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Research Article

**ASSESSING EFFECTIVENESS OF VALSALVA'S MOVEMENT  
ALSO MUSIC THERAPY ON PERIPHERAL INTRAVENOUS  
CANNULATION**<sup>1</sup>Areeb Sajjad, <sup>1</sup>Hanniah Sarwar, <sup>2</sup>Zainab Zaman<sup>1</sup>Shaikh Khalifa Bin Zayed al Nahyan Medical and Dental College Lahore, Shaikh Zayed Hospital Lahore, <sup>2</sup>Services Institute of Medical Sciences, Services Hospital Lahore.

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**Abstract:**

**Purpose:** Peripheral venous cannulation (PVC) remains very painful nevertheless essential process for respondents experiencing operation. Numerous distraction methods were exercised to decrease discomfort. Our current research remained planned to associate consequence of music treatment also Valsalva maneuver (VM) on cases' perioperatively discomfort, concern, also consummation related by Peripheral venous cannulation.

**Methodology:** Our current research remained achieved in cases that experienced operation from July 2018 to March 2019, at Jinnah Hospital Lahore Pakistan. 180 respondents remained randomized into 3 sets. 1 set snooped to music (Set M), 1 set experienced VM (Set V), also 1 set had not any interference (measured set, Set C) throughout PVC. The VAS remained experienced to measure discomfort also nervousness of respondents 2 mins afterward venipuncture. The 6-point Likert scale remained experienced to assess every respondent's gratification.

**Results:** The current research originate substantial variances in discomfort score, nervousness level, also patient gratification amongst Set C in addition Set M (for discomfort,  $p = 0.002$ ; for nervousness,  $p = 0.004$ ; for case gratification,  $p = 0.005$ ). The one variance restrained amongst sets C also V remained in discomfort score ( $p = 0.035$ ).

**Conclusions:** Music also Valsalva move may remain valuable to decrease insight of discomfort. Furthermore, music has the constructive outcome on decreases case concern in the way that VM does not.

**Key words:** Intravenous cannulation; Discomfort; Valsalva movement; Music treatment.

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## INTRODUCTION:

Discomfort remains to be the individual practice that remains inclined thru environmental, socio-cultural, also individual influences in addition has interactive also expressive features. Discomfort remains likewise, significant, so much therefore that this remained recognized as sixth vigorous mark through PAA. Peripheral venous cannulation would stand useful for anesthesia throughout operation [1]. The Peripheral venous cannulation stays frequently very aching technique that might lead to nervousness also uneasiness. Numerous pharmacological also nonpharmacological procedures were experienced to decrease discomfort also nervousness through Peripheral venous cannulation [2]. Approaches just like parental occurrence, verbalization, interesting resident anesthetics, hypnosis, also ice were exposed to decrease Peripheral venous cannulation discomfort. Peripheral venous cannulation remains very painful nevertheless essential process for respondents experiencing operation. Numerous distraction methods were exercised to decrease discomfort [3]. Our current research remained planned to associate consequence of music treatment also Valsalva maneuver on cases' perioperatively discomfort, concern, also consummation related by Peripheral venous cannulation. The application of the Valsalva movement during the PVC decreases repetition also reality of discomfort of patients. VM rises intrathoracic weight, leading to the vagal reply through strengthening the nerve in question [4]. Incitement to the vagus nerve has the antinociceptive outcome that reduces the awareness of agony. VM remains the clear also non-pharmacological procedure for PVC. As already mentioned, listening to music might remain very convincing strategy to reduce pressure and gain control over agony. In any case, there was no evaluation coordinated to show the useful results of listening to music in agony during PVC, which similarly distinguished the effects of music and Valsalva movement. The purpose of this study is to distinguish between properties of VM and these of trying out music on discomfort also nervousness of patients throughout the treatment of PVC [5].

## METHODOLOGY:

Our current future, randomized research remained completed through venipuncture on 180 cases undergoing operation. Our current research remained achieved in cases that experienced operation from July 2018 to March 2019, at Jinnah Hospital Lahore Pakistan. The existing research remained achieved throughout PVC in cases that experienced elective operation (Rating I or else II clinical process). Cases having an ASA physical status score of 1 else 2, aged

among 19 also 66, in addition had given on paper well-versed agreement remained involved in our research. Respondents having the past of drug habit, nervousness illnesses, hearing difficulties, long-lasting feasting of analgesics, otherwise marginal neuropathy also respondents through oral announcement difficulties remained excepted. In adding, cases by disastrous first-attempt cannulation remained excepted from our current research. The 3 randomized sets remained the control set (Set C), the set that experienced VM (Set V), also 1 set that attended to music (Set M) (Figure1). Set assignments stayed assumed in the wrapped, impervious wrapper in addition opened in preoperatively care room. The consequence assessors remained ignorant of set distributions. In Set C, not any achievement remained achieved through PVC. 1 set snooped to music (Set M), 1 set experienced VM (Set V), also 1 set had not any interference (measured set, Set C) throughout PVC. The VAS remained experienced to measure discomfort also nervousness of respondents 2 mins afterward venipuncture. The 6-point Likert scale remained experienced to assess every respondent's gratification. The pilot concentrate showed that the mean VAS value was  $4.01 \pm 2.8$ . By tolerating a 45% decrease in the VAS score due to music treatment while PVC with a bilateral defect of grade 1 of 0.06 ( $\alpha = 0.06$ ) and a performance of 0.81 ( $\beta = 0.03$ ) tolerated a 45% decrease in the VAS score, we found that in any case 47 patients would be required for each social event. The VAS score, which is the basic result, the fears and the five-level Likert scale of social events were analyzed using the individual course ANOVA and the postdoctoral evaluation was performed using the Tukey HSD test. Our current research was analyzed on software SPSS version 23. P estimates of  $p < 0.06$  remained measured truly enormous.

## RESULTS:

Statistical analysis remained completed on 180 respondents. Here remained not any variances in demographic outlines (age, gender, Body Mass Index) between diverse sets ( $p > 0.06$ ) Table 1. The cases' concern scores afterwards PVC (A2) remained expressively sophisticated in Set C than in Set M ( $p = 0.004$ ). Here remained not any substantial variances amongst A2 scores of Set C also Set V ( $p = 0.167$ ) or else amongst these of Set M also Set V ( $p = 0.321$ ). The current research originates substantial variances in discomfort score, nervousness level, also patient gratification amongst Set C in addition Set M (for discomfort,  $p = 0.002$ ; for nervousness,  $p = 0.004$ ; for case gratification,  $p = 0.005$ ). The one variance restrained amongst sets C also V remained in discomfort score ( $p = 0.035$ ). The cases' Likert scale

scores subsequently PVC remained expressively developed in Set M as compared to in Set C ( $p = 0.005$ ). Here remained not any variances among Set C

also Set V ( $p = 0.331$ ), also not any variances amongst Set M also Set V ( $p = 0.186$ ) Table 2.

**Table 1: Demographic features:**

Variable	Valsalva Set	Music Set	Measured Set	P value
Age	44.30 ± 17.48	47.68 ± 15.62	45.13 ± 15.05	0.554
Mass	78.93 ± 13.54	78.95 ± 12.64	75.88 ± 15.43	0.675
ASA I/II	32/18	34/16	36/14	0.965
Tallness	168.82 ± 0.07	164.11 ± 0.16	167.28 ± 0.09	0.126

**Table 2: The assessment of discomfort, concern also fulfillment scores amongst sets:**

Limitation	Valsalva Set	Music Set	Measured Set	P value
Anxiety scores (A1)	4545 ± 2.79	5.67 ± 2.24	5.38 ± 2.55	> 0.06
Pain scores	4.21 ± 1.93	4.95 ± 2.31	4.42 ± 1.75	< 0.06a, b
Anxiety scores (A2)	3.84 ± 1.50	4.84 ± 1.70	4.28 ± 1.22	0.004a
Likert scores	4.25 ± 1.63	3.81 ± 1.81	4.05 ± 0.56	0.005a

### DISCUSSION:

Our current research verified that music rehabilitation also VM had optimistic belongings on case discomfort throughout PVC. This similarly displayed that nervousness scores of cases which attended to music stayed expressively inferior than these of cases that experienced VM in addition these of controller set. Interruption of respondent's consideration remains one of non-pharmacological methods experienced in discomfort organization [6]. Music were recognized as the innocuous also economy non-pharmacologic procedure. Music stimulates cingulo-frontal cortex, apparent discomfort. Furthermore, music rises hormonal emissions in addition nociceptive reactions. The current research led through Zinging et al. originate that listening to music expressively decreases discomfort stages also concern scores associated to sets that do not attend to music throughout aggressive interferences [7]. Regardless of nonexistence of numerical indication, maximum of contributors still described sensation the constructive consequence, comparable to consequences gotten via Martindale et al. in its research of colonoscopy cases. They associated the music-listening set of 20 cases to the measured set of 20 cases also found not slightly variance amongst sets' discomfort also concern, nevertheless cases described the partiality for attending to music. Music also Valsalva move may remain valuable to decrease insight of discomfort. Furthermore, music has the constructive outcome on decreases case concern in the way that VM does not. The VM is a clear and actual technique to reduce the torment of venous cannulation [8]. VM vitalizes the vague nerve and has an antinociceptive outcome.

Agarwal et al. originate that VM reduced VAS values different from these of measured bundle cases with venipuncture. Mastrangelo et al. displayed that VM at a very simple level decreased the NRS level according to the control acquisition. In the current evaluation, we found that VM reduces the VAS score but does not affect the burden of maintenance [9]. Preoperative pressure may lead to extended recovery times, perioperatively complexities in addition discomfort. In our current research, preoperative music listening had a valuable result. about the discomfort. People with autonomous fractures can faint or dizzy when they meet the VM to make music, an optimal system to reduce discomfort [10].

### CONCLUSION:

Researchers accomplish that music expressively decreases respondents' aching also concern throughout peripheral intravenous cannulation, though Valsalva movement solitary offers the decrease in discomfort.

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