

Mona maghraby



بسم الله الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات

قسم التوثيق الإلكتروني



Mona maghraby



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

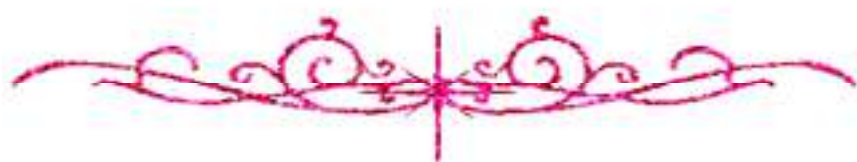
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B I A . A C

RANDOM STUDY ON THE EFFECT OF PRE-OPERATIVE COUNSELING ON PATIENTS BEFORE AND AFTER ENDOSCOPIC OPERATIONS

Thesis

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In
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By

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INTRODUCTION

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Laparoscopy is considered one of the first truly consumer driven medical advances. It is estimated that 30 to 70 percent of all gynecologic surgery currently performed via laparotomy incision could be completed by using the laparoscope (*Geier, 1995*). According to *Sutton (1999)*, almost 80% of classical gynecological operations can be performed by endoscopic surgery.

The term laparoscopy is derived from Greek. It is a composite of the two Greek words "*lapro*", which means the flank, and "*skopein*", meaning to examine (*Thompson et al., 1992*).

The first recorded case of a laparoscopic examination on a human was performed in 1910. It was done by a Stockholm doctor, *Jacobaeus*, who has used a direct insertion technique with no prior pneumo-peritoneum. The latter was first advocated by *Dr. Ndorff* from Chicago in 1920. The modern needle, which retracts the sharp point when negative pressure of the peritoneal cavity is encountered, was introduced by Veress needle (*Geier, 1995*).

Laparoscopy has gained wide applications in medical care at all its levels. Primary care providers can effectively monitor patients' potential

AIM OF STUDY

AIM OF THE STUDY

The aim of this study is to of three folds:

To compare the level of anxiety in the study and control groups after counseling.

To compare patients' level of pain in the study and control groups after counseling.

To correlate the severity of pain and anxiety with different variables.

REVIEW OF LITERATURE