Preparation, validation, and evaluation of an information leaflet for patients undergoing day-care surgeries under general anesthesia at a busy tertiary care hospital

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Abstract
Background and Aims: It is essential that patients posted for day-care surgeries are adequately prepared preoperatively. Verbal information alone may not be always effective. This study aimed to prepare, validate, and evaluate the efficacy of a patient information leaflet (PIL) for patients undergoing day-care surgeries under general anesthesia (GA).

Material and Methods: After approval from the hospital ethics committee a PIL was prepared in English. Readability and design of the leaflet were checked using standard tests: Flesch readability ease test (FRE), Flesch Kincaid grade level (FKGL), and Baker Able leaflet design (BALD). It was translated into three regional languages. The PIL was tested among patients using a questionnaire. Seventy-nine adult patients posted for elective day-care procedures were included while emergency surgeries were excluded. Patient knowledge pre and post-PIL was compared using paired ‘t’ test. The influence of age, gender, and education level on the usefulness of PIL were analyzed using the Chi-square test and knowledge was compared using ANOVA.

Results: The English leaflet had an FRE Score of 63.9 and FKGL of 6.4, which is “standard”. The BALD score for all leaflets was 25 (“above standard”). The overall knowledge scores significantly improved from 52.6% (preintervention) to 70.7% (postintervention), P < 0.001. Knowledge improvement was seen with the use of PIL in all four languages. Sixty eight percent of patients strongly recommended the PIL while 31% were willing to recommend it to others.

Conclusion: The PILs developed in this study have standard readability, good design and validated for efficacy.

Keywords: Day-care surgery, health education, patient education handout, patient information leaflet

Introduction

Over the last few decades, there has been a surge in day-care surgeries. Developed countries conduct a large proportion of their surgeries as day-care procedures; 80% of surgeries in USA and 75% of surgeries in UK are day-care surgeries. [1,2] In India, this number was reported as around 20% in the last decade and is on a steep rise. [3] The key to successful functioning of a day-care surgery unit is proper patient selection and preparation, which needs good patient education. [4]

Providing information is the central focus of the patient’s educational activities. [5] Patients often complain about the difficulty of obtaining enough and reliable information. [6] Information leaflets are inexpensive, and an effective means of providing information to patients. Leaflets allow patients to digest information at their own speed and are a point of reference at any time.

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Our hospital is a tertiary referral center that caters to around 8000 major surgeries annually and 4000 day-care procedures on the surgical site. These cases include diagnostic procedures such as direct laryngoscopies, evaluation under anesthesia, and other minor surgical procedures including biopsies and secondary suturing. In majority of the cases, the preanesthetic checkup is done shortly before undertaking the procedure in the minor OT complex. These patients receive verbal instructions from surgeons in the surgical outpatient department (OPD). It is not unusual to find that patients, due to lack of information, are not adequately prepared including oral intake as per accepted guidelines. This results in cancellation which further leads to patient distress and decreases the efficiency of the day-care complex.

With this background in mind, we felt the unmet need to prepare a patient information leaflet (PIL). The aim of the study was to prepare an information leaflet containing essential perioperative instructions for patients posted for elective day-care surgeries under general anesthesia (GA), to be given by the surgeons in their OPDs, on scheduling a patient for a day-care procedure under anesthesia. The primary objective was to validate the PIL in terms of content, readability, layout, and translate to regional languages. A secondary objective was to evaluate the PIL among patients.

**Material and Methods**

After approval by the institutional review board, (IEC/0916/1735/001), the study was conducted from September 2016 to November 2016. The study was done in two parts: firstly, preparation of the leaflet (including content preparation, validation, and translation [both forward and backward]), secondly by evaluation of leaflet among patients to test its efficacy.

Using standard textbooks, internet resources (PubMed/Medline, Google scholar), and latest guidelines available, a PIL was prepared for all adult patients undergoing elective day-care surgery under GA at our day-care center. The leaflet contained relevant information that any patient undergoing GA is expected to know prior to surgery and included preoperative instructions, postoperative instructions, and a few of the expected adverse effects and alerts postprocedure.

The validation of PIL was done based on the Delphi technique. An initial draft was based on available literature and current recommendations. Institution specific instructions were added to it. The leaflet was then circulated among a team comprising of senior anesthesiologists, who gave their feedback for suitable addition and deletion. Changes in the leaflet were incorporated based on the feedback and a final draft was prepared.

Readability of our English PIL was checked online by using the website www.readabilityscore.com. This website employs a battery of readability tests to evaluate the ease of reading of a document and assigns every document a readability score. Readability scores are a reflection of the reading level of a document and are based on the average number of syllables per word and the average number of words per sentence. Documents with a good readability score can be read by a majority of the population. The most commonly used tests are the Flesch Reading Ease (FRE), and the Flesch–Kincaid Grade Level (FKGL).

The leaflet layout was designed using the Baker Able leaflets design (BALD) method. The BALD score is based on several parameters such as length and separation between lines, type and color of the font used, white space, and so on. We used the tools as described above to modify the leaflet until we got the best possible score.

Being a tertiary referral center, the hospital caters to patients from all parts of India. Hence, an English leaflet alone would be impractical to meet the needs of all our patients. Translation to all regional languages is a mammoth task, and hence we restricted to four languages (English, Hindi, Marathi, and Bengali) based on current patient population trends, so as to include around 95% of our patient population. After preparing the English version, the leaflet was translated into Marathi, Hindi, and Bengali by professional linguistic experts. All the translated copies were then back-translated into English by independent experts in the respective language. The original English leaflet and the back-translated English leaflet were then compared and altered by another group of volunteers to ensure that there is no relevant change in the meaning of the two versions.

An initial evaluation in patients was done to calculate sample size for the validation, to study the effect of PIL on patients’ knowledge, and to collect feedback about PIL. All adult patients undergoing any day-care procedure under GA were included; written informed consent was obtained from all the participating patients. Exclusion criteria included patients unwilling to take part, emergency surgeries, those undergone similar procedure on a prior occasion, and inability on the part of patients as well as accompanying persons to read and write.

Evaluation in patients was carried out in two phases.

Phase 1 (User testing for sample size calculation): A knowledge-based questionnaire was prepared by a group
of senior anesthesiologists. The questionnaire consisted of 12 questions to be answered either as true or false or don’t know, refer Annexure 1. It was translated into Hindi, Marathi, and Bengali by experts. The questions were based on the common knowledge that any layman undergoing the surgery under GA was expected to know. Eight patients per language group (total 32) were selected after informed consent, using simple random sampling technique. The questionnaire was administered to these patients to assess baseline knowledge. After answering the questionnaire, the patients were provided with the PIL (intervention) and they were allowed 15 min to go through it. The PIL included an information leaflet spread over four sides of a folded A4 size sheet of paper, refer Annexure 2. Basic instructions that need to be followed by patients before minor procedures under GA were included. It also had information regarding what the patient should bring on the day of the procedure and what would happen in the procedure room. A few postprocedure instructions and possible side effects after the procedure were also mentioned. Patients were readministered the same questionnaire to assess the knowledge postintervention. In addition, three questions focused on patient’s feedback about the PIL and willingness to recommend to others on Likert scales, refer Annexure 1. In case of illiterate patients, the questionnaire was filled by the accompanying attendant in consultation with the patient after reading out the PIL to them. User testing scores pre and postinterventions were calculated using the following formula. Based on the user testing scores the sample size for phase 2 was calculated.

\[ \text{User testing scores (\%) = } \frac{\text{Total number of correct responses by the patient}}{\text{Total number of questions}} \times 100 \]

Sample size calculation:

The sample size for phase 2 was calculated based on the response improvement in patients’ knowledge as found in phase 1 using standard formula \([15] \)

\[ N = \frac{2(Z_\alpha + Z_\beta)^2 \sigma^2}{\Delta^2} \]

\( Z_\alpha \) is 1.96 (for \( \alpha = 5\% \)), \( Z_\beta \) is 0.84 (for 80% power), and \( \sigma \) is the mean of the standard deviations of both groups (derived from pre and postintervention user testing scores), \( \Delta \) is the minimum significant difference of user testing score of both groups (pre and postintervention).

Phase 2 (evaluation in patients): A total of 79 consenting patients were included in this phase, as per sample size calculation, this included 18 patients for English, 20 for Hindi, 20 for Marathi, and 11 for Bengali. The same knowledge-based questionnaire was administered to patients before and 15 min after reading the PIL. In addition, all patients were given a feedback form at the end to collect their opinion about the leaflet. Knowledge scores pre and postintervention were assessed based on the number of correct responses given by the patients to the questions asked in the questionnaire using the formula as below:

\[ \text{Knowledge score (\%) = } \frac{\text{Total number of correct responses by the patient}}{12} \times 100 \]

Data collected in phase 2 included sociodemographic parameters (age, gender, and education level), response to the knowledge-based questionnaire, patient’s opinion about PIL, patient’s willingness to recommend the PIL to others. Patient knowledge pre and post-PIL was compared using paired ‘t’ test; Correlation between age and knowledge score was done using Pearson’s correlation test, while the association with gender and education was compared using ANOVA. The influence of age, gender, and education level on usefulness of PIL were analyzed using Chi-square.

The analysis was performed using statistical software (IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp.).

Results

Four leaflets were designed in English, Hindi, Marathi, and Bengali. The average reading time of the PIL was 3.5 min. The English leaflet has an FRE score of 63.9 and FKGL of 6.4. All 4 versions of the leaflet have a BALD score of 25 each.

A total of 79 patients took part in the patient evaluation of PIL. The majority were men (69.6%) and belonged to the age group 45–59 years (50.6%), refer Table 1. Thirty patients (38%) were illiterate, and among these patients, the information leaflets were provided to their attendants.

The overall knowledge scores significantly improved from 52.6% (preintervention) to 70.7% (postintervention), \( P < 0.001 \). An improvement in knowledge was seen with the use of the PIL in all four languages \( (P < 0.001) \), refer Figure 1. We did not find any association between age and change in knowledge scores \( (P = 0.47) \). The results of ANOVA between influence of gender and education status with knowledge scores are elaborated in Table 2. Comparisons using post hoc tests revealed that illiterate/school-educated patients had a significantly lower pre-PIL score as compared to graduates/postgraduates \( (P\text{-value} < 0.001) \). An improvement in knowledge was seen across all groups.

With respect to an opinion about the PIL, around 67% patients rated the leaflets very good, 28% rated it good, and the rest 5% rated it average. Nearly 48% of patients...
found it very easy to read, 39% found it easy to read, and 13% found it average. Around 68% of patients strongly recommended the PIL, 31% were willing to recommend it to others while one percent of the patient were neutral about the same. There was no association between age ($P = 0.77$), gender ($P = 0.59$), education ($P = 0.59$), and usefulness of PIL.

**Discussion**

The leaflets prepared in this study met the standard acceptable criteria as revealed by readability scores (applicable to English leaflet only), and BALD score. On patient evaluation, a positive change in knowledge scores was seen with leaflets in all four languages.

Current literature on patient information leaflets is mainly for chronic conditions.[16-22] There is a paucity of well-validated leaflets to prepare patients for surgical procedures especially day-care procedures. Hence, we undertook this study.

The English leaflet was validated by numerous tests/indices that are available to assess the readability of a leaflet.[12] Standard readability scales such as FRE, FK grade level has not been applied to other languages. Hence, to ensure the quality of the leaflet user testing and evaluation among the target population was carried out, using knowledge-based questionnaires.

It is important to understand the influence of patient factors such as age, education, and gender on patients’ knowledge. We did not find any significant association between age and gender on the patients’ knowledge both pre and postintervention. As regards education level, the PIL had an FK grade of 6.4, suggesting ease of reading for a sixth-grader or above (US grade level).[12] This has been widely used in studies across the globe including several Indian studies.[15-22] A significant proportion of patients in this study were illiterate.

| Variable | PRE-PIL Score | Post-PIL Score | Change in score |
|----------|---------------|----------------|-----------------|
| Gender   | Male 52.4     | 70.1           | 17.7            |
|          | Female 53.1   | 72.2           | 19.1            |
| $P$ for ANOVA | 0.9          | 0.6            | 0.5             |
| Education| Illiterate 47.5 | 68.1           | 20.6            |
|          | Primary Education 45.1 | 63.7           | 18.6            |
|          | Secondary Education 67.3 | 80.7           | 13.4            |
|          | Higher Education 78.5 | 92.8           | 14.3            |
| $P$ for ANOVA | <0.001       | <0.001         | 0.03            |

PIL=patient information leaflet $P<0.05$- significant
and needed help from accompanying relatives to respond to the feedback form. A low preintervention knowledge score was seen in this group suggesting an inadequate information delivery or reluctance to discuss with the primary doctors in the outpatient department in contrast to higher baseline knowledge amongst the educated patients. Nevertheless, a positive increase in patients’ knowledge was seen with the use of PIL, reinforcing the need for such information leaflets.

The optimum time and place of administration of leaflets can be debated. We selected patients present in the day-care center to accurately capture baseline knowledge post counseling by respective units. As the average reading time of the PIL was 3.5 min, we gave patients an adequate 15 min to read and reply to the post-PIL knowledge-based questionnaire.

This study has certain limitations. Our PIL focused on some useful instructions and a few basic side effects postprocedure. Most of our patients were planned for diagnostic procedures and had different disease profiles which were from different disease management groups, thus information about disease or its management was not incorporated. Information was restricted to anesthetic concerns with respect to day-care surgeries. Some information in the PIL like collection of reports are specific to our institute and can be easily modified if needed. The study includes only adult patients planned for discharge on the same day; children and indoor patients were excluded from the study. The leaflet is available in only four languages; this may not cover all the population in a diverse country like India, however based on our experience it would cater to 95% of our patients.

Although this study looked at patient’s knowledge improvement, a significant contribution from the accompanying relative in answering the questionnaire cannot be ruled out. Hence, the knowledge improvement seen in this study is not restricted to the patient but includes the caregivers as well. However, the results are encouraging because in a country like our patients’ caregivers have a substantial role in ensuring compliance with medical instructions.

An information leaflet ineffective if both the patient as well as the accompanying person are illiterate. Video communication in waiting areas may be a suitable alternative for these patients. Nevertheless, PIL does have an important role in patient satisfaction and the impact of this leaflet on the functioning of a busy day-care center is being assessed in another study. (ClinicalTrials.govPRS NCT03011840).

Conclusion

The PILs developed in this study have standard readability and good design. The positive feedback and improvement of patients’ knowledge validate the PIL with respect to its efficacy.

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Conflicts of interest

There are no conflicts of interest.

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Annexure

Annexure 1: Knowledge-Based Questionnaire

Patient’s Age ____________ Gender ________________

The education level of patient: (please tick highest qualification)
Illiterate/school/graduate/postgraduate

Are you filling this questionnaire for □ self or □ on behalf of the patient?
if so please tick your qualification: school/graduate/post‑graduate?

Please tick/encircle the most suitable answers for the following questions*

The patient should not eat or drink anything on the day of surgery.
Agree/Disagree/Don’t know

Blood pressure (BP) tablet should be taken on the morning of surgery.
Agree/Disagree/Don’t know

Smoking is allowed on the day of surgery.
Agree/Disagree/Don’t know

Patient Identity band should be removed before entering the OT.
Agree/Disagree/Don’t know

The patient should bring all the medicines that he takes regularly with him to the day-care complex.
Agree/Disagree/Don’t know

After surgery patient will be kept under observation for some time.
Agree/Disagree/Don’t know

The artificial denture should be removed before entering OT.
Agree/Disagree/Don’t know

All reports including ECG will be available over hospital’s computers.
Agree/Disagree/Don’t know

Past medical records are not necessary before surgery.
Agree/Disagree/Don’t know

Diabetes tablets can be taken on the morning of surgery.
Agree/Disagree/Don’t know

Nausea and Vomiting are common after general anesthesia.

Agree/Disagree/Don’t know

In case of any breathing difficulty after surgery, the patient should contact the hospital (casualty) immediately.

Agree/Disagree/Don’t know

• What is your opinion about the leaflet?
Very Good/Good/Average/Bad/Average/Very Bad

• Do you think this leaflet is easy to understand?
Very easy/Easy/Average/Slightly difficult/Average/Very difficult

• Would you recommend this leaflet to others?
Strongly recommend/Will Recommend/Neutral/Recommend reluctantly/Not recommend at all

• Would you like to add any additional information to the leaflet?

(The above 4 questions were included in the post PIL feedback only.)

*The right answers for the first twelve questions appear in bold.*)
POST-OPERATIVE INSTRUCTIONS
- In the Recovery room you will stay till you are completely awake
- Your BP, oxygen levels and heart rate will be monitored
- Oxygen will be given for some time through a clear mask
- Patient’s relatives will be allowed to meet the patient
- If you have any problem please inform the attending staff for help
- You will be told when to resume eating/drinking by the doctors/nurses
- You may be prescribed medicines (pain killers/antibiotics etc.)
- Follow-up instructions will be given to you by the doctors/nurses
- You will be discharged once you are deemed fit by the doctors

POSSIBLE SIDE EFFECTS OF SURGERY/ANAESTHESIA
The incidence of these side effects varies from person to person. You may have some of these:
- Mild to moderate pain over surgical site
- Nausea, vomiting
- Dizziness, confusian
- Sore throat
- Headache, body ache

CONTACT IMMEDIATELY AT MINOR OT/CASUALTY IF YOU HAVE ANY OF THE FOLLOWING:
- Persistent vomiting
- Pain unresponsive to pain killers
- Breathing problem
- If bleeding from surgical site does not stop

PATIENT INFORMATION BOOKLET
(For Adult Patients)
(For procedures under General Anaesthesia)
At Minor OT Complex
Please read this leaflet and if you have any suggestions/queries, discuss with your concerned doctors

GENERAL INFORMATION
- You have been referred to Minor OT for some procedure/surgery
- This procedure could be Diagnostic or Therapeutic

PRE-OPERATIVE INSTRUCTIONS
Before Surgery
- Make sure you have undergone tests advised to you
- The test reports will be available to us online except ECG & PFT
- Please collect your ECG report/PFT report/SCANS (old and new)/X-Ray film (if done) from respective counters before going to Minor OT
- If you are on any regular medications you can continue them but STOP BLOOD THINNERS 5 DAYS BEFORE SURGERY. Don’t stop Aspirin.
- Avoid Alcohol Intake / Smoking or Tobacco in any form as it may lead to cancellation of your surgery
- Avoid Nail paint/Mehndi before procedure

What And When To Eat/Drink
- If surgery planned in morning: you may eat and drink until midnight the day before your operation, no solid food after midnight.
- If surgery planned in afternoon (after 12 noon): you can have light breakfast at 6AM (tea/coffee with little milk and biscuit or plain bread)
- You are allowed to take clear liquids like plain water, coconut water, glucose water, Apple juice UPTO 2 hours before surgery.
(e.g. if surgery is at 10AM you can drink Apple juice till 6AM but NOT after that)

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PRE-OPERATIVE INSTRUCTIONS CONT.

Continue These Medicines On The Day Of Surgery with a small sip of water (if you already take any)
- BP control medicines
- Asthma medication (Inhalers/ Rota caps / Nebulisation etc.)
- Medicine for heart diseases & Aspirin
- Thyroid medications
- Fits/Seizure medication
- Acidity/Chest bum medicine
- Steroids

Don’t Take These Medicines Before The Surgery
- Medicines for Diabetes (tablets/insulin)
- Blood thinners except Aspirin

On The Day Of Surgery
- All patients must be accompanied by a responsible adult
- Please do bath and brush your teeth
- Please handover your file at the registration desk & collect the Patient identity band; Patients should wear this band at all times
- After registration your file shall be handed over to the respective unit
- Please ensure that you have read and signed the consent form
- As you await your turn for the procedure, you will be seen by the Anaesthesiologist
- If you are allergic to any medicine/food , please let us know
- Relatives are strictly NOT permitted to enter the OT

PRE-OPERATIVE INSTRUCTIONS CONT.

Don’t Forget To Bring The Following
- ID card & File (issued by TMH)
- ECG report/PFT report (if done)
- All x-rays and scans (previous & recent CT/MRI/PET scans if done outside TMH)
- Blood tests & any other tests done outside TMH
- All past medical records (if any)
- All tablets/injections that you take on a regular basis

Remove These Before Entering The OT
- Artificial dentures
- Spectacles, Contact lens
- Jewellery (bangles, chains, rings etc.)
- Mobile, Wallet, Cash, Keys
- Hairclips, pins, belts etc.

What Happens Inside Operation Theatre
- Inside the OT you shall lie down on the operating table and then your doctor will attach you the following:
  - Sticky patches on your chest – to record ECG
  - BP cuff around your arm – to record BP
  - A clip on your finger – to measure oxygen level in blood
- A small plastic tube will be put in a vein of your hand/arm through which you will receive saline and medications during surgery
- Then you shall be put to sleep using appropriate medicines
- The entire surgery will be painless and you will not feel anything
- After the surgery you will be woken up from sleep and you will be shifted to the Recovery Room for observation.

Version 2.0 dated 12-7-2016
रुग्ण जानकारी पत्र
कयाकय रीतों के लिए
(तपा नन्द-रिचर्डस का एम सामन्य, अमरलीन सेवाविभाग (सामाजिक) के तहत की जानकारी)
कुछ यह एक हिंदी और अन्य अकांसी दोहें पुढ़ीया दो हो सहित फिशीलिक हस चरण को शामिल जानकारी
- अन्य अकांसी हिंदी दोहें पुढ़ीया दो हो सहित फिशीलिक हस चरण को शामिल जानकारी
- यह दर्शन दैवीक अकांसी दोहें पुढ़ीया दो हो सहित फिशीलिक हस चरण को शामिल जानकारी

शारीरिक रूप से आंदोलन
- यह दर्शन दैवीक अकांसी हस चरण को शामिल जानकारी
- यह दर्शन दैवीक अकांसी हस चरण को शामिल जानकारी
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- यह दर्शन दैवीक अकांसी हस चरण को शामिल जानकारी
शाल्य-चिकित्सा के पूर्व निर्देश द्वारा मत तथा विनिमय के दिन में दशाओं पानी के पूर्त के साथ लेन साड़ू स्नेह

(अगर आप पहले से ही कोई द्रव में लेते हैं)

- रग्ण चार निविदां चारानं
- अभ्यास का चारानं (उत्सुकतां तोरण तुलं / नेपुत्सुकतानं)
- हार्दिक का चारानं और आदरानस्य चार (एम्बूरित)
- भवाणराय की द्रापां
- पीट और मिष्टी ची द्रापां
- एस्विदारं / द्रापां में जनन की द्रापां
- गोंडीकुष

शाल्य-चिकित्सा के पूर्व निर्देश द्वारा मत तथा विनिमय के दिन में

- भांति ही द्रापां (दस्तान / दांवानित)
- ब्राह्मानारुक का अन्तर मत की गतता करनेवाली द्रापां

शाल्य-चिकित्सा के पूर्व निर्देश द्वारा मत तथा विनिमय के दिन में

- सभी रेखों के गाय में एक नियमित निष्ठुर पत्ता होकर ही चाहिए
- कृपा व्यापरी और व्यापारी वन स्वीकार
- कृपा व्यापारी चारानं विनिमय द्रापां द्वारा वहीं और रग्ण चारे वैसे में ; रग्ण को
- वह वैसे हर रुपये कर सुनहरा ही होगा
- गोंडीकुष के कारण आदरानस्य चारानं विनिमय नियामक को चेतनों आनेगी
- कृपा यह वनिमयि की हव वायजकी व्यवहार को गायक उपर रुपरेखा नियामक
- जब अज आदरानस्य के लिये इंडिकार कर रहे हों तब नहीं विद्युतअधिमानस्यि
- (संबंधित नाम) आदरानस्य प्रति कर सकती करके
- कृपा चारानं विनिमयि द्रापां / वैसे की एक दी ती प्रति कररही हैं
- तान्य-चिकित्सा द्रापां में रिष्टंदाय के द्वारा के साथ रुपरेखा में स्मार्टे हैं

शाल्य-चिकित्सा के पूर्व निर्देश द्वारा मत तथा विनिमय के दिन में

निर्देश को है आना न भूरा

- पालन पत्र और द्रापां (एम्बूरित द्वारा दिरहुएं)
- एम्बूरित निरवर्ति द्रापां (आरोग्य निर्देशन)
- रग्ण चारानं के बाहर हमार का दिरहुएं लं पर एम्बूरित अरू द्रापां
- रग्ण चारानं और रिटेल द्रापां के ए मोगा का अरू द्रापां
- निर्देश के प्रभु केन्द्रानं रिटेल द्रापां (नोट्से भी)
- जो अखिल विनिमयि द्रापां में लेते हैं, वह अपनी देनखंड रिटेल द्रापां

शाल्य-चिकित्सा के पूर्व निर्देश द्वारा मत तथा विनिमय के दिन में विनिमयि

तान्य-चिकित्सा के अन्तर की चिकित्सा द्रापां द्वारा आरोग्य निर्देशन के लिये द्रापां के रूप में विनिमयि का साथ के लिये आरोग्य निर्देशन नियामक
- एम्बूरित निरवर्ति द्रापां के लिये आरोग्य निर्देशन द्रापां का चेतनों के लिये
- आदरानस्य चारानं का नियामक के लिये आदरानस्य चारानं के द्वारा आदरानस्य चारानं के रूप में विनिमयि का साथ के लिये आदरानस्य चारानं के द्वारा
- आदरानस्य चारानं के नियामक के लिये आदरानस्य चारानं के द्वारा
- आदरानस्य चारानं के नियामक के लिये आदरानस्य चारानं के द्वारा
- तान्य-चिकित्सा के निर्देश के लिये आदरानस्य द्रापां द्वारा निर्देशन के लिये आदरानस्य द्रापां के रूप में विनिमयि का साथ के लिये आदरानस्य द्रापां

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 Annexure 4: Patient Information leaflet in Marathi (Enclosed copy is a four paged leaflet and appears in the following order Page 4-1-2-3)
शास्त्र-भित्रिकोपोषणा सूचना

शास्त्रिकोपोषणा दिनशी ही औषधीय वास्तविक घोटालों के केन्द्र जा एक जगा पहली अग्रणी उपर्युक्त उपर्युक्ता (जब तुम्हीं चाहता पुस्तक पुस्तक ही औषधीय वेत अंतर उर)

- निर्देश निवंद अंकधे
- अवयवपूर्वी अंकधे (रसायन / वटा केन्द्र / सेन्द्रियवेदना)
- दुबईशी कार्य अंकधे और संगीतण
- मंगोलिया अंकधे
- गेम के लिए वास्तविक अवयवपूर्वी अंकधे
- संगीतण / वास्तविक धारा करणारी अंकधे
- व्यक्तिगत

शास्त्रिकोपोषणा दिनशी अंकधे बनाना

- समूह-पैक अंकधे (वोल्चुम/पालीडर)
- प्रभावित विवरण द्वारा एक धारा करणारी अंकधे
- शास्त्रिकोपोषणा दिनशी

- वर्म व्यापारीक एक धारा करणारी अंकधे
- गुणवत्ता अंकधे द्वारा भारतीय
- दुर्गी मर्यादा लोकी अंकधे द्वारा भारतीय अंकधे द्वारा
- व्यापारीक संस्कृति के लिए नये अंकधे
- संस्कृति के लिए नये अंकधे
- संस्कृति के लिए नये अंकधे
- नये कार्यालय करणारी अंकधे
- जरूरी बांध करणारी अंकधे
- व्यापारीक धारा करणारी अंकधे
- व्यापारीक धारा करणारी अंकधे
- व्यापारीक धारा करणारी अंकधे
- व्यापारीक धारा करणारी अंकधे
- व्यापारीक धारात: उपयोग करणारी अंकधे
- संस्कृति के लिए नये अंकधे
- संस्कृति के लिए नये अंकधे
- महानकाली शिक्षा अंकधे द्वारा

शास्त्रिकोपोषणा स्वावलंबी प्राप्तवारी क्रमांक हे काळा

- द्वारा करणारी अंकधे
- नये, द्वारा करणारी
- नये (संस्थान, द्वारा, अंकधे)
- संस्थान, वाढ, प्राप्तवारी
- व्यापारी, प्राप्तवारी, वाढ
- राहुल, विभाग, विभाग, दुर्घटना

शास्त्रिकोपोषणा निर्देश स्वावलंबी प्राप्तवारी क्रमांक हे काळा

- अंकधे करणारी अंकधे
- नये, द्वारा करणारी
- नये (संस्थान, द्वारा, अंकधे)
- संस्थान, वाढ, प्राप्तवारी
- व्यापारी, प्राप्तवारी, वाढ
- राहुल, विभाग, विभाग, दुर्घटना
Annexure 5: Patient information leaflet in Bengali (Enclosed copy is a four paged leaflet and appears in the following order Page 4-1-2-3)
প্রনালী নিয়মের নির্দেশনাকার

ক্রমবর্ধমান হেঁটে নিলে যে ব্যবস্থা দেওয়া হলো সাজানো ব্যবস্থার জন্য

eক কূটনীতি অন্তর্ভূক্ত হচ্ছে (যদি আপনি ইত্যাদিতে কোনো কূটনীতি অন্তর্ভুক্ত হবে তাহলে)

- বিন দায়িত্বের কূট
- দশকরের ওষুধ (ইংরেজি / বাংলা ভাষায় কূটনীতি এবং কূটনীতি)
- কূটনীতির ওষুধ ও ন্যায়শাসিক
- অভিযোগের একাদিক
- বিন / পাদদৃশ ওষুধ
- অভিযোগ / বুদ্ধিমান ওষুধ
- প্রক্রিয়াক

ব্যবস্থাপনা করার জন্য এই নিয়মগুলি ধরে নিন

- ডায়েটিকস কূট ওষুধের (ইংরেজি / ইতালীয়)
- ন্যায়শাসিক ছাড় আমে কূট রচনার নিন

প্রান্তিক সন্নিধান

- সকল রেকর্ডের একজন পরিচালক নিচের দ্বারা অনুরুপ করা হলো
- ব্যাপার করা করা হচ্ছে এবং আমাদের দূর্বল রূপ
- অনুরূপ করে আমাদের কাজের দৃষ্টিকোণ ব্যাপারে এবং আমাদের পাশাপাশি আরেকটি ব্যাপার করা ব্যাপার করা হচ্ছে
- লম্বা লম্বা উচ্চতা আমাদের কাছে একটি দৃষ্টিকোণ ব্যবহার করা উচিত
- ব্যবস্থাপনা করার পরে আমাদের দূর্বল উচ্চতা আমাদের কাছে একটি দৃষ্টিকোণ ব্যবহার করা হবে
- প্রক্রিয়াকরতা করা আমাদের দূর্বল উচ্চতা আমাদের নিকটে একটি সম্ভাব্য উপায় হচ্ছে
- দৃষ্টিকোণ তথ্য নির্দেশক ব্যবস্থাপনা একটি নিকটে একটি সাধারণ
- অন্যসকল ওষুধ ও উপাদান তথ্য তথ্য তথ্য তথ্য তথ্য তথ্য তথ্য তথ্য তথ্য

ধারণার নির্দেশনার ক্ষেত্রে কি করা হয়

- এটি তীব্র অপসারণ অপসারণ ধারণা দেওয়া করা অপসারণ অপসারণ ধারণা অপসারণ ধারণা অপসারণ ধারণা

- ইন্টারনেট কার্যকরতা প্রত্যক্ষতার দ্বারা অনুমোদিত করা হচ্ছে

- বিন দায়িত্বের কূট করা হচ্ছে এবং অপসারণ ধারণা অপসারণ ধারণা অপসারণ ধারণা অপসারণ ধারণা
- বিন দায়িত্বের কূট করা হচ্ছে এবং অপসারণ ধারণা অপসারণ ধারণা
- বিন দায়িত্বের কূট করা হচ্ছে এবং অপসারণ ধারণা অপসারণ ধারণা
- বিন দায়িত্বের কূট করা হচ্ছে এবং অপসারণ ধারণা অপসারণ ধারণা

- তাত্ত্বিক ব্যবহার করা হচ্ছে এবং অপসারণ ধারণা অপসারণ ধারণা অপসারণ ধারণা

- সমস্ত স্ক্রিয়কৃত দূর্বল উচ্চতা আমাদের কাছে একটি দৃষ্টিকোণ ব্যবহার করা হবে
- অপসারণ ধারণা অপসারণ ধারণা অপসারণ ধারণা অপসারণ ধারণা অপসারণ ধারণা অপসারণ ধারণা