

4th International Conference and Exhibition on **Neurology & Therapeutics**

July 27-29, 2015 Rome, Italy

Surgery and chronic stress ultimately leading to major health risks

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Introduction: In this article I shall be trying to show how surgery irrespective to age and/ or organ becomes a prospective major health problem. In general about 50-60% patients undergone anyhow surgery suffer mild/moderate/severe psychobiological illness in future for a long time due to feeling of fear that he/she (1:3)(1) has lost part of his body, inside unhealed or prolonged healing process. So anxiety, tension, emotion and depression gradually burden their daily life style eventually leading to chronic stress (about 10%) in 4 years after surgery along with some major health risk.

Background: This is an observational, prospective and multi centred study under intention to treat principle. This study is a over-view about the patients from January'08 to July'14. Data was collected from the leading practitioners of a district named Khulna in Bangladesh. The practitioners are Medicinist, Gynaecologist, Orthopaedician, Eye Surgeon, General Surgeon, Psychiatrist and Neurologist. In this study the outcome shows that about 10% of post surgical (mainly those who were undergone major surgery) had been suffering from chronic stress and among them some patients experienced major health risks i.e. Hypertension, Diabetes, Stroke, Heart attack, Panic disorder, Generalised Anxiety Disorder etc.

Method: The randomly selected samples were taken from the available data in practitioners personal computer. From two Medicinists 58 (30+28) of chronic stress patients were selected. Among them 45 patients were post surgical of different age group and undergone somewhat major and minor surgeries. 5 were undergone Appendectomy at the age of 6 to 8 yrs. Now they are 10 to 12 yrs old who were settled after treatment at the preliminary stage. 33 patients were undergone Total Abdominal Hysterectomy. The most of them responded well at follow up treatment from acute state of stress. 5 patients became sufferers of chronic stress in 4 yrs after surgery. 10 patients were dropped out after 1 yr of treatment. So they are excluded from this study. Among those 5 patients, 1 experienced stroke after 1 yr and another died from heart attack.

83 patients of various age groups were selected from Surgeons data. All of them undergone major or minor surgery. 23 of them were teenager. Two of teen age group became chronically stressed at the age of 18 yrs and were referred to Psychiatrist. These patients were found out from the Psychiatrists data and the outcome was that they did not cure in treatment. Among the adult ones (60) those undergone major surgery 5 patients had been faced symptoms of chronic stress and finally they remained in the stressed state. But rest of them were treated well in course of time.

151 patients were taken in account from the data found in Gynaecologists p.c. 131 of them undergone Total Abdominal Hysterectomy (TAH). The TAH patients taken from the Medicinists are not included in this nos. of patients. 15 patients were of Lower Uterine Ceasarian Section (LUCS) and 5 were of resection of fibroid uterus. No problem was for the patients of LUCS in follow up treatment but 1 of the fibroid uterus patients and 15 of TAH patients suffered long time psychological problem. After 3 yrs of treatment they were referred to Neuro-Psychiatrists. After two yrs treatment 2 of them were a bit well, but 13 patients had been suffering from chronic stress of those 3 died from heart attack and 2 faced stroke. Some of them experienced Diabetes, GAD etc.

23 patients were included in this study coming from Orthopaedician's data. All were undergone ORIF (Open Reduction & Internal Fixation) for lower limb bone fracture. Nails and plates were kept in situ. Among them 3 (1 male 2 female) were suffering from chronic stress those who were referred to Neurologist after two yrs of follow up treatment. Seven were dropped out and found no trace at their address possibly due to shifting their working place. So no concrete outcome is found here and here is the gap of this study.

Three patients were included from the Ophthalmologist who had been done cataract operation and after 3 follow up visit they were fine. Most of the patients of this study were taken from the data of Psychiatrist and Neurologist. 215 (115 + 100) samples were taken from two Psychiatrists. The patients were of different ages. 85 and 69 were post surgical patients. 15 and 13 patients undergone minor (Appendectomy) surgery at the age of 8 to 12 years. During the study they passed 4 yrs of age more. Among them 2 were of chronic stress patients. Other covariates for them were social and family events. They experienced paternal exposure to maternal stress. So it cannot be concluded that they had been suffering from chronic stress only due to surgery and

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this is a weak point of the study. Rest of the patients undergone major surgery. 60 and 36 had operation named cholecystectomy and others were of mastectomy, gastro-jejunostomy etc. The patients who were undergone major surgery had been suffering from acute or chronic stress. Age group was 30 to 60 yrs. 5 patients experienced mastectomy and 3 of them suffered from chronic stress in four yrs after surgery. 5 and 3 of the patients who were done cholecystectomy had been suffering from chronic stress among which 2 died from haemorrhagic stroke after 5 yrs of surgery. The patients other than post surgery who had been suffering from chronic stress experienced other causes of chronic stress.

From my (Neurologist) data I selected 200 post surgical patients of different age group. This group of patients merged with others (beginning from 2008) in 2010. 100 patients were undergone appendicectomy at the age of 8 to 11 yrs. During this study they were 12 to 15 yrs old. Other patients were adult. 50 were of 20 to 40 yrs age group and the rest of the samples were 41 to 60 yrs age group. All the adult patients were undergone major surgery. They got follow up visits for 2 yrs to the Surgeons. Then they were referred to me. About 8 patients of appendicectomy (12 to 15 yrs age group) faced chronic stress. Of course there had some other covariates i.e. poverty, social and environmental causes, child abuse etc. in every case. So it can be said that surgery is not the only cause of their stress. 7 of the age group 20 to 40 yrs suffered chronic stress in 4 yrs after surgery and 11 of the age group 41 to 60 yrs had been suffering from chronic stress in 3 yrs after surgery. Among these 11 patients 2 had experience of heart attack and 3 faced stroke after 5 yrs of surgery.

Result: 672 patients/samples were taken in account in the study from different source of data. Among them 659 patients were post surgical. 62 patients had been suffering from chronic stress in 4 yrs after surgery. And among them (mainly adult group) 15 patients experienced secondary health risk like stroke and heart attack the cause of which arising from their chronic stress.

Biography

Tarit Kanti Ghosh MSc, MBBS, born in 1968 is a renowned Neurologist in Bangladesh. Since the very childhood he was extraordinary talented i.e. he always stood as topper in the class. In secondary school certificate & higher secondary certificate public exam he was one of seven among about 400,000 students all over the country. Being a son of a doctor his ambition was to become a benevolent physician. Thereby, he completed his graduation from the then British recognized medical college in Dhaka, Bangladesh in 1993. Then he did post-graduation(MSc) in internal medicine & Neurology from United Kingdom. He accomplished "Leading edge neurology for the practising clinicians, 2014" course in University college of London, UK. Due to thirst of knowledge he is still studying in the university of Melbourne, Australia in the Specialist Certificate Course in Clinical Research Neuroscience.

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