

To observe the effect of rapid rehabilitation nursing on the perioperative nursing management of patients with laparoscopic ovarian cyst exfoliation

Qian SUN

The Fourth Affiliated Hospital of China Medical University Gynaecology, Shenyang, China

fulin36966@163.com

Keywords Laparoscopy, ovarian cyst dissection, perioperative period, rapid rehabilitation nursing, recovery time, complications; satisfaction

Abstract Objective: To explore the application effect of rapid rehabilitation nursing in perioperative nursing management of patients with laparoscopic ovarian cystectomy. **Methods:** from April 2018 to March 2020, 78 patients with laparoscopic ovarian cyst dissection in our hospital were selected and randomly numbered. They were divided into control group and experimental group, with 39 cases in each group. The former was given routine nursing measures, while the latter was given rapid rehabilitation nursing on the basis of the former, The recovery time, complication rate and nursing satisfaction were compared between the two groups. **Results:** the recovery time of consciousness, the first exhaust time of anus, the time of getting out of bed and the hospitalization time of the experimental group were shorter than those of the control group, $P < 0.05$; the complication rate of the experimental group was 2.56%, lower than 15.38% of the control group, $P < 0.05$; the nursing satisfaction of the experimental group was 94.88%, higher than 79.49% of the control group, $P < 0.05$. **Conclusion:** in the perioperative nursing management of patients with laparoscopic ovarian cyst dissection, rapid rehabilitation nursing can shorten the recovery time of patients, prevent the occurrence of complications, and improve the nursing satisfaction of patients, which is worthy of recommendation.

1. Introduction

Laparoscopic ovarian cyst dissection has a wide range of clinical applications, with the advantages of accurate operation, small trauma, fast postoperative recovery, which is conducive to the recovery of patients' prognosis, and has high clinical application value. However, the operation is an invasive operation after all, which will cause stress stimulation to patients and affect their body function. Therefore, clinical attention should be paid to the development of scientific and effective nursing services, so as to improve the quality of life Reduce the stress stimulation to patients and ensure the smooth recovery of patients^[1-2]. At present, in the nursing management of patients with laparoscopic ovarian cyst dissection, more conventional nursing interventions are taken, but the pertinence is not strong, and the overall state of patients is not well intervened. Therefore, clinical attention is paid to looking for more efficient nursing mode, among which the application value of rapid rehabilitation nursing is higher^[3-4]. This nursing concept was first applied in colorectal cancer surgery, with the main purpose of promoting the recovery of patients as soon as possible and protecting the safety of patients. However, it was applied late in the field of Gynecology, and the specific mode, mechanism and effect have not been fully determined, which is worthy of further exploration. This paper explores the application effect of rapid rehabilitation nursing in perioperative nursing management of patients with laparoscopic ovarian cystectomy:

2. data and methods

2.1. General information

From April 2018 to March 2020, 78 cases of patients with laparoscopic ovarian cyst dissection in our hospital were selected for the study. The patients were numbered according to their surname

alphabetic order and randomly divided into control group and experimental group, 39 cases in each group. The control group was 28-59 years old, with an average of (43.23 ± 4.92) years old, 10 cases of pathological teratoma, 18 cases of endometrial displacement cyst, and other 11 cases, of which 17 cases were married and had children, 9 cases were married and had no children, and 13 cases were unmarried and had no children; the experimental group was 27-57 years old, with an average of (42.73 ± 4.88) years old, 12 cases of pathological teratoma, 17 cases of endometrial displacement cyst, and other 10 cases, of which 16 cases were married and had children 10 cases were married and 13 cases were unmarried. The difference of general information between the two groups has little effect on the results, which can be compared.

Inclusion criteria: (1) patients with ovarian cyst diagnosis criteria were benign tumors; (2) patients with indications for laparoscopic ovarian cyst enucleation; (3) patients with movable abdominal mass diagnosed by B-ultrasound; (4) patients with clear mind and normal language and behavior ability; (5) patients with knowledge of the study and signed a consent form; and (4) patients with benign ovarian tumor were included in the study;

Exclusion criteria: (1) patients with pregnancy or lactation; (2) patients with multiple medical diseases; (3) patients with malignant tumor requiring extended surgical treatment; (4) patients with coagulation dysfunction.

2.2. Nursing methods

In the control group, routine nursing measures were applied. The nursing staff guided the patients to carry out systematic examination before operation, did a good job in preoperative evaluation and visit, understood the actual situation of patients, carried out targeted treatment, did a good job in fasting and drinking instructions, fasting 12 hours before operation, banning drinking 8 hours before operation, did a good job in gastrointestinal preparation, strengthened preoperative preparation, closely monitored the vital signs of patients during operation, and assisted anesthesia. The basic nursing of the experimental group was the same as that of the control group, and the rapid rehabilitation nursing was carried out. The measures were as follows: (1) preoperative nursing, the nursing staff evaluated the patients before the operation, and made the dredging plan according to the characteristics of the patients. Patients can shift their attention, relax their mind, listen to soothing music, do yoga rest training, etc., fasting 6 hours before operation, drinking 4 hours before operation, oral glucose solution can be given to patients 2 hours before operation, do not do gastrointestinal preparation work, do not indwelling drainage tube, if compulsory indwelling need to be removed as soon as possible after operation, at the same time, do a good job in breathing, cough and bed defecation training preparation; (2) intraoperative nursing, help Anesthesiologists choose appropriate anesthesia methods, give patients encouragement and comfort, strengthen warm treatment, preheat the operating bed before patients enter the room, and use constant temperature blanket to reduce the flow of personnel in the operating room, preheat the rehydration fluid, flushing fluid and medicine fluid, and reasonably control the amount of rehydration fluid; (3) postoperative nursing, pay attention to monitoring the recovery of patients' consciousness, and wait for the recovery of patients' consciousness. To evaluate whether the patient has gastrointestinal discomfort. If there is no discomfort, warm water will be given to the patient after waking up, and appropriate liquid food will be given to the patient to observe whether the patient has adverse reactions and gradually over to normal diet. For the patients with indwelling catheter, the catheter should be removed as soon as possible after operation, and the amount of fluid should be less than 30ml / kg. After operation, multimodal analgesia should be carried out, analgesic drugs should be given according to the doctor's advice, and the patients should be guided to shift their attention. This letter can help the patients feel pain, turn over as soon as possible after operation, help the patients get out of bed, and instruct their families to accompany the patients, so as to create a good family support system for them. They can learn disease-related knowledge, understand prognosis precautions, share happy experiences, and find new interests together, so that patients can fully hope for life.

2.3. Observation index

(1) Comparison of recovery time, specific statistics: consciousness recovery time, anal first exhaust time, ambulation time and hospitalization time; (2) statistical comparison of complication rate, including incision infection, subcutaneous emphysema and bleeding; (3) evaluation and comparison of nursing satisfaction [5-6]. Questionnaire was issued before discharge to evaluate patients' service attitude and technology According to the score, the degree of satisfaction was graded as follows: very satisfied: 91-100 points, satisfied: 61-90 points, dissatisfied: 0-60 points, and the satisfaction was the sum of the first two levels.

2.4. Statistical processing

Data processing using spss24.0 software, count data, expressed as [n / (%)], χ^2 value test, measurement data, expressed as ($\bar{x} \pm s$), t value test, statistical significance index: $P < 0.05$.

3. result

3.1. recovery time

The time of consciousness recovery, the time of first anal exhaust, the time of getting out of bed and the time of hospitalization in the experimental group were shorter than those in the control group, $P < 0.05$, as shown in Table 1.

Table 1 Comparison of recovery time between the two groups ($\bar{x} \pm s$)

group	Number of cases	Recovery time of consciousness (min)	Time of first anal exhaust (h)	Time to get out of bed (h)	Length of stay (d)
Experiment al group	39	23.21±7.78	24.34±3.45	23.14±5.45	6.38±1.51
control group	39	43.34±7.84	35.62±4.12	32.34±4.45	9.22±1.33
<i>t</i>	--	11.382	13.109	8.166	8.814
<i>P</i>	--	0.000	0.000	0.000	0.000

3.2. Complication rate

The complication rate of the experimental group was 2.56%, which was lower than 15.38% of the control group ($P < 0.05$). See Table 2 for details.

Table 2 Comparison of complication rate between the two groups [n(%)]

group	Number of cases	Incision infection	Subcutaneous emphysema	hemorrhage	incidence rate
Experimental group	39	1 (2.56)	0 (0.00)	0 (0.00)	1 (2.56)
control group	39	3 (7.69)	2 (5.12)	1 (2.56)	6 (15.38)
χ^2	--	--	--	--	6.050
<i>P</i>	--	--	--	--	0.014

3.3. Nursing satisfaction

The nursing satisfaction of the experimental group was 94.88%, which was higher than 79.49% of the control group ($P < 0.05$) 3.

Table 3 Comparison of nursing satisfaction between the two groups [n(%)]

group	Number of cases	Very satisfied	satisfied	dissatisfied	Satisfaction
Experimental group	39	16 (41.03)	21 (53.85)	2 (5.12)	37 (94.88)

control group	39	13 (33.34)	18 (46.15)	8 (20.51)	31 (79.49)
χ^2	--	--	--	--	4.129
P	--	--	--	--	0.042

4. discuss

Laparoscopic ovarian cyst dissection is widely used in gynecology, which has the advantages of fast recovery and small trauma. But after all, the operation is an invasive operation, which will affect the patient's body state. If the control is improper, it will interfere with the patient's recovery. Therefore, clinical attention should be paid to nursing management. In particular, at present, China's nursing concept is constantly developing and innovating, changing from "disease-centered" to "patient-centered". The specific work focuses on humanized care, while conventional nursing lacks this content, which needs to be further explored in combination with the actual clinical needs of patients^[7-8].

The results of this study show that: the experimental group recovery time, complication rate, nursing satisfaction are better than the control group, the reasons are as follows: fast track surgery nursing is a new nursing mode, in accordance with the patient-centered nursing concept, nursing service to promote the recovery of patients as soon as possible, reduce the complication rate as the main purpose. For patients with laparoscopic ovarian cyst dissection, the advantages of fast rehabilitation surgery nursing are obvious: (1) pay attention to psychological counseling before operation, let patients keep a relaxed state of mind, shorten the time of fasting and drinking, do not do gastrointestinal preparation work, drink sugar drinks properly before operation, do not indwelling drainage tube, minimize the stimulation to the gastrointestinal tract of patients, relieve the stress reaction of patients; (2) In order to avoid hypothermia and relieve stress stimulation, we should choose the appropriate anesthesia method and strengthen the warm treatment during the operation; (3) after the operation, we should guide the patients to carry out early rehabilitation training, give them liquid food as soon as possible, guide them to adjust their position and carry out activities under the bed, and strengthen the analgesia mode, so as to promote the body function on the basis of ensuring the safety of the patients Recovery, prevention of complications, shorten the recovery time of patients, patients with higher acceptance. Comprehensive application of the above measures can provide patients with systematic and comprehensive mutually beneficial services. On the one hand, it can alleviate the unpleasant experience of patients and promote them to maintain a good emotional state. On the other hand, it can reduce the stress stimulation caused to patients, which is conducive to the recovery of patients' prognosis. Compared with conventional nursing, it pays more attention to relieving the stress stimulation of patients, which is conducive to improving the tolerance of patients and improving the quality of life To promote the recovery of body function, nursing method has high application value.

5. In conclusion

In the perioperative nursing management of patients with laparoscopic ovarian cyst dissection, rapid rehabilitation nursing can shorten the recovery time of patients, prevent complications, and improve the nursing satisfaction of patients, which is worthy of recommendation.

Reference

- [1] Shen zhi'e, Liu Ming, Wang Nan, et al. Study on the application of rapid rehabilitation nursing in perioperative nursing management of patients undergoing laparoscopic ovarian cystectomy. Chinese Journal of coal industry medicine, Vol.20, No.9, pp.1100-1103, 2017 .
- [2] Li Fengling, Tao Zunxiao, Liu Guohong, et al. Evaluation of application effect of accelerated rehabilitation surgery combined with transumbilical single port laparoscopy in ovarian cyst

enucleation. Chinese Journal of endoscopy, Vol.24, No.6, pp.59-63, 2018.

[3] Wang Ning. Perioperative nursing to improve the surgical effect and nursing satisfaction of patients with laparoscopic ovarian cyst stripping. Shanxi Medical Journal, Vol.47, No.2, pp.116-118, 2018.

[4] Yang Yi, Kang Ying, Luo Jinwei, et al. Effect of laparoscopic ovarian cystectomy on ovarian reserve function in patients with different types of ovarian cysts. Chinese Journal of sexual Sciences, Vol.28, No.4, pp.68-72, 2019.

[5] Wang Kaili, Qi Xiujuan. Analysis of influencing factors of pregnancy outcome in infertile patients with ovarian endometriosis cyst after laparoscopic surgery. Journal of reproductive medicine, Vol.28, No.5, pp.488-493, 2019.

[6] Gao Liqin, Li Xia. Application of rapid rehabilitation concept to improve the satisfaction of patients with gynecological acute abdomen. Chinese Journal of medicine and clinical, Vol.19, No.6, pp.1017-1019, 2019.

[7]D'Antonio F . Re: In-utero aspiration vs expectant management of anechoic fetal ovarian cysts: open randomized controlled trial. C. Diguisto, N. Winer, G. Benoist, H. Laurichesse-Delmas, J. Potin, A. Binet, H. Lardy, B. Morel and F. Perrotin. Ultrasound Obstet. Ultrasound in Obstetrics & Gynecology, Vol.52, No.2, pp.158, 2018.

[8]Ai S S Y , Joseph J E . Immune thrombocytopenia in the setting of ovarian dermoid cysts: implications for diagnosis and management. Internal Medicine Journal, Vol.48, No.10, pp.1275-1276, 2018.