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Research Article

**ANALYSIS OF ATTITUDES OF PAKISTANI WOMEN  
TOWARDS ANAESTHESIA TECHNIQUES FOR CAESAREA  
SECTION IN PAKISTAN**Sana Fatima<sup>1</sup>, Hira Ayub<sup>2</sup>, Dr Saim Sattar<sup>3</sup>

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**Article Received:** December 2019 **Accepted:** January 2020 **Published:** February 2020**Abstract:**

**Introduction:** The field of anesthesia has evolved leaps and bounds over the past few decades. Anesthesiologists play a crucial role in perioperative, intensive care, and pain management. Anesthesiologists do not receive their due regards that they deserve in the eyes of the public. **Aims and objectives:** This study aimed to analyse the attitudes of Pakistani women towards anaesthesia techniques for Caesarea Section in Pakistan. **Material and methods:** This cross sectional study was conducted in Medicine department of Watim Dental College during March 2019 to November 2019. The data was collected through the systematically prepared questionnaire. All females who have C-section were included in this study. Upon arrival in the preoperative area of the obstetric operating suite, the informed written consent was taken. The women were interviewed preferably in Urdu (national) language according to structured pre coded questionnaire by one of the investigators and sequence of questions was followed strictly. **Results:** We collect the data of 200 females from the hospital and these all females undergo C-section for delivery. Some of them get spinal anesthesia and some get general anesthesia. They belong to different sociological background. The mean age of selected sample size was 20 to 45 years and mean weight was 40 to 120kg. According to analysis of result almost 7% received general anesthesia and 3.25% received epidural and spinal anesthesia. **Conclusion:** It is concluded that our women are well aware about the existence of anaesthesia techniques however they do reveal lack of knowledge about their risks and benefit.

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**INTRODUCTION:**

The field of anesthesia has evolved leaps and bounds over the past few decades. Anesthesiologists play a crucial role in perioperative, intensive care, and pain management. Anesthesiologists do not receive their due regards that they deserve in the eyes of the public. The knowledge of the role of anesthesiologist and the anesthesia speciality among the public is limited. Public awareness programmes are being arranged in developed countries to spread the awareness on the speciality [1].

Regional anaesthesia for caesarean section is considered a safe technique and has gained worldwide popularity. The choice of anaesthesia techniques can be expected to differ between countries and culture and probably this could be the reason of low demand of regional anaesthesia in developing countries [2]. In our country unfortunately we come across obstetric population who frequently refuse regional anaesthesia or analgesia. Very little data is available for the reasons of refusal or low utility of regional technique in our country; however it seems multi factorial including cultural differences, lack of knowledge and false beliefs.

In our institution, a leading tertiary care center of Pakistan and conducts approximately 5000-6000 deliveries per year inclusive of 1000 caesarean sections [3]. Regional anaesthesia at present is not accepted by the obstetric population. This issue is important in order to help the anaesthetists and obstetricians of our country to communicate with the patients more effectively about the options of anaesthesia and also to increase public awareness about availability of these anaesthesia techniques [4].

Improvements in pain management techniques in the last decade have had a major impact on the practice of total hip arthroplasty and total knee arthroplasty. Though there are several treatment options for postoperative pain are available, but the gold standard has not yet been established. Either GA or epidural anesthesia provide satisfactory anesthesia for outpatient knee arthroscopy, and the choice of anesthetic technique may be primarily dependent on the patient's desire [5].

**Aims and objectives**

This study aimed to analyse the attitudes of Pakistani women towards anaesthesia techniques for Caesarea Section in Pakistan.

**MATERIAL AND METHODS:**

This cross-sectional study was conducted in Medicine department of Watim Dental College during March 2019 to November 2019. The data was collected through the systematically prepared questionnaire. All females who have C-section were included in this study. Upon arrival in the preoperative area of the obstetric operating suite, the informed written consent was taken. The women were interviewed preferably in Urdu (national) language according to structured pre coded questionnaire by one of the investigators and sequence of questions was followed strictly. The questionnaire was filled according to the responses and deposited with the research assistant of the Department on the same day.

This survey included pertinent questions to assess knowledge and attitudes of our women towards choices of anaesthesia techniques e.g. Is she aware about different anaesthesia options available? What is her source of information? Past history of any operation, type of anaesthesia received and experience associated with it? Anaesthesia of choice this time and why? (Reasons for refusal for regional anaesthesia or preference of General anaesthesia).

**Statistical analysis**

Student t-test was applied for results in two groups and one-way ANOVA was for results more than two.  $P < 0.05$  was considered to have significant meaning.

**RESULTS:**

We collect the data of 200 females from the hospital and these all females undergo C-section for delivery. Some of them get spinal anesthesia and some get general anesthesia. They belong to different sociological background. The mean age of selected sample size was 20 to 45 years and mean weight was 40 to 120kg. According to analysis of result almost 7% received general anesthesia and 3.25% received epidural and spinal anesthesia (table 1 and 2).

**Table 01:** Basic characteristics of patients

Gestational Age	6 38±1.3
Poor class	49%
Middle class	40%
Upper class	10.7%
educated	11.7%
Illiterate	55%

**Table 02:** Demographic characteristics and history of patients

Demographic characteristics		% age
Age	≤25	60.4
	>31	39.6
Body mass index	≤30	66.0
	>30	44.0
History of C-section	Yes	37.3
	No	62.8
Operation time in minutes	≤60	54.0
	>60	46.0
Reason of C-section	Fetal distress	27.8
	Previous CS	26.1
	Breech presentation	16.8
	Poor progress	6.5
	Twin babies	2.5
	Severe preeclampsia	2.5
Types of anesthesia	General	7.0
	Epidural	3.55
	Spinal	82.1
Type of C-section	Emergency	63.25
	Elective	36.75

Table 03 shows the data regarding use of antibiotics after C-section. These antibiotics are used for women undergo C-section.

**Table 03:** Types of antibiotics which were used by patients

Type of antibiotic	Dose (mg)	%age
Cefuroxime (oral)	250	4.3
Metronidazole (oral)	500	3.3
Unasyn oral (ampicillin sodium/sulbactam sodium)	375	41
Ampicillin IV	1000	7.5
Cloxacillin (oral)	1000	2.5
Metronidazole	500	3.5
Cefuroxime IV	750	1.3

Table 04 represents the risk factors which are associated with surgical site infections. These results shows that there is a statistical significant relationship in reasons of C-section and types of anesthesia used for surgery. However there is no link of SSI with age, time of surgery and types of C-section. It means infection does not depend upon age and time of surgery but it depends upon type of anesthesia used and blood loss during surgery.

**Table 04:** Associated risk factors of surgical site infection (SSI) in females of Mayo hospital Lahore.

Demographic characteristics		SSI (%)		P value
		With infection	Without infection	
Age	≤25	56.1	61.5	0.345
	>31	44.0	38.5	
Body mass index	≤30	52.2	42.3	0.13*
	>30	47.8	57.7	
Operation time in minutes	≤60	44.0	42.8	0.876
	>60	56.0	57.2	
Reason of C-section	Fetal distress	25.34	28.3	0.012*
	Previous CS	22.7	26.5	
	Breech presentation	5.6	14.2	
	Poor progress	2.7	13.6	
	Twin babies	2.7	2.5	
	Severe preeclampsia	1.3	2.70.	
Types of anesthesia	General	13.3	5.5	0.001*
	Epidural	9.3	1.8	
	spinal	77.3	92.6	
Type of C-section	Emergency	32.0	37.8	0.344
	Elective	68.0	63.2	

**DISCUSSION:**

Caesarean section being performed with increased frequency, there's the perception to regard it as an uncomplicated and straight forward procedure but complications do occur causing significant morbidity and mortality. SSI is the second most normal irresistible intricacy after UTI following cesarean delivery [6]. For the dominant part of obstetric patients, it once in a while speaks to a danger to life. Be that as it may, there are broad dismalness and financial results for the social insurance administrations. Accomplishment of task relies on an appropriate preoperative care. Hazard lessening is the objective of very much composed arrangement for preoperative administration and care of patient experiencing obstetric surgery. To be best, the arranging starts with suitable preoperative assessment and proceeds with ideal intra-agent basic leadership and system and care amid post-agent periods. These care designs are especially critical for patients with rehash cesarean section [7].

To the best of our insight this is the primary examination in India detailing occurrence and hazard factors related with Obstetric and Gynecological surgeries at the same time. An examination from Tanzania announced a SSI rate of 10.9% among 774 patients experiencing CD. An investigation from Estonia detailed a SSI rate of 6.2% among 305 patients that experienced cesarean section conveyances and had a 30-day follow-up post-surgery [8]. An associate of ladies with CD from Thai-Myanmar outskirts demonstrated a SSI rate of 5.9%. All the above investigations have revealed a higher rate of SSI among the CDs when contrasted with our examination. An Italian investigation detailed a SSI rate of 4.7% from 430 moms with CD incorporated into the examination [9]. An examination from Israel revealed a SSI rate of 3.7%, which is like our investigation. One purpose behind low rate of SSI in our investigation could be because of high extent of patients having a place with spotless or clean polluted injuries. It is notable that patients with sullied wounds have about three-crease expanded danger of SSI contrasted with non-tainted injuries [10].

**CONCLUSION:**

It is concluded that our women are well aware about the existence of anaesthesia techniques however they do reveal lack of knowledge about their risks and benefit.

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