Oncological surgery (C – Complete, O – Oro, M – Maxillary, M – Mandibular, A – And, N – Neck, D – Dissecting, O – Operation) is a term used for the composite resection of the head and neck in which the mandible along with the mouth floor and lymphatic system of the neck, are completely removed. The highest incidence of post-operative complications is between 1 to 3 days after the operation. However, specific complications occur in the following distinct temporal patterns: early post-operative, several days after the operation, throughout the post-operative period, and in the late post-operative period.

The care required in early post-operative period includes positioning, maintaining fluid & electrolytes, taking care of drainage, nutrition.

The term is coined due to the objective of the operation to “launch a surgical attack on the diseased tissue”. The operation is used for cancers of the mouth, pharynx, larynx, maxilla, mandible and tongue. The objective is to resect aggressively as many tumour cells as possible. Following the surgery, the patient may lose some or most of the oro-pharyngeal functions which may require a plastic reconstruction surgery.

Post-operative care includes care given during the immediate post-operative period, both in the operating room and post-anesthesia care unit (PACU), as well as during the days following surgery. The highest incidence of post-operative complications is between 1 to 3 days after the operation. However, specific complications occur in the following distinct temporal patterns: early post-operative, several days after the operation, throughout the post-operative period, and in the late post-operative period. In early post-operative period care is required to manage positioning, maintaining fluid & electrolytes, taking care of drainage, nutrition and complications like infection, pain, oxygen insufficiency, haemorrhage, leakage of chyle.

Objectives

The study had two objectives:
- To assess the knowledge of staff nurses regarding immediate post-operative management of patients who had undergone Commando.
- To observe the association between the knowledge of staff nurses regarding immediate post-operative care and their demographic characteristics, including age, sex, education qualification, total clinical experience, oncological ward experience, and attendance at Continuing Nursing Education (CNE) programmes.

Knowledge of Staff Nurses Regarding Immediate Post-Operative Management of Patients Who Have Undergone Commando Surgery

Neeraj Kumar Bansal

Abstract:
A descriptive survey was conducted on 60 staff nurses working in Cancer Hospital & Research Institute, Gwalior to identify their knowledge regarding immediate post-operative management of the patients who have undergone Commando surgery. Majority of staff nurses (about 83% of them BSc Nsg) were in the age group of 21-30 years. Staff nurses had good knowledge regarding immediate post-operative Commando care. Comparison of mean, SD and mean percentage of the knowledge showed the highest mean score was 18.64 ± 4.72 which was 54.82 percent of total score obtained by the staff nurses belonging to 1 to 5 year clinical experience, similar to the mean score 18.64 ± 4.72 obtained by the staff nurses had experience less than one year. Lowest mean score of 39.70 percent (13.5 ± 3.53) was obtained by the staff nurses with over 10 years’ experience; however for 6-10 years clinical experience, the mean score obtained was 24. Hence it can be interpreted that the staff nurses having less experience have more knowledge. It may be due to gap of education or lack of in-service education programme. No significant association was found between knowledge score and age, sex, education qualification, total clinical experience, oncological ward experience, CNE attended (p>0.05).
operative management of patients who had undergone Commando and the demographic vari-
ables.

**Review of literature:** An extensive review of literature relevant to research study topic is done on studies related to Commando surgery and the care required. Studies related to knowledge of staff nurses in this area, show the lack of knowledge regarding post-operative care of the patient who had undergone Commando surgery.

**Methodology**

Descriptive survey design was used to collect the data from the samples. The study was conducted in Cancer Hospital & Research Institute, Gwalior. This is the regional cancer institute for the treatment of oral cancer, so the staff nurses working in the institute was selected as the population of the study.

Purposive sampling technique was felt to be suitable for appropriateness of sampling. Total sample size was 60. The investigator collected data by using closed ended questionnaire containing 34 knowledge items, a score of one (1) was assigned to every correct response and zero (0) was assigned to each wrong answer. The total score of knowledge was 34. The tool contained questions related to positioning, nutrition, wound care, sign of complications. The level of knowledge was measured on a 4-point scale namely poor, average, good and excellent (Poor 0-9, Average 10-18, Good 19-27, Excellent 28-34). Collected data were coded, grouped and analysed by using descriptive statistics such as percentage, mean, median and standard deviation and Inferential statistics. Chi-square was used to compare the relationship between demographic variables and knowledge score of staff nurses.

**Results**

Demographic data analysis included age, sex, education qualification, total clinical experience, oncological experience, CNE attended by the staff nurses.

Statistical inference based on chi-square test be-

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Area</th>
<th>Chi-square value</th>
<th>Df</th>
<th>Table value</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age (in years)</td>
<td>3.573</td>
<td>6</td>
<td>12.592</td>
<td>Not significant</td>
</tr>
<tr>
<td>2.</td>
<td>Sex (Gender)</td>
<td>1.379</td>
<td>3</td>
<td>7.815</td>
<td>Not significant</td>
</tr>
<tr>
<td>3.</td>
<td>Professional qualification</td>
<td>6.581</td>
<td>3</td>
<td>7.815</td>
<td>Not significant</td>
</tr>
<tr>
<td>4.</td>
<td>Total clinical experience</td>
<td>7.248</td>
<td>9</td>
<td>16.919</td>
<td>Not significant</td>
</tr>
<tr>
<td>5.</td>
<td>Oncological experience</td>
<td>6.537</td>
<td>9</td>
<td>16.919</td>
<td>Not significant</td>
</tr>
<tr>
<td>6.</td>
<td>In-service education</td>
<td>3.969</td>
<td>3</td>
<td>7.815</td>
<td>Not significant</td>
</tr>
</tbody>
</table>

(Table value > calculated value = Not significant)

Percentage wise distribution of staff nurses according to their age group showed that 96 percent of total staff nurses were in the age group of 21-30 years. Most of the subjects (96%) were female; 83 percent of the subjects had qualification of BSc Nursing. Most of the subjects (55%) had total clinical work experience of less than one year, 55 percent had work experience of less than one year in oncology unit, and 73 percent of the subjects had attended the workshop/CNE on post-operative care after cancer surgery.

Knowledge wise comparison of mean and standard deviation of knowledge scores of staff nurses on immediate post-operative Commando care showed that 60 percent of staff nurses have good level of knowledge (19-27) with mean of 21.40 ± 1.72. Average level of knowledge contains 36 percent of staff nurses who scored between 10-18 with mean of 14.36 ± 2.36. Only one candidate categorised as Poor and Excellent each in knowledge levels on the basis of their knowledge scores.

**Association between the knowledge scores of the sample with their demographic variables:** To assess the association between knowledge score and demographic variable null hypothesis was formulated.

**H01:** There was no significant association between the demographic variable and knowledge of staff nurses on immediate post-operative Commando care.

Chi-square was calculated to find out the association between knowledge scores of the staff nurses with their demographic variables.

No significant association was found between knowledge score and age, sex, professional qualification, total clinical experience, oncological experience and in-service education program attended on immediate post-operative Commando care (p>0.05). Hence, the differences observed in the mean scores values were by chance and not true difference.

Thus, it is interpreted that the difference in mean score related to the above mentioned demographic variables were not true differences and only by chance and null hypothesis was accepted.

**Discussion**

Majority of the staff nurses, (96%) were
of the age group 21-30 years. Most of the subjects were female (96%); 83 percent of the subjects had qualification of BSc Nursing. Most of the subjects (55%) had total clinical work experience of less than one year, 55 percent had work experience of less than one year in oncology unit, and 73 percent of the subjects had attended the workshop/CNE on immediate post-operative care after cancer surgery.

**Conclusion**

The staff nurses had good level of knowledge on immediate post-operative care of patients who have undergone Commando surgery. The average mean knowledge mean score was 19.08 ± 4.50, which is 56.11 percent of the total obtainable score. There is a need to provide in-service education programme on providing immediate post-operative care of Commando patients, in reducing the high risk complications after surgical intervention.

**References**

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**अधूरी नींद का मतलब है अनेक समस्याओं को बुलाना**

कई लोग आदतन कम सोते हैं। आप छात्र हैं, बच्चनों, गृहस्वामिनी या किसी पेशे में हैं; यदि रात्रи से 7–8 घंटे की गहरी, लगतारी नींद सेहत के लिए निहायत जरूरी है। यदि रहें, लंबे समय तक कम सोने वालों को अनेक प्रकार की मानसिक, शारीरिक या व्यवहार दिक्कतों से जूझना पड़ सकता है। अधूरी नींद से रोजमर्रा की जिंदगी में कई तरह की विभिन्न और सामाजिक समस्याएं आती हैं। गहरी नींद नहीं लेने से आँवों में डावरोल्ड और नतीजतन निर्णय लेने की शक्ति प्रभावित होने की बात क्लेम्सन विश्वविद्यालय के शोध ने हालिया उजागर की है। शोध दुन ने बताया है कि सोने की आदतों और आत्मनिर्भरता में गहरा संबंध है।

कम नींद लेने वालों में पाचन व्यवस्था गड़बड़ाने की संभावना बढ़ती है। उनका स्नातकोत्तर और श्वसन प्रणाली कुदरती तौर पर इस्तेमाल स्तर पर छाया नहीं रहते और वे कुल मिला कर पूरी नींद लेने वालों के समान स्वास्थ्य व उत्साही नहीं रहते। मानसिक स्तर पर उन पर चिड़चिड़ापन, खीज, कोच आदि सेवों अधिक हार्दिक है।

**हिन्दी रचनाएं आमंत्रित हैं**

मासिक टी ए आई बुलेटिन के हिन्दी खंड में प्रकाशन के लिए लघु रचनाओं का स्वागत है। प्रस्तुत की गई सामग्री नर्सिङ व्यवस्था, स्वास्थ्य शिक्षा से संबंध हो। आप इसमें अपने रोचक संस्मरण तथा अनुभव भी मेज सकते हैं। प्रकाशन के विचारार्थ सामग्री सकारात्मक सोच से परिपूर्ण होनी चाहिए। स्पष्ट लिखिया या साइप की गई रचनाएं संपादक के नाम भेजी जाएं।

— संपादक

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