


Nasal cauterization after care

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Nasal cauterization after care

How long does it take for nasal cauterization to heal. How long to heal after nasal cauterization. How do you take care of your nose after cauterization. How to care for nose after cauterization.

Do not lift more than five pounds No strain Do not bend Sneeze with your mouth open No nose blowing Sleep with upper body elevated Do not bend to tie your shoes - Use slippers or moccasins Fresh diet - Liquids or food at room temperature or refrigerant Use a cold fog humidifier Saline mist nasal spray filter - Two sprays for each nostril four times a day Epistaxis/Nose Bleed Information The nose is the filter and heat exchanger for the lung. To perform these functions, the nose is filled with blood vessels and crust as it filters dirty particles into the air. We need to clean the nose, the filter. During the cleansing process (blowing the nose or digital cleaning of the nose), a blood vessel may break and bleed. A blood clot and a form of scum to stop the bleeding. If you remove the blood clot or scum too soon, the nosebleeds come back. Several bleeds within a few days are the result of the same broken blood vessel from the scum falling too early. Basically, it's a nosebleed. It takes about 2 weeks for the broken blood vessel to heal. The best treatment option is conservative medical care for 2 weeks. Let your body heal naturally and spontaneously. If this does not resolve your Epistaxis, any additional treatment method carries with it increasing discomfort and risks. Medical Preservative Treatment: 1. moisturize the nose - ö Use the saline nasal spray followed by ointment, for example, Petroleum jelly jelly or antibiotic ointment applied five times a day for 2 weeks. Use an amount of kidney bean ointment at the opening of the nostril. Sniff the ointment into your nose. ö Drink plenty of water. ö Use a humidifier or vaporizer on your bedside table. 2. No nose blowing, rubbing, or picking up for 2 weeks to allow the broken blood vessel to heal. 3. Sneeze with your mouth open. 4. Raise the head of your bed at all times. 5. Avoid Coumadin/Warfarin, aspirin, ibuprofen (Motrin), Naproxen and Aleve, which may prolong bleeding unless medically necessary. Discuss this with your primary care provider. Do not stop Coumadin or Warfarin alone without the primary care doctor's permission. 8. Blood pressure should be well controlled. If not, contact your primary care provider. Cauterization: If conservative medical treatment does not work, a numbness spray can be applied to the nose. It smells a bit like the spray works to numb the nasal membrane. A silver nitrate cautery stick is then applied to burn the area of the bleeding vessel. This technique does not work well when you are actively bleeding. The cauterized area will form a big scum. You still need Make conservative medical care for the next 2 weeks. If you disturb and remove this scum too early by cleaning or blowing your nose, you can suffer a much bigger nose bleeding. Once this cauterized area heals, the nose blood will go away. It is not a permanent cure. The cauterized blood vessel will grow in a few months or in another blood vessel He will break. There is no permanent cure for bleeding. Nasal packaging: if cauterization does not work, you will need nasal packaging to put pressure on the bleeding area. This is achieved by inserting a Merocel package in the bleeder nostril. This process is painful but necessary to stop a largest bleeding of the nose. This abrade process even more nasal mucosa and can cause more nose bleeding unless packaging is left in the nostril for 3-5 days. You can continue to have less bloody drainage around the packaging for 48 hours after the insertion of Merocel nasal packaging. It's normal. If Merocel packaging fails, ePistat ball pack will be positioned. This type of packaging is very painful than the Merocel packaging. After removal of nasal packaging, it is still necessary to make conservative medical assistance for the next 2 weeks. Blow the nose immediately after the packaging is removed it can start the blood from the nose again and request the packaging of the anus for 3-5 days. Arterial embolization: If the nose blood continues after failed nasal packaging, nose blood is now considered serious. You probably need to stop the Coumadina / war if you are taking these drugs. You can also request a blood transfusion right now. Your doctors will discuss these problems with you. There is usually time to organize autologous or designated blood donor. Banking blood is usually the best choice. You can check the blood transfusion information in the Pre op of my website for more information on blood transfusion. The best option to stop nose hemorrhage at this time is to perform arteriogram to identify the bleeding vessel and embossing (Clot off) the blood vessel, if possible. There are 2 groups of blood vessels that feed in the nose. The rear group is amenable to Goffization. The Upper Group nourishes the nose through the brain and the eye and is not ambillable to emboss. Embolization requires a puncture on the femoral artery in the leg. A catheter is threaded to aorta and carotid arteries. A dye is injected to identify the main blood vessel that feeds the bleed nose, usually the internal maxillary artery in the rear group of blood vessels. The closing materials are injected to obtain the artery. The risk of this procedure is bleeding from the perforation of the artery of the leg and a small risk of stroke from injected coagulation materials. You can also have a chronic facial pain from a reduced blood nutrition to the face. After the incarnation, it is still necessary to do conservative medical assistance for the next 2 weeks. Surgery: if the blood of the nose is from the upper group of blood vessels (ophthalmic artery that is in ethmoid arteries,) the only technique to control the blood of the nose is from surgery. A cut is made between the eye and the nose to expose the ethmoid arteries. Surgical clips are used to bind arteries. After surgery, you still need to do medical care for the next 2 weeks. Summary: Most hemorrhages are minor and do not cause serious health problems. The Nosebleeds arecommon in children. My colleague of my head and neck commented that you can't have a pool party without one of the invited children who have a nose. The nose is also common in adults. We just need to talk at social gatherings. There is no convenient time to have a bleeding nose. Fortunately, the greater number of nosebleaded is stopped with conservative medical treatment. Few patients require cauterization. Far fewer patients need packaging. Rarely, patients need embolization and surgery. Patients on Coumadin/warfarin or nasal oxygen are also at higher risk for the nose of the nose. These patients may need to learn how to live with mild yeasts and manage them conservatively because the alternative is to stop Coumadin/warfarin or oxygen. This alternative tends to put these patients at serious health risks. Please discuss these problems with your primary doctor. Nose cauterization, also called nasal cauterization or nasal cauterization, is a type of procedure in which a chemical (silver nitrate) or an electrical device (electrocoagulation) is applied to the mucous membranes in the nose to stop nosebleeds (Epistaxis). Before starting the procedure, a vasoconstrictor and a local anaesthetic should be applied. Nose cauterization seals blood vessels and builds scar tissue to help prevent further bleeding. Nose cauterization can be performed in the clinical procedure room of your ENT DOCHROSS with topical anaesthetic or it can be performed in an operating room under general anaesthesia. Sometimes this procedure is done in combination with other procedures to improve nasal breathing (i.e., breast surgery, nasal endoscopy, nasal cautery, or septoplasty). A Swiss retrospective study showed that in terms of therapeutic success, electrocoagulation was superior to chemical coagulation (88% VERSUS 78%) (error rate 12% vs 22%). A US study of children treated intraoperatively with these same two methods for recurrent anterior epistaxis also found a rate of lower recurrence for electrocoagulation than for chemical cauterisation during the 2 year period after the procedure (recurrence events 2% vs 18%). Chemical cautery is described as simpler to use, cheaper and more widely available. The nasal cauterization procedure usually takes about 5-10 minutes, but may take longer depending on the severity and additional combined procedures planned. Your surgeon will give you an idea of how long is expected, but this may change during the procedure. If done awake in the office, topical anesthesia and decongestants are typically used to the discomfort. Before and after surgery: a pediatric nurse prepares the child for the procedure, assists the pediatric surgeon ENT during the procedure and takes care of the child after the procedure. If the procedure takes place in the operational suite, the child is placed in general anesthesia by a pediatric anesthesiologist. It is important for the parent to meet with the anesthesiologist before the procedure.surgery: a ENT surgeon can useotscopes to systematically evaluate nasal airway in combination with specialized nasal instruments. if additional procedures are required, additional special tools can be used to perform these procedures. after cauterization of the nose, the nose will be packed with a special sponge and a polysporin to protect it while healing. after the procedure of cauterization of the nose, you can feel itching and pain in the nose for 3-5 days, you can feel as you want to touch, scratch, or choose inside the nose, but doing this can cause more bleeding. tylenol or ibuprofen is typically appropriate for pain control. Sometimes they can be prescribed stronger narcotic pain medications for additional pain control, the typical frequent use of topical hydration and/or antibiotic ointment in the nose is recommended after the procedure, this helps healing and decreases the crusting, you will feel doctor if you have any problems. It is also advisable to know the results of the tests and keep a list of the drugs you take. When do you call for help? Call your doctor or seek immediate medical assistance if:Have pain that does not improve after taking painkillers. You have another bleeding from the nose after closing your nose 3 times for 10 minutes each time (30 minutes in total.) a lot of blood flowing along the back of the throat even after pinching the nose and tilting the head forward. He's got a fever. Carefully observe any changes in your health and make sure you contact your doctor if:She still bleeding from the nose, even if they do not last long. It doesn't improve as expected. What is the bleeding from the nosea bleeding from the nose also called epistaxis, is the loss of blood from the tissues that cover the nose. bleeding occurs most often in one nostril. bleeding from the nose is very common. most nasal bleeding occurs due to minor irritations, after an injury or colds. most nasal hemorrhages are mild and short lasting. Nasal hemorrhages are common in children and older people with medical conditions. Although nasal hemorrhages can be scary, they are generally only a small nuisance and are not dangerous. frequent nasal bleeding is those that occur more than once a week. In the United States, a person out of seven will develop nasal bleeding a certain period of their lives. bleeding from the nose can occur at any age, but is more common in children between 2 and 10 years old and in adults between 50 and 80 years old. Older people and people suffering from pathologies, such as blood disorders or taking medications that fluidize the blood, can also have more chances of bleeding from the nose. in 90%-95% of the cases of nasal hemorrhage (epistaxis) the origin of bleeding is located in the front of the nasal septum (front nasal bleeding.) in the area of Kiesselbach (small area) and in 5%-10% of the cases occurs posteriorly, the back of the nasal cavity. The most frequent cause of bleeding from the nose (epistaxis) is the trauma due to digital manipulation (nose picking.) other causes are listed below. in 2014, a systematic examination reported that most studies described raised blood pressure tooft the epistaxis. However, these studies have not shown that hypertension is an immediate cause of epistaxis. Confusing stress and possibly "white mantle syndrome" may have contributed to increased blood pressure in the diabetic environment. . In general, the bleeding of the nose is not a symptom or result of hypertension. It is possible, but rare, that severe high pressure can worsen or prolong bleeding if you have a nasigno. Several studies have shown a relative increase in nose bleeding (epistaxis) episodes during cold, dry weather or during periods when there are variations marked in air temperature and pressure. No bleeding can often occur if: have allergies, infections or dryness that cause itching and lead to nose collection. Pick your beeadblow nose too hard that breaks the superficial blood vessel too hard on the toiletwave an infection in the nose, throat or breasts that humiliations or irritating fumes: If your house is very dry, or if you live in a dry climate, your son's nose lining can dry, making it more likely to bleed. If it is often exposed to toxic fumes (unfortunately, an unusual event), they can also cause the bug, knock or blow in the head or make a cold a bunged nose or closed by an allergy. Anatomical problems: Any abnormal structure within the nose can lead to crusting and bleeding (e.g., deviated septum) are taking certain types of medicines, such as anticoagulants (e.g. warfarin) or anti-inflammatory drugs (e.g. aspirin) or spraysclotting disorders that run families or are due to drugs. »Nose fractures or the base of the skull. The head wounds that cause nasenated should be considered seriously. »Hereditary hereditary telangiectasia, a disorder involving a growth of blood vessels similar to a birth in the back of the nose. The times, whether malignant or not minimal, must be considered, in particular in the elderly Patient or in smokers. Other causes of nose bleeding: traumaticdigital manipulation (nose harvest) nasal fracture / organic contusion in thesesiatrogenic (e.g., nasal tube, surgical interventions) neoplastictjuvenile angiofibromatocautumori of nasal cavity and paranasal sinusematologicatrombocitopeniahemophilia A and Bvon Willebrand Diasulta ö Stay calm or Help a small child ALM. A person who is agitated can bleed more prously than someone who has been reassured and supported. Head above the level of the heart. Sit up,sit down and lean slightly forward so that the blood won is not discharged at the back of the throat. Blowt blow the blood clogged from the nose. Using thumb and fingertip all the soft parts of the nose. Do not pack the inside of the nose with gauze or cotton. - Hold your position for five to ten minutes. If it is still bleeding, hold it for another 10 to 15 minutes. The excess bleeding stopped, stopped, the child should not blow or break his nose for about 24 hours. This will help blood clot in the nose to strengthen. The child may vomit during or after a nasal bleeding if he swallowed blood. This is pretty normal, and the baby should spit out blood. When the bleeding from the nose doesn't stop If you can't stop bleeding by following the procedures described above, you should take the child to the doctor or hospital emergency. The doctor could put a cream or ointment in the baby's nose to help stop bleeding. That's what you're doing. This is where the doctor puts a special wrapping in the baby's nose. Your child will need a follow-up appointment 24-48 hours later to have the removed dressing. Cauterization is another common treatment. Here a special chemical is used to seal bleeding and "freeze" the blood vessel. Doctors usually use cauterization anesthesia. Very rarely the child may need to see an ear, nose and throat specialist and go to the hospital for treatment. After a nosebleedIt's what to do after the child had a nose bleeding: Make sure the child rests for the next 24 hours. Sometimes a doctor will recommend to the child to use a saline nasal spray or lubricant ointment to help with dryness. Your doctor may also recommend the use of an antibiotic ointment, which you will have to put on the nose of the child. Most nasal hemorrhages are not serious and stop by themselves or following auto-currency procedures. Look for emergency medical assistance in case of nasal bleeding: Follow a lesion, like a car accident Nasal bleeding occurs after a head injury. This can indicate a skull fracture, and you should do an X-ray. The nose may be broken (for example, after a blow to the nose or after another injury). Involve more blood than expected. Interfer with breathing. Duration more than 20-30 minutes even in case of compression. This phenomenon occurs in children under 2 years of age, pale or has unexplained bruises on the body. Your little girl regularly has bleeding from her nose. Don't go to the E.R. if you're losing a lot of blood. Call your local emergency number or ask someone to accompany you. You see from your doctor if you have frequent bleeding from the nose, even if you can stop them quite easily. It is important to determine the cause of frequent bleeding from the nose. An expert in the ear, nose and throat (otolaryngologist) will carefully examine the nose using an endoscope, a tube with a light to see inside the nose, before recommending a treatment. Two of the most common treatments are cauterization and packaging of the nose. cauterization is where the blood vessel is burned with an electrical current, silver nitrate, or a laser. Sometimes, a doctor can simply pack the nose with a special gauze or an inflatable latex balloon to put pressure on the blood vessel. Why people bleed from the noseThe nosean area of the body that contains many small blood vessels (or arteries) that can break and bleed easily (see Figure 1). Air moving through the nose can dry and irritate the membranes lining the inside of the nose. Scabs can form that hemorrhage when they are irritated. Nasal bleeding occurs most often in winter, when cold viruses are common and the internal air tends to be drier.Nasal haemorrhages are divided into two types, depending on whether they come from the front or back of the nose.Most nasal bleeding occurs at the front of the nasal septum (front nasal bleeding). This is the piece of fabric that separates the two sides of the nose. This type of nosebleed can be easy for a trained professional to stop. Less commonly, nosebleeds may occur higher up on the septum or deeper into the nose, such as in the paranasal sinuses or at the base of the skull. Such nosebleeds may be harder to control. However, nasal bleeding is rarely life-threatening.What is an anterior nosebleed?Most nasal bleeding (or epistaxis) begins in the lower part of the septum, the semi-rigid wall that separates the two nostrils of the nose. The septum contains blood vessels that can be broken by a blow to the nose or by the edge of a sharp nail. Front nasal bleeding (front nasal bleeding) often starts with blood flow out of a nostril when the patient is sitting or standing. Front nasal bleeding is common in dry climates or during the winter months when dry, heated inner air dehydrates the nasal membranes. Dryness can cause scabs, cracking, and bleeding. This can be prevented by putting a light coating of petroleum jelly or antibiotic ointment on the tip of the finger and then rubbing it inside the nose, especially on the middle part of the nose (the septum).What is a posterior nosebleed?More rarely, a nosebleed may begin at the top and deep inside the nose and run down the back of the mouth. Of course, when lying down, even the front nasal bleeding (front of the nasal cavity) may seem to flow towards the back of the throat, especially if you cough or blow your nose. It is important to try to distinguish between front and rear nasal haemorrhage, as posterior nasal haemorrhages are often more severe and almost always require medical attention. Posterior nasal haemorrhages are more common in older people, people with high blood pressure and in cases of nasal or facial injuries.Recurrent nasal bleedingRecurrent nasal bleeding can be annoying, but it is usually not a problem. If bleeding from the nose persists and becomes a Treatment may be necessary, as a surgery for cauterize (burn) the blood vessels of the nose. Talk to your doctor about your options. Indications for the cauterization of genus noseoin, people benefiting from nose cauterization when they have recurring nasal bleeding. Recurring. The episodes can occur from an important blood vessel in their bleeding nose from the trauma (nose collection, rub the nose, or hit the nose), from the drying (reset) of the mucous membranes that lining the nose, or another reason. Some underlying medical conditions can make people more prone to blood nose, including individual or family bleeding disorders, platelet disorders, tumors or platelet drugs used to treat other conditions. If a underlying medical condition or a drug is the cause of nasenates, the first attempts are aimed at treating or removing these trend sources for bleeding. Furthermore, nasal creams, ointments, gels (emollients), nasal sanitary spray and increase in environmental humidification can help improve nosebled by reducing dryness into the nose. This makes the nose less prone to bleeding. Traumaavidate (nose collection, manipulation), especially in small children, it is important. If the nose continues despite these attempts, the nose cauterization can be recommended. What can cause nose bleeding the two most common causes nasineeds are: dry air - when your nasal membranes dry, it is more susceptible to bleeding and damping infection and infection even the causes of nose bleeding include: acute sinusitis (Sinus infection) Allergiespirin who meet disorders, such as emphiliate disorders (anticoagulants), such as warfarin and eparinblowlownd the nose very hard, or collect irritating nosechemies, such as ammonia, including medicines or drugs that are sprayed or snordedchronic sinus sinus emscommed Deviated Bodyforeign organism in the nosea due to allergies, colds, squeezed or breast sprays. Like those used to treat allergies, if used the frequently known rhinitis (chronic congestion or allergies sneezing) an excessive use of the treatment of nasal decongestant nasal spraysygen through the nasal nose cannularuma, including a broken nose, or an object blocked in the cold nose OR Dry Infinite Indo-European Common Causes of Nosebleeds include: Alcohol use Hemorrhagic Hemorrhage TelangiectasiaAldopathe Trombocytopenia Purpura (ITP) Leucemianasal and Paranasal Tumorsinas Polypies Polypsasal SurgeryPregnancySinus or Pentituar Surgery (Transphenoid) Repeated Nasoati can be a symptom of another illness such as high blood pressure. A bloody disturbance or a nose or breast cancer. Blood diluents, such as Warfarin (Coumadin), clopidogrel (Plavix), or aspirin, can cause or worsen nasameds.Ceauture the side effects of nose nose nose of nose comprise the perforation of the septum, the Infection, the renararra and the increase in bleeding. Bilateral nasal cauterization in the nasal septa area should be if possible, as this risks the drilling of the sect. There are no studies published on the incidence of sect drilling after cautery. .

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