

# The Application of the Concept of Rapid Rehabilitation Surgery in Perioperative Nursing of Patients with Bladder Tumor Resection

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**Abstract:** Objective: To analyze the clinical effect of rapid rehabilitation nursing in the perioperative period of bladder tumor resection. Method: A total of 50 bladder tumor patients who underwent electrotomy in our hospital from March 2019 to March 2020 were randomly divided into the control group and the experimental group, with 25 cases in each group. The control group received routine nursing, while the experimental group received rapid rehabilitation nursing. The complications of the two groups and the degree of satisfaction with the nursing work were compared, and the corresponding conclusions were drawn. Results: Compared with the experimental group and the reference group, the satisfaction degree of perioperative nursing work was lower in the reference group (84.00%) than in the experimental group (96.00%). The complication rate of the control group (20.00%) was much higher than that of the experimental group (8.00%). By comparing the bed time and average hospitalization time of the experimental group and the control group, the experimental group was lower than the control group in the above indicators, indicating that the experimental group recovered faster. The difference was statistically significant ( $P < 0.05$ ). Conclusion: Electricity cut method with rapid rehabilitation concept intervention of perioperative nursing in patients with bladder tumor, really is more effective than single routine nursing intervention, patients with complications, ease is more satisfaction to nursing work, clinical recommendations will be rapid rehabilitation surgery concept into the line cutting technique of perioperative nursing of patients with bladder tumor.

## 1. Introduction

Bladder tumor is the familiar malignant tumor in urinary system, the higher incidence, clinical and easy relapse, to produce negative influence the patient's quality of life and life safety, transurethral bladder tumor cutting is the early treatment of bladder tumor diseases, can achieve the strict pathological grading and staging, retain bladder and removal of tumor patients, patients accept degree is high, the operation method is simple, therefore in the clinical application scope wide, but the method belongs to the invasive treatment, applicability in the elderly group limited, complications, early postoperative rehabilitation. With the development of minimally invasive surgical techniques in clinical practice, the application of electrotomy in the treatment of bladder tumor has become more popular, but it also puts forward higher requirements on the professional quality and ability of medical staff. Combined with the results of Chinese epidemiological survey on bladder tumor, the incidence of this disease is significantly higher in men than in women, and the age range of patients with high incidence is 50-70 years old. This study carried out a comparative nursing study on 50 patients who participated in bladder tumor resection in our hospital, mainly focusing on perioperative nursing work. The results are reported below.

## 2. Materials and Methods

### 2.1 General Materials

A total of 50 bladder tumor patients who underwent electrotomy in our hospital from March

2019 to March 2020 were randomly divided into the control group and the experimental group, with 25 cases in each group. In the control group, there were 23 males and 2 females, aged 42-74 years, with an average age of  $55.2 \pm 6.7$  years. The ratio of male and female patients in the experimental group was 4:1, the highest age was 75 years old, the lowest age was 40 years old, the mean age was  $(51.8 \pm 7.2)$  years old, the course of disease ranged from 2 to 14 months, the average course of disease was  $(5.7 \pm 0.8)$  months, 15 cases of malignant tumor and 10 cases of benign tumor. General data were input into statistical professional detection software, and the difference of data between the two groups was analyzed to be statistically significant ( $P < 0.05$ ), which enabled them to participate in statistical comparative study.

## **2.2 Methods**

### **2.2.1 The Reference Group**

Participate in electricity cut method, by conventional nursing methods perioperative nursing intervention, preoperative nursing staff to introduce and bladder tumor line cutting related operation process and matters needing attention during operation, actively build communication relationship with patients, help patients through successful cases increase the confidence of the operation, effectively relieve patients nervousness, anxiety and other negative emotions; According to the doctor's advice, the patient was helped to carry out intestinal preparation. Before the operation, the patient fasted for 12h, and the patient was deprived of water for 4h. After the operation, vital indicators were detected, medication was taken according to the doctor's advice, and routine nursing operation was performed.

### **2.2.2 The Experimental Group**

Patients in the experimental group underwent sexual electrotomy. In the perioperative nursing, the concept of rapid rehabilitation nursing was integrated with routine nursing as the basis, which was referred to as rapid rehabilitation nursing. Specific nursing measures were as follows:

(1) Fasting for 6h and prohibition of drinking water for 2h before the operation. The nursing work should pay attention to the preoperative physical function needs of the patients. Reasonable and appropriate injection of glucose sodium chloride injection orally or intravenous drip can be given.

(2) During the operation, the temperature in the operating room should be controlled above  $29^{\circ}\text{C}$ , and the heating device should be connected with the blood transfusion, infusion and lavage fluid. The non-operative area of the patient should be covered with a double layer quilt to ensure the patient's temperature is stable during the operation. In addition, during the operation, the nursing staff should pay attention to the fluid loss and input of the patient, so as to avoid the discomfort caused by insufficient fluid, or the tissue edema caused by excessive fluid.

(3) In order to avoid bladder spasm after the operation, the nursing staff should help the patient adjust body position and breathing reasonably, and the family should accompany the patient more, guide the patient to chat or watch TV, so as to divert the patient's attention. After the patient returned to the room 2 hours after the operation, the family members should start to massage the patient's lower limbs, and encourage the patient to cooperate with the passive movement of the limbs. The nursing staff should assist the patient to rest in the left, right or half sitting and lying position 6 hours after the operation, and change the body position once every 2 hours. The patient can sit up, stand up or walk off the ground 1d after the operation.

## **2.3 Observation Indicators**

The postoperative complications and the degree of satisfaction were compared. Satisfaction = (very satisfied + relatively satisfied)/total number of people \*100%.

## **2.4 Statistical Treatment**

Statistical software SPSS21.0 was used to process the study data, and the data related to the mean standard deviation was expressed as ( $\pm s$ ) by t test. The percentage was expressed as (%). The

difference was statistically significant if  $P < 0.05$  by  $\chi^2$  test.

### 3. Results

#### 3.1 Comparison of Complications in Different Groups

The complication rate of the control group (20.00%) was much higher than that of the experimental group (8.00%), which was statistically significant ( $P < 0.05$ , table 1).

Table 1 Comparative Analysis of the Incidence of Complications in the Two Groups

group	n	urecchysis	blood clot	urinary retention	NTCP
the experimental group	25	1	0	1	8.00%
the control group	25	2	1	2	20.00%
$\chi^2$	-	-	-	-	5.300
P	-	-	-	-	<0.05

#### 3.2 Nursing Satisfaction of Different Groups Was Compared

By comparing the satisfaction degree of perioperative nursing work between the experimental group and the reference group, the satisfaction rate of the reference group (84.00%) was lower than that of the experimental group (96.00%), and the difference was statistically significant ( $P < 0.05$ ). See table 2 for reference.

Table 2 Compared the Satisfaction Degree of Clinical Nursing Work between the Two Groups

group	n	satisfied	generally satisfied	dissatisfied	satisfaction rate
the experimental group	25	15	9	1	96.00%
the control group	25	13	8	4	84.00%
$\chi^2$	-	-	-	-	4.22
P	-	-	-	-	<0.05

#### 3.3 Comparative Analysis of Postoperative Recovery of the Two Groups

By comparing the bed time and average hospitalization time of patients in the experimental group and the control group, the experimental group was lower than the control group in the above indicators, indicating that the recovery rate of patients in the experimental group was faster, and the difference between the two time indicators was statistically significant ( $P < 0.05$ , table 3).

Table 3 Comparison of Postoperative Recovery Results between the Two Groups

group	n	time in bed	average hospitalization time
the experimental group	25	2.33±0.31	10.63±0.35
the control group	25	5.60±0.32	12.61±0.35
t	-	12.560	10.122
P	-	<0.05	<0.05

### 4. Discussion

Bladder tumor patients in clinic widely, can appear the symptom of intermittent painless gross hematuria, some patients after onset visible microscopic hematuria, urinary frequency, urgency, urine pain and bladder irritation is clinically common, when visible shock after patients with haemorrhage amount reaches a certain degree, life safety threat to patients, so it's necessary to do a good job in clinical nursing work. With surgical clinical experience analysis and improvement of medical technology, we also began to try new ideas in clinical nursing work, patients with rapid rehabilitation concept emphasizes the splitting, in the traditional clinical nursing method as the foundation, but make up for the deficiency of the conventional nursing mode, complete follow-up preoperative, intraoperative and postoperative nursing process, ensures the operation work smoothly, can play the role of surgery in patients receiving optimization. The results of clinical studies show that the application of the concept of rapid rehabilitation in perioperative nursing of patients with

bladder cancer undergoing electrotomy has a positive effect on the treatment and rehabilitation of patients.

Based on this, this article will research scope determine in March 2019 - March 2020, during the cutting operation treatment of bladder cancer patients perioperative nursing intervention in a differentiation way, some patients to participate in the routine nursing marks as the reference group, some patients participate in rapid rehabilitation nursing marks as the experimental group, and finally to statistical methods compared two groups of patients to participate in the actual effect of clinical nursing work. The results showed that the incidence of complications in the control group was lower than that in the experimental group. The nursing satisfaction of the control group (84.00%) was lower than that of the experimental group (96.00%). Compared with the two indexes of hospitalization time and bed time, the level of indexes of the experimental group was lower than that of the control group. The differences of the above indicators were statistically significant ( $P<0.05$ ).

In conclusion, line cutting technique of perioperative nursing of patients with bladder tumor, in the conventional nursing methods into the rapid rehabilitation surgery, the patient's actual recovery situation is better than a single line of conventional nursing care of patients, so the clinical applications of this study tend to recommend rapid rehabilitation concept of surgical intervention, line cutting operation of patients with bladder tumor rehabilitation process.

## References

- [1] Gao Yan, Li Jiamei. Application of rapid rehabilitation surgical nursing in perioperative nursing of patients with bladder tumor resection. *Nursing Practice and Research*, vol. 16, no. 8, pp. 157-158, 160-162, 2019.
- [2] Liu Xianfang, Zhang Jiahui. Application of the concept of rapid rehabilitation surgery in perioperative nursing of patients with bladder tumor resection. *Medical Information*, vol. 11, no. 4, pp. 147-148, 2015.
- [3] Deng Xiaomin, Liu Xinmin. Application of the concept of rapid rehabilitation surgery in perioperative nursing of patients with bladder tumor resection. *Journal of Qilu Nursing*, vol. 24, no. 5, pp. 112-114, 116-118, 2018.
- [4] Fan Junfang, Shi Xiaoyan, Cheng Pei, et al. Application of the concept of rapid rehabilitation surgery in perioperative nursing of patients with bladder tumor resection. *Guangdong Med*, vol. 10, no. 2, pp. 327-329, 2015.
- [5] Xing Lingzhi, Qiao Goumei, Lu Hao, et al. Application of the fast track surgery concept in the transurethral resection of the tumor surgery around perioperation nursing. *Nursing Practice and Research*, vol. 9, no. 20, pp. 52-54, 2012.