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بسمه تعالی

خدا را شاکریم که بر ما منت خدمت گذاری عطا فرمود تا حضور اساتید گرامی و دانشمندان بزرگوار جراحی را در دومین کنگره میان دوره ای جامعه جراحان گرامی داریم.

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وروکوز کارسینومای مری

نویسندگان: دکتر لطیف قندیلی، دکتر جلال پور قاسم، دکتر ناصر ملک پور
آدرس: دانشگاه علوم پزشکی ارومیه

Verrucous carcinoma مری گونه نادر و متفاوتی از SCC می‌باشد اکثراً در حفره دهانی یافت می‌شود. تشخیص این تومور با توجه به درجه تمایز بالا مشکل بوده و نهایتاً بعد از گسترش موضعی آن صورت می‌گیرد. بعد از وقوع گسترش موضعی به ارگان‌های مجاور در گردن و مدیاستن این تومور از مرگ و میر بالائی (۶۱٪) برخوردار است. گسترش خونی آن تا به حال گزارش نگردیده است احتباس مزمن محتویات در مری، همراهی ویروس پاپیلومای انسانی که تمایل زیادی به سطوح اپی تلیال دارد با V.C گزارش گردیده است. مورد معرفی شده خانم ۶۵ ساله هستند که با شکایت اشکال در بلع جامدات که از دو سال قبل به تدریج شروع شده مراجعه نموده است. بیمار به دلیل دیسفاژی تحت عمل جراحی واقع شد و با برش Bilateral Hockey stick ناحیه گردن کاملاً Expose گردید لنفادنوپاتی واضح وجود نداشت. توده‌ی نسج نرم مری که حدوداً در ۲۰ سانتی متری دندان‌های پیشین (۵ سانتی متر پائین تر از کریکوفارنکس) وجود داشت رزکسیون گردیده و مری به صورت End to end ترمیم شد. بعد از تشخیص تومور، درمان ارجح جراحی بوده و روش‌های دیگر مثل رادیوتراپی توصیه نمی‌گردد. در صورتی که جراحی در مراحل اولیه تومور که هنوز گسترش رخ نداده است انجام پذیرد out come آن مطلوب خواهد بود.

کلید واژه‌ها: وروکوز کارسینومای مری

بررسی عوارض زودرس و دیررس ترمیم فتق‌های مغبنی عود کرده به دو روش Open preperitoneal و روش بدون کشش Lichtenstein

نویسندگان: دکتر علی انشایی، دکتر رحیم محمودلو، دکتر فرهاد وفایی، دکتر سیف اله رضایی

آدرس: دانشگاه علوم پزشکی ارومیه مرکز آموزشی درمانی امام خمینی (ره)، بخش جراحی

مقدمه: فتق مغبنی عود کرده یکی از مشکلات عمده جراحی فتق می‌باشد، که با احتمال عود مجدد بالا و عوارض جراحی بیشتر نسبت به ترمیم اولیه همراه می‌باشد، خصوصاً وقتی عمل مجدد از همان انسزیون قبلی انجام شود. این مطالعه دو روش Open preperitoneal و Lichtenstein را در ترمیم فتق‌های مغبنی عود کرده که قبلاً با برخورد قدمی عمل شده بودند، مورد مقایسه قرار می‌دهد.

روش کار: در این مطالعه که از نوع کارآزمایی بالینی می‌باشد، ۶۰ بیمار مرد ۶۰ - ۳۰ ساله با تشخیص فتق مغبنی عود کرده مورد ارزیابی قرار گرفتند. ۳۰ بیمار به روش Lichtenstein و ۳۰ بیمار دیگر به روش Open preperitoneal با تکنیک Wantz عمل شدند. انتخاب روش عمل جراحی در هر بیمار به صورت اتفاقی انجام می‌شد. بیماران با $BMI > ۳۵$ ، تحت درمان با استروئید، دیابت ملیتوس، اختلالات خونی و جنس زن و سابقه عمل جراحی شکم به جز هر نیورافی، از مطالعه حذف شدند. بیماران در هنگام ترخیص، هفته‌های ۶ و ۱۲ و ۳ پس از عمل مورد ارزیابی قرار گرفتند.

نتایج: میزان بروز عود مجدد در گروه Lichtenstein ۲۰٪ در مقابل ۳/۳٪ برای گروه Open preperitoneal بود ($p = ۰/۰۵$). میزان بروز آسیب عصبی (اختلال حسی یا نورالژی در درماتوم خاص) ۲۰٪ برای گروه Lichtenstein بود، در مقابل هیچ گونه یافته‌ای دال بر اختلال عصبی در گروه Open preperitoneal ($p = ۰/۰۱$). میزان بروز اریکت ایسکمیک ۳/۲۳٪ برای گروه Lichtenstein بود در مقابل هیچ گونه گزارشی در گروه Open preperitoneal ($p = ۰/۰۰۵$). سایر عوارض مورد بررسی مانند عفونت، هماتوم، ریتانسیون ادراری و آتروفی بیضه بین دو گروه تفاوتی نداشتند.

نتیجه گیری: بر اساس یافته‌های این مطالعه، روش Open preperitoneal برای ترمیم فتق‌های مغبنی عود کرده‌ای که قبلاً با برخورد قدمی عمل شده‌اند، روش ارجح می‌باشد و با عوارض کمتری همراه می‌باشد.

کلمات کلیدی: Open preperitoneal، Lichtenstein، herniorraphy

Repeated small bowel resection in a patient with Buerger's disease and intestinal involvement: Case report

Authors: Dr. Ali Enshaei, Dr. Seyfollah Rezaei, Dr. Alireza Entezari, Dr. Arash Moradi

Address: Department of general and vascular Surgery, Urmia University of medical sciences

Buerger's disease that also named thromboangiitis obliterans is a recurrent and an uncommon vaso-occlusive inflammatory disease, which typically affects small and medium-sized arteries, veins, and nerves of the upper and lower extremities. Mesenteric and multisystem involvement of two or more organs, is extremely rare. We report a 39-year-old high smoker man who had undergone four repetitive laparotomies and multiple small bowel resections for ischemic involvement of Buerger's disease. He had below the knee amputation of the right leg and finger of left hand because of that disease before bowel involvement. Histopathologic findings revealed that the arteries and veins of the resected small intestine were occluded with organized thrombi. Inflammatory cell infiltration was recognized mainly in the intima of distal branches of mesenteric artery. These findings are compatible with previous findings in histopathologic examinations of amputated extremities.

Key words: Buerger's disease, thromboangiitis obliterans, small intestine

Comparative Study of Three Techniques Used On Reduction Mammoplasty

Authors: Dr. Rafi Parnia , Dr. Ali Enshaei

Address: Department of reconstructive and plastic surgery, urmia University of Medical Sciences

Background & Aim:

Our study is a comparison of three techniques that used for reduction mammoplasty in Iranian women's with macromastia.

Method & Materials:

From 2005 to 2009 for 75 patients with macromastia reduction mammoplasty was done with different techniques and 68 patients followed.

In Group A, twenty patients operated with inferior pedicle, inverted T scar technique. In group B, twenty four patients operated with medial pedicle and vertical scar technique. In C group 22 patients operated with superior pedicle and vertical scar technique. Two patients operated with free nipple graft and inverted T scar. With questionnaire patient's satisfaction asked and all patients examined and followed with surgeon for complications such as scar nipple areola necrosis, hematoma, fat necrosis, glandular ptosis, partial areolar necrosis. Quality of breast projection and time of operation also recorded.

Results: On group A with 20 patients operated 8 patients had poor 4 intermediate and 8 good satisfactions. Six patients had, glandular ptosis, 2 partial paraareolar necrosis and 2 fat necrosis. Breast projections in 6 goods, in 7 intermediate and in 7 poor. Mean operation time in this group was 3.5hr. Scar revision done for 8 patients.

On group B twenty four patients 22 patients had good satisfaction and there was no complications. Mean operation time was 1.45 hr and in 7 patients vertical scar need to scar revision. Breast projection was good on 19 , intermediate on 4 and poor on one case.

On group C twenty tow patients operated with superior pedicle and vertical scar technique 18 patients had good satisfaction and there were no complications, but in 10 patients vertical scar need to scar revision. Breast projection was good in 12 cases intermediate for 8 and poor for 2 cases. Mean operation time was 2.15 hr.

Discussion: In our study medial pedicle and vertical scar technique had better results than others.

Circulating antigen detection in patient serum for diagnosis of cystic echinococcosis

Authors: Dr. Hazrati Tappeh kh, Dr.Uner A

Address: Department of Parasitology & Mycology, Faculty of Medicine, Urmia University of Medical Sciences, Department of Parasitology, Faculty of Medicine Ege University, Izmir – Turkey

Objectives: Hydatidosis is a major public health problem with a worldwide distribution in humans. The purpose of this study was to investigate the circulating antigen in the sera of CE patients.

Methodology: This study was performed on 188 sera which were taken from 181 patients who attended the various departments of Ege University of Medical Faculty and to the laboratory of Parasitology department with the suspicion of Cystic Echinococcosis (CE). Sera were tested with IHA and ELISA for Circulating antibodies and with Circulating Antigen-ELISA (CAG-ELISA) test for circulating antigen. All the patients were questioned personally and clinical data were obtained from the departments where they operated to confirm the diagnosis of CE and 53 serum specimens were shown to be taken from CE proven cases. Hydatid Cyst Fluid (HCF) harvested from the fertile cysts in the liver of the infected sheep was used both in preparing the ELISA and IHA tests for detecting antibodies and for immunizing the rabbits to obtain immune serum. Specific polyvalent immunoglobulin's required for CAG-ELISA test in detecting the circulating antigen for CE in sera, were obtained from the rabbits which were immunized against hydatid cyst antigen and used after being purified with ammonium sulphat $(\text{NH}_4)_2 \text{So}_4$ precipitation and gel filtration column chromatography performed in the molecular biology department.

Results: in 82 specimens with ELISA and in 81 specimens with IHA presence of antibodies, over the cut-off values, in varying titrations were shown out of 188 specimens. In 2(1.1%) patients who were found to negative by both IHA and ELISA, presence of CE was shown after the surgical operation. The specificity (79.26%) and sensitivity (88.68%) of IHA and specificity (78.52%) and sensitivity (90.57%) of ELISA tests were found. In 24(45.6%) specimen with CAG-ELISA test circulating antigen were detected in values over the cut-off level. All patients with positive CAG-ELISA are also confirmed with the personal data obtained from either personally or from the clinics where they were operated.

Conclusion: These results indicated that it will be great help to assess antigen detecting tests in additional to antibody detecting tests. in the serodiagnosis of patients with the suspicion of CE.

Key words: Hydatidosis, Cystic echinococcosis, CAG- ELISA, IHA, Circulating antigen

A case of clinical eccrine porocarcinoma (malignant eccrine poroma)

Authors: Dr.Hassan Latifi, Dr.Peyman Mikaili, Dr.Navid Ahmadi Rozbehani, Dr.Shahram Taherian

Address: Department of Otolaryngology, department of Pharmacology, department of Maxillofacial Surgery, Faculty of Medicine, Urmia University of Medical Sciences

Introduction: Eccrine poroma is a benign adnexal tumour of the uppermost portion of the intra-epidermal eccrine duct and the acrosyringium. Malignant eccrine poroma was first described in 1963 by Pinkus and Mehregan, using the term epidermotropic eccrine carcinoma. It is regarded as the rare malignant counterpart of eccrine poroma, a benign tumour of the intraepidermal eccrine sweat duct (acrosyringium), which was first described in 1956. Clinically, it appears as a single slow-growing, symptomless, soft, well-circumscribed papule, plaque or nodule, pink-to-red in color, with a surface ranging from smooth to verrucous, occasionally ulcerated. To our knowledge there is no report of malignant eccrine poroma in the face and infra-orbital region in the literature.

Subject and Methodology: A 72-year-old man presented with a large and painless verrucous crusted swelling over the infra-orbital region of left cheek. The lesion in lesser mass was present for 30 years and had been more rapidly growing over the recent 10 years with by watery papules and nodules. The patient had a 5 x 5-cm crusted and ulcerated nodular growth that was fixed to underlying structures. The traditional and non-invasive therapies were unsuccessful. In the examination, the other parts of the head, especially the pharyngeal and nasal pass ways were anatomically and physiologically normal. The eye movement was normal. The CT scanning documents, there were no bone abnormalities or involvements. The results of the laboratory tests were also normal. Subsequent excision biopsy was available for study. The patient underwent general anesthesia and a total excision of the growth. The lesion had some adhesions to the underlying tissues with slight bleeding. The wound was repaired with advanced flap. The specimen received for histopathology showed a mass measuring 5 x 5-cm with excision margins. Skin over the swelling was red and ulcerated. Cut section of the tumor revealed a gray-white relatively homogeneous surface.

Results: More microscopic examination of the slide showed groups of cells against an inflammatory background. These cells had a very high nuclear:cytoplasmic (N:C) ratio, hyperchromatic nuclei and scanty basophilic cytoplasm (basaloid cells). Cells exhibited marked pleomorphism. No definitive pattern was observed. The background was inflammatory and not necrotic as one sees in a squamous cell carcinoma. Moreover; individual cells were also not seen. A diagnosis of malignant adnexal tumor was made and excisional biopsy advised. Also there were acanthosis, papillomatosis, some hyperkeratosis, and focal ulceration had occurred. Within the epidermis and dermis there were multiple nests of tumour cells which had smaller more darkly staining nuclei and less cytoplasm than adjacent squamous cells.

Conclusion: Eccrine porocarcinoma has been reported most frequently in lower extremity (44%), trunk (24%) and head (18 %). A few cases have been reported in the upper extremity (8%) and hand (3%). Our report is one of the rare reports of this type of the tumor in the face and infra-orbital region. As almost the patients have a long history of eccrine poroma, we suggest that the early diagnosis and surgical intervention should be taken to prevent changing the benign into malignant process. In this case, finally the lesion repaired and the wound completely resolved.

Keywords: Malignant eccrine poroma, eccrine porocarcinoma, facial involvement, surgical excision, histopathological study

Complications in abdominoplasty review of 104 patients

Authors: Dr. Ali Enshaei, Dr. Rafi Parni, Dr. Seyfollah Rezaei

*Address: Department of reconstructive and plastic surgery, Urmia University
of Medical Sciences*

INTRODUCTION: Abdominoplasty is one of the most popular body-contouring procedures. However, it is associated with a significant number of complications. In this study, we analyzed postoperative complications following abdominoplasty and evaluated the presence of statistically significant correlations between pre-existing risk factors and postoperative complications.

METHODS: We carried out a retrospective chart review of all patients who underwent abdominoplasty from March 1997 to December 2009 at our institution. All patients had a 'full' abdominoplasty with undermining to costal cartilage and repositioning of the umbilicus. Patient demographics, risk factors (smoking, previous abdominal surgery, obesity, and male gender) and complications such as seroma, hematoma, partial and total flap and umbilical necrosis were noted from the patient's medical record.

RESULTS: In all, 104 patients were included in the study (98 female and 6 male), with a mean age of 39 years at the time of surgery 28 years to 55 years old. Mean weight were 76 kg 61 to 95 kg. Minor and major complications were seen in 18 patients. No death occurred after surgery. Seroma that occurred in 14 patients were the most complication that all managed with conservative treatment. Right pulmonary emboli occurred in one obese patient and recovered one week after surgery. Wide skin loss occurred in one obese and heavy smoker women who smoked during postoperative period and healed tow month after stopping her smoking. Limited skin loss occurred in six patients that in all patients healed with daily dressing and without need to surgery. Loss of umbilicus occurred in one obese patient that need to closure of umbilicus. Three patients need to revising operations.

CONCLUSION: Despite its popularity, abdominoplasty is still associated with a significant rate of complications. In particular, obese and smoker patients and those with no previous history of abdominal surgery seem to be at risk for complications.

کیفیت زندگی و ابعاد آن در زنان ماستکتومی شده

نویسنده: دکتر محسن حسن زاد آذر

آدرس: دانشگاه علوم پزشکی ارومیه

مقدمه: سرطان پستان شایع‌ترین، پرتلفات‌ترین و از نظر عاطفی و روانی تاثر انگیزترین سرطان در بین زنان ایرانی است. در سال ۲۰۰۲ حدود یک میلیون و صد و پنجاه هزار مورد جدید سرطان پستان در جهان گزارش گردیده و ۱/۵ میلیون مورد جدید در سال ۲۰۱۰ پیش بینی شده است. تشخیص سرطان پستان و به دنبال آن ماستکتومی حادثه‌ای بسیار استرس‌زاست که تأثیری عمیق بر ابعاد مختلف زندگی از جمله سلامت جسمی، روحی و رفاه اجتماعی دارد. ارزیابی کیفیت زندگی، اطلاعات با ارزشی در اختیار قرار می‌دهد و موجب غنای مداخلات بهداشتی - درمانی می‌گردد. هدف از این مطالعه بررسی کیفیت زندگی و ابعاد آن در زنان مبتلا به سرطان پستان می‌باشد که جراحی ماستکتومی نیز داشته‌اند.

مواد و روش‌ها: پژوهش حاضر یک مطالعه توصیفی است که بر روی ۱۰۰ زن ماستکتومی شده مراجعه کننده به مرکز تحقیقات هماتولوژی انکولوژی تبریز انجام گرفته است. نمونه گیری مبتنی بر هدف بوده و ابزار گردآوری داده‌ها، پرسشنامه تلفیقی SF36، کیفیت زندگی سوئدی و کیفیت زندگی بیماران سرطانی بوده است. اطلاعات جمع آوری شده در نرم افزار آماری SPSS ver14 مورد تجزیه و تحلیل قرار گرفت.

یافته‌ها: نتایج این پژوهش نشان داد که کیفیت زندگی اکثریت زنان جراحی شده در بعد جسمی نامطلوب (میانگین ≥ 78)، در بعد روانی نامطلوب (میانگین ≥ 29)، اما در بعد اجتماعی مطلوب بوده است (میانگین < 41). نتایج همچنین حاکی از آن بود که کیفیت زندگی کلی در واحدهای مورد پژوهش نامطلوب بوده است (میانگین ≥ 148).

بحث و نتیجه گیری: از آنجا که ماستکتومی و سایر درمان‌های مرتبط با سرطان پستان تصویر ذهنی فرد و همچنین کلیت فرد را که متشکل از ابعاد جسمی، روحی، روانی و اجتماعی و معنوی است تحت تأثیر قرار می‌دهد اطلاعات بدست آمده از بررسی کیفیت زندگی می‌تواند پرسنل بهداشتی را در ارائه بهترین اقدامات یاری نماید. ما می‌توانیم با بهبود کیفیت زندگی، بیمار را برای سازش با سرطان و درمان‌هایی مثل ماستکتومی آماده نماییم.

کلید واژه‌ها: سرطان پستان، کیفیت زندگی، جراحی

Assessment of efficacy and complications of establishing arteriovenous fistulae at snuff box on 250 patients with chronic renal failure from 2000 to 2009 in imam khomeini hospital urmia - iran

Authors: Dr.Ali Enshaei, Dr. Rahim mahmodlou, Dr. Seyfollah Rezaei, Dr.Arash Moradi

Address: Urmia University of Medical Sciences

Subjective: Prospective descriptive study was done to evaluate complication rate and efficacy of arteriovenous fistula in snuff box site.

Method: 250 patients with chronic renal failure were selected for creating arteriovenous fistula in snuff box and selection criteria were:

- 1-The same limb hadn't been catheterized.
- 2-Systolic blood pressure (SBP) was at least above 100 mmhg
- 3-Having normal Allen's test.
- 4-The veins were visible, and open from snuff box to antecubital crease.

Snuff box site was anesthetized by injecting 10cc of 2% xylocaine , the skin over the vein was opened by a 4-5cm incision , artery and vein found and side-to-side anastomosis was done with prolene 7-0 thread. Dilatation of vein and artery was done and distal portion of the vein was lighted after anastomosis. The Patients were evaluated for efficacy of fistula 1,3,7 days , 1 month and 6 month after the procedure and also complications such as: thrombosis , limb edema , venous hypertension , fistula failure bleeding , aneurism formation and arterial steal syndrome.

Results:

Patients were 58% male and 42% female. Chronic renal failure was due to diabetic nephropathy, hypertension, glomerulonephritis polycystic kidney diseases and others. Efficacy of fistula in first month was (%86) from 1 to 6 month (%78) after 6 month (%68). Complications were: thrombosis %14, fistula failure% 22, limb edema %2, venous hypertension% 3/5, bleeding %1/3, and aneurysm % 1 wound infection % 1 and arterial steal syndrome not found. Complications were more in diabetic group.

Conculosion:

Arteriovenous fistula formation on snuff box is easier than other techniques and has low complication rate but need to careful selection of patients especially in diabetic group.

Breast – Feeding and Reduction Mammoplasty

Author: Dr.Ali Enshaei,Dr.Alireza Moradi,Dr.Sefollah Rezaei

Address: Department of reconstructive and plastic surgery, Urmia University of Medical Sciences

Background & Aim:

Our study we assessed the patient's ability to breast feeding after reduction mammoplasty from 2004 to 2009.

Method & materials;

75 patients with macromastia operated for reduction mammoplasty with different techniques.All patients followed for their pregnancy and breast – feeding ability and state after operation. Techniques and time of pregnancy and breastfeeding ability also compared before and after surgery.

Results:

For 75 patients with macromastia reduction mammoplasty were done with in different techniques and only 68 patients followed completely.

22 patients operated with vertical scar and superior pedicle technique, 24 patients with vertical scar and lateral pedicle, 20 patients with inverted T scar and inferior pedicle and 2 patients with free nipple graft technique. Only 5 patients had pregnancy and breast – feeding after reduction mammoplasty that 4 patients operated with areola saving Techniques one with free nipple graft.four patients who operated with areola saving Techniques had successful pregnancy and breastfeeding after operation three of that patients had breast feeding history before operation and there was no difference in before and after breastfeeding.

One patient who had free nipple graft was unable to breastfeeding after operation.

Discussion:

In our study all patients who operated by areola nipple saving Techniques had no problem on breastfeeding.

Effect of different concentration of hypertonic saline in different times on protoscoleces of hydatid cyst isolated from animals liver and lung

Authors: Dr. Hazrati Tappeh KH, Dr. Einshaei A, Dr. Mahmoulou R, Dr. Mohammadzadeh H, Dr. Tahermaram M

Address: Dep. of Parasitology & Mycology, dep of Surgery, faculty of medicine, Urmia University of Medical Sciences

Hydatid cyst is a larval stage of *Echinococcus granulosus* which is Cestode and causes disease in human and certain mammals. In Iran stray dogs and herds are mostly infected with mature worm while human and farms animals are infected with larval form in high amounts. The choice for treatment of hydatid cyst is still surgery. Most surgeons inject scolocidal materials into cyst before or after its removal. Since any contamination to normal sit will cause re-growth of the same cyst. The aim of this study was to determine the lethal effect of hypertonic saline in different doses and different times on protoscoleces of lung and liver.

From the central city abaculus liver and lung of killed animals was obtained. It was transferred to university parasitological lab immediately. The hydatid cyst fluid was aspirated with 10 mm syringe and poured into a 15cc tubes. The movement of protoscoleces and stain with 0.1% eosin was the test to determine viability of protoscoleces. Those with color absorption were those which were not viable. Different concentration of hypertonic saline was given at different time. 1%,2%,3%,4%,5%,6%,7%,8%,9%,10%, 20% in different times 1,2,3,4,5,6,... up to 30 minute.

The results showed, 20% of hypertonic saline in 4th minute 80% of protoscoleces were alive while in 5th minute 50% were alive, in 7th minute 20% and in 8th minute 5%, 9th minute all of them were dead. In 10% concentration up to 9 minute 50% were alive and in 18th minute 20%, in 30 minute 10% of protoscoleces were alive. In 5% concentration up to 10 minute 90% were alive while in 22nd minute 80% and in 30 minute 70% of protoscoleces were alive.

When we inject 20% hypertonic saline into cyst cavity there is probability that the cyst contaminates the bile duct and liver through small hole we made. This material may cause wide spread necrosis of liver. We should use 10% hypertonic saline minimally for 45 minute before surgery and after cyst removal. Since the hypertonic saline it self may cause injury to biliary system.

Keywords: Hydatid cyst, Hypertonic saline, Time, Protoscoleces, *Echinococcus granulosus*

The efficacy and post-operative complications of functional endoscopic sinus surgery in western Iran, Urmia

Authors: Dr. Hassan Latifi, Dr. Navid Ahmadi, Rozbehani, Dr. Shahram, Taherian, Dr. Peyman Mikaili

Address: Department of Otolaryngology, department of Maxillofacial Surgery, department of Pharmacology, Urmia University of Medical Sciences

Background and Objectives: Endoscopic nasal sinus surgery, like traditional sinus surgery, is associated with serious risks. Complications such as blindness, lacrimal dysfunction due to injury of the lacrimal drainage system, ocular motility dysfunction, orbital hematoma, leakage of CSF, damage to brain tissue or vessels in the anterior cranial fossa, brain abscess, pneumocephalus, carotid artery-cavernous sinus fistula, and death have been reported. Due to lack of the data about the frequencies of the post-operative convalescence and complications in western region of Iran, this study prospectively analyses the complications following functional endoscopic sinus surgery (FESS).

Methodology: This study has been approved according to the guidelines of the Medical Ethics Board of Urmia University of Medical Sciences (MEB-UMSU). The method of the data collection was done by the questionnaires. These sheets included asking some information about post-operative status and complications of the patients, who underwent FESS. The patients were either visited face-to-face by the questioners or were called by the phone. This study is a descriptive cross-sectional study of all 63 subjects underwent FESS during 21st March 2003 to 20th March 2004 referred to the otolaryngology ward in Imam Hospital of Urmia University of Medical Sciences. The evaluated items include the frequencies of convalescence and complications of the FESS, including: epistaxis, anosmia, diplopia, headache, periorbital ecchymosis and loss of visual acuity.

Results: The data were entered from master sheets into the computer. The results showed from 63 cases underwent FESS, 58 patients (92.06%) completely improved their sinus function. In the rest three cases (4.76%) had been relatively repaired. And unfortunately, 2 cases (4.76%) did not gain their healthy sinus function. The main complaints included 24 (38.09%) nasal closing, recurrent nasal hemorrhages 5 (7.93%), respiration complications 8 (12.69), headache 15 (23.80%), foreign bodies 2 (3.17%) and retropharyngeal discharges 9 (14.28%). 57 cases (90.47%) had no complications and the rest 6 cases (9.53%) had at least one complication. These six patients with the complications, four cases (67%) had epistaxis, 2 cases (33%) had headache.

Conclusion: A thorough preoperative evaluation of the posterior maxilla to exclude an unfavorable anatomical situation and/or a preexisting asymptomatic pathologic paranasal sinus remains the key factor to avoid postoperative problems. In cases in which a complication occurs, the surgical protocols presented by the authors might be a rational treatment proposal. In this study from 63 cases underwent FESS 58 patients (92.06%) completely improved their sinus function. In the rest we had relatively repair (4.76%). No major complications such as significant hemorrhage requiring blood transfusion, meningitis, or cerebrospinal fluid leaks were encountered during or after surgery, although generally reasonable bleeding was the major complain. According to the results of this study and comparing the similar studies in the literature, we may conclude that the functional endoscopic sinus surgery can be considered a relatively safe method with low rate of the significant complications. But preoperative precise evaluation of the patients can decrease the rate of possible complications and can increase the postoperative repair in the patients underwent functional endoscopic sinus surgery.

Keywords: Functional endoscopic sinus surgery (FESS), post-operative complications, Iran

Profile of the nasal bone fracture in the patients admitted in Imam Khomeini Hospital of Urmia

Authors: Dr. Hassan Latifi, Dr. Peyman Mikaili, Dr. Reza Samarei, Dawood Nasr-Arkan, Kaveh Latifi

Address: Department of Otolaryngology, department of Pharmacology, Student of Medicine Urmia University of Medical sciences, Student of Medicine, Faculty of Medicine, Teheran Azad University

Introduction: Nasal bone fracture is the most common fracture in the maxilla-facial region of the head. Green stick fractures may occur in any ages before completion of the bone calcification, but more commonly, it occurs in younger ages especially in neonates. In the adult cases, the nasal bone fracture occurs in two types: cross right and frontal blow. The former is caused by the trauma to one side of the nose, which causes to divert both nasal bones to the same side. In the latter, the trauma is rostrally and the nasal bones are stuck deeply into the face. Regarding the local and cultural factors in these conditions, we designed this study to elucidate more clearly the exact influencing factors and causes in nasal bone fracture in northwestern Iran. The results of this study may be useful for the researchers and public health policy makers in the community like the Middle East and Caucasian region, because of some cultural similarities.

Subjects and Methodology: All patients with nasal bone fractures to the main state hospital (Urmia Imam Khomeini), were included in the study during 2000-2007. All necessary information were recorded, including the gender, age, etiology of nasal bone fracture, occupation, urban or rural residency, and the type of nasal bone fracture, including lateral or frontal. The p-value more than 0.05 was considered as significant.

Results: Of total 350 patients, 262 cases (74.8%) were men and 88 cases (25.2%) were women. Of all cases, 38 patients were in age group 1 month to 10 years old, 142 cases in 11-20, 96 cases in 21-30, 41 cases in 31-40, 18 cases in 41-50 and 15 cases had more than 50 years old. in the age group of less than 1 month, there were no nasal bone fractures. The causative factor of 350 nasal bone fracture, 117 cases (33.4%) were due to struggles and fracas, 119 cases (34%) due to falling, 43 cases (12.3%) because sport accidents, 51 cases (14.6%) due to car accident, and 20 cases (5.7%) motor-bike accident. The fractures were 280 cases of lateral (80%) and 70 cases (20%) of frontal type. The green stick fracture was not reported. There were no significant difference in urban (n=212) and rural (n=138) nasal bone fracture ($p > 0.05$). In urban pattern 171 cases (80.6%) lateral and 41 (19.3%) frontal and in rural regions 109 cases (78.9%) and lateral cases 29 (21.01%).

Conclusion: The results of this study revealed a clear profile for the public health policy makers to plan the programs for preventing or at least, minimizing the nasal bone fracture rates in such societies. According to the findings of our study, the followings are suggested: instructing the people to enhance the cultural level to improve the interpersonal and individual interactions through mass media; enhancing the safety of pedestrian ways and crowded public places (to prevent the danger of falling); instructing people to observing the traffic rules to decrease the accident dangers; obligation of using the safety cap for motor-cyclists; and observing the safety codes high risk sport fields.

Keywords: Nasal bone fracture, facial fractures, incidence, surgery, Northwestern Iran

Acceptance of mastectomy by breast cancer patients

Authors: Samereh Eghtedar, Nader Aghakhani

Address: Urmia University of medical sciences

Introduction: Mastectomy comprises % 81 of surgeries done for treatment of breast cancer. Mastectomy may create feelings such as deformation or impairment in patients, cause body-image disorder, and reduce sexuality and sexual activity, subsequently may prone to other disorders. women continue to suffer psychological distress during treatment that influences cancer recovery significantly. Depression and anxiety are correlated with Mastectomy and many women suffer from both types of symptoms. Women with symptoms of depression and anxiety often experience reduced quality of life. Psychological interventions improve cancer patient's quality of life. Mastectomy presents unique emotional challenges to patient at various stages of illness. Early detection and intervention is important to physical and psychological wellbeing as well as overall quality of life.

Methods: Descriptive study has been done on 100 women. These patients referred to Hematology & Oncology clinic in Tabriz. The tool of data gathering was a questionnaire consisting of 3 parts: socio demographic characteristics, clinical variables and quality of life instrument.

Results: Majority of patients (64.6%) had undesirable psychological status. Also we found that psychological condition is weaker than other dimensions of quality of life (Compared with physical and social dimension of quality of life).

Women's reported not enough emotional support received about stress and anxiety.

Discussion: These patients exposed to psychological distress. Early diagnosis of psychiatric symptoms and a psychological problem is significant for early intervention. High level education and consulting can improve the quality of life.

Key words: Mastectomy, Breast cancer, psychological problems

Complicated hydatid disease of the liver

Authors: Dr.Ali Enshaei, Dr.Alireza Entezari,Dr.Seyfollah Rezaei

Address: Department of General surgery, Urmia University of Medical Sciences

Introduction: Hydatid cysts of liver may complicated by rupture infection, fistulization and calcification. Infection may occur in calcified hydatid cyst. Surgical management of huge calcified cysts is a problem especially when they are infected. We studied the surgical outcome of huge calcified liver hydatid cysts. Methods and materials: Prospective study was done in Imam Khomeini referral hospital of west Azerbaijan province of IRAN from 1998 to 2006. Our cases include patients who had above 5 cm calcified liver hydatid cyst. Twenty three patients selected and for all patients after drainage of cyst calcified cavity were filled with omental path if possible and then cavity drained to out of abdominal wall by folly catheters.

Results: 13 patients referred or presented with fever and infectious manifestations and ten without fever. All patients had bilious material inside cysts. In 5 patient's cyst wall ranged from 1 cm to 2.5cm in thickness. Post operative billoma collection that not drained sufficiently by folly catheter occurred in tow patients that need to reoperation. In one patients how had cyst wall thickness of 2.5cm external bile drainage timed 20 month, in 5 patients for 3-4 month and others for mean of 16 days.

Conclusion: simple drainage and filling with omental path plus external drainage of calcified huge liver hydatid cysts are safe and tolerable to ill patients.

Nurse Role, Responsibility and Ethical Codes for Patients in Surgical Wards

Authors: Nader Aghakhani, Samereh Eghtedar, Hamideh Karimi

Address: Urmia University of Medical Sciences

Nurse cares for patients continuously and takes care of their patients, making sure that they can live properly, seeing that they get enough fluids and enough nourishment, helping them rest and sleep, making sure that they are comfortable, taking care of their need, and helping them to avoid the harmful consequences of being immobile, like stiff joints and bed sores. He/She often makes independent decisions about the care the patient needs based on their problems that may occur.

Thus the nurse must understand medical conditions, their responsibility and ethic codes about their patients. He /she is personally responsible and accountable for ensuring that nursing practice and follows current legislation, standards and policies relevant to the profession or practice setting, participates in quality improvement activities and assesses their practice and takes the necessary steps to improve personal competence.

Ethical roles of nurse are report of unskilled practice or professional misconduct to appropriate person, agency or professional body. Practice with honesty, integrity and respect, protect and promote a client's right to autonomy, respect, privacy, dignity and access to information, create organizational and human support systems, and the resource allocations necessary for safe, competent and ethical nursing care for patients.

Status of the resectable laryngeal cancer in the patients admitted in Imam Hospital of Urmia

Authors: Dr. Hassan Latifi, Dr. Peyman Mikaili, Dr. Majid Kassiyanzadeh, Dr. Kaveh Latifi

Address: Department of otolaryngology, department of Pharmacology, Student of Medicine, Urmia University of Medical Sciences, Student of Medicine, Faculty of Medicine, Teheran Azad University

Introduction: Laryngeal cancer accounts for 2% of total human cancers and also 30-35% of cancers of head and neck. Before 1860s, laryngeal cancer was rarely recognized. Different types of neoplasms involve laryngeal region, including sarcoma, adenocarcinoma, cylindroma, lymphoma, histiocytoma etc. Although the laryngeal cancer seems to be common in the northwestern Iran, to our best knowledge, it has been poorly documented. The aim of this study is evaluating the clinical and statistical profile of laryngeal cancer in northwestern Iran in detail, including information about etiology, clinical manifestations and usual treatment methods in a three year long study.

Subjects and Methodology: This study was performed in the period of three years on the all referred patients (n=50, male to female ratio: 48:2) with laryngeal cancer, accepted in the major state Imam hospital of Urmia. The medical documents of all accepted patients were completely recorded. They all underwent laryngoscopy and biopsy samples were collected. Their laryngeal cancer was approved by pathological tests in the medical center. Of all 50 patients, 46 cases (92%) underwent surgery and/or radiotherapy. Only 4 patients (8%) after primary diagnosis discharged or transferred to other medical centers, thus, we missed them and we could not follow them up anymore.

Results: Almost all of 50 studied patients (m=48, f=2) were in 7th and 8th age decades. The average of malignancy occurrence age was 65.5 years for female and 62.3 for male patients. In the drawn age graph, 31 cases are located above and 17 cases below the average value. Regardless the gender, the average age of malignancy occurrence is 62.5. The results showed that 90% of the patients were smokers and only the rest 10% had no smoking history. More than the half of the patients had signs of voice changes. 98% (n=49) of pathological lesions of laryngeal cancer were detected as SCC and only one case (2%) was as adenocystic carcinoma. The results of our study showed the incidence of cancers of glottis origin are 56% and the supraglottic, was 40%, with no cases (0%) of infraglottic origin. In our study, 90% of the cases were smokers and 70% of latter had 20-year long smoking history. Statistically, there was a significant relation between smoking and laryngeal cancer ($r > 0.89$; $p < 0.01$).

Conclusion: For about 90 percents of the patients, we may consider a survival of 5 years. But if the cancer spread to the infraglottic or inner posterior parts of the larynx, the five-year survival decreases to 70 percents of them. The patients should be educated so that they do the follow-up visits, although the surgery has been successfully done. This is because, sometimes the tumor, even after a radical excision, may proliferate and remised, and then the common therapy will fail. We propose educational programs for the patients after laryngeal cancer surgery.

Keywords: Laryngeal cancer, incidence, surgery, etiological study, Northwestern Iran

Thyroid malignancies in West Azarbaijan province Imam Komeini Hospital, Iran

Authors: Dr. Ali Enshaei, Dr. Rahim Mahmoulou, Dr. Seyfollah rezaei, Dr. Arash Moradi

Address: Department of thoracic and general surgery, Urmia University of Medical Sciences

Objective: Cancer is the third leading cause of death in Iranian population. Descriptive epidemiology provides a better understanding of the etiology of cancer and the development strategies. The aim of this study was to present a descriptive epidemiology of primary thyroid cancer in Urmia Emam Khomeini Hospital, Iran, using cancer registry data.

Subjects and methods: This is a retrospective descriptive study of the charts of 215 patients admitted with the diagnosis of thyroid malignancy based on pathologic reports in the above- mentioned hospitals from 1992 to 2008. All cases of thyroid cancer registered from 2002 to 2007 in Urmia Emam Khomeini Hospital were used for this study. Patients followed and data collected and analyzed.

Results: females to males ratio was 7.5. Mean age was 43.5. The mean age of diagnosis for females was significantly lower than that of males. Eithy three percent of tumors were papillary, 8% follicular, 7% medullary, and the rest were other subtypes. The papillary and follicular variants occurred in younger age years, respectively; the medullary and anaplastic variants occurred in older age: over 50 years. A 5-year survival rate was 80%.

Conclusions: there was no history of thyroid cancer risk factors in ninety percent of our patients'.

Post Mastectomy Reconstruction with TRAM Flap

Authors: Dr. Ali Enshaei ,Dr. Ladan Gorbani ,Dr. Rafi Parnia

Address: Department of reconstructive and plastic surgery, Urmia University of Medical Sciences

Background and aim: Breast reconstruction after mastectomy is primarily carried out to improve the patients' quality of life. The most commonly used autologous tissue for reconstruction is the transverse rectus abdominis musculocutaneous flap (TRAM). We used the TRAM flap be transferred as pedicled flap. This study was carried out to evaluate the efficacy and complications of this operation.

Patients and Methods: Fifteen female patients with operable breast cancer consented to immediate and late breast reconstruction during the period from March 2003 to December 2008.

All patients had a unilateral pedicled TRAM flap reconstruction. Nine patients had late reconstruction and six immediate. Flap related early complications such as total necrosis, partial necrosis; hematoma, final aesthetic result patient satisfaction and abdominal wall hernia were recorded.

Results: There was six patients experienced partial distal ischemia of flap that healed without need to operation. Hematoma were found in five patients. None of the patients developed total necrosis and abdominal wall hernia. All patients's had satisfaction with the result of the operation.

Conclusion: Pedicled TRAM flap is a reliable and easy technique that will produce good aesthetic results.

Prevalence of Cataract Surgeries in the Hospitalized Patients in Urmia

Authors: Nader Aghakhani, Nureddin Sharif, Samereh Eghtedar, Narghes Rahbar, Fariba Sobhdel

Address: Urmia University of Medical Sciences

Back ground: It is commonly a disease of middle-age and geriatric age and the main factor in low vision and the commonest cause of preventable blindness worldwide. We reported the prevalence of cataract surgeries in patients aged 30 years and older, Urmia, Iran

Methods: This cross-sectional descriptive study was carried out in April 2004 to March 2008 in Emam Khomeini hospital, Urmia University of Medical Sciences. Records of patients aged 30 years and older for 5 years were studied. The demographic information was collected.

Results: A total of 962 of the cataract patients were participated. The patients ranged in age from 30 to 85 years and 59.8% were men. Cataract surgery was done for the first time for 90% of them. The majority of patients (23%) were between 60-70 years old. Most of patients (33.1%) were hospitalized in 2005 to 2008. Duration of hospitalization was 2-3 day in 45.3%.

Conclusions: The expected increase in the prevalence of cataract with the aging of the population highlights the need to plan appropriate medical services and public health interventions for primary and secondary prevention.

Keywords: cataract surgery, prevalence, Urmia, Iran

توانبخشی، انطباق نقش و مشکلات روانی در بیماران جراحی پیوند عضو

نویسندگان: نادر آقاخانی، سامره اقتدار، حمیده کریمی، مهناز حاجی محمدیان

آدرس: دانشگاه علوم پزشکی ارومیه

بیش از ۱۰۰ سال است که در حیوانات پیوند اعضای بدن انجام شده است اما انجام این کار در انسان نسبتاً کم و دشوار است. عمده عامل محدود کننده این کار در انسانها کمبود عضو اهدایی است. این کمبود باعث مشکلاتی برای اختصاص عادلانه و موثر اعضای اهدایی می‌شود.

پذیرش نقش توسط بیمار، دارای اهمیت اساسی در همکاری بیمار با درمان گروه پزشکی است. شاید انکار بیماری رایج‌ترین مکانیزم دفاعی روانی در این افراد است که هر چند در اشکال خفیف‌تر، ولی تا حد زیادی می‌تواند در توانایی پذیرش و آمادگی با بیمار و بعد تشخیص یک بیماری مزمن دخالت داشته باشد. در بیماران پیوند عضو، عدم پذیرش موضوع بیماری توسط خانواده اثرات مخربی بر روی بیمار و توانایی وی برای تنظیم و کنار آمدن با مشکل دارد. بیمارانی که به صورت ناگهانی و غیر منتظره با مشکل نارسایی عضو مواجه می‌شوند ممکن است به خصوص در معرض انکار حاد ناسازگارانه قرار گیرند که خود می‌تواند در عدم همکاری با درمان‌های پزشکی و در نتیجه ناپایده گرفتن عوامل خطر قابل پیشگیری (برای مثال، مصرف دخانیات، استفاده از مواد مخدر و انکار شدید بیماری شایع‌ترین دلیل برای بیماران امتناع پیوند است) موثر باشد. بیمار اغلب نیاز به مقابله با مشکلات در حوزه‌های مختلف (به عنوان مثال، شغلی، جسمی و اجتماعی) دارد و می‌تواند مشکلات غیر منتظره (به عنوان مثال، تغییر در وضعیت مالی) را تسریع کند. بیمار نیز به ظاهر با دشواری‌های بی‌پایانی به دنبال عمل جراحی، نظارت پزشکی دقیق و درمان با نقص سیستم ایمنی در گیر است که ممکن است در پذیرش نقش بیمار همیشگی منجر شود. نتیجه مربوط به مطالعاتی که به بررسی مکانیسم‌های مقابله‌ای در این بیماران می‌پردازد نشان می‌دهد که برای بیماران و افراد مورد توجه وی، روش‌های حل مسئله، خوش بینی، مقابله به کمک مذهب با توانایی انطباق بهتر آنان در کوتاه مدت و بلند مدت در ارتباط است.

توانبخشی

از آنجا که از دوره نقاهت طولانی در بسیاری از بیماران پیوند شده اغلب به طور چشمگیری طولانی مدت است. عدم تحرک طولانی مدت و درمان با کورتیکواستروئیدها باعث از دست دادن ماهیچه و توده استخوان می‌شود. در نتیجه، توان بخشی جسمی می‌تواند یک فرآیند طولانی و دشوار باشد. برای بیماران دچار عوارض کمتر به طور کلی بدون نیاز به کمک پزشکی می‌توانند توانبخشی در خانه صورت گیرد. حتی بعد از بهبود وضع جسمی، بیماران ممکن است محدودیت‌های عملکردی و محدودیت‌های پزشکی در فعالیت‌های خود روبرو باشند.

حتی پس از توانبخشی جسمانی بیمار ممکن است با محدودیت عملکرد و درمانی روبرو شود. استخدام بیمار بعد از بهبود نسبی، جنبه مهمی از بازیابی هویت، اعتماد به نفس و کیفیت زندگی یک بیمار پیوندی است مشکلات شایع شامل دشواری تمرکز، خستگی، مقابله با تنیدگی، و جبران روزهای تلف شده به علت بیماری می‌باشند.

مرگ و مردن در بیماران پیوندی

علی‌رغم موفقیت در پیوندها، تعداد زیادی از بیماران در چند سال اول انتظار برای عضو پیوندی و یک سال اول بعد پیوند می‌میرند. مرگ گیرنده ناراحت کننده ترین پیامد پیوند است، اگرچه فرد ممکن است درباره عضو از دست رفته خود یا احتمال مواجهه با از دست رفتن پیوند دچار هراس باشد.



جائمه جراحان ايران

کنگره میان دوره‌ای جامعه جراحان ایران شاخه آذربایجان غربی

۳۰، ۳۱ شهریور ماه و ۱ مهر ماه ۱۳۹۰



دانشگاه علوم پزشکی و خدمات بهداشتی
درمانی ارومیه

دهندگان زنده عضو ممکن است دچار عوارض نارسایی عضو بشوند. احساس گناه یا خشم ممکن است با احساس اینکه توجه کافی نسبت به علایم رد پیوند یا عفونت صورت نمی‌گیرد بیشتر شود. این موارد اگر حل نشوند یا به آن توجه کافی نشود ممکن است منجر به احساس ناراحتی شدید شود.

Some Notes about Adjustment to the Patient Role and Psychological Items in Organ Transplant Patients

Authors: Nader Aghakhani, Dr. Farkhondeh Sharif, Neda Jamali Moghaddam

Address: Shiraz University of Medical Sciences

Organ transplant has been developed in animal models over the past 100 years. The major limiting factor in transplant medicine is the shortage of donor organs.

Accepting the patient role is an important precursor to facilitating the patient's cooperation with medical treatment group. Perhaps the most common psychological defense mechanism is denial or avoidance, which, although adaptive in milder forms, can greatly interfere with a patient's ability to accept and adjust to the diagnosis of a chronic medical illness. In transplant patients, denial within the family system has particularly damaging effects on the patient's ability to adjust and cope. Patients who have had sudden, unexpected onset of organ failure may be particularly vulnerable to acute maladaptive denial, which can result in noncompliance with medical treatment and disregard of modifiable risk factors (i.e., tobacco use, substance abuse, and extreme denial is the most common reason for patients to refuse transplant. The role of transplant patient often requires adjustment to losses in various domains (i.e., occupational, physical, and social) and can precipitate unexpected difficulties (e.g., change in financial status). The patient is also confronted with seemingly endless medical sequel related to the surgical procedure, rigorous medical surveillance and immunosuppression maintenance, which may result in adoption of a perpetual sick role. Studies that have examined coping mechanisms suggest that for patients and significant others, problem solving, optimism, and religious coping are associated with better adjustment in the short and long term.

Physical Rehabilitation and Return to Work

Because of protracted convalescence, many transplanted patients often become markedly deconditioned. Prolonged immobility and treatment with corticosteroids cause loss of muscle and bone mass. Consequently, physical rehabilitation can be a long and difficult process. Patients with minimal complications generally rehabilitate at home without medical assistance. Even after physical rehabilitation, however, patients may face functional limitations and medical restrictions in their activities. Employment is an important aspect of the reestablishment of a transplant recipient's identity, self-esteem, and quality of life. Common difficulties include concentration problems, fatigue, trouble coping with stress, and frequent sick days.

Death and Dying

Despite the success of most transplant surgeries, a significant number of patients die either waiting for a donor or within the first year after transplant.

The death of a recipient is obviously the most devastating outcome of transplant. For example, recipients may grieve the loss of their diseased organ or may face the loss or threatened loss of a graft.

Living donors can have complicated reactions to graft failure, as they struggle to accept the loss of not only their donation but possibly their loved one. Survivor guilt maybe complicated by caregivers' feelings that sufficient attention may not have been given to signs of rejection or infection. These issues, if unresolved or poorly handled, may result in a difficult bereavement process for those close to the recipient.

Esthetic Results of Anterior Cervical Burn Scar Contractures Treated with Deltocervical Flap

Authors: Dr.Ali Enshaei, Dr. Rafi Parnia, Dr.Arash Moradi, Dr.Seyfollah Rezaei

Address: Department of reconstructive and plastic surgery, Urmia University of Medical Sciences

Aim: The aim of this study is compare the efficacy, complication and outcome of two methods of treatment in anterior cervical scar contracture due to burn.

Methods: Thirty eight patients, who had burn scar contracture, were studied in two groups. In one group (no=22) patients who contracture limited to anterior neck and the skin of lateral cervical and deltoid region was intact, we used delto-cervical flap after scar resection and in other group (no=16) patients who had anterolateral and extensive cervical scar, we used full skin or thick split skin graft.

All patients were assessed for efficacy, cosmeses, patient satisfaction and complications such as: physical limitation, residual contracture, and need to reoperation, necrosis, wound infection seroma and hematoma.

Results: Flap group had better cosmeses and physical activity and best patient satisfaction in compare with skin graft group. In this group, complications such as: distal necrosis hematoma seroma and need to secondary revision were seen. In skin graft group incidence of contracture and need to regrafting was high but in difficult intubation conditions due to scar, and extensive involvement of the neck, this method had better results.

Conclusion: There are many methods for repair of cervical burn contractive scars. We suggest that patient's selection should be done, according to location and extension of scar in cervical area. For localized anterior scar contractions delto-cervical flap and for extensive scars, skin grafting had better outcome.

Anterior Cervical Burn Scar Contractures Treated with Deltocervical Flap

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Key Words: contracture, deltocervical, flap, scar, cervical

Outcome of Auto grafting a Total Arm and Forearm Degloving of Skin in a Child after Car Accident Roller Injury

Authors: Dr. Ali Enshaei, Dr. Seyfollah Rezaei, Dr. Rafi Parnia

Address: Department of Plastic Surgery, Urmia University of Medical Sciences

Aim: This article reports a six year old child who had degloving of the right arm and forearm skin, caused by a roller injury from deltoid and axillary area up to the wrist.

Case report: six year old boy admitted to our emergency department how had blunt trauma after car accident with a roller injury that caused total degloving of skin in right upper limb from origin of upper limb near the right lateral border of thorax and axillary region up to the wrist.

The skin of limb had linear ulcerations also in some points. He resuscitated for hypovolemic shock and operation done. After complete and careful washing with normal saline the degloved skin was outgrafted and ulcerated areas were sutured. Drain inserted for hematoma and antibiotic therapy done.

After one week there was necrotic area on elbow that reoperated and necrotic area debrided.

The skin of upper limb was survived with having degloving and multiple linear ulcerations. After 2month there was contractive area on elbow that corrected by scar resection and skin grafting. The patient had reasonable function and cosmeses after operations.

Conclusion: Replanting of degloved skin may be used for treatment in degloving upper limb to salvage acceptable cosmeses and function of limb.

گزارش یک مورد نادر Penile hair tourniquet syndrome

نویسندگان: دکتر احمد شیخلو، حسن نظری

آدرس: بیمارستان ارتش، دانشگاه علوم پزشکی ارومیه

سندرم مو شریان بند آلت تناسلی سندرم غیر معمول است که توسط اختناق مرفقی آلت تناسلی توسط کلاف مو مشخص شده است. عوارض جانبی گزارش شده شامل فیستول urethrocutaneous قطع پیشابراه، کامل، گانگرن آلت تناسلی، و قطع عضو آلت تناسلی می‌باشد. پیشگیری از عوارض عمده بستگی به آگاهی از علت و حضور شاخص بالایی از سوء ظن برای تشخیص زود هنگام می‌باشد.

بیمار نوزاد ۱۱ ماهه بود که به علت درد حین ادرار و تعویض پوشاک توسط والدین با مشکل مواجه شده بود.

والدین بیمار سابقه عمل جراحی ختنه و هر نیورافی سمت راست را حدود ۵ ماه پیش بیان کردند. و همچنین درد و بی‌قراری در گلنس را در بیمار ذکر می‌کردند که از ۲۰ روز پیش شروع شده بود. بیمار در هنگام معاینه حال عمومی خوب داشتند. فقط در میان ناحیه تناسلی در گاه پر خونی گلنس و محل عمل ختنه در گاه دبری جمع شده و به صورت حلقوی آترونیك شده بود، که در سر گلنس بیمار تندرس بود و نسبتاً اریتم وجود داشت.

با توجه به تندرس بودن گلنس و احتمال وجود دبری در محل عمل ختنه تصمیم به شستشو و خارج کردن دبری‌های آن (از محل ختنه) گردید. که در حین خارج کردن دبری‌ها متوجه کلافه مو دور محل ختنه شدیم و اقدام به بریدن موهایی که دور گلنس جمع شده بود، گردید و پس از شستشوی محل، بیمار مرخص شد.

در شرح حالی که از والدین بیمار بدست آمد، معلوم شد که بیمار حین چهار دست و پا رفتن بر روی فرش و موکت منزل، موها یا پرزهای فرش دور محل ختنه جمع شده و به صورت حلقوی باعث آترونیك شدن محل عمل ختنه و پر خونی و اریتم تر شدن نوک گلنس شده بود.

کلید واژه‌ها: سندرم مو، گلنس، آلت تناسلی

Evaluating Anatomic position of Umbilicus in Iranian

Authors: Dr. Ali Enshaei, Dr. Ladan Gorbani, Dr. Rafi Parnia

Address: Department of reconstructive and plastic surgery, Urmia University of Medical Sciences

Back ground: *The aim of study was to determine normal anatomic position of the umbilicus in Iranian girls to yield a data or formula in order to repositioning neoumbilicus after abdominoplasty.*

Materials & Processes: *Descriptive- sectional study was done with 65 full- grown girls between the age of 20 To 25 without any past- record surgical operation and all were nulliparus, were measured from the viewpoint of weight, height (M), the distance of xiphoid Apophysis up to umbilicus (xu).*

The distance of xiphoid from the upper extent of pubis (xp) & the distance of tow ASIS. The data were entered into the 16th version of statistical soft ware SPSS and analyzed.

Results: *Mean age was 22. 74, mean weight was 54, mean height was 160.91 and mean BMI of the group was calculated 21.25.*

The average distance of xiphoid from the upper limit of pubis (XP) was 32. 26& the average distance of xiphoid from umbilicus (XU) were 17.11. Based on this, ratio of the distance of xiphoid from umbilicus was equal to the distance of xiphoid from pubis 53.06 ± 3.9%. The data were analyzed & this formula is suggested for the calculation of the proper location of umbilicus in the abdominoplasty surgery in Iranian society: $xu = 0.98 + 0.91 xp - 0.07H$.

Discussion: *By using quantitative methods, it is possible to determine the proper place for rebuilding umbilicus, so the probability of the mistake & dissatisfaction of the patient would be lower & there is a criterion for the rejection of the claims of patients in probable complaints. Despite this study among Azarbaijanion girls, according to the existing similarities. It seems that we can apply its results for all of the Iranian women.*

Mastectomy and Sleep Quality

Authors: Samereh Eghtedar, Nader Aghakhani, Madine Jasemi

Address: Urmia University of Medical Sciences

Introduction: Diagnosis of breast cancer is a very stressful incident which has great effect on different dimensions of daily life. Nowadays sleep quality has been recognized as a valuable indicator of health and quality of life.

Aim: The aim of this exploratory and descriptive study was evaluation of quality of Sleep of women 2 months after radical mastectomy. It was assumed that cancer of the breast, treatment and results could cause the decrease of quality of sleep. 100 women aged from 18 to 65 years after radical mastectomy were examined.

Methods: the tool of data gathering was a questionnaire consisting of 3 parts: socio demographic characteristics, clinical variables, and sleep quality. Gathered data were analyzed in SPSS

Results: results showed that the quality of sleep in 57% was undesirable and 43% of breast cancer women had desirable sleep quality. Of 57 patients with undesirable sleep quality only 18 percent got medication. Most common used drug was clonazepam (50%) and lorazepam (50%). No patients reported receiving any type of cognitive behavioral therapy for sleep disorders.

Discussions: Sleep problems appear to be a significant issue for breast cancer patients that may be inadequately addressed in oncology care. Results point to the importance of including careful assessment of sleep quality in nursing care planning for oncology patients especially in breast cancer.

Keywords: sleep quality, mastectomy, breast cancer

Post Mastectomy Reconstruction with TRAM Flap

Authors: Dr. Ali Enshaei, Dr. Ladan Gorbani, Dr. Rafi Parni

Address: Department of reconstructive and plastic surgery, Urmia University of Medical Sciences

Background and aim: Breast reconstruction after mastectomy is primarily carried out to improve the patients' quality of life. The most commonly used autologous tissue for reconstruction is the transverse rectus abdominis musculocutaneous flap (TRAM). We used the TRAM flap be transferred as pedicled flap. This study was carried out to evaluate the efficacy and complications of this operation.

Patients and Methods: Fifteen female patients with operable breast cancer consented to immediate and late breast reconstruction during the period from March 2003 to December 2008.

All patients had a unilateral pedicled TRAM flap reconstruction. Nine patients had late reconstruction and six immediate. Flap related early complications such as total necrosis, partial necrosis; hematoma, final aesthetic result patient satisfaction and abdominal wall hernia were recorded.

Results: There was six patients experienced partial distal ischemia of flap that healed without need to operation. Hematoma was found in five patients. None of the patients developed total necrosis and abdominal wall hernia. All patients's had satisfaction with the result of the operation.

Conclusion: Pedicled TRAM flap is a reliable and easy technique that will produce good aesthetic results.

Comparison of Intralesional Triamsinolon Alone, and Tramsinolon plus Pressure Garment in the Treatment of Keloid and Hypertrophic Scars

Authors: Dr.Ali Enshaei, Dr.Rafi Parnia, Dr.Seyfollah rezaei, Dr.Alireza Entezari, Dr.Arash Moradi

Address: Department of reconstructive and plastic surgery, Urmia University of Medical Sciences

Introduction: Keloids and hypertrophic scars are benign growths of dermal collagen that can cause cosmetic and physical problems for patients and there is any methods for treatment. We investigate and compared the effects of intralesional triamsinolon alone with intralesional triamsinolon plus pressure garment on keloid and hypertrophic scars.

Methods: 30 patients (group A) with keloids and hypertrophic scar were treated with intralesional injection of triamcinolone acetonide alone compared with (group B) 30 patients with keloids and hypertrophic scar that were treated with intralesional injection of triamcinolone in combination with pressure garment. Both groups received intralesional injection of triamsinolon at ten day intervals for three month in 9 courses. Lesions were assessed for height, width, length, erythema, pliability and pruritus. Findings were recorded at each visit (before injection, end of one, tow, three and fourth month). The scores before and after 4 month treatment were compared in both group.

Results: In group A scars healed % 48 in height, width, length and %73 in erythema, pliability and purities but in group B scars healed % 76 in height, width, length and %85 in erythema, pliability and purities Intralesional Triamcinolone acetonide plus pressure garment were effective than intralesional Triamcinolone acetonide alone and pressure garment had increased the effect of intralesional Triamcinolone.

Conclusion: Intralesional triamsinolon plus pressure garment is more effective than only Intralesional triamsinolon in the treatment of keloid and hypertrophic

ارزیابی عوارض جراحی گذاشتن کاتتر صفاقی دائمی در ۱۱۰ بیمار با نارسائی مزمن کلیوی از سال ۱۳۷۸ تا ۱۳۸۴ در بیمارستان امام خمینی ارومیه

نویسندگان: دکتر علی انشایی، دکتر خدیجه مخدومی

آدرس: دانشگاه علوم پزشکی ارومیه

هدف: دیالیز پریتونئال به طور وسیعی در درمان بیماران با نارسائی مزمن کلیوی استفاده می‌شود. با این حال وجود عوارض زودرس و دیررس کاتترها سبب اشکال در کاربرد آنها می‌شود. در این مطالعه با توجه به عوارض مختلف کارگزاری کاتتر که کاربرد آن را با مشکلاتی مواجه می‌کند تصمیم گرفتیم در یک مطالعه آینده نگر به بررسی مسائل و عوارض مختلف کارگزاری کاتتر داخل صفاقی بپردازیم.

روش اجرا: در یک مطالعه توصیفی آینده نگر ۱۱۰ بیمار مبتلا به ناریائی مزمن کلیوی که کاندید کارگزاری کاتتر داخل صفاقی بودند در طی سال‌های ۱۳۷۸ تا ۱۳۸۴ در بیمارستان امام خمینی ارومیه مورد بررسی قرار گرفتند. برای ۱۱۰ بیمار با نارسائی مزمن کلیه کاتتر صفاقی دائمی تعبیه شد که تعداد ۳۷ مورد از کاتتر نوع تنکھوف و ۷۳ مورد از کاتتر Swan neck coil استفاده شد تمام کاتترها دو کافه بودند. بعد از گذاشتن کاتتر صفاقی از لحاظ عوارض جراحی مورد ارزیابی قرار گرفتند. عوارض مورد مطالعه شامل موارد زیر بود ۱- هماتوم محل لاپاراتومی کوچک ۲- عفونت محل لاپاراتومی کوچک ۳- عفونت محل خروجی کاتتر از شکم ۴- گرانولوم در محل خروجی کاتتر ۵- پریتونیت ۶- انسداد کامل کاتتر ۷- اشکال در رفت مایع ۸- اشکال در برگشت مایع ۹- جابجائی کامل کاتتر از لگن ۱۰- انسداد روده ۱۱- نشت مایع ۱۲- هرنی محل عمل ۱۳- پرفوراسیون روده برای همه بیماران به روش زیر کاتتر صفاقی دائمی بکار برده شد. شکم بعد از بی حسی با زایلو کائین ۴-۳ سانت زیر ناف روی عضله رکتوس به اندازه ۳-۴ سانت باز شده و عضله رکتوس از فاشیای قدمی آن باز شده و عضله از وسط باز شده و فاشیای خلفی پیدا شده و با نایلون دو صفر به روش پرس دوخته شده و وسط آن باز شده و کاتتر به داخل لگن هدایت شده است. سپس سوچور پرس طوری گره زده می‌شود که کاف داخلی در وسط عضله رکتوس قرار بگیرد و بعد فاشیای قدمی دوخته شده و با ایجاد تونلی در زیر جلد کاتتر طوری بیرون آورده می‌شود که کاف خارجی در وسط تونل قرار گیرد. از تزریق و زدنائی بیوتیک موضعی در محل خروجی کاتتر پرهیز شده است. بیماران مرتب پیگیری شده و اطلاعات دموگرافیک و عوارض جراحی و میزان سوریوال کاتتر ثبت شده است.

نتایج: از تعداد ۱۱۰ بیمار ۳۹ نفر مرد و ۷۱ نفر زن بودند. میانگین سنی در کل ۴۸/۷ و در زنان ۴۸/۴ و در مردان ۴۹/۴ بوده است. بالاترین سن اقای ۷۸ ساله و پائین ترین سن خانم ۱۸ ساله بوده است. از لحاظ شغلی ۶۲ مورد خانه دار ۱۸ نفر بیکار ۱۴ نفر کارمند ۹ نفر آزاد ۲ نفر معلم ۲ نفر بهیار ۲ نفر بازنشسته و ۱ نفر راننده بوده است از ۱۱۰ نفر ۸۲ نفر در شهر و ۱۸ نفر در روستا زندگی می‌کنند. از لحاظ تحصیلات ۴۷ نفر بی سواد ۱۸ نفر ابتدائی ۱۶ نفر راهنمائی یک نفر دبیرستان ۲۱ نفر دیپلم ۲ نفر فوق دیپلم ۱ نفر دانشجو و ۴ نفر لیسانس بوده است.

علل نارسائی مزمن کلیوی به ترتیب هیپرتانسیون، دیابت گلوومرولونفریت نامعلوم و سندرم نفروتیک و بیماری‌های دیگر بوده است از لحاظ عوارض جراحی عفونت در محل لاپاراتومی کوچک در دو مورد و هرنی انسزیونال محل عمل در دو مورد و ۵ و ۹ ماه بعد عمل دیده شد. نشت مایع از بغل کاتتر در یک مورد دیده شد که با درمان‌های نگهدارنده بسته شد. عفونت محل تونل به شکل ترشح چرکی و سینوس تراکت و عفونت غیر قابل کنترل که منجر به خروج کاتتر شده در یک مورد دیده شد. عفونت محل خروجی کاتتر

در ۱۶ مورد یک بار و ۴ مورد ۲ بار و ۳ مورد ۳ بار و یک مورد ۴ بار وجود داشت که در کل در ۴ مورد منجر به خروج کاتتر گردید. گرانولوم محل خروجی کاتتر در ۳ مورد یک بار و در دو مورد دو بار مشاهده شد.

پریتونیت با کرایتریهای داشتن wbc بالای ۱۰۰ تا در سی سی کدورت مایع و درد شکم در ۴۷ مورد یک بار و ۹ مورد دو بار و ۷ مورد ۳ بار و ۴ مورد ۴ بار و ۵ مورد ۵ بار و ۲ مورد ۶ بار و ۲ مورد ۷ بار و یک مورد ۱۰ بار و در بقیه بیماران بدون پریتونیت بوده انداز تعداد ۱۱۰ مورد در ده مورد منجر به خروج کاتتر شد. عدم کارکرد کلی کاتتر ۱۵ روز بعد از تعیین‌گن در دو مورد وجود داشت که با عمل مجدد اصلاح شدند. در ۶ مورد در برگشت مایع اشکال داشت که با عمل مجدد اصلاح شدند. در عمل مجدد شکم ۳ تا ۴ سانت بالای سمفیز باز شده رزکسیون امتنوم دور کاتتر به عمل آمده و کاتتر با نخ به جدار لگن سوچور شده و رفت و برگشت مایع اصلاح می‌شود. در ۱۷ مورد کاتتر از محل لگنی ان خارج شده که با درمان‌های طبی سر جای خود قرار گرفته‌اند. پرفوراسیون احشا در هیچیک از بیماران دیده نشد.

از ۱۱۰ بیمار ۳۹ نفر پیوند شده‌اند.

از لحاظ سورویوال کاتتر از ۱۱۰ مورد ۱۳ مورد کاتتر ۴ ساله ۱۵ مورد ۳ ساله ۱۹ مورد ۲/۵ ساله و ۲۹ مورد ۲ ساله و ۳۴ مورد کاتتر یک ساله داشته‌اند. در ۲۶ مورد از ۱۱۰ تا به علل پریتونیت های مکرر و عفونت و پیوند و خواسته بیمار کاتتر در او رده شد. در ۲۶ مورد خروج کاتتر ۱۴ مورد به علل عوارضی مثل پریتونیت و عفونت بوده است.

نتیجه گیری: در مقایسه با امار عوارض جراحی کاتتر گذاری در کشورهای خارجی امار ما در در مطالعه انجام شده مناسب و در بعضی موارد بهتر بوده است.

کلید واژه‌ها: کاتتر صفاقی، نارسائی مزمن کلیوی

موانع آموزش به بیماران جراحی از نظر پرستاران در بیمارستان‌های آموزشی دانشگاه علوم پزشکی ارومیه

نویسندگان: نادر آقاخانی، سامره اقتدار*، مدینه جاسمی، نرگس رهبر

آدرس: دانشکده پرستاری و مامایی ارومیه

مقدمه: بسیار پیش آمده است که عدم آموزش نکات ساده در حین بستری یا پس از ترخیص نتایج و زحمات مربوط به یک عمل جراحی پرهزینه و دشوار را از بین برده است و مشکلاتی را نیز به صورت عدم بهبودی کامل یا تاخیر در بهبودی، بروز عوارض، افزایش طول مدت بستری به سیستم درمان تحمیل کرده است. آموزش به بیمار مسئولیت سنگینی است که به آن باید به عنوان یکی از حقوق بیمار نگریسته شود تا رفتار مطلوب بهداشتی با سه هدف عمده حفظ و ارتقای سلامتی و پیشگیری از بیماری، اعاده سلامتی و کمک به سازگاری فرد را ایجاد نماید. هدف از این پژوهش بررسی موانعی بود که در سر راه انجام صحیح و کامل آموزش وجود دارد تا با شناسایی آن‌ها بتوان راهکارهای موثر در زمینه برطرف سازی یا به حداقل رساندن آن صورت داد.

یافته‌ها: از ۱۴۰ نفر پرستار بررسی شده ۲۲ نفر (۱۵/۷٪) مذکر و ۱۱۸ نفر (۸۴/۳٪) مونث بودند. از نظر ترکیب سنی اکثریت در رده سنی ۲۵-۳۰ سال (۳۰٪) و ۳۱-۳۵ سال (۲۷/۸٪) قرار داشته‌اند. سابقه خدمت اکثر واحدهای مورد پژوهش (۵-۱) بود.

با توجه به یافته‌های تحقیق در زمینه تعیین موانع آموزش به بیمار مشخص گردید که علیرغم تدریس واحدهای درسی مربوط به آموزش به بیمار در دروس پرستاری و پذیرش اهمیت این امر از سوی پرستاران عملاً شرایط آموزش به بیمار در بیمارستان‌های آموزشی وابسته به دانشگاه علوم پزشکی ارومیه مطلوب نیست.

عوامل بازدارنده آموزش به بیمار از نظر پرستاران به ترتیب شامل زیاد بودن مشغله کاری و کمبود پرسنل (۸۰٪)، کمبود فضای آموزشی (۷۹٪)، کمبود آگاهی پرستار از بیماری و مراقبت‌های آن (۶۴٪)، اهمیت ندادن مسوولین پرستاری به امر آموزش به بیمار (۶۰٪) است: عدم رضایت شغلی، عدم دسترسی به مطالب علمی جدید و کمبود امکانات کمک آموزشی در سایر مراتب قرار داشتند.

بحث و نتیجه گیری: بیمارانی که در زمان بستری یا ترخیص، آگاهی و آمادگی لازم را جهت مراقبت از خود کسب نکرده‌اند، قادر نخواهند بود تا دوران نقاهت را بدون مشکل طی کنند. کسب آگاهی، اضطراب بیماران را کاهش و حس امنیت و اعتماد به نفس را افزایش می‌دهد و همچنین باعث بهبود کیفیت مراقبت از خود، تسریع بهبودی و پذیرش بهتر مسایل مربوط به بیماری می‌شود. هاتاوی در تحقیقی تحت عنوان تاثیر آموزش قبل از عمل جراحی بر روی نتایج قبل از عمل بر روی ۲۴۱۳ بیمار انجام داد دریافت که بیمارانی که آموزش‌های قبل از عمل به وسیله پزشکان یا پرستاران دریافت کرده بودند، نتایج مطلوب‌تری بعد از عمل جراحی کسب کردند و مدت بستری شدن و استفاده از ضددردها نیز در آنان کاهش یافته است

با توجه به ضرورت آموزش به بیماران لازم است پرستاران نسبت به نیازهای آموزش بیماران آگاه باشند و آموزش به بیمار به صورت منظم و برنامه ریزی شده بر طبق اصول علمی پایه گذاری شود.