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Effect of treatment satisfaction and convenience with Oral Anticoagulation treatment on quality of life Atrial Fibrillation

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Satisfaction and convenience with oral anticoagulation treatment (OAC) is important, as it translates into better adherence and better quality of life (QoL). The use of OAC is not only associated with clinical complications such as an increased risk of bleeding, but also requires the patient to modify their current lifestyle, which itself can influence the patients' perceived QoL. Purpose of this study was to assess the impact of satisfaction and convenience with oral anticoagulation treatment on QoL. The study was carried out on a group of random selected patients (64 women, 52 men, mean age 75.2; SD=8.2) with diagnosed non-valvular AF hospitalized in the Department of Cardiology. Basic socio-demographic and clinical data were obtained using the author's questionnaire and analysis of medical records. To assess the QoL, a standardized research tool was used: the Arrhythmia-Specific Questionnaire in Tachycardia and Arrhythmia (ASTA), part III, questionnaire. The evaluation of antithrombotic treatment satisfaction and convenience was performed by using the Perception of Anticoagulant Treatment Questionnaire Part 2. (PACT-Q2). We observed statistically significant correlation between the PACT-Q2 convenience domain and the overall result of the ASTA quality of life assessment (r=-0.328719) and its physical (r=-0.356089) and mental domain (r=-0.206229). There was also a significant correlation between the PACT-Q2 satisfaction domain and the overall quality of life of ASTA (r=-0.371899), both physically (r=-0.373857) and mentally (-0.302878). Quality of life of atrial fibrillation patients is influenced not only by the OAC treatment itself, but also by patient's treatment satisfaction and convenience.

Recent Publications

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Biography

Katarzyna Lomper in her scientific work mainly focus on cardiovascular diseases, in particular atrial fibrillation and disorders associated with geriatric conditions.

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Implications of Vascular Trauma in Brazil

Daniel Corradi Carregal

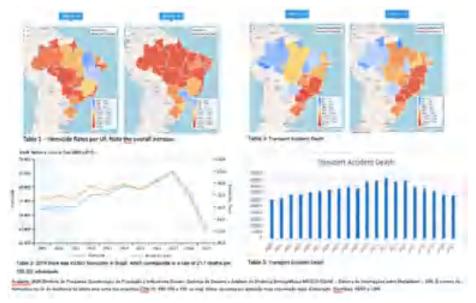
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Statement of the Problem: Vascular trauma is the most challenging aspect of care for the trauma patient. The extent and complexity of vascular trauma usually leads to shock or profound ischemia, and it tends to be associated with injuries in other tissues or organs. It requires a multidisciplinary approach focused on life and limb saving measures.

In Brazil, trauma epidemiology has origins in both military and civilian contexts. The majority of injuries in Brazil are now caused by urban violence, automotive accidents, and work-related trauma. Until the most recent decade (2010–2020), there were increasing levels of violence and trauma in Brazil (Table 1-2). In the absence of a recent major war, Brazilian surgeons have little expertise in dealing with severe injuries caused by military munitions, including those from explosive devices, which have been practically nonexistent. The goal is to provide an insight into the epidemiology of trauma in Brazil and the implications of vascular injury in that spectrum.

Methodology & Theoretical Orientation: A case report and a review of literature have been conducted to elucidate the matter. Regarding automobile accidents in Brazil, they are startling and suggestive of national health urgency. Specifically, the WHO estimates that by 2020, nearly 2 million deaths in Brazil could be attributable to automobile crashes (Table 3-4).

Conclusion & Significance: Trauma patients may benefit from damage control and resuscitation approaches that are getting better over time, as well as the quick acceptance of catheter-based, endovascular treatments to treat specific kinds of vascular injury.





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- 3. Carregal DC, Rabelo PMA, Amaral MTP, Souza Junior FDPA, Fiqueiredo Junior FDAF. Right subclavian artery injury secondary to blunt trauma successfully treated in a patient with situs inversus totalis: Case report. Int J Case Rep Images 2021; 12 DOI: 101275Z01DC2021.5.

Biography

Daniel Corradi is a Board-Certified Vascular Surgeon by the Brazilian Society of Angiology and Vascular Surgery (SBACV/AMB). During his surgery training, he received an honors degree. Throughout his vascular surgery education in a major trauma hospital, he worked on a wide range of vascular patient care, focusing on vascular trauma care, completing his education in endovascular surgery at the Hospital Israelita Albert Einstein/SP (HIAE). He is a member of the European Society for Vascular Surgery (ESVS), the Brazilian Society of Angiology and Vascular Surgery (SBACV), the American Venous Forum (AVF), and the Brazilian Society of Laser in Medicine and Surgery (SBLMC).

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And when I die: Theory of planned behavior as applied to Sperm Cryopreservation

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The present study investigates fertility intentions of men, aged 18–59, as expressed in willingness to cryopreserve sperm for future use in procreation. An economic stated-preference framework is combined with the Theory of Planned Behavior (TPB) to investigate which attributes are important in the decision to cryopreserve sperm, what is the Willingness to Pay (WTP) for cryopreservation, and which attributes influence it. A structured, two-part questionnaire was used, based on WTP and Conjoint analysis (CA) applied in tandem to elicit respondents' preferences in evaluating utility. Findings show which attributes are important in the decision to cryopreserve sperm among them Risk of Infertility, Personal monthly income, Chance of pregnancy from frozen semen, Age and what are significant predictor variables for the WTP which are Personal monthly income, Importance of the risk of infertility, Initial registration fee to sperm bank and cryopreservation, and Degree of religious observance. The findings further demonstrate that respondents value sperm cryopreservation and have a positive WTP for it as it seems to contribute to improving well-being. As a result of these findings, governments should consider state funding for cryopreservation as part of national health policy.

Recent Publications

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Increasing accessibility to surgical knowledge-sharing across Southern Africa: The "horizontal" conference model

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Recognizing that advancements in global surgery are urgently needed in South Africa, where health inequity is rampant and surgical knowledge gaps remain, the Southern African Student Surgical Society partnered with the University of Cape Town Division of Global Surgery to organize a symposium entitled "Reimagining Perioperative Care in Africa." The aim of the symposium was to address these needs through informative Global Surgery presentations, a virtual research competition, and an online Theory of Change Workshop, thereby advocating for improved surgical care in Africa through knowledge-sharing and education. By breaking down hierarchical structures through the formation of a collaborative, multidisciplinary Organizing Committee comprised of students and clinicians, a virtual "horizontal" conference model was created. This successfully allowed for the development of a cost- effective, far-reaching, collaboratively organized conference, that catered to both students' and clinicians' needs. Endorsed by the Director General of the World Health Organization, Dr. Tedros Ghebreyesus, this virtual "horizontal" model enabled the Organizing Committees to assemble experts from multiple surgical disciplines across Southern Africa, to achieve their mutual goal of finding African solutions to strengthen surgical systems.

Recent Publications

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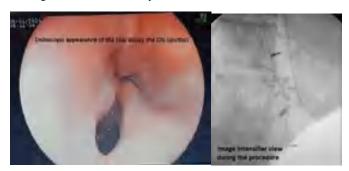
Endoscopic management of failed surgical repair of Boerhaave's syndrome

Shankar Zanwar

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B oerhaave's syndrome is acute spontaneous perforation of the lower esophagus have severe retching. Rupture of the intrathoracic esophagus results in contamination of the mediastinal cavity with gastric contents. This leads to chemical mediastinitis with mediastinal emphysema and inflammation, and subsequently bacterial infection and mediastinal necrosis. The incidence of Boerhaave syndrome is relatively rare, with an estimated incidence of 3.1 per 1,000,000 persons per year1. Management depends on site, duration and extent of the rupture. This condition can be managed medically, surgically and endoscopically. We present our case which was initially attempted to managed medically and surgically which failed and was later referred to us. We used padlock clip endoscopically, placed a metal stent to reinforce the clip function and also did a venting PEG (percutaneous endoscopic gastrostomy)2 to prevent retrograde leaking.

To best of our knowledge this the first case of use of padlock clips for management of Boerhaave's syndrome. We would like to emphasis the need for early consideration of endoscopic management in esophageal rupture and use of over-the-scope clips can be beneficial. We would also reiterate here the importance of use of a venting PEG to avoid a retrograde leak. A team effort with surgeons and intensivist in management of this disease is paramount.



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Prevalence and Risk Factors of Postnatal Depression in Females with Cesarean Section and Normal Vaginal Delivery

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Postpartum depression (PND) is currently an important public health problem due to its significant adverse effects on mothers and babies. In recent years, the prevalence of postpartum depression has been increasing. To find the prevalence and risk factors of postnatal depression and association of parenting sense of competence with postnatal depression among females with cesarean section and normal vaginal delivery.

This case-control study was conducted in Allied hospital and Children hospital Faisalabad during a period of 1-1-2019 to 30-06-2020. A non-probability purposive sampling technique was used to enroll 284 women. The Urdu version of Edinburg Postnatal Depression Scale was used to measure postnatal depression. The findings of the study showed the mean age (in years) \pm SD was 27.39 \pm 5.26 (min 18 years, max 45 years). According to cut-off score \geq 13 on EPDS 37.3% women were found depressed while 62.7% women were found non-depressed. The mean EPDS score \pm SD was 10.12 ± 6.27 (min score 0; max score 27). The women's age, women's education, education of head of family, monthly income of family and socio-economic status, mode of delivery, delivery place, number of pregnancies, history of infant death, history of child death, history of miscarriage and number of living children and parenting sense of competence were significantly associated with postnatal depression (p<0.05).

The study concluded socio-demographic, obstetric risk factors, and parenting sense of competence are significant predictors of postnatal depression that need to be addressed in order to sustain safe motherhood.

Recent Publications

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