

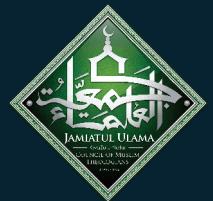
PURITY & SALAAH FOR MUSLIM PATIENTS

An Essential Hospital Guide



MUFTI MOOSA SALIE

A PUBLICATION OF THE JAMIATUL ULAMA KZN



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the name of Allah, The Merciful, The Compassionate

PURITY & SALAAH
FOR MUSLIM PATIENTS

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A Publication of the Jamiatul Ulama KZN

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Disclaimer: The advice in this book is of a general nature.

Always consult your physician to ensure that you do not

compromise your health.

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Foreword 1

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَالصَّلَاةُ وَالسَّلَامُ عَلَى سَيِّدِنَا مُحَمَّدٍ سَيِّدِ الْمُرْسَلِينَ وَعَلَى آلِهِ وَأَصْحَابِهِ أَجْمَعِينَ

All praise to Almighty Allah Ta'ala for having blessed us with such a beautiful Deen that covers every facet of human life.

Our religious obligations remain even when a Muslim or Muslimah is in a compromised situation or ill.

On behalf of the Jamiatul Ulama KZN, it gives me great pleasure to write this foreword for this excellent publication - a book that has been prepared and presented by Mufti Moosa Salie of the Jamiatul Ulama KZN Fatwa Department.

Mufti Moosa has painstakingly done much work and research in conjunction with the panel of doctors to see the realisation of this work.

Alhamdulillah, we have such medical doctors in our community who are not only concerned with the medical needs and requirements of their patients but also their religious and spiritual obligations.

We take this opportunity to express our gratitude to Dr Ahmed Kadwa who initiated this task and to all the doctors who shared their knowledge and input.

May Allah Ta'ala reward each and every person for sharing their time, expertise and knowledge for this much-needed presentation.

May Allah Ta'ala reward Mufti Moosa Salie abundantly, Ameen.

We beseech Almighty Allah to accept our humble efforts and crown them with acceptance. May He also make it a means of *sawaab e jaariyah* (perpetual reward) for all those involved in its publication.

Ameen Yaa Rabbal Aalameen

Ahmed E Mahomedy

For Jamiatul Ulama KZN

Durban, South Africa

Foreword 2

Being admitted to hospital, particularly for those undergoing operations, can be a challenging and uncomfortable experience. The hospital environment is unfamiliar with many sources of anxiety, including interaction with nursing staff, lack of privacy, fears about anaesthesia and post-op pain as well as temporary disability.

As a Muslim doctor, it became apparent that Muslim patients being admitted to hospital are often neglectful of performing *Salaah*. This may be due to ignorance of the Shariah aspects of *Tahaarah* (purity) and the importance of *Salaah*. It is erroneously assumed that being in hospital and undergoing medical treatment or surgery absolves one from the *Fardh* obligation of *Salaah*. This is likely due to a lack of and dissemination of relevant information.

In conjunction with the Jamiatul Ulama KZN, a virtual meeting was initiated in June 2021 with a panel of Muslim doctors from various specialities. The sole aim of this effort was to prepare educational material to guide the Muslim patient for his hospital stay. Mufti Moosa Salie laid the foundations with an initial PowerPoint presentation followed by feedback from the panel. After several drafts and further meetings, the final booklet was prepared.

It is our ardent hope that upon publication, it will be widely and freely available on various platforms. This guide is ultimately to please Allah Ta'ala.

Dr Ahmed Kadwa (Vascular surgeon) September 2022

PANEL OF DOCTORS

AB Asmall (Urologist), A Bassa (O&G), A Bhigjee (Neurologist), Y Desai (General surgeon), F Haffajee (GP), H Kadwa (Ophthalmologist), A Mitha (Cardiologist), MAK Omar (Physician), A Osman (Orthopaedic surgeon), IGH Randeree (Nephrologist) M Thandar (ENT), E Vanker (Cardiac surgeon), Y Ameer (Aalim, Urologist)

A special thanks to Dr Farouk Haffejee who co-authored sections of this book and who has provided input throughout the development of the book, painstakingly proofreading every draft.

May Allah Ta'ala reward him abundantly.

Introduction

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
وَالصَّلَاةُ وَالسَّلَامُ عَلَى النَّبِيِّ مُحَمَّدٍ وَآلِهِ وَصَحْبِهِ إِلَىٰ انْتِهَاءِ الزَّمَانِ

In the name of Allah, The Merciful, The Compassionate.

Blessings, salutations and peace be upon his Noble Prophet, Muhammad, and upon his family and companions till the end of time.

Many patients and family members have the misconception that patients admitted to hospital are exempt from fulfilling the obligation of *Salaah*.

Salaah is the first and foremost obligation in Islam. It is not waived except in the case of complete incapacitation (inability to move at all) or extended loss of sanity or consciousness and remains an obligation till the departure of the soul.

Sayyiduna Abu Hurairah رضي الله عنه reported that Rasulullah ﷺ said, **“The first action for which a servant of Allah will be held accountable on the Day of Resurrection will be his *Salaah*. If they are in order, he will have prospered and succeeded. If they are lacking, he will have failed and lost.”**

(Tirmidhi)

Sayyiduna Imraan bin Husain ؓ reports that he had piles and he asked Rasulullah ﷺ about how to perform *Salaah* in his condition.

Rasulullah ﷺ replied, **“Pray while standing. If you are unable to do so, pray while sitting, and if you cannot do even that, then pray while lying on your side.”** (*Bukhari*)

On one hand, we know that *Salaah* is a foremost priority for a Muslim and on the other hand, we observe that a great number of Muslim patients are lax in its performance. This is mainly due to unawareness of its importance. Additionally, there is a lack of awareness of the various relaxations that Islam allows in different conditions of illness.

The *Qur’aan* states, **“Allah intends ease for you and does not wish to put you into difficulty...”** (*Surah 2, Verse 185*)

Rasulullah ﷺ states, **“When I order you to do something then perform it as per your ability to do so.”** (*Bukhari*)

This book seeks to explain to Muslim patients the most comfortable manner in which the obligation of *Salaah* can be fulfilled.

The first topic will be on impurities as impurities impede the validity of *Salaah*. Solutions for patients who are unable to cleanse themselves of impurity before *Salaah* will be discussed.

The second topic will address the manner of attaining ritual purity (like *Wudhu* and *Ghusl*).

The third topic will address the different ways in which a patient may perform *Salaah*.

Thereafter, pre-admission advice followed by common medical procedures and conditions categorised by speciality will be listed. This section will address what a patient can expect during their hospital stay and how they may manage their purity and *Salaah* before and after their procedure.

I beseech Allah Ta'ala to accept this work solely for His Pleasure and make it a means of global benefit to the Ummah at large.

Ameen Yaa Rabbal Aalameen

Mufti Moosa Salie

Fatwa Dept

Jamiatul Ulama KZN

Note: The rulings in this book are in accordance with the Hanafi Mazhab.

Adherents of other Mazaahib should contact their respective scholars.

Tabaarah (Physical & Ritual Purity)

The Qur'aan states, "And Allah loves those who purify themselves."

(Surah 9, Verse 108)

Rasulullah ﷺ declared, "Purity is half of faith." (Sabih Muslim)

It is conditional for the performance of *Salaah* that the body, clothing and the place on which *Salaah* is performed be free from impurities. However, there are relaxations in this regard that apply to a patient which will be discussed in this chapter.

Impurities

Impurities refer to such matter which are considered unclean in Islam and which may affect the validity of a person's *Salaah*.

Examples of impurities are urine, faeces, blood, pus, wound seepage, pre-ejaculatory fluid, ejaculate and vomit.

(Vomit is only considered an impurity if its amount is a mouthful or more. A mouthful is the amount that cannot be held in the mouth without difficulty).

If there is impurity on the body, clothing or the place on which *Salaah* is performed, the following rules apply.

- If the amount of impurity on the body or clothes is equal to or less than the size of a R5 coin¹ (2.75 cm diameter), this will not affect the validity of *Salaah*. It is better to clean it **but if not cleansed, *Salaah* will still be valid.**
- If the amount of impurity on the body, clothing or place of *Salaah* is more than the size of a R5 coin, *Salaah* will not be valid until the impurity is cleansed.

Impurity is cleansed by washing off the impurity. Generally, washing the soiled portion thrice with water achieves this. When cleansing impurity on the body a wet wipe, wet cloth or similar item used thrice is also sufficient. For clothing and bedding, it may be easier to simply change the same rather than washing the soiled portion. If one is performing *Salaah* on a soiled bed, then placing a clean liner over it is sufficient for *Salaah* to be valid for bedridden patients.

¹ The R5 coin is used as an easy reference. The actual size is 2.75cm which is 2mm larger than a R5 coin.

Patients using commodes or bedpans will not be able to wash themselves. In this situation, wet wipes, wet tissue or wet cloths are ideal. The soiled area should be wiped until no traces of impurity remain. Dry tissue paper should be avoided as it does not adequately remove impurity.

Exceptions

The following exceptions apply in which *Salaah* will be valid despite impurity. In these cases, *Salaah* will be valid irrespective of the amount of the impurity:

1. The impure area is covered by a bandage, plaster or wound dressing which needs to be kept in place for healing.
2. The impure area is open but cannot be cleaned as such cleaning will be detrimental to the healing process.
3. The patient cannot be moved to clean the body, clothing or bedding as doing so will be detrimental to the healing process.
4. The patient has a chronic condition that causes constant soiling².

² Chapter concerning the *Ma'zoor*, pg. 21

***Wudhu* - Pre-Prayer Ablution**

Wudhu is a ritual purification and is a basic requirement for *Salaah* to be valid. Without *Wudhu*, *Salaah* is not valid.

Challenges to performing *Wudhu* in hospital relate mainly to mobility and safe passage to the bathroom without causing detriment to the healing process. The manner of performing *Wudhu* will depend on the parts of the body affected as well as the mobility and consciousness of the patient.

Passing urine, wind and stool are some of the common factors that break *Wudhu*. Additionally, other “in-hospital” factors may also break *Wudhu*; these are discussed under the section “Common Challenges”.

It is preferable to perform the full *Wudhu*, including the *Sunnah* and *Mustahab* actions.

If this is difficult then the minimum *Fard* requirements for *Wudhu* to be valid are:

1. Wash the entire face once (*The entire face refers to the area from hairline to chin and from one earlobe to the other*).
2. Wash hands and forearms from fingertips till and including the elbows once.

3. Pass wet hands (*Masah*) over at least a quarter of the head.
4. Wash the feet from the tip of the toes till and including the ankles once.

The above ablution only involves the face, head and limbs and not the rest of the body.

Rinsing the mouth and nostrils are *Sunnah* acts. If these are left out, the *Wudhu* would still be valid.

Wudhu in bed

A patient does not have to leave the bed to perform *Wudhu*. It can be performed on the bed with minimal use of water. To achieve this, one can request the nursing staff to provide a bowl of water.

The patient may perform the *Wudhu* on their own **or with the assistance of another** (*Muslim or non-Muslim*).

A spray bottle may also be used and would generally be easier to use with less water spillage.

Towels should be placed under the limbs of *Wudhu* to protect the bedding.

Performing *Wudhu* with a Spray Bottle:

The spray bottle should be filled with water (*preferably warm water for the comfort of the patient*). Adjust the spray nozzle to a gentle mist.

1. Spray the face a few times so that some droplets of water begin beading and trickling. Use the hands and rub the moisture across the entire surface of the face.
2. Use the same procedure for the limbs, spraying water across the length of the forearms and using the hands to rub the moisture over the entire surface from fingertips to elbow.
3. Spray water onto the palms and make *Masah* of the head.
4. Spray water onto the feet and use the hands to rub the moisture over the entire feet including in between the toes and the ankles.



Alternatively, water can be sprayed on the palms or a little water can be taken in the palms and then rubbed over the face and limbs to the extent that their entirety is covered and some drops of water drip therefrom. This is helpful if the patient does not want to spray water directly on the face or limbs.

The *Wudhu* is now complete and will be valid whether performed by the patient or performed on the patient by another.

Masab on Wudhu Socks

It can be helpful for patients to wear leather socks or waterproof socks that have been certified to be *Wudhu-compliant*. Wearing these in the state of *Wudhu* removes the requirement for washing the feet for subsequent *Wudhu* for 24 hours. Instead of washing the feet, making *Masab* on the said socks will suffice.

The 24-hour time period begins from the time one's *Wudhu* breaks after having worn the said socks with *Wudhu*. For example, if a person performed *Wudhu* and wore *Wudhu* socks at 8 am, and his *Wudhu* broke at 10 am, the 24-hour period will begin from 10 am and not 8 am.

Masab will be made on the upper part of the foot by drawing one's wet fingers from the toes going towards the ankle once. It is compulsory to ensure that *Masab* is made on a minimum surface area equivalent to 3 fingers.

It is compulsory to take new water for making *Masah* on the *Wudhu* socks. The wetness that remains on the hands after making *Masah* on the head will not suffice.

Once the 24-hour period is over, one may wash the feet to remain in *Wudhu* if one is in the state of *Wudhu*. There is no need to repeat the entire *Wudhu*.

The time period for *Masah* on *Wudhu* socks is 72 hours for a *Musafir* (traveller).

***Masah* is not valid on normal socks.**

Plasters and Bandages

- If the limbs of *Wudhu* are bandaged or in plaster, then *Masah* (passing of moist hands) should be made over the bandage/plaster and the remaining portion washed as per the procedure given above. For *Masah*, the hands do not have to be so wet that the bandage/plaster itself becomes wet.
- If *Masah* on the bandage/plaster is detrimental to healing, then *Masah* should be left out entirely.

When Water is Detrimental

- If the use of water is detrimental to any of the limbs of *Wudhu*, then *Masah* will be made. If *Masah* is also detrimental, then the limb should be left out while making *Wudhu*.
- *Wudhu* will be valid by washing the remaining limbs.
- If most of the limbs cannot be washed, *Wudhu* falls away and *Tayammum* applies.

***Ghusl* – Taking a Bath**

Ghusl is a ritual purification that is required in cases of major ritual impurity. Causes of such impurity include menses, sexual intercourse and ejaculation whether via physical stimulation or nocturnal emission. In such cases, *Ghusl* is required for the validity of *Salaah*.

The minimum requirement for *Ghusl* is that the entire body from head to toe is rinsed once which includes the rinsing of the mouth and the nostrils.

As such, it is not required for a person to take a shower to fulfil the requirement of *Ghusl*. *Ghusl* can easily be made using water from a jug.

Patients who require *Ghusl* must be careful not to wet any area of their body or dressings that require to be left dry.

Water-sensitive areas may be covered or wrapped in waterproofing while washing the body and attended to thereafter.

It is not a requirement that the entire *Ghusl* be completed in one instance. Hence, if, for example, one's arm is injured, then one can wash the body excluding the arm while bathing and once the body has been dried, the arm can be attended to.

It may often occur that the waterproofed area will include both the affected area as well as the surrounding skin that has to be washed.

Once a person has dried themselves, the surrounding skin may be washed using either method below:

1. Spray the surrounding skin with a spray bottle a few times so that some droplets of water begin beading and trickling and rub the moisture with the hands ensuring that the unwashed skin is covered.
2. Take a little water into the palm and rub it over the unwashed skin. This must be repeated so that the respective area is wet and some drops of water bead and trickle therefrom.

Once this is done, the skin should be dried and the affected area can now be attended to.

As in *Wudhu*, if *Masah* can be made over the affected area, then *Masah* will be made. If even *Masah* is detrimental, then the affected area will be left out and the *Ghusl* will be considered complete and valid.

Tayammum – Dry Ablution

Tayammum is a substitute ritual purification that is performed when water is not available or its use is detrimental to one's health.

Tayammum will suffice as a substitute for both *Wudhu* and *Ghusl*.

Tayammum is made using sand, stone or similar objects, for example, a slate of granite or marble.

In the hospital environment, a small thin slate of granite or marble may be ideal.

Tayammum Method:

1. Make the intention of performing *Tayammum* to purify oneself for *Salaah*.
2. Rub both palms on the chosen object so that the entire palm area touches it.
3. Rub the face with palms ensuring that the entire area of the face is covered.
4. Repeat step 2

5. Rub the hands and forearms from the fingertips till and including the elbows ensuring that the entire surface area is covered. First rub the right limb with the left hand and then the left limb with the right hand.

If the patient finds it difficult to perform *Tayammum*, another person (*Muslim or non-Muslim*) may perform the *Tayammum* on the patient.

The intention of *Tayammum* must be made by the patient.

***Ma'zoor* – Excused Person**

Note: The rules concerning a Ma'zoor can be difficult to comprehend. If a person is unsure, it is best to refer the matter to a Mufti or Aalim for clarity.

A person whose *Wudhu* continuously breaks due to an ailment is categorised as a *Ma'zoor* (excused person).

Examples of a *Ma'zoor* are persons with incontinence, with a catheter or who have a continuously seeping wound.

There are two qualifying criteria for a *Ma'zoor*.

1. Initial qualification to become a *Ma'zoor*.
2. Qualification for a *Ma'zoor* to remain a *Ma'zoor*.

Qualifying to become a *Ma'zoor* has a stringent requirement. The requirement is that the ailment that breaks *Wudhu* persists for the duration of an entire *Salaah* time. This means that for the duration of the entire *Salaah* time, the affected person does not find the time to make *Wudhu* and perform the *Fardh Salaah* except that their *Wudhu* breaks due to the said ailment. The *Salaah* time can be any *Salaah* time whether a short *Salaah* time like Maghrib or a long *Salaah* time like Esha. Once this happens, a person becomes a *Ma'zoor*.

Once a person becomes a *Ma'zoor*, the requirement for remaining a *Ma'zoor* is relatively easy. So long as the said ailment which led a person to become a *Ma'zoor* is found even once in a *Salaah* time, the person remains a *Ma'zoor*.

However, should an entire *Salaah* time thereafter pass without the said ailment being found, the person will cease to be a *Ma'zoor* and the normal *Tabaarah* rules will apply.

Practical example: The time of Fajr commenced at 4:30 am and ended at 6:00 am. During this entire one and a half hour, the person's wound bled so frequently, or the person passed wind so frequently that they could not find a 5 minutes interval in which *Wudhu* and the *Fardh Salaah* could be performed. This person then qualifies as a *Ma'zoor* at 5:55 am. In those last 5 minutes, the person will perform *Wudhu* and the *Fardh Salaah* notwithstanding the bleeding or passing of wind.

At the times of *Zuhr* and *Asr*, if the person experiences bleeding or passing of wind even if only once in each *Salaah* time, he will remain a *Ma'zoor*.

At the time of *Maghrib*, if the bleeding or passing of wind stops completely, the person ceases to be a *Ma'zoor*.

The following rules apply to a *Ma'zoor*:

1. A *Ma'zoor* will perform *Wudhu* for every *Fardh Salaah* after the *Salaah* time sets in. After performing *Wudhu*, the *Ma'zoor* may perform *Fardh*, *Sunnah* and *Nafl Salaah* and may also hold and read the *Qur'aan*.
2. The said ailment will not nullify the *Wudhu*. However, the *Wudhu* will last only for the duration of the *Salaah* time. Once the *Salaah* time ends, the *Wudhu* will automatically break.
3. Any other factor that breaks *Wudhu* besides the said ailment will break the *Wudhu* immediately.
4. If clothes are continuously soiled due to the said ailment, then *Salaah* will be valid with the soiled clothes.

A patient with intermittent soiling who finds sufficient time to perform the *Fardh* acts of *Wudhu* and *Salaah* does not qualify as a *Ma'zoor*. They will perform *Wudhu* and *Salaah* as is normally done. Intermittent soiling will break the *Wudhu*.

For intermittent passing of urine or stool, the patient should use a liner inside their underwear. When they intend to perform *Salaah*, they will change the liner, perform *Wudhu* and thereafter commence *Salaah*. If the

patient finds difficulty in maintaining their *Wudhu* for the duration that allows them to perform *Sunnah* and *Fardh Salaah*, then there is leeway to perform only the *Fardh Salaah*.

Salaah - Prayer

A patient will perform *Salaah* as per their best ability. Accordingly, those who can stand will perform *Salaah* standing.

Those who cannot stand will perform *Salaah* sitting on the ground. If it is difficult to sit in the regular *Salaah* position, the patient may sit in whichever position they can manage.

Those who cannot sit on the ground will perform *Salaah* on a chair.

(A patient who is able to perform Salaah seated on the ground and perform Sajdah as normal may not opt to perform Salaah on a chair as the performance of Sajdah is obligatory when one is able to do so.)

Bedridden patients will perform *Salaah* on the bed, with the upper body slightly raised. If this posture is difficult, they may lay flat on the bed.

In all circumstances, the person should face the *Qiblah*. If a person is in bed, then the bed should be positioned so that the feet and face are towards the *Qiblah*. The head should be propped up by pillows or if the bed reclines then the bed should be raised so that the face is towards the *Qiblah*.

A patient may also perform *Salaah* lying on their right side with their face towards the *Qiblah*. If lying on the right side is difficult, they may lie on their left side with their face towards the *Qiblah*.

If repositioning the bed is not possible and the patient is unable to face *Qiblah*, then *Salaah* will be valid in whichever direction the patient can face.

For a person sitting on the floor or a chair or in bed, the hands will be tied in the “Standing” position of *Salaah* and placed on the thighs in other positions. *Ruku* will be made by bending forward and *Sajdah* will be made by bending forward a bit more.

If a person cannot make use of one hand, then the other hand will be placed in the relevant position. If a person cannot use both hands, then *Salaah* will be performed without the positioning of the hands.

If a person cannot bend the upper half of the body, then even bending the head only will suffice. The head will be bent slightly for *Ruku* and further for *Sajdah*.

When is *Salaah* Waived?

Incapacitation & Paralysis

If the patient cannot bend the body and is unable to bend even the head then *Salaah* is waived if the condition lasts for more than 24 hours. In this case, no *Qadha* is due upon recovery.

Coma / Life Support / Ventilator

Salaah is waived for an unconscious person if the condition lasts for more than 24 hours. Similar to an incapacitated patient, no *Qadha* is due upon recovery.

Insanity / Loss of Cognitive Ability

If the patient is not aware of their surroundings and is unable to comprehend, then *Salaah* is waived if the condition persists for more than 24 hours. In this case, no *Qadha* is due upon recovery. If a person regains awareness and the ability to comprehend within 24 hours, *Qadha* will be due for any missed *Salaah*.

Faaqidut Tahoorayn (Inability to perform Tayammum or Wudhu)

An uncommon circumstance that may occur to a patient is the inability to perform *Wudhu* or *Tayammum*. This may happen when a person is confined to bed, cannot perform *Wudhu* or *Tayammum* on their own and there is no one available to assist with *Wudhu* or *Tayammum*.

In this circumstance, there is no *Salaah*. *Qadha* of the *Salaah* must be made when one is able to do so.

Pre-Admission Advice for Patients

“Forewarned is Forearmed” meaning if you know about the situation in advance, you can plan accordingly.

1. Have an inquiring mind and ask relevant questions about purification and *Salaah* that will allow you to better prepare for your hospital stay.
2. Enquire about the *Halaal* status of the hospital food and facilities for *Salaah* or a Prayer room.
3. Request to schedule surgery as early as possible in the morning to avoid missing the afternoon and evening *Salaah*.
4. Avoid a Friday (for males) as you will miss out on the blessings of the *Jumuah Salaah*.

List of Essentials to Carry

- Suitable clothing for *Salaah* including hat/burqa
- *Miswaaq* with personal toiletries
- *Tasbeeh*, *Qur'aan* and other reading material
- *Musalla*, compass for *Qiblah*, granite/stone for *Tayammum* and spray bottle for *Wudhu*

- ***Wudhu* socks alleviate the need for washing the feet in *Wudhu* for 24 hours**
- Cellphone for communicating with family and setting alarms for *Salaah* times

Recommended questions before your procedure:

1. How long will the operation take?
2. How long will it take to recover from the anaesthetic?
3. Will I suffer from pain and vomiting on awakening?
4. Will I be returning to a ward or ICU?
5. Would I have a drip, urinary catheter or drainage tube?
6. Will I be able to use water for *Wudhu*?
7. Will I be capable of walking to the bathroom?
8. If I am unable to get out of bed, would the nursing staff assist with *Wudhu* or *Tayammum*?
9. Will I be a *Ma'zoor*?
10. Can I perform *Salaah* normally or on a chair or in bed?
11. Will I be able to wear suitable clothing for *Salaah*

Common Challenges

Anaesthesia & Sedation

- Most procedures are performed under General Anaesthesia (GA) and upon awakening, the patient may remain drowsy for a few hours. Furthermore, patients are sedated or given strong analgesics (painkillers) for about 24 to 48 hours after a procedure. This results in them remaining drowsy and sleepy.
- Before the procedure, especially if the patient would be sedated, direction needs to be given to the nursing staff or preferably to a family member to wake the patient up, if possible, and assist the patient with *Wudhu* and *Salaah*.
- If a patient is so heavily sedated after their procedure that they remain unconscious or incapacitated for more than 24 hours then *Salaah* is waived. If the person gains consciousness and sufficient capacity to perform *Salaah* within 24 hours then *Qadha* will be required for any missed *Salaah* and the patient will resume performing *Salaah* when they can.
- Nausea and vomiting commonly occur upon awakening from the anaesthetic but are usually prevented with anti-nausea medication. It

can also follow the use of antibiotics and analgesics. Vomit is only considered an impurity that breaks the *Wudhu* if it is more than a mouthful.

- Some procedures are performed under regional anaesthesia. Depending on the site of the “Block”, this may affect the performance of *Wudhu* and *Salaah*. Spinal and Epidural anaesthetic will result in total loss of feeling and mobility in the legs for several hours. *Wudhu* and *Salaah* will be performed in bed and assistance may be required.

Blood Tests

Taking blood samples will break *Wudhu*.

Intravenous Drips

All procedures require a drip to be inserted for intravenous medications. These are usually inserted on the back of the hand or forearm and sometimes in the neck. The initial insertion of a drip will break *Wudhu* due to the flow of blood back into the needles or outside. However, the

continued use of the IV drip and the administration of drugs or fluids via the drip will not break *Wudhu*.

Care needs to be taken during *Wudhu* to avoid dislodging the drip. *Masah* will be made over the drip dressing.

Urinary Catheters, Wound Drains & Stoma Bags

All of these involve drainage of body contents to the exterior. A patient using any of these systems will be categorised as a *Ma'zoor*. The relevant laws will apply.³

³ Chapter concerning the *Ma'zoor*, pg. 21

Common Procedures & Conditions

Abdominal Surgery

Abdominal Surgery is usually performed for diseases affecting the Stomach, Gall bladder, Appendix, Bowel, Bladder, and Womb and is performed under general anaesthesia.

“Laparotomy” refers to open surgery via a large incision. After a Laparotomy, the patient will usually experience moderate to severe pain, nausea and vomiting as well as heavy sedation for the first few days. A wound drain and catheter may be in place. Accordingly, the rules of a *Ma'zoor*⁴ may apply. *Wudhu* and *Salaah* will be performed in bed.

“Laparoscopy” refers to minimally invasive surgery performed through mini-incisions with a camera. Advantages include less pain and vomiting, early mobility and a shorter hospital stay. A Laparoscopy patient’s reversion to normal *Wudhu* and *Salaah* will therefore be relatively quick.

⁴ Chapter concerning the *Ma'zoor*, pg. 21

Cardio-Thoracic

Coronary Angiogram

After an angiogram, patients are usually transferred to the Cardiac ICU for an overnight stay with strict bed rest to avoid any bleeding complications. *Wudhu* and *Salaah* will be performed in bed for the night stay. The patient should be mobile the next day and able to perform *Wudhu* and *Salaah* normally.

Heart Bypass (CABG) & Valve Replacement

After a bypass or a valve replacement, the patient is transferred to the Cardiac ICU and will remain unconscious on the ventilator overnight or longer until they stabilise and can breathe on their own.

Salaah will be waived and *Qadha* will not be required if the patient is unconscious and/or incapacitated for over 24 hours (from the time of surgery until recovery). Upon awakening, both *Wudhu* and *Salaah* will be performed in bed with assistance until the patient can walk. As the patient will have a wound drain and a catheter, the patient will be regarded as a *Ma'zoor* until the wound drain and catheter are removed (usually on the 3rd or 4th day post-surgery).

Chronic Kidney Failure

Haemodialysis (HD)

A patient undergoing HD is confined to a chair or bed for the duration of the dialysis. The dialysis frequency is usually three sessions a week with the duration of each session being approximately four hours. The general times for HD are early morning, late morning and late afternoon.

A patient undergoing HD must endeavour to have it performed in the early morning or late morning times. In this way, the HD will not affect the performance of *Salaah* in its time.

The late afternoon session is generally from 4 pm to 8 pm. Due to this, the performance of the *Asr*, *Maghrib* and *Esha Salaah* (depending on the season) will be affected. Undergoing dialysis at this time will render the patient a *Ma'zoor*⁵.

It is important to note that HD does not prevent the performance of *Salaah*. *Salaah* can be performed during dialysis.

Accordingly, the patient must be cognisant that HD is not a valid reason for not performing the *Salaah* and allowing it to become *Qadha*.

⁵ Chapter concerning the *Ma'zoor*, pg. 21

It is also important for the dialysis patient to speak to his doctor and the nursing staff concerning the performance of *Wudhu* and *Salaah*. If the matter is addressed with courtesy and respect, then the nursing staff would generally be happy to be of assistance to the patient.

A spray bottle and assistance may be required for *Wudhu*. *Salaah* will be performed in the chair or bed to which the patient is confined.

AV Fistula

Dialysis is performed by inserting 2 needles in the upper limb, mostly in the forearm. They are secured with plaster; any movement will dislodge them and interfere with the dialysis.

Method of washing the dialysis limb for *Wudhu* if the fistula is on the forearm:

A towel should be placed on the armrest of the limb. The assistant will not spray water directly on the forearm of the patient but rather in their own hands. With the water on their palms, they will rub the moisture over the forearm ensuring that the entire area from the fingertips till and including the elbows is covered but excluding the area of the fistula. This

procedure (spraying water and rubbing) will be repeated thrice. The fistula area will be left dry.

HD Catheter

This catheter is sited in the neck vein and tunnelled to exit on the outer chest wall. Dialysis is performed by connecting 2 tubes to it. This does not interfere with the performance of *Wudhu*. However, care should be taken to avoid any tugging on the tubes.

Peritoneal Dialysis (PD)

The draining of fluid during Peritoneal Dialysis will break *Wudhu*. Peritoneal Dialysis should not pose a challenge to *Wudhu* or *Salaah* as it can easily be planned out of *Salaah* times.

Ear, Nose, And Throat (ENT)

Balance Disorder (Vertigo)

A person with a balance disorder usually suffers from vertigo, a spinning type of dizziness which can result in a fall. The dizziness may be stimulated by movements of the head and may occur when going into *Ruku* and *Sajdah*.

A person with a balance disorder may perform *Salaah* sitting if they cannot manage to perform *Salaah* standing. If sitting is not manageable, then *Salaah* may be performed lying down.

Ear Surgery

Following ear surgery, the ear canal may be packed. An incision may be present behind the ear and the ear may be bandaged. *Masah* of the ear should be omitted, to prevent water from entering the ear.

Mouth Surgery

Intra-oral wounds may require avoidance of water and opening of the mouth may be limited because of pain. Rinsing of the mouth is not a requirement for *Wudhu* and may be omitted. Rinsing the mouth is a

requirement for *Ghusl* and may only be omitted if rinsing the mouth will cause harm or a delay in healing.

Sinus & Nasal Surgery

A post-operative dressing will be applied over the nose, nostrils and upper lip area which will limit washing of the face. Accordingly, *Masah* will be made on the dressing. The rest of the face can be washed lightly, taking care not to wet the dressing.

Performing *Sajdah* (prostration) may result in bleeding and *Salaah* should be performed in the sitting position until sufficient healing.

Tracheostomy

The Tracheostomy tube is inserted in the front of the neck to assist with breathing. Due to this, the head cannot be bent forward for *Ruku* and *Sajdah* when *Salaah* is being performed in bed. The patient will be able to bend the body for *Ruku* and bend a bit more for *Sajdah* and this is sufficient. The head does not need to be bent.

Tonsillectomy

This procedure will not usually impact the performance of *Wudhu* and *Salaah*.

Eye Procedures

Eye surgery is usually categorized as intraocular (cataracts, glaucoma, laser, vitreoretinal) or extraocular (squints, lid procedures, etc.). Precautions following surgery are essential, especially the intraocular.

Water should not enter the eye for one week after cataract and vitreoretinal surgery and for at least one month after glaucoma surgery. Most importantly, do not rub the eyes as this may disrupt the internal sutures and cause severe pain or blindness.

For *Wudhu*, make *Masah* over the eyeshield without splashing water or pressure on the operated eye. The rest of the face may be washed carefully.

Eye procedure patients are required to avoid bending during the healing process. Accordingly, *Salaah* will be read sitting without performing

Sajdah on the floor for one week after cataract surgery, and for one month after vitreoretinal or glaucoma surgery. *Ruku* and *Sajdah* will be performed by bending forward as is usually done when performing *Salaah* seated (bending within 45 degrees is considered safe). Seek the advice of your surgeon for any other special precautions, especially positioning of the head after vitreoretinal surgery.

It should be noted that the eyeball itself is not counted as part of the face for *Wudhu* or *Ghusl* purposes. Hence, the actual eyeball is not required to be washed for *Wudhu* or *Ghusl*.

Neurological Conditions

Dementia

Patients with dementia may become forgetful about *Wudhu* and *Salaah*, and may also commit errors in their *Salaah* or face the wrong direction while insisting that they are correct.

The caregiver of such patients can assist them in the performance of *Salaah* by informing them of what is required to be done if they forget. If

they refuse such assistance and insist on performing *Salaah* as they believe to be correct, they should be left to do so.

Epilepsy

Epilepsy patients may sometimes experience continuous bouts of seizures (Status Epilepticus). Once the seizures end and the patient is stable, the patient will perform *Salaah* as normal. *Qadha* will be required for any *Salaah* missed due to the seizures.

The same ruling will apply to a patient who experiences recurrent seizures with short periods of lucidity and soils themselves with urine and/or stool. Once the patient is stable and becomes lucid, the patient can cleanse themselves and perform *Wudhu* and *Salaah*. *Qadha* for missed *Salaah* is required.

Paralysis

Patients with paralysis will experience difficulty in performing *Wudhu*. The paralysis may be partial (one side of the body or from the waist down) or complete (where the patient is only able to move the head).

In all cases, their caregiver will perform the acts of *Wudhu* on the patient's limbs. Thereafter, the patient will perform *Salaah* as they are able to, bending the body for *Ruku* and *Sajdah* or bending the head if bending the body is not possible.

Patients with complete paralysis who are unable to move their head, are excused from performing *Salaah*. If the condition persists for more than 24 hours then the obligation to perform *Qadha* is waived.

Persistent Vegetative State

Persistent Vegetative State is a condition when the patient is in a state of wakefulness but not aware of their surroundings. The obligation of *Salaah* and of *Qadha* is waived for such patients.

Strokes

Patients with strokes may have problems controlling their bladder and bowel functions. This may result in intermittent or permanent soiling with urine and faeces. A patient with intermittent soiling will perform *Wudhu* and *Salaah* as is normally done. Intermittent soiling will break the *Wudhu*.

A patient with persistent soiling will be regarded as a *Ma'zoor* and the relevant laws will apply.⁶

Stroke patients may experience behavioural changes. These can include: becoming emotional for no apparent reason, acting aggressively, refusing to comply with instructions, forgetfulness, disorientation and confusion. They are sometimes not in touch with reality and do not understand their circumstance. This state can remain for days, weeks and even months.

If the patient is aware of their surroundings and is able to comprehend, then *Salaah* remains obligatory.

If the patient is not aware of their surroundings and is unable to comprehend, then the performance of *Salaah* is waived. If the condition persists for more than 24 hours then the obligation to perform *Qadha* is also waived.

⁶ Chapter concerning the *Ma'zoor*, pg. 21

Obstetrics & Gynaecology

Labour

Women in labour are usually able to perform *Salaah* in the early stages of labour. Sometimes an epidural injection is required to control pain which results in paralysis from the waist down. Women who have epidurals will perform *Salaah* sitting and bending the upper body for *Ruku* and *Sajdah*. The bending for *Sajdah* is more than the bending for *Ruku*.

The “show” (discharge of blood/mucous) before birth and the leaking of amniotic fluid following the rupture of the membrane breaks *Wudhu* but does not necessitate *Ghusl*. Accordingly, a woman who has a “show” will wash, make *Wudhu* and perform *Salaah*.

Caesarean Section

This may be performed under epidural or general anaesthesia. The baby is delivered via an incision in the lower abdomen and the wound is sutured. The rules for *Nifaas* will apply.

Bleeding

Nifaas

This refers to the “normal” bleeding that occurs after birth (normal vaginal delivery or cesarean section) or after a miscarriage (if the foetus is over 12 weeks). *Salaah* is waived until bleeding stops. The maximum duration of *Nifaas* is 40 days while there is no minimum limit.

***Istihadhab* (Abnormal Vaginal Bleeding)**

This refers to all abnormal bleeding and includes:

- Bleeding after a D&C
- Bleeding after a miscarriage (if the foetus is under 12 weeks)
- Spotting during pregnancy
- Additional bleeding after the normal days of *Haidh* (menses)
- Bleeding after a Hysterectomy
- Additional bleeding after the normal days of *Nifaas* (Postnatal bleeding)

A woman will continue her *Salaah* as normal under these circumstances. If bleeding is continuous, the laws of a *Ma'zoor*⁷ will apply.

⁷ Chapter concerning the *Ma'zoor*, pg. 21

Orthopaedic Surgery

Most Orthopaedic procedures involve the bones or the joints of the limbs and are associated with pain, stiffness as well as reduced mobility. A patient may have wires, screws, plates or artificial joints inserted into the body. Abiding by the precautions advised by the surgeon when performing *Wudhu* and *Salaah* is essential to avoid infection or damage.

Total Hip Replacement (THR)

After a THR, the patient will be made to lie flat in bed with pillows separating the thighs until the next day. There will be a wound drain and a catheter in place. Accordingly, the rules of a *Ma'zoor*⁸ will apply. Both *Wudhu* and *Salaah* will be performed in bed with assistance.

The upper half of the body can generally be bent, but not beyond 90 degrees. For *Salaah*, the patient will bend forward a little for *Ruku* and a little further for *Sajdah*. If this is too difficult then bending only the head for *Ruku* and *Sajdah* will suffice.

On the following day, if the vital signs are stable, the drain and catheter will be removed and one may be allowed to sit on a chair.

⁸ Chapter concerning the *Ma'zoor*, pg. 21

To prevent hip dislocation, adhere to the following:

- Avoid crossing the legs in all postures
- Keep feet 20cms apart and knees below the hip level when sitting on a chair or on the toilet
- When standing up, slide to the edge of the chair and use a walking frame for support

The patient will be guided by the physiotherapist and surgeon during their stay in hospital, which is around a week.

Total Knee Replacement (TKR)

After a TKR, the patient will be confined to bed and accordingly, *Wudhu* and *Salaah* will be performed in bed. *Ruku* will be performed by bending forward and *Sajdah* by bending further. Once the patient is able to bend their knees to 90 degrees (7 - 10 days), the patient may sit on a chair and perform *Salaah*.

It is advisable to wear *Wudhu* socks⁹ as washing the feet would be difficult.

⁹ *Masab on Wudhu Socks pg. 14*

Performing *Salaah* normally may only be possible after 3 months.

Urology

Incontinence

If a patient has no control of urine (total incontinence of urine) and has to wear diapers all the time, then the rules of *Ma'zoor^A* will apply.

If a few drops of urine continue to drip after relieving oneself, then the patient will wait for the urine drops to stop. A tissue or liner should be placed in the underwear to keep the underwear clean. Thereafter, the patient should change the liner, wash the private areas, make *Wudhu* and perform *Salaah* without delay.

Some females experience Stress Urinary Incontinence upon sneezing, coughing or laughing when a few drops of urine leak out. The few drops of urine coming out will break the *Wudhu*. A tissue or liner should be placed in the underwear to keep the underwear clean. Thereafter, she should change the liner and wash the private area before making *Wudhu* and performing *Salaah*.

Transurethral Resection of the Prostate (TURP)

After a TURP procedure, a catheter is left in the bladder until bleeding stops from the surgical site, which is usually 2 to 3 days. Accordingly, the rules of a *Ma'zoor*¹⁰ will apply. *Wudhu* and *Salaah* will be performed in bed after the procedure. After the catheter is removed, it should be possible for the patient to walk to the bathroom and perform *Wudhu* but the patient will need to sit for *Salaah* until sufficient recovery (3-5 days). Blood-stained urine may leak for a few days and the patient will remain a *Ma'zoor* until the leaking subsides to the point that a complete *Salaah* time passes without leakage.

Vascular Surgery

Boils, Sores & Ulcers

These may occur in any part of the body and result in oozing of pus, blood or exudate (tissue fluid) from the open wound. They require regular cleansing and dressings. *Wudhu* and *Salaah* can sometimes be timed to coincide with the changes of dressings. If there is constant oozing and soiling, the rules of a *Ma'zoor* will apply.

¹⁰ Chapter concerning the *Ma'zoor*, pg. 21

Limb Amputation

This is performed under General or Epidural anaesthesia and can be below or above the knee. The patient is confined to bed for 3 to 5 days. *Wudhu* and *Salaah* will be performed in bed. A urinary catheter will be in place until the patient is mobilised, usually with crutches or a walking frame. Accordingly, the rules of a *Ma'zoor*¹¹ will apply.

Varicose Veins Surgery

After Varicose Veins Surgery, a tight compression bandage is wrapped from groin to foot and the patient is advised to remain in bed overnight to prevent bleeding. *Masah* will be made on the bandaged area of foot when performing *Wudhu*. *Salaah* is performed in bed for the first day. The patient is allowed limited walking on day 2 and *Salaah* can then be performed sitting until discharge.

¹¹ Chapter concerning the *Ma'zoor*, pg. 21

Advice for Hospital Patients

- The time a patient spends in the hospital should be one of reflective contemplation. On one hand, one is burdened with their ailments and on the other, one is freed from the duties of daily life. These two aspects coupled should motivate one to think of the next life and their current position in respect to attaining eternal success therein.
- Avoid sin and wasting time by entertaining oneself by watching TV or through the improper use of the cellphone.
- Continuously make *Du'aa* for the success of the procedure and for complete cure. Always remember that cure is in the control of Allah Ta'ala and the physician is only the means of attaining cure.
- *Du'aa*, *Salaah* and *Sadaqah* are powerful methods of attracting the Help of Allah Ta'ala and adding efficacy to treatment efforts.
- Maintain *Haya* and modesty. Hospital garments may not adequately cover your body. Take the necessary steps to correct this.
- Let your stay reflect Islam and be a means of Dawah to the hospital staff and fellow patients.
- Spend your free time in recitation of the *Qur'aan*, the remembrance of Allah Ta'ala and the recitation of *Durood* upon Rasulullah ﷺ.

- Listening to the recitation of the *Qur'aan* merits great reward and requires no effort on your part. It soothes the soul and assists in healing.
- When Rasulullah ﷺ suffered any illness, he would recite Surah Ikhlas, Surah Falaq and Surah Naas (the last 3 Surahs of the *Qur'aan*, known as the three Quls) then blow on the palms of his hands and pass them over his body. (*Bukhari*)

Glossary & References

Asr: Late afternoon prayer

Fardh: Obligatory acts in Islam

Halaal: Food and drink that conforms to Islamic dietary requirements

Istihabah: Abnormal bleeding

Ma'zoor: A person with a chronic ailment that compromises maintaining ritual cleanliness and at times physical cleanliness as well

Masah: Passing moist hands over something

Maghrib: Evening prayer

Miswaak: Twig used for cleansing the mouth

Musalla: Prayer rug

Mustahab: Preferred practices in Islam

Nafl: Optional acts in Islam

Nifaas: Postnatal bleeding

Qiblah: The direction of the Kaaba, the cube-shaped structure in Makkah, Saudi Arabia

Qur'aan: Primary Religious Scripture of Islam

Ruku: Bowing position in prayer

Sajdah: Prostration position in prayer

Salaah: 5 daily prayers performed by Muslims

Sunnah: Practices of the Prophet Muhammad (peace be upon him) whose emulation is highly encouraged

Tabaarah: Cleanliness (includes physical and ritual cleanliness)

Tasbeeh: Rosary

Tayammum: Substitute for *Wudhu* performed with specific dry objects when water is unavailable or harmful

Wudhu: Pre-prayer ablution

Zuhr: Early afternoon prayer

The primary source work for the rulings in this book is *Al-Fataawa Al-Hindiyyah*, an authoritative work in the Hanafi Fiqh. Rulings have also been taken from *Raddul-Muhtaar* and *Nurul Idhah*. References have been omitted for the sake of brevity and easy reading.

Being admitted to hospital, particularly for those undergoing surgical procedures, can be a challenging experience. Muslim patients may erroneously assume that being in hospital absolves them from performing *Salaah*. This may be due to ignorance of the Islamic aspects of Purity and *Salaah* as well as the various relaxations that Islam affords to the patient.

The booklet in front of you seeks to explain the most convenient manner in which the obligation of *Salaah* can be fulfilled and is written with the hospitalised patient in the mind. It is meant to be simple to understand yet comprehensive in its reach.

The book covers the central concepts of *Fiqh*, pre-admission advice as well as specific health conditions and common surgical procedures. It provides general guidelines that are applicable to most patients on aspects that would enable them to be not only regular in their *Salaah* but comfortable in its practice.

We make Du'aa that Allah Ta'ala accepts this contribution solely for His pleasure and uses it as a means to enable Muslim patients to uphold and fulfil the cardinal pillar of *Salaah*, *Ameen*.

Book Review

Alhamdulillah, it was an honour to review the book before you. I am confident it will be beneficial to a broad spectrum of the Ummah.

Whilst on the face of it this work is fairly brief, I am aware that Mufti Moosa Salie and the medical experts assisting him put in considerable time and effort in the background to produce a simple and easily accessible guide.

May Allah Ta'ala fully reward all those who contributed, and may He make it a means of our salvation on the Day of Qiyaamah.

Emraan Varwda

On behalf of the Fatwa Committee of the Jamiatul Ulama KZN

