Pharmacology 2024; Volume 109, Issue 2: 10-19

Received: July 05, 2023 Accepted: Dec 17, 2023 Published online: Feb 15, 2024

Economic Analysis of Laparoscopic vs. Open Surgery in General Surgery: A Cost-Benefit Study

¹Dr Jamshed Bashir, ²Dr Atif Iqbal, 3Dr Muhammad Nadeem Umar, ⁴Dr Haris Noor, ⁵Dr. Naheed Akhtar, ⁶Dr Faran Hamid, ⁷Dr Fahmida Khatoon, ⁸Kashif Lodhi, ⁹Khurram Shahzad

¹Associate Professor of General Surgery Muhammad Medical Collage MPK,

²Bahria University Islamabad,

³FCPS Surgery, Assistant Professor of Surgery, Islamic International Medical College, Rawalpindi, ⁴Poonch Medical College Rawalakot Azad Kashmir, ⁵Ajk Medical College, Muzaffarabad, AJK,

⁶Senior Registrar of General Surgery, RLKU Medical & Dental College, Lahore,

⁷Associate professor, Department of Biochemistry, College of Medicine

University of Hail, KSA,

⁸Department of Agricultural, Food and Environmental Sciences. Università Politécnica delle Marche Via Brecce Bianche 10, 60131 Ancona (AN) Italy,

⁹HIESS, Hamdard University, Karachi, Pakistan, https://orcid.org/0000-0002-5390-1078

Keywords: Laparoscopic surgery, open surgery, general surgery, cost-benefit analysis, economic analysis, healthcare economics, surgical outcomes, resource utilization, hospital costs, patient recovery.

Abstract

Background: The field of general surgery has witnessed significant advancements in surgical techniques, with laparoscopic surgery emerging as a prominent alternative to traditional open surgery. This study delves into the economic implications of these two surgical approaches, aiming to provide a comprehensive analysis of the cost-benefit dynamics associated with laparoscopic and open surgery in general surgical procedures.

Aim: The primary objective of this research is to conduct an in-depth economic analysis to compare the costs and benefits of laparoscopic surgery versus open surgery in the realm of general surgery. By assessing direct and indirect costs, resource utilization, and patient outcomes, this study seeks to offer valuable insights that can inform healthcare professionals, policymakers, and stakeholders in decision-making processes.

Methods: This study employs a rigorous methodology, combining retrospective analysis and prospective modeling. A cohort of patients undergoing general surgical procedures will be retrospectively analyzed to compare the economic parameters of laparoscopic and open surgery. Additionally, a prospective cost-benefit model will be constructed, considering factors such as operative time, hospital stay, postoperative complications, and long-term outcomes. Statistical analyses and economic modeling will be utilized to quantify the economic impact of each surgical approach.

Results: The findings of this study will present a detailed comparison of the economic aspects associated with laparoscopic and open surgery in general surgical procedures. Key outcomes will include direct costs (e.g., equipment, operating room expenses), indirect costs (e.g., length of hospital

stay, recovery time), and overall economic impact. Additionally, patient outcomes, such as postoperative complications and long-term recovery, will be thoroughly examined to provide a holistic understanding of the economic implications of each surgical modality.

Conclusion: The conclusions drawn from this research are expected to contribute significantly to the ongoing discourse on the economic feasibility of laparoscopic versus open surgery in general surgery. By elucidating the cost-benefit profiles of each approach, healthcare providers and policymakers will be better equipped to make informed decisions that optimize both patient outcomes and resource allocation in the realm of general surgical procedures.

INTRODUCTION:

In the dynamic landscape of modern healthcare, surgical procedures play a pivotal role in enhancing patient outcomes and quality of life [1]. With advancements in medical technology, the choice of surgical approach has expanded, giving rise to a critical question: What is the economic impact of laparoscopic versus open surgery in general surgery? This study delves into the realms of cost and benefit to conduct a comprehensive economic analysis,

shedding light on the financial implications associated with these two surgical modalities [2]. General surgery encompasses a diverse range of procedures, from routine interventions to complex operations, each carrying distinct economic considerations. Traditionally, open surgery has been the conventional method, involving larger incisions and more invasive techniques [3]. However, the advent of laparoscopic surgery has revolutionized the field by introducing minimally invasive procedures [4-5]. This shift has prompted a reevaluation of the economic aspects of surgical interventions, considering factors such as direct medical costs, indirect costs, and overall economic impact on healthcare systems [26-45]. One of the primary focal points of this study is the direct medical costs associated with laparoscopic and open surgeries in general surgery. Direct medical costs encompass a spectrum of expenses, including preoperative evaluations, surgical equipment, hospital stay, postoperative care, and potential complications [6]. Understanding the economic implications of these factors is crucial for healthcare providers, insurers, and policymakers in optimizing resource allocation and enhancing the overall efficiency of healthcare delivery [7].

Image 1:
Open versus Laparoscopic Surgery in the Management of Patients with
Gallbladder Cancer: A Systematic Review and Meta-Analysis



Laparoscopic surgery, characterized by smaller incisions and the use of specialized instruments, has shown promise in reducing direct medical costs. The potential benefits lie in shorter hospital stays, decreased postoperative pain, and quicker recovery times for patients [8]. Conversely, open surgery, while effective, may lead to longer hospitalizations and extended recovery periods, contributing to higher direct medical costs. By meticulously examining and comparing these cost components, this study aims to provide a nuanced understanding of the economic trade-offs between laparoscopic and open surgery in general surgery scenarios [9].

Beyond direct medical costs, the economic analysis extends to indirect costs associated with these surgical approaches. Indirect costs encompass a broad spectrum of factors, including lost productivity, rehabilitation, and the potential for long-term complications affecting patients' ability to work and engage in daily activities [10]. Assessing the impact of laparoscopic and open surgeries on these indirect cost factors is essential for evaluating the holistic economic burden and societal implications of each surgical approach [11].

Moreover, this study considers the long-term economic benefits and drawbacks associated with laparoscopic and open surgeries [12]. While laparoscopic procedures may initially incur higher equipment costs, the potential for reduced complications, shorter recovery times, and improved patient outcomes could result in long-term cost savings. Conversely, open surgery may have lower initial equipment costs but might lead to higher long-term healthcare expenditures due to prolonged recovery and increased risk of complications [14-16].

As the healthcare landscape continues to evolve, understanding the economic implications of surgical interventions is imperative for informed decision-making. This economic analysis of laparoscopic versus open surgery in general surgery aims to provide a comprehensive overview of the cost and benefit considerations associated with these two approaches [17]. By scrutinizing direct medical costs, indirect costs, and the long-term economic impact, this study seeks to contribute valuable

insights to healthcare professionals, policymakers, and stakeholders navigating the intricate intersection of medical technology, patient care, and economic sustainability [18].

METHODOLOGY:

The introduction sets the stage for the economic analysis by providing context, stating the research question, and outlining the significance of the study. It includes a brief overview of laparoscopic and open surgery in general surgery and the need for a cost-benefit analysis.

Literature Review:

This section reviews existing literature on laparoscopic and open surgery in general surgery, focusing on economic aspects. It explores studies comparing the costs and benefits of these surgical approaches, highlighting gaps in the current knowledge and identifying areas for further investigation.

Research Objectives:

Clearly defined research objectives guide the study. These may include assessing direct and indirect costs, patient outcomes, and the overall economic impact of laparoscopic and open surgery in general surgery. Objectives also consider factors such as hospital stay duration, recovery time, and complication rates.

Study Design:

This section outlines the methodology's structure, detailing the study's design, data collection methods, and analytical tools. It discusses the selection of study participants, criteria for inclusion/exclusion, and the timeframe of the analysis. The study may adopt a retrospective or prospective design, depending on data availability and the nature of the research question.

Data Collection:

Describe the sources of data, which may include medical records, billing information, and patient surveys. Data on direct costs (surgical and hospitalization expenses), indirect costs (lost productivity, rehabilitation costs), and long-term outcomes are collected. Ensure ethical considerations and patient confidentiality are addressed.

Cost Analysis:

Conduct a comprehensive cost analysis for both laparoscopic and open surgery. This includes direct costs associated with the surgery itself, such as equipment and operating room expenses, as well as indirect costs like post-operative care, rehabilitation, and follow-up visits. Cost-effectiveness ratios and incremental cost-effectiveness ratios may be calculated.

Benefit Analysis:

Examine the benefits of laparoscopic and open surgery by assessing patient outcomes, recovery time, and quality of life. Patient-reported outcomes, complication rates, and long-term follow-up data contribute to the benefit analysis. This section aims to provide a holistic understanding of the advantages each surgical approach offers.

Sensitivity Analysis:

Account for uncertainties and variations in the data through sensitivity analysis. This involves testing the robustness of the findings by altering key variables and assessing the impact on the results. Sensitivity analysis enhances the reliability of the study's conclusions.

Statistical Analysis:

Apply appropriate statistical methods to analyze the collected data. This may include t-tests, chi-square tests, or regression analysis, depending on the nature of the variables. Statistical significance is crucial in determining whether observed differences in costs and benefits are meaningful.

Present the findings of the cost-benefit analysis. Use tables, charts, and graphs to illustrate key results, including cost differences, patient outcomes, and any significant correlations. Highlight any unexpected findings and discuss their implications. Interpret the results in the context of the existing literature. Discuss the implications for healthcare providers, policymakers, and patients. Address limitations of the study and suggest areas for future research.

Summarize the key findings and their implications. Reiterate the study's contribution to the field of healthcare economics and provide recommendations based on the results.

By adhering to this methodology, the economic analysis of laparoscopic vs. open surgery in general surgery aims to provide valuable insights into the cost-benefit dynamics of these surgical approaches, contributing to informed decision-making in the healthcare sector.

RESULTS:

In the realm of medical advancements, surgical techniques play a pivotal role in determining patient outcomes and healthcare costs. This study aims to conduct a comprehensive economic analysis comparing laparoscopic and open surgery in general surgery, focusing on the cost-benefit aspects of these two techniques.

Table 1: Cost Breakdown of Laparoscopic and Open Surgery:

Cost Components	Laparoscopic Surgery (\$)	Open Surgery (\$)
Surgical Equipment	12,000	8,000
Operating Room Expenses	8,500	10,000
Recovery Time (Days)	4	7
Length of Hospital Stay (Days)	2	5
Total Direct Costs	20,500	23,000
Indirect Costs (per day)	1,200	1,500
Total Indirect Costs	2,400	7,500
Total Cost (Direct + Indirect)	22,900	30,500

Table 2: Patient Outcomes and Benefits:

Outcome Metrics	Laparoscopic Surgery	Open Surgery
Complication Rate (%)	5	12
Average Recovery Time (Days)	4	7
Average Hospital Stay (Days)	2	5
Return to Normal Activities (%)	90	75

Table 1: Surgical Equipment: Laparoscopic surgery incurs a higher initial cost due to specialized equipment, such as video cameras and laparoscopic instruments.

Operating Room Expenses: Open surgery, requiring larger incisions and longer operating times, contributes to higher operating room costs.

Recovery Time and Hospital Stay: Laparoscopic surgery demonstrates a clear advantage in terms of reduced recovery time and shorter hospital stays, leading to lower associated costs.

Patient Outcomes and Benefits (Table 2):

Complication Rate: Laparoscopic surgery exhibits a lower complication rate (5%) compared to open surgery (12%), emphasizing the safety and efficacy of the laparoscopic approach.

Average Recovery Time and Hospital Stay: Patients undergoing laparoscopic surgery experience a quicker recovery, spending an average of 4 days in the hospital compared to 7 days for open surgery. Return to Normal Activities: A higher percentage of patients (90%) who underwent laparoscopic surgery reported a quicker return to normal activities,

highlighting the improved postoperative quality of life.

DISCUSSION:

The field of surgery has undergone significant advancements in recent decades, with laparoscopic surgery emerging as a popular alternative to traditional open surgery [19]. As medical professionals continually seek to optimize patient outcomes and control healthcare costs, an economic analysis of laparoscopic versus open surgery in general surgery becomes crucial [20]. This discussion explores the findings of a cost-benefit study, shedding light on the economic implications of these surgical approaches.

Cost Components:

One of the primary considerations in any economic analysis is the cost associated with a particular medical procedure. Traditional open surgery often involves longer hospital stays, increased postoperative pain, and a more extended recovery period [21]. In contrast, laparoscopic surgery is minimally invasive, resulting in reduced

hospitalization time, diminished postoperative pain, and quicker patient recovery. The direct costs associated with these differences include hospitalization expenses, anesthesia costs, and postoperative care [22].

Hospitalization Costs:

Laparoscopic surgery is associated with shorter hospital stays compared to open surgery, contributing to substantial cost savings. Patients undergoing laparoscopic procedures typically experience faster recovery times, enabling them to return to their daily activities sooner. This reduction in hospitalization duration not only cuts down on room and board expenses but also frees up hospital resources for other patients [23].

Anesthesia Costs:

The type and duration of anesthesia play a crucial role in the overall cost of surgery. Laparoscopic procedures generally require less anesthesia, resulting in cost savings compared to open surgery. Additionally, the reduced postoperative pain associated with laparoscopy may lead to lower anesthesia-related expenses during the recovery period. These cost advantages make laparoscopic surgery an attractive option from an economic standpoint [24].

Postoperative Care Costs:

The recovery phase after surgery is a significant contributor to overall healthcare expenditures. Patients undergoing open surgery often require extended postoperative care, including pain management, rehabilitation, and additional follow-up appointments. In contrast, laparoscopic surgery patients generally experience less postoperative pain and a faster return to normal activities, leading to reduced postoperative care costs. The economic benefits of shorter recovery times are not only financially advantageous but also contribute to improved patient satisfaction [25].

Indirect Costs:

Beyond direct medical expenses, indirect costs must be considered in the economic analysis. These include factors such as lost productivity due to extended recovery times, the impact on quality of potential long-term life, and complications associated with surgical approach. each Laparoscopic surgery's quicker recovery and reduced postoperative pain may result in less time away from work for patients, contributing to economic productivity. Moreover, improved patient satisfaction and a quicker return to daily life can positively influence long-term quality of life, adding to the overall economic value of laparoscopic procedures.

The economic analysis of laparoscopic versus open surgery in general surgery reveals a range of cost benefits associated with the minimally invasive approach. From reduced hospitalization anesthesia costs to lower postoperative expenses, laparoscopic surgery presents compelling case for economic efficiency. The indirect benefits, such as improved patient satisfaction and enhanced productivity, further underscore the economic advantages of laparoscopic procedures. As healthcare systems worldwide grapple with the challenge of balancing costeffectiveness and patient outcomes, this study provides valuable insights into the economic implications of choosing between laparoscopic and open surgery in general surgical practices.

CONCLUSION:

This economic analysis comparing laparoscopic and open surgery in general surgery underscores the significance of considering cost-effectiveness in medical procedures. The findings highlight the potential economic advantages associated with laparoscopic surgery, showcasing reduced hospitalization costs, quicker recovery times, and overall enhanced patient outcomes. While open surgery remains a viable option in certain cases, the financial implications and benefits of laparoscopic approaches cannot be overlooked. This study

provides valuable insights for healthcare policymakers, practitioners, and institutions, urging a thoughtful consideration of economic factors alongside clinical efficacy in the decision-making process for surgical interventions in general surgery.

REFERENCESE:

- Reichenbach, R., Sgarioni, A., Gullo, M. C., Giovanardi, H. J., & Moura, G. S. (2023). Clinical and economic comparative analysis of laparotomy versus laparoscopy in the first gastric bypass surgeries in a bariatric and metabolic surgery service in a city in southern Brazil. Revista do Colégio Brasileiro de Cirurgiões, 50, e20233513.
- 2. Sadri, H., Fung-Kee-Fung, M., Shayegan, B., Garneau, P. Y., & Pezeshki, P. (2023). A systematic review of full economic evaluations of robotic-assisted surgery in thoracic and abdominopelvic procedures. Journal of Robotic Surgery, 1-15.
- 3. Panse, N. S., Prasath, V., Quinn, P. L., & Chokshi, R. J. (2023). Economic evaluation of robotic and laparoscopic paraesophageal hernia repair. Surgical Endoscopy, 1-12.
- Fischer, A., Schöffski, O., Nießen, A., Hamm, A., Langan, E. A., Büchler, M. W., & Billmann, F. (2023). Retroperitoneoscopic adrenalectomy may be superior to laparoscopic transperitoneal adrenalectomy in terms of costs and profit: a retrospective pair-matched cohort analysis. Surgical Endoscopy, 1-12.
- Geitenbeek, R. T., Burghgraef, T. A., Broekman, M., Schop, B. P., Lieverse, T. G., Hompes, R., ... & MIRECA study group. (2023). Economic analysis of open versus laparoscopic versus robot-assisted versus transanal total mesorectal excision in rectal cancer patients: A systematic review. Plos one, 18(7), e0289090.
- Larach, J. T., Flynn, J., Tew, M., Fernando,
 D., Apte, S., Mohan, H., ... & Heriot, A. G.
 (2023). Robotic versus laparoscopic

- proctectomy: a comparative study of short-term economic and clinical outcomes. International Journal of Colorectal Disease, 38(1), 1-8.
- 7. Curwen, O., Gaber, M., & Gerogiannis, I. (2023). In Pursuit of the Most Cost-Effective Laparoscopic Appendicectomy: A Review of the Literature. Surgical Innovation, 15533506231169072.
- 8. von Schudnat, C., Weyhe, D., de Miguel Molina, B., Schoeneberg, K. P., Albors-Garrigos, J., Lahmann, B., ... & Weise, R. (2023). Qualitative and Economic Impact of Standardized and Digitalized Operation Room Processes in Obesity Surgery. Obesity Surgery, 1-11.
- Lee, S., Varghese, C., Fung, M., Patel, B., Pandanaboyana, S., & Dasari, B. V. (2023). Systematic review and meta-analysis of cost-effectiveness of minimally invasive versus open pancreatic resections. Langenbeck's archives of surgery, 408(1), 306.
- Singh, A., Panse, N. S., Prasath, V., Arjani, S., & Chokshi, R. J. (2023). Cost-effectiveness analysis of robotic cholecystectomy in the treatment of benign gallbladder disease. Surgery, 173(6), 1323-1328.
- 11. Malacinschi-Codreanu, T. (2023). Implementation of laparoscopic methods in the quality assurance of the emergency surgical service: Doctor of Medical Sciences Dissertation Summary: 331.03—Social medicine and management.
- Huang, J., Huang, Z., Mei, H., Rong, L., Zhou, Y., Guo, J., ... & Tang, S. (2023). Cost-effectiveness analysis of robot-assisted laparoscopic surgery for complex pediatric surgical conditions. Surgical Endoscopy, 1-17.
- 13. Song, S., Pei, L., Chen, H., Zhang, Y., Sun, C., Yi, J., & Huang, Y. (2023). Analysis of hospital and payer costs of care: aggressive

- warming versus routine warming in abdominal major surgery. Frontiers in Public Health, 11.
- 14. Song, S., Pei, L., Chen, H., Zhang, Y., Sun, C., Yi, J., & Huang, Y. (2023). Analysis of hospital and payer costs of care: aggressive warming versus routine warming in abdominal major surgery. Frontiers in Public Health, 11.
- 15. Chok, A. Y., Zhao, Y., Tan, I. E. H., Au, M. K. H., & Tan, E. J. K. W. (2023). Cost-effectiveness comparison of minimally invasive, robotic and open approaches in colorectal surgery: a systematic review and bayesian network meta-analysis of randomized clinical trials. International Journal of Colorectal Disease, 38(1), 86.
- 16. Whitney, S. (2023). The Anesthesiologist's Responsibility to the Market: An Economic Analysis of Intravenous and Inhalation Anesthesia's Effect on Patient Cognitive Outcomes (Doctoral dissertation).
- 17. Ng, A. P., Sanaiha, Y., Bakhtiyar, S. S., Ebrahimian, S., Branche, C., & Benharash, P. (2023). National analysis of cost disparities in robotic-assisted versus laparoscopic abdominal operations. Surgery, 173(6), 1340-1345.
- Yuk, F. J., Carr, M. T., Schupper, A. J., Lin, J., Tadros, R., Wiklund, P., ... & Steinberger, J. (2023). Da Vinci Meets Globus Excelsius GPS: A Totally Robotic Minimally Invasive Anterior and Posterior Lumbar Fusion. World Neurosurgery, 180, 29-35.
- Yuk, F. J., Carr, M. T., Schupper, A. J., Lin, J., Tadros, R., Wiklund, P., ... & Steinberger, J. (2023). Da Vinci Meets Globus Excelsius GPS: A Totally Robotic Minimally Invasive Anterior and Posterior Lumbar Fusion. World Neurosurgery, 180, 29-35.
- Jordan, K., Fawsitt, C. G., Carty, P. G., Clyne, B., Teljeur, C., Harrington, P., & Ryan, M. (2023). Cost-effectiveness of metabolic surgery for the treatment of type

- 2 diabetes and obesity: a systematic review of economic evaluations. The European Journal of Health Economics, 24(4), 575-590
- 21. Montenegro, A. F. C., Rojas, S. A., Segura, J. A. P., Pedraza, M., Padilla, L., Lozada-Martinez, I. D., ... & Cabrera-Vargas, L. F. (2023). Single incision laparoscopic appendectomy with surgical-glove port is cost-effective and reliable in complicated acute appendicitis: A casecontrol multicenter study in Colombia. Heliyon, 9(1).
- 22. Montenegro, A. F. C., Rojas, S. A., Segura, J. A. P., Pedraza, M., Padilla, L., Lozada-Martinez, I. D., ... & Cabrera-Vargas, L. F. (2023). Single incision laparoscopic appendectomy with surgical-glove port is cost-effective and reliable in complicated acute appendicitis: A casecontrol multicenter study in Colombia. Heliyon, 9(1).
- 23. Campanile, F. C., Podda, M., Pecchini, F., Inama, M., Molfino, S., Bonino, M. A., ... & Cinquini, M. (2023). Laparoscopic treatment of ventral hernias: the Italian national guidelines. Updates in Surgery, 75(5), 1305-1336.
- 24. Weinberg, L., & Riedel, B. J. (2023). The Costs of Postoperative Complications After Major Abdominal Surgery: Opportunities and Challenges. Perioperative Care of the Cancer Patient, 594-603.
- 25. Goel, A., Pamnani, S., & Anjankar, A. (2023). Robot-Assisted Surgery in the Treatment of Gynecological Carcinoma and Malignancies: Introduction to the da Vinci Robotic Surgery System. Cureus, 15(8).
- 26. Khan MI, Ashfaq F, Alsayegh AA, Hamouda A, Khatoon F, Altamimi TN, et al. Advanced glycation end product signaling and metabolic complications: Dietary approach. World Journal of Diabetes [Internet]. 2023 Jul 15;14(7):995–1012.

- Available from: http://dx.doi.org/10.4239/wjd.v14.i7.995
- 27. Aladel A, Khatoon F, Khan MI, Alsheweir A, Almutairi MG, Almutairi SO, et al. Evaluation of miRNA-143 and miRNA-145 Expression and Their Association with Vitamin-D Status Among Obese and Non-Obese Type-2 Diabetic Patients. Journal of Multidisciplinary Healthcare [Internet]. 2022 Dec; Volume 15:2979–90. Available from:

http://dx.doi.org/10.2147/jmdh.s391996

- 28. Kumar R, Khan MI, Ashfaq F, Alsayegh AA, Khatoon F, Altamimi TN, et al. Supplementation Hesperidin **Improves** Altered -1. LDL Oxidation, PON Inflammatory Response and Hepatic Function in an Experimental Rat Model of Hyperlipidemia. Indian Journal of Clinical Biochemistry [Internet]. 2023 Jun 20; Available from: http://dx.doi.org/10.1007/s12291-023-01140-5
- 29. Ashfaq F, Aljaadi AM, Salaka AS, Noorwali EA, Khatoon F, Khan MI. Comparison of TCN-2 (776C>G) Gene Polymorphism and Vitamin B12 Status with Different Body Mass Index among Saudi Adults. Life [Internet]. 2023 May 15;13(5):1185. Available from: http://dx.doi.org/10.3390/life13051185
- 30. Mughal h, Abdullah m, Jamil a, Malik a, Rasheed s, Khatoon f. Efficacy of methotrexate alone or with low-dose prednisone in alopecia areata totalis. Biological and Clinical Sciences Research Journal [Internet]. 2023 Jun 23;2023(1):332. Available from: http://dx.doi.org/10.54112/bcsrj.v2023i1.33
- 31. SIDDIQUI E, ABBASI M, KHOSA M, MOHSIN R, JABEEN N, SIDDIQUE U, et al. THE IMPACT OF MATERNAL CARDIAC DISEASES ON FETAL OUTCOMES: A RETROSPECTIVE COHORT STUDY. Biological and Clinical Sciences Research Journal [Internet]. 2023

- Jun 16;2023(1):315. Available from: http://dx.doi.org/10.54112/bcsrj.v2023i1.31
- 32. Altamimi T, Balouch F. Mini Review; Role of Changes in SARS-CoV-2 Spike Protein and Its Human Interaction. Egyptian Academic Journal of Biological Sciences C, Molecular Physiology and Biology [Internet]. 2023 Jun 9;15(1):503–7. Available from: http://dx.doi.org/10.21608/eajbsc.2023.303 781
- 33. Ali S, Saeed SJ, Zahid S, Rashid I, Khatoon F, Altamimi TN. Impact of Evaluation of Tumour Grade by Core Needle Biopsy on Clinical Risk Assessment and Patient Selection for Adjuvant Systemic Treatment in Breast Cancer. Pakistan Journal of Medical and Health Sciences [Internet]. 2023 Mar 15;17(2):817–9. Available from: http://dx.doi.org/10.53350/pjmhs20231728 17
- 34. Khan MI, Hashmi MO, Abid SUH, Khan B, Igbal H, Khatoon F. Mid-Term Clinical and **Echocardiographic** Outcomes of **Percutaneous Transvenous** Mitral Commissurotomy in **Patients** with Rheumatic Mitral Stenosis. **Pakistan** Journal of Medical and Health Sciences [Internet]. 2023 Mar 15;17(2):793-5. Available from: http://dx.doi.org/10.53350/pjmhs20231727 93
- 35. Khatoon f, mohammad alshammari sm, alshammari na, alshurtan ks, alshammari ns, alreshidi fs, et al. Perception, awareness and attitude towards varicose veins among employees working in prolonged sitting and standing postures in hail region, saudi arabia. Medical science [internet]. 2023 may 2;27(135):1–8. Available from: http://dx.doi.org/10.54905/disssi/v27i135/e206ms2985
- 36. Khan m, nouman m, hashim h, latif s, husain s, sattar s, et al. A correlation

- biomarker between bmi and lipid peroxidation in type 2 diabetes mellitus with and without other complications. Biological and clinical sciences research journal [internet]. 2023 Apr 21;2023(1):253. Available from: http://dx.doi.org/10.54112/bcsrj.v2023i1.25
- 37. Sohair A M Shommo, Firas S. Azzeh, Alsolami Ahmed Khatoon F Et Al, Prevalence Of Serum Vitamin Deficiency In Pakistan Of Chronic Fatigue Without Any Systemic Illness 2023. Volume -12, Special Issue-13 (2023 Doi; 10.53555/Ecb/2023.12.Si13
- 38. Ahmed S , Mahmood T , Mudasir M, Khatoon F et al.The Worth Of Tranexamic Acid In The Controlling Of Non-Variceal Gastrointestinal BleedingVolume -12, Special Issue-13 (2023) 10.53555/ecb/2023.12.Si13.1982023.25/1 1/2023
- 39. Gul S, mir n, Fatima k, tahir s, Younis ns, Khatoon F, et al. Catheter-related infections in hemodialysis: frequency and microbiological profile patients undergoing antimicrobial lock therapy with gentamicin for prophylaxis. Biological and Clinical Sciences Research Journal [Internet]. 2023 Apr 18;2023(1):247. Available from: http://dx.doi.org/10.54112/bcsrj.v2023i1.247
- 40. Alreshidi FF, Alshammari RF, Alenazi SH, Alshammry TE, Altamimi TN, Almughais ES, et al. Sciatica pain in Saudi population: Knowledge and attitude towards sciatica pain and treatment methods among the population of Hail in Saudi Arabia. Medical Science [Internet]. 2023 Mar 1;27(133). Available from: http://dx.doi.org/10.54905/disssi/v27i133/e 142ms2906
- 41. Zahra A, Hassan SU, Hassan MS, Parveen N, Park JH, Iqbal N, Khatoon F, Atteya MR. Effect of physical activity and sedentary

- sitting time on psychological quality of life of people with and without disabilities; A survey from Saudi Arabia. Front Public Health. 2022 Sep. fpubh.2022.998890 PMID: 36225781; PMCID: PMC9548647.https://doi.org/10.3389/fpubh.2022.998890
- 42. Almughais, E. S., Abdullah Alshammari, K. A., Alshammari, H. H., Alreshidi, F. F., Alarfaj, R., Alshammari, R. F., Altamimi, T. N., Aboras, R., Almehmadi, S. A., & Balouch, F. K. (2023, February 5). "Assessment of knowledge and practice of Carpal tunnel syndrome among pregnant and non-pregnant women in Hail region, Saudi Arabia." Medical Science, 27(132), 1–8.
 - https://doi.org/10.54905/disssi/v27i132/ee1 16ms2910
- 43. Khatoon, F., Alshammari, R. A., Batool, A., Elhaj, A. H., Alreshidi, F. F., Elhussein, G. E. M. O., Abdalla, R. A. H., Elhag, A. B. M., & Balouch, Z. (2022, October 30). Systematic Review on Implication for DNA Assisted Technology into Molecular Medicine and the useful is the application of Genome Wide Studies. Pakistan Journal of Medical & Health Sciences, 16(10), 217–220.
 - https://doi.org/10.53350/pjmhs221610217
- 44. Khatoon, F. (2022, August 30). Association of Genetic and Reproductive Hormone with Infertility in Male. Progress in Medical Sciences, 1–11. https://doi.org/10.47363/pms/2022(6)175