

Correspondence

Knowledge and attitudes of Iranian patients with regard to lumber puncture

To the Editor

I read the interesting study by Borhani-Haghghi et al¹ on the knowledge and attitudes of Iranian patients with regard to lumber puncture. Lumber puncture (LP) is frequently performed in pediatric wards for diagnostic and less often for therapeutic purposes. The decision to perform LP for a diseased child induces in clinical settings a state of panic attack in parents due to their misbeliefs on its safety. I do agree with Borhani-Haghghi et al¹ that the best way to mitigate unwillingness to do LP is education of families on the indications, contraindications, and complications of LP with special emphasis on those with low educational and socioeconomic backgrounds and those residing in rural areas. Family member presence during routine invasive procedures such as LP has become a matter of concern in recent years. In an Australian study,² the number of parents expressing a desire to be present during LP performed on their child was 83.4%. The most common reason for wanting to be present was to provide comfort to their child (98%). Moreover, medical personnel were found to have shown positive attitudes towards parental attendance during performing LP for their child. In an American study,³ most emergency physicians (65.7%) and nurses (55%) indicated that parents should be present for LP. Therefore, parental witnessing of their child undergoing LP can markedly lower the grave consequences of deferring LP, enhance their positive attitudes towards that traumatic procedure through soothing and/or helping restrain the child, and ultimately improve the public knowledge on the safety of that procedure.

Mahmood D. Al-Mendalawi

Department of Pediatrics

Al-Kindy College of Medicine, Baghdad University
Baghdad, Iraq

Reply from the Author

Professor Al-Mendalawi wisely mentions the usefulness of attendance of the parents of children undergoing lumbar puncture at the time of the procedure. We basically do agree with his valuable comment, however, one point should be kept in mind. Although experienced physicians may have positive attitudes to attendance of the parents, medical students or residents who perform this procedure for the first time may consider parental witnessing as a stressor. Attendance of parents should be individualized according to legal, cultural, and emotional factors.

Afshin Borhani-Haghghi

Department of Neurology

Shiraz University of Medical Sciences
Shiraz, Iran

References

1. Borhani-Haghghi A, Rezaei R, Etemadi S, Ghaem H, Shariat A. Knowledge and attitudes of Iranian patients with regard to lumber puncture. *Neurosciences* 2009; 14: 360-363.
2. Isoardi J, Slabbert N, Treston G. Witnessing invasive paediatric procedures, including resuscitation, in the emergency department: a parental perspective. *Emerg Med Australas* 2005; 17: 244-248.
3. Beckman AW, Sloan BK, Moore GP, Cordell WH, Brizendine EJ, Boie ET, et al. Should parents be present during emergency department procedures on children, and who should make that decision? A survey of emergency physician and nurse attitudes. *Acad Emerg Med* 2002; 9: 154-158.

Do you have any comments or questions? Agree or disagree with published articles?

The correspondence section within the journal is a forum to comment on any of the articles published in the journal. Correspondence will not be sent for peer review, and will only be edited for the use of appropriate language. All correspondence should be submitted and published within 6 months from the date of the original publication.

Please submit your correspondence through the journal website (www.neurosciencesjournal.org), and don't forget to clearly state the title of the original publication, and your contact details.