

PSYCHOLOGICAL PREPARATION OF PATIENTS FOR ANESTHETICS IN MEDICAL PREOPERATIVE SITUATIONS

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Abstract: Surgery has a special place in medicine. There is an opinion among the people that "if the patient cannot be cured by medicines, surgeons will fix it by operation". Compared to therapeutic procedures, surgery is also a great psychological test for most patients and their relatives. Therefore, the importance of psychological support in surgery, as in other areas of medicine, is very high. This article provides information on the psychological preparation of patients for anesthesia in medicine before surgery.

Key words: Psychology, surgery, "phlegmonous appendicitis", diagnostic procedures, medical instructions.

The possibilities of psychology are endless! In the surgical profession, the number of emergency operations, the tight time, caused the emergence of a special psychological environment between the doctors of the surgical department and the patients. It should also be noted that compared to other areas of medicine, in surgery patients are not active, but on the contrary, caution and less effort are required. The peculiarity of the surgical profession is to make quick decisions and implement them immediately, if planned operations are not taken into account. Sometimes a psychological situation may arise between the patient and the surgeon. The patient can opt out of the scheduled operation or choose another surgeon who explains the details of the operation. However, it must be recognized that the patient may not refuse the surgeon who performs the operation successfully and has a great reputation, even if he is rude. Surgical operations themselves have different effects on the patient's psychology and emotions. Because in a living organism, soul and body are a single system. The change of the mental balance after the operation in a negative or positive direction, of course, depends on the result of the operation. If the operation is successful, the fears, anxiety and misunderstandings before the operation will disappear immediately. If the operation is unsuccessful, suspicions, worries and similar misunderstandings before the operation can take a bad shape for the surgeon, sometimes it can turn into a big fight. Therefore, in most Western countries, all details, advantages and complications of the operation are explained to the patient's close relatives and the patient himself, of course, keeping the principles of deontology and ethics. That is, the patient and his relatives are aware of situations that do not need to be kept secret. It's really good. Because secrets that do not need to be kept can cause great suspicion in the patient and his relatives about the surgeon and the operation he is conducting. This suspicion can leave the surgeon in a bad situation and lead to lawsuits between the two if the operation fails. If the operation ends with

the removal of an organ or a part of it, the patient's psyche may be disturbed even if the operation is successful. Because the patient may not be able to work in his previous profession or return to a full life because of this operation. Of course, in such cases, the surgeon should reassure the patient by explaining that if he does not perform this operation, other complications may occur, that he is free from surgical problems, and that he will take care of his health.

According to experts, 30% of surgical patients, and according to some reports, 70%, have mental disorders in one form or another, especially in the form of hypochondria. They require the surgeon to carefully examine the patient and hold a consultation with several doctors. Some of them consult with other surgeons, ask doctors they know whether the operation is necessary or not. Other patients turn to surgeons to get rid of their tormenting disease through surgery. Often, such cases are observed in hysterical patients. They think that they can cure the pain that is bothering them or, if not, the constant pain in the abdominal area with a full operation. In fact, operations such as tonsillectomy, strumectomy, cholecystectomy, and appendectomy are performed depending on the patient's wishes (of course, taking into account medical instructions). For example, healthy people consciously undergo surgery on their own, saying "what if I get acute appendicitis, it's better to get rid of appendicitis while I'm healthy." Such cases are especially observed in people whose loved ones have sudden appendicitis and end up on the operating table. Fearing that he will fall into the same situation, he turns to a surgeon. Since the appendectomy operation is not very complicated, sometimes the surgeon himself recommends it to the patient's relatives. On the one hand, this is true. Because acute appendicitis sometimes causes complications of peritonitis, or the diagnosis is not made in time, and the caecum ruptures. This is life-threatening. A close friend of mine was diagnosed with "phlegmonous appendicitis" and was immediately operated on at night. After the operation, the surgeon tells the patient's relatives that the disease is about to progress to peritonitis. His brother, who was afraid of his condition, removed his testicles according to his wish and the doctor's recommendation.

Preparing a patient for surgery is a difficult process, because even a very strong person can be shocked by the operation. It is necessary to prepare the patient for the operation not only taking into account medical instructions, but also from a psychological point of view. Traditional sayings like "everything will be fine, don't be afraid" do not always satisfy the patient. The surgeon should first try to eliminate the patient's fear, he should be able to create confidence in the operation and himself. These words are especially important for young people who have just entered the profession of surgery. Unlike other professions, a surgeon's reputation depends proportionally on the number of successful operations he performs. Young people have not done many operations yet, and naturally he needs to work with the patient to be recognized and show his skills. Young surgeons must perform many such operations in order to reach the level of a highly professional surgeon. So, in order to perform many surgical operations, they have to work with patients and communicate with patients for a long time to build their confidence. All famous surgeons have passed this way. As we mentioned above, surgeons who are older and have successfully performed several operations are usually chosen by the patients themselves without any psychological preparatory interview. Before surgery, patients may have various psychovegetative and psychosomatic symptoms. These are insomnia, dizziness, bad dreams, profuse sweating, tremors, tachycardia, fluctuations in arterial blood pressure, fear of death, diarrhea, frequent urination, etc. It is known that patients are referred to other specialists, such as therapists, and undergo various laboratory and diagnostic tests in order to determine whether there is a condition that interferes with the operation. Sometimes patients want to hear words

from therapists with some hope: "This patient cannot be operated on, treat him with drugs." There are even cases where they say goodbye to their loved ones before the operation, and give wills to their loved ones. Not only the operating surgeon, but also other medical personnel, i.e. ward doctor, nurse (especially those participating in the operation) should actively participate in the psychological preparation of the patient for the operation. Sometimes the patient wants to believe more in the words of the ward doctor and nurse than in the words of the surgeon operating on him, he listens to the words of the doctor operating on him. The principles of mutual trust and ethics between doctors are of great importance here, because a nurse who is always involved in operations can abandon the patient from the surgeon who operates on him.

Preparing the patient for examination. Preoperative preparation of the patient for diagnostic procedures depends on the area or organ to be examined.

On the eve of the study, it is necessary to convince the patient of the necessity of this study and, in general, to inform about the methodology of its implementation. Such a conversation and, if necessary, sedatives prescribed before the examination will relieve the increased tension and fear of the patient, which will allow the research to be carried out more effectively. When testing blood, if the conditions are not specified, special preparation of the patient is not required the day before. The most reliable information is obtained from blood tests in the morning before meals. 2-3 days before preparing for X-ray examination, it is necessary to exclude gas-forming food, to empty the intestines with laxatives and enemas, and to reduce its pneumatization. When radiopaque drugs are used for parenteral administration, it is mandatory to check their tolerance. Examination of the chest organs does not require preparation. Fibrogastroduodenoscopy is performed on an empty stomach, the patient is advised to take a diaper or towel with him. Atropine 0.1% - 1 ml is injected subcutaneously (intramuscularly) 30 minutes before the study. Before the study, the oropharyngeal mucosa is irrigated with anesthetic to suppress the gag reflex.

The reasons for refusing surgery are varied and often relate to elective surgeries. We also touched on some of yours. These are: the death or disability of a loved one from a similar operation, the request of loved ones not to undergo an operation, fear of anesthesia, an unhealthy psychological situation between the surgeon and the patient, or inadequate explanation, old age period, patients who have undergone multiple operations, hysteria or mental illness. Examining the intestine for a recto-sigmo-colonoscopy requires especially careful preparation, because the remnants of feces and mucus on the walls of the intestine make it difficult to visually identify the pathology. The patient is given oral castor oil (30.0-60.0) the day before to empty the small intestine. Suppression of the unpleasant (vomiting) reflex when taking it can be reduced by eating bread flavored with salt. Colon emptying is carried out with 1-2 cleansing enemas in the evening and once in the morning. In emergency cases, you can clean the colon with a siphon enema. 20-30 minutes before the study, the patient should sit on the toilet to remove residual water and mucus, if necessary, a gas extraction tube will be inserted. You should have a sheet with you. Preparing a patient for an ultrasound examination of the abdominal organs is similar to preparing for an X-ray examination. Special attention should be paid to eliminating pneumotization of the intestine.

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