Normal duration for nerve



regeneration requires 4-6 months for complete recovery.

CONCLUSION

Peripheral nerve injuries can occur due to trauma or improper handling of the joints during physiotherapy sessions apart from infections. Injury due to intramuscular injections is rare. Proper training for landmark identification and injection administration must be trained for new-comer nurses and doctors. Though intramuscular injection leading to peripheral nerve injury is rare, still the damage that can lead to lifelong morbidity if not diagnosed and treated accurately.

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