

بسم الله الرحمن الرحيم





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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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**Effect of Pre-Instruction on Anxiety Level of Patients
Undergoing Upper Gastrointestinal Endoscopic
Examination**

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ABSTRACT

Upper gastrointestinal endoscopy is one of the most frequent performed procedures in medicine today. It is a non-surgical technique that can aid in diagnosing problems of upper digestive system. Its rule doesn't stand at this point but it is used as a therapeutic tool. The aim of the current study was to investigate if there was difference in anxiety level scores of patients who received pre-gastroscopic examination instruction compared to a control group.

It was hypothesized that: H₁, the state anxiety scores of patients who received the pre-gastroscopic instruction (PGI) would be lower than the state anxiety scores of the control group. H₂. The anxiety physical index scores of patients who received the PGI would be lower than the anxiety physical index scores of a control group. A sample of convenience of an equal number of 30 patients was obtained for both study and control group. Patients in the study group received the PGI designed by the investigator plus the routine hospital instruction only. The state - trait anxiety inventory was administered to both groups before and after the gastroscopy procedure. Also, the anxiety physical index was utilized to measure number of signs, symptoms of anxiety exhibited by each participant during the procedure.

T-test, chi-square analysis as well as correlation coefficient were used for analysis of data. The main findings related to gastroscopy examination (PGI) had less state anxiety than of a control group. Also, the total anxiety total physical index scores of the study group were lower than the total physical index scores of a control group.

The study emphasized the need for detailed information about the procedure and training in relaxation techniques.

CHAPTER I

Introduction

With the technology progression and with the introduction of fiber optic instruments and its engineering refinements over the last decade, upper gastrointestinal (UGE) endoscopies take its place as an important diagnostic tool (**Lanius, Zimmermann, & Heegewaldt. 1990**). This rapid advancement of endoscopic technology and its related equipment make endoscopy a safe and effective diagnostic tool (**Rosdahl, 1999**). **Shephard and Mason (1997)** commented that modern fiber optic gastrointestinal endoscopies (**GITE**) is not used as a diagnostic tool only but it can be used for management of gastrointestinal tract disorders.

Upper gastrointestinal endoscopy (**UGE**) is one of the most frequent performed procedures in medicine today (**Cooper, 1994 & Luu Duc et al., 1996**). Because of its safety and accuracy it accounts for approximately 70% of all investigations of gastrointestinal tract (**GIT**). This may be due to it gives more accurate evaluation of pathologic lesions in the esophagus, stomach and duodenum (**Catton & Williams, 1990**).

Upper gastrointestinal endoscopy procedure is a non -surgical technique that can aid in diagnosing problems of upper digestive system and it has proven to be a safe procedure with very rare complications (**Schaffner, 1994**). **Maree et al (1998)** commented that fiber optic instruments are superior to all other investigations regarding accuracy as it is more accurate than a barium x-ray and much simpler than exploratory surgery and it is safe and highly effective diagnostic technique. Upper gastrointestinal endoscopy