

# Study on Perioperative Comprehensive Nursing Method and Clinical Effect of Radical Operation for Thyroid Cancer Patients

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**Keywords:** thyroid cancer; Radical prostatectomy. Comprehensive care; Clinical effect

**Abstract: Objective:** To explore the clinical efficacy of comprehensive nursing in perioperative period when radical resection of thyroid cancer is carried out. **Methods:** The subjects of this study were 90 cases of thyroid cancer patients who underwent radical thyroidectomy in our hospital from June 2018 to June 2019. The 90 patients were divided into two groups by random lottery: routine nursing group and comprehensive nursing group. Routine nursing group adopts routine nursing method, comprehensive nursing group adopts comprehensive nursing method. The observational indicators of this experiment were the incidence of adverse events and the satisfaction of patients with nursing work. **Results:** After perioperative nursing, 2 patients in the comprehensive nursing group had adverse events, accounting for 4.44% of the total number; 12 patients in the routine nursing group had adverse events, accounting for 26.67% of the total number; the difference between the groups was significant ( $P < 0.05$ ). The number of people satisfied with the nursing intervention in the comprehensive nursing group was 42, accounting for 93.33% of the total number, while the number of people satisfied with the nursing intervention in the routine nursing group was 30, accounting for 66.67% of the total number. The difference between the groups was significant ( $P < 0.05$ ). **Conclusions:** Thyroid cancer eradication in technique in the process of using comprehensive care model can not only to a certain extent, to avoid complications, but also can improve patient treatment satisfaction by way of improving the quality of treatment and build a more harmonious atmosphere, therefore, compared with the conventional care more specialization, human nature, etc.

## 1. Introduction

Thyroid cancer is a malignant disease that mainly occurs in young women. The inverted results show that thyroid cancer accounts for about 10 percent of the patients with thyroid disease, and this figure is increasing with the increase of life pressure of our people. In clinical medicine, the treatment of thyroid cancer more than with the method of surgical excision of malignant tumor, but because the procedure is very complicated, difficult to dissect, thyroid, and more than the body's arteries in the neck, even after the surgery for the patient still has larger probability of recurrence, and easy to produce a series of complications, so the surgical treatment of clinical effects are limited. In order to help patients reduce the probability of complications and improve the quality of medical services, comprehensive nursing method should be adopted in perioperative period. In this study, comprehensive intervention methods were applied in the perioperative period of radical surgery for thyroid cancer patients, and excellent results were obtained. Detailed report is hereby made:

## 2. Materials and Methods

### 2.1 General Materials

The experimental subjects of this study were 90 cases of thyroid cancer patients who underwent radical thyroidectomy in our hospital from June 2018 to June 2019. All 90 patients met the diagnostic criteria for thyroid cancer set by the international union against cancer. The 90 patients were divided into two groups by random lottery: routine nursing group and comprehensive nursing group. In the conventional care group, male patients accounted for 5/45, female patients accounted

for 40/45, ranging in age from 21 to 55 years old, with an average age of  $(36.78 \pm 6.38)$  years old. In the comprehensive care group, male patients accounted for 3/45, female patients accounted for 42/45, ranging in age from 22 to 57 years old, the average age was  $(38.78 \pm 5.94)$  years old. Thyroid cancers in this study included follicular adenocarcinoma, papillary carcinoma and medullary carcinoma. After testing, there was no significant difference in the above basic data ( $P > 0.05$ ).

## 2.2 Methods

The control group was treated with conventional treatment methods, including the following: 1. pain nursing; 2. give medication guidance; 3. wound nursing.

The experimental group was treated with comprehensive treatment, including the following:

First, psychological intervention. Whether the patient has just been admitted to the hospital or after the operation, the medical staff should keep in close contact with the patient, and take the initiative to have a long conversation with the patient to ensure that the patient will not feel lonely and afraid. Secondly, it is necessary to help patients get familiar with the ward environment and the surrounding environment of the hospital as soon as possible, master the correct use process of the internal infrastructure of the hospital, and establish the most basic connection between patients and the hospital. Secondly, through company and communication, we can understand the personal information, physical condition and personality characteristics of patients, and then build a psychological consultation channel with patients on this basis, and eliminate the depressed pain of patients by encouraging patients to actively express their inner feelings. In the process of long time of treatment, patients often appear some unreasonable cognition, such as disease may affect the future life and work and so on, so staff can help patients by telling success stories against unreasonable faith, improve the willingness to degree of the treatment of patients, reconstruction of the patient's subjective initiative and self-worth.

Second, preoperative nursing. The day before for thyroid cancer patients with radical, proactive visit patients, medical staff should come to bed in order to let patients know how to cooperate with surgical treatment, medical staff should be clearly pointed out the importance of the operation, and through the informed patient the information related to the operation way for patients to establish certain psychological preparation. If the patient and the patient's family raise relevant questions, the medical staff should make more detailed explanation to eliminate the information asymmetry between doctors and patients. In addition, preoperative preparation is required. Specifically, do not drink water within 6 hours before surgery, do not eat within 12 hours before surgery. If some patients feel nervous and flustered, they should be guided to conduct respiratory function training so that they can master the correct way of sneezing, coughing and breathing after surgery.

Third, respiratory care. At the end of the procedure, the patient needs to be removed from support, placed on his or her back, and the head turned to one side so that he or she can breathe normally even under anesthesia. When the patient begins to slowly regain consciousness, the patient should be kept in a semi-supine and semi-seated position so that the sputum can be expelled smoothly. And this attitude is conducive to the medical staff to observe the drainage fluid, if the drainage tube blockage and other faults can be repaired in time. Finally, the patient's vital signs need to be monitored to prevent rapid deterioration.

Fourth, diet care. In six hours after the surgery, the patient should not eat, if there is no serious phenomenon such as nausea and vomiting, can give patients a few gentle properties of liquid food, in order to avoid the wound ooze blood or expansion, eating hot food should be banned from patients, and in order to ensure the treatment effect, patients should not eat irritating odor and spicy food. When the physiological function of the patient starts to recover gradually, the dietary structure should be adjusted according to the specific situation, from the intake of liquid food to the intake of half loss. If the patient does not pay attention to the process of feeding, resulting in coughing phenomenon, the medical staff or the patient's family need to help the patient to eat upright upper body, adopt the strategy of chewing slowly to prevent food flowing into the trachea. In order to reduce as far as possible the secretion produced in the respiratory tract to the therapeutic effect and the patient's diet daily life influence, the patient should reduce the sweet food intake during the

treatment.

Fifth, the complication nursing. The incision area of thyroid cancer patients undergoing radical surgery is large, which causes serious burden to the blood vessels in the neck, and the adverse phenomenon of postoperative massive bleeding often occurs. Therefore, medical staff need to monitor the patient's heart rate and blood pressure in real time, and change the dressing of the patient's neck in a short cycle. If the patient often coughs, it is necessary to consider whether the patient's superior laryngeal nerve is injured. At this time, the medical staff should focus on whether the patient's voice is hoarse, and predict the degree of nerve injury according to the degree of hoarseness. If the patient also appears lip numbness and other complications, medical staff need to timely notify the doctor to deal with, at this time to take calcium mainly.

### 2.3 Observation Indexes

The observational indicators of this experiment were the incidence of adverse events and the satisfaction of patients with nursing work. The scale made by our hospital was used to measure the satisfaction. The total score of the scale was 100 points, 90 to 100 points were very satisfied, 80 to 90 points were basically satisfied, and 80 points were dissatisfied. Satisfaction rate includes two parts: very satisfied and basic satisfied.

### 2.4 Statistical Methods

The data obtained in this experiment were statistically processed and analyzed by SPSS20.0 system. T test and  $\chi^2$  test were used to compare the measurement data and count data. The criterion of significance was  $P < 0.05$ .

## 3. Results

### 3.1 comparative analysis of the incidence of adverse events between the two groups

After perioperative nursing, 2 patients in the comprehensive nursing group had adverse events, accounting for 4.44% of the total number, and 12 patients in the routine nursing group had adverse events, accounting for 26.67% of the total number. The difference between the groups was significant ( $P < 0.05$ ). Specific data are shown in table 1.

Table 1 comparative analysis of the incidence of adverse events between the two groups

groups	n	hoarseness	arms and legs twitch	wound bleeding	total
routine nursing group	45	3	4	5	12
comprehensive nursing group	45	1	0	1	2

### 3.2 comparative analysis of satisfaction degree of nursing intervention between the two groups

The number of people satisfied with the nursing intervention in the comprehensive nursing group was 42, accounting for 93.33% of the total number, while the number of people satisfied with the nursing intervention in the routine nursing group was 30, accounting for 66.67% of the total number. The difference between the groups was significant ( $P < 0.05$ ). Specific data are shown in table 2.

Table 2 comparative analysis of satisfaction degree of nursing intervention between the two groups of patients

groups	n	very satisfied	basically satisfied	dissatisfied	Satisfaction
routine nursing group	45	10	20	15	66.67%
comprehensive nursing group	45	17	25	3	93.33%

## 4. Discussion

In this experiment, 90 patients with thyroid cancer undergoing radical surgery in our hospital were selected as observation objects, and the clinical effect of comprehensive nursing was analyzed

by comparative analysis method. The experimental results showed that after perioperative nursing, 2 patients in the comprehensive nursing group had adverse events, accounting for 4.44% of the total number, and 12 patients in the routine nursing group had adverse events, accounting for 26.67% of the total number, with significant difference between groups ( $P<0.05$ ). The number of people satisfied with the nursing intervention in the comprehensive nursing group was 42, accounting for 93.33% of the total number, while the number of people satisfied with the nursing intervention in the routine nursing group was 30, accounting for 66.67% of the total number. The difference between the groups was significant ( $P<0.05$ ). The reason for the great difference is that the comprehensive nursing mode has carried out detailed and effective comprehensive intervention for thyroid cancer patients. By strengthening the psychological intervention of patients, we helped the patients to clear the bad mood and correct the wrong cognition of hospitals and medical workers. Through preoperative intervention, necessary surgical information was transmitted to the patients, and doubts of the patients were removed, so that the patients had a clearer understanding of their own position and role. The postoperative intervention not only helped the patients to realize the transition from anesthesia to wakefulness and promoted the quality of postoperative recovery, but also established a reasonable diet structure for them to avoid complications.

To sum up, in thyroid cancer eradication in the process of operation, using the comprehensive nursing model can not only to a certain extent, to avoid complications, but also can improve patient treatment satisfaction by way of improving the quality of treatment and build a more harmonious atmosphere, therefore, compared with the conventional care more specialization, human nature, etc.

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