Comparison of Full Columns of Madamorphosis and Conventional Radical Surgery for Colon Cancer Treatment on Postoperative Recovery

Li Jun

The First People's Hospital of Lanzhou City, Lanzhou, Gansu, 730050, China

Keywords: Full columinal resection, Traditional radical surgery, Colon cancer, Postoperative recovery

Abstract: OBJECTIVE: To study the effects of comparative full columulating and conventional cure for colon cancer treatment on postoperative recovery. METHODS: A 70 patients with colon cancer in January 2018, July 2019 were taken as a research object, and the 70 cases of colon cancer patients were divided into control group and observation group, and the observation group were divided into control group and observation group. Thompeed cancer patients, the observation group was treated with full coliform resection, and the control group was subjected to traditional root treatment, and finally compared the clinical efficacy of two groups of colon cancer patients and complications. RESULTS: According to the study, it has been found that the effective number of observation groups using full columulant resection is 12 (34%), the number of significant number of people is 21 (60%), the number of invalid people is 2 (6%), the total effective rate is 94 %; The number of effective people using traditional root-treated control group is 18 (51%), the number of significant number of people is 9 (26%), the number of invalid people is 8 (23%), with a total effective rate of 77%; Observer The efficiency is higher than the total efficiency of the control group, there is a difference between the two groups, statistically significant (P <0.05); patients with observation group after using full columulant resection, significantly lower than the traditional radical surgery The incidence of complications after treatment, there were differences between the two groups, and there were statistically significant (P <0.05). Conclusion: It is better to use full columular resection to the treatment of colon cancer, which can effectively help patients improve their quality of life and bring benefits to patients. It is worth vigorously promoting.

1. Introduction

Colon cancer is a common digestive tract malignant tumor in general surgery. Due to the lack of typical clinical symptoms in early colon cancer, there has been many advances in the diagnosis. At present, radical surgery is the main method for the treatment of colon cancer in the middle and late. However, traditional root treatment is not ideal, affecting prognosis [1]. At the same time, the stress response brought by surgery will increase the pain after surgery. The full columular resection can effectively make up for the shortcomings of traditional roots, and can soothe patient emotions and reduce negative psychological pressure [2]. In recent years, our hospital has adopted a full columns in patients with colon cancer surgery, which has achieved better results in improving the treatment effect, relieving patient negative psychology, reducing pain. This article surfactiffest the effects of comparative full columns and traditional rootary surgery for colon cancer treatment for postoperative recovery, will be reported below.

2. Data and Methods

2.1 Information

As the 70 colorectal cancer patients in January 2019, July 2019 were selected as the study object, and the 70 cases of colon cancer patients were divided into 35 control groups and observation groups in accordance with the digital table. A total of 40 males, 30 female 30 cases of colorectal

  DOI: 10.25236/wccbm.2021.014

cancer in the control group (58.5 ± 2.8) years old, the average course of disease was (3.5 ± 0.2) years; 35 colorectal cancer patients in the observation group, the average age is (58.6 ± 2.6) years old, the average course of disease is (3.4 ± 0.3) years. Incorporate standards: conform to the diagnosis of colon cancer; the basic vital signs are stable, the basic activities of limbs do not have to sign this research informed notice. Exclusion criteria: Merge of severe liver, kidney or other organ damage or endocrine system disease, may cause interfering to this study; there is a serious awareness barrier, emotional disorder or mental history, and cannot cooperate with basic research investigators. The general data contrast between the two groups is not obvious, there is no statistical significance (P <0.05), it can be compared.

2.2 Method

In this study, the patients in the control group adopted traditional root surgery. The specific content is as follows: patients should maintain the supine position, the whole body anesthesia, conventional tracheal intubation. Conventional abdominal surgical resection of the patient colon, clean the lymph nodes. During the lesional colon resection, the intestines within 10 cm of the tumor range should also be completely removed [3]. After the removal operation is completed, the patient is cleaned, and then close the abdominal cavity layer by layer. The patient was given conventional antibiotic therapy after surgery, and the occurrence of postoperative infection [4].

The patients in the observation group adopt a total columns of mesenchymal removal. The specific content is as follows: patients take long-sleeper position during surgery, perform systemic anesthesia and tracheal intubation, conventional caesteners, separation of the dirty and wall layers of the patients should pay more attention to the intestinal membrane of the patient. Integrity [5]. A full exposure of the patient's colonal blood vessel root, line high ligation, thoroughly remove the blood vessel root of lymphoid tissue and adipose tissue. According to the specific conditions of the patient, the patient lesion colon is completely removed by the patient's lesion colon [6] under the premise of retaining the intestinal membrane. After the removal operation is completed, the patient is given regular abdominal cavity, then closes the patient's abdominal cavity layer by layer. Patients were given conventional antibiotic therapy after surgery, preventing postoperative infection.

2.3 Observation Indicator

A comparative analysis of clinical efficacy in two groups using different treatment methods was divided into three evaluation criteria for efficient, effective, invalid [7]; observation compared the incidence of complications after treatment in colon cancer in two groups. Complications include four aspects of anastomotive bleeding, incision infection, anastomosis, and intestinal adhesion.

2.4 Statistical Analysis

Medical staff will use SPSS17.0 software for statistical data processing. The metric mean ± standard deviation is expressed in (± s), with T test, the adoption rate is expressed in a percentage, and the card is tested, and there is a difference in P <0.05, statistical is meaningful.

3. Results

3.1 Comparison of Clinical Efficacy in Two Groups

According to research, it was found that the effective number of observation groups using full columulant resection was 12 (34%), the number of significant number of people was 21 (60%), the number of invalid people was 2 (6%), with a total effective rate of 94%; The effective number of effective people in the control group using traditional root treatment was 18 (51%), the number of significant people was 9 (26%), the number of invalid people was 8 (23%), with a total effective rate of 77%; the total efficiency of the observation group There is a difference in the total effective rate of the control group, and there is a statistical significance (P <0.05). See Table 1 shows:

Table 1 Comparison of clinical efficacy in two groups [N (%)]

Group	n	effective	Descendant	invalid	Total efficiency
Observation group	35	12(34%)	21(60%)	2(6%)	94%
Control group	35	18(51%)	9(26%)	8(23%)	77%
X^2	-	-	-	-	11.655
P value	-	-	-	-	0.000

3.2 Comparison of Complications in Complications in Two Groups

The incidence of complications after the use of full columulant resection was significantly lower than that of the complications of the complications after the traditional root treatment, and there were differences between the two groups (P <0.05). See Table 2:

Table 2 Comparison of the incidence of two groups [N (%)]

Group	n	no	1~3A	More than 3	Overall incidence
Observation group	35	8(22%)	20(58%)	7(20%)	78%
Control group	35	2(6%)	15(43%)	18(51%)	94%
X^2	-	-	-	-	10.6312
P value	-	-	-	-	0.001

4. Discussion

This paper mainly uses the full columal resection to treat patients with colon cancer. Through research comparison, the full columulant resection is indeed better than the traditional root causes [8], the efficacy is faster, which is also the development of medical technology. Providing powerful proof while also brought gospel for major colon cancer patients.

In summary, according to the study, it was found that the effective number of observation groups using full columulant resection was 12 (34%), the number of minimalist people was 21 (60%), the number of invalid people was 2 (6%), there is always The efficiency is 94%; the effective number of effective number of control groups using traditional root treatment is 18 (26%), the number of invalid people is 8 (23%), with a total effective rate of 77%; observation group The total effective rate is higher than the total efficiency of the control group, there is a difference between the two groups, statistically significant (P <0.05); patients with observation group after the treatment of complications after the treatment of full columulant resection is significantly lower than adopted The incidence of complications after traditional root treatment, there is a difference between the two groups, and there is statistically significant (P <0.05). It is better to use full columular resection to treat colon cancer, which can effectively help patients improve their quality of life, bring benefits to patients, and worthy of vigorous promotion.

References

[1] Jiang Xiquan. Comparative comparison of colon cancer using traditional radical surgery and full range of intestinal resection [J]. China Modern Drug Application, 2020, 14 (23): 69-71.

[2] Huang Yong Zhou, Li Wei, Ji Zhu, Liu Yongjiang, Zhang Wei. Value comparison of full columulating induction, traditional radical surgery in the treatment of intestinal cancer in III [J]. World Medical, 2020, 6 (10) : 83-85.

[3] Cao Fengming, Xia Zexuan. Comparative Analysis of the efficacy and safety of total columular pendant resection and traditional root treatment [J]. Chinese Journal of Anorectal Disease, 2020, 40 (05): 15-17.

[4] Zhang Lei. Comparative Analysis of the effect of colon cancer using traditional radical surgery and full range of intestinal resection [J] .Chinese Pharmaceutical Guide, 2018, 16 (21): 63-64.

[5] Qiangqiang. Effect of traditional radical surgery and full range of intestinal resection of colon cancer [J]. China Medical, 2018,37 (17): 31-33.

[6] Liu Feng. Comparison of the effect of right semi-colorectarutomogenesis combined with central vascular ligation and traditional colon cancer root surgery [J] .Hebei Medicine, 2017,39 (24): 3781-3783.

[7] Fan Zhenyu. Comparative comparison of traditional radical surgery and full-colonarmers resection in the treatment of colon cancer [J] .Journal of Pharmaceutical Guide, 2017,15 (04): 146-147.

[8] Rights Day Front. Comparison of Clinical Efficacy of Polycrumer Reparativectomy and Traditional Roots Treated colon cancer patients [J] .China Minkang Medical, 2017, 29 (02): 12-13 + 26.