

# Nursing on maternity anesthesia surgery

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## Abstract

**Objective:** Analysis to strengthen the effect of nursing in gynecology and obstetrics anesthesia surgery. **Method:** This study had select the 100 cases of patients with the treatment of anesthesia surgery of obstetrics and gynecology in our hospital from July 2012 to July 2014, in which, there were 60 cases of patients for full term care on perianesthesia care period, and 40 cases of patients ( the control group) whom were only given general nursing. This paper compared the nursing effect of the two group. **Results:** recover fineness rates of anesthesia care group was 96.7%, patients satisfaction rate was 96.7%, the incidence rate of complications was 7%; recover fineness rates of control anesthesia was 87.5%, the patient satisfaction rate 85.0%, and the complication rate was 7.5%; The anesthesia care group effect was more promising ( $P<0.05$ ). **Conclusion:** the full term perianesthesia care could significantly improve the anesthesia effect during the maternity anesthesia, and worth clinical extensive application.

**Keywords:** Gynecology and obstetrics surgery, anesthesia, nursing

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## 1 Introduction

Obstetrics and gynecology surgical anesthesia would directly affect the operation effect, with the continuous improvement of operation requirements for obstetrics and gynecology operation effect, and the improvement of anesthesia effect has become an important goal of clinical anesthesia work. Before the operation, according to the situation of the patients, this study had chose reasonable anesthesia methods, narcotic drugs and dosage, and reasonable adjusted during the anesthesia, and made sure to maximize the safety of anesthesia, at the same time, tried to improve the operation of sedation and muscle relaxant effect, could effectively improve the effect of anesthesia. At the same time, the reasonable care during the anesthesia was the important guarantee for clinical surgery to obtain ideal anesthesia effect. This article had presented the analysis of gynecology and obstetrics anesthesia surgery nursing situation, detailed reports as below.

## 2 Basic information and method

### 2.1 BASIC INFORMATION

This study had selected 100 cases of patients for the treatment of anesthesia surgery in the obstetrics and gynecology department of our hospital from July 2012 to July 2014. All were for downlink laparoscopic surgery through waist hard joint anesthesia. According to the difference of anesthesia care and the 100 cases of patients were divided into two groups. 60 cases (care group) aged 18-61 years old, and the average age was  $42.6\pm 7.4$  years old. 40 cases (control group) aged 20-62 years old, the average age was  $42.3\pm 7.2$  years old. Among the 100 cases

of patients, 21 cases of patients were with ovarian tumor, 47 cases of patients were with uterine fibroids, 12 patients had hysterectomy, 14 patients were suffering from ectopic pregnancy surgery, the other 6 cases of patients were with other diseases of obstetrics and gynecology. All patients were without obvious pathological changes for cardiopulmonary organs, liver and kidney. In clinical basic situation, the two groups did not have significant difference ( $p<0.05$ ) for every examined organ function indexes.

### 2.2 ANESTHESIA

Both groups had applied the waist hard joint anesthesia, and depending on the type of surgery and the patient condition and the overall physical condition, etc., then decided to choose a reasonable way of anesthesia, the anesthetic, anesthetic dose and concentration in order to maintain a reasonable time facilitate the operation of anesthetic drugs to maintain a reasonable time.

### 2.3 CARE TREATMENT

The nursing groups: full term care treatment of perianesthesia care period. Control group: only given general nursing.

## 3 Perianesthesia care treatment

### 3.1 CARE BEFORE ANESTHESIA

#### 3.1.1 Psychological nursing intervention

Before anesthesia, patients usually had different degrees of stress, negative psychological emotions such as fear and anxiety, nursing staff should take full consideration to care

for patients, and a comprehensive grasp of specific mental patients, and targeted to take nursing intervention. Nursing staff shall inform the full detailed operation instruction to patients, especially on safety and success rate of surgery for patients in order to eliminate worries. At the same time, it also need to pay attention to explain the successful operation which had done before, and let surgery patients enhance with confidence and courage; In addition, the opponent preoperative severe anxiety in patients, when facing this patients, nursing stall should focus on strengthening the psychological counseling, and the anesthesiologists visit patients several days before the surgery, and communicate directly with the patient. Before anesthesia, nursing stall also could introduce some light and soothing music to relax the mood of patients; when it was necessary to use the right amount of stability and imidazole stability, etc., to stabilize the patient's emotions.

### 3.1.2 Basic nursing.

Before anesthesia, it needed to carefully check the basic information of patients to prevent a phenomenon of irrational use of drugs. At the same time, within the certain time, instructed patient to fast, in case the aspiration or vomiting happened during the anesthesia.

### 3.1.3 Nutrition care before anesthesia

Before anesthesia, nursing staff shall pay attention to adjust the nutritional status of patients, such as vitamin and protein deficient. Patients with anesthesia tolerance tends to be affected, the poor nutritional status of patients shall give appropriate nutritional support before fasting. It should be more than adjust the diet, increase dietary protein and vitamin content. For patients who failed to eat needed to inject hydrolysis of vitamin and protein supplement [1].

## 3.2 CARING DURING ANESTHESIA

### 3.2.1 Basic nursing

It needed to monitor on patients' vital signs, the blood pressure, blood oxygen saturation, such as breathing, and ECG monitoring, assisted patients breathing oxygen, at the same time, to ensure that patients in the stable state.

### 3.2.2 Establish vein channels

According to the patient's specific surgical site, it has to select the reasonable position of vein puncture, and expansion treatment; After being successful punctured, immediately applied 500 ml equilibrium liquid, in case the happen of lower blood pressure after anesthesia. And should keep patients with venous patency after anesthesia, and timely adjust the speed of infusion.

### 3.2.3 Anaesthetic puncture nursing

In anaesthetic puncture, nursing staff should be standing in the ventral patients, and observe the patient's vital signs,

and assist patients to keep good anesthetic position; At the same time, in order to reduce the patient's nervous psychology, nursing staff should tenderly shake hands with patients, etc., and comfort patients, and help patients to fully relax and help keep a good state of muscle relaxant. After successful anesthesia, according to the demand of the anesthesiologist, nursing staff should adjust the patient's bed in order to achieve the ideal anesthesia plane.

## 3.3 CARE AFTER ANESTHESIA

### 3.3.1 Basic nursing

After anesthesia, nursing stall shall continue patients' vital signs. Once appeared the abnormal situation, it shall promptly report to the physician, dealing with patients with body position nursing care, and to keep the patients' head to one side, and let the patient head lie to one side, and keep lying posture, in order to prevent aspiration and vomiting. In addition, it shall pay attention to keep respiratory tract nursing care of patients, and keep the respiratory tract smooth to breath, in order to prevent the occurrence of asphyxia by blocking etc.

### 3.3.2 Abdominal nursing

It needs to pay close attention on the nursing for patients with abdominal signs, and carefully examine the area between the belly button and pubic bones. Once found blood oozing, and immediately use the corset for pressurized and hemostatic treatment; In addition, Once patients had uncontrolled hemorrhagic shock signs, nursing shall consider if it was due to abdominal cavity hemorrhage, and assist the physician during the process in a timely manner.

### 3.3.3 Nursing for anesthesia adverse reactions

(1) Chills. During anesthesia, patients may have low body temperature, or chills. Attentions shall be paid to maintain an appropriate temperature, advisable temperature was 22-25°C, and offer the proper heat preservation measures to help patients after anesthesia. It needs to pay attention to change the pad frequently; when using the blunt lotion or infusion, it needs to do the proper heating. In addition once fund that patients with chills, should use drugs such as tramadol intravenous administration in order to ease as soon as possible.

(2) Respiratory depression. Patients with lumbar anesthesia, after the application of anesthetic drug, it will quickly spread within the intra-spinal canal, the anesthesia plane was more difficult with a reasonable control of the height, for example, when anesthesia plane was too high, its easy to cause respiratory depression, so nursing stall should strictly obey the doctor's advice, and properly adjust the angle and position of the surgical bed, when patients had dyspnea phenomenon, it needed to immediately wear mask and give oxygen.

(3) Low blood pressure. Patients usually have low blood pressure in the following 20 minutes after the anesthetic drug application, more common in women; few patients may have the low heart rate, and the symptom, and

symptom such as vomiting and nausea; After anesthesia nursing staff shall strictly monitor patients' blood pressure, Once the symptoms of low blood pressure, need to assist physicians give full oxygen and support and add proper blood volume, etc. [2].

### 3.4 EVALUATION METHOD

Nursing effect of the two groups had been compared for the evaluation index, included: the rate of good anesthesia, patient's satisfaction and complications. Among them, the anesthesia effect was optimal, analgesia and muscle relaxant effect was good, hemodynamic was stable, patients were in quiet state during anesthesia. There were no obvious complications; the analgesia and muscle relaxant effect was good, hemodynamics was stable, during anesthesia in patients with no obvious complications [3]. Questionnaire survey had done among patients for the postoperative satisfaction evaluation after the former.

TABLE 1 Effect of two groups of nursing comparative evaluation n (%)

Group	Case Quantity	Anesthesia Excellent Rate	Patients satisfaction Rate	Incidence of Complications
Nursing Group	60	58(96.7)	58(96.7)	1(1.7)
Control group	40	35(87.5)	34(85.0)	3(7.5)

### 5 Discussions

Maternity reasonable anesthesia care had took during the operation to ensure the intraoperative good analgesia and muscle relaxant effect, as well as the stable vital signs for patients, it prompted the operation smoothly, and had positive function to reduce complications. Reasonable anesthesia care was conducive to the improvement of the operation effect and improves patient satisfaction.

Perianesthesia of gynecology and obstetrics surgery in patients with the full-term nursing could help patients with stable psychological mood, and ensure the vital signs in a stable state, and to ensure that the nutrition support anesthesia tolerance, etc. Strengthen the life condition monitoring during anesthesia, help patients' reasonable establishing venous channel, and complete the good

### References

- [1] Smith I, White P F 1999 Use of intravenous adjuvants during local and regional anesthesia (monitored anesthesia care) *Curr Rev Clin Anesth* 12 145
- [2] Tao J 2013 Analysis on work in anesthesia care management [M] *Contemporary medicine* 34
- [3] Hu J-h, Li Q-p 2012 Impact of Medical psychology nursing for stress reaction caused by surgery patients fear *Zhejiang clinical medicine* 2 145-52
- [4] Qiaoa G-h, Wang J-n 2010 Medical psychology nursing in surgery patients fear caused by the impact of stress reaction *Zhejiang clinical medicine* 25(6) 52-5
- [5] Yu D-m, Yang Y-j, Lu G-d 2010 Tabular care as well as the development and application of electronic documents *The people's liberation army nursing journal* 27(5) 86-9
- [6] Smith I, Avramov M N, White P F 1997 A comparison of propofol and remifentanyl during monitored anesthesia care *J Clin Anesth* 9 148-90
- [7] Yao S-y 2008 And nursing 87 cases of gynecology and obstetrics surgery patients psychological status analysis [J] *Chinese journal of clinical medical research* 14(1) 62
- [8] Keeney S, Hasson F, McKenna H P 2001 A critical review of the Delphi technique as a research methodology for nursing [J] *International Journal of Nursing Studies* (02) 195
- [9] Peng S 2011 Obstetrics and Gynecology Patients of Anesthesia Surgery [J] *Journal of holistic nursing care health required* (the last ten-day of a month) 1(6) 160-7
- [10] Wiedenbach E 1970 Comment on beliefs and values: Basis for curriculum design [J] *Nursing Research* (05) 427

### 3.5 STATISTICAL METHODS

Statistical methods: using SPSS16.0 software for statistical data processing for this article, all counted data had been tested by X<sup>2</sup>, and took results P<0.05 for significant differences between them.

### 4 Results

Among the two groups of anesthesia, nursing care group had the anesthesia evaluation rate 96.7%, patients satisfaction rate was 96.7%, 1.7% for incidence of complications, 1 patients had chills; In control group, the anesthesia excellent rate was 87.5%, patients satisfaction rate was 85.0%, 7.5% for incidence of complications, 2 patients had chills, 1 cases of patients had low blood pressure; effect of nursing group was more ideal (P<0.05). See Table 1.

anesthetic puncture.

At the same time, the basic nursing for abdomen anesthesia with this article 60 patients (nursing care group) around the time of anesthesia care, in the whole process, the 40 cases (control group) were only given general nursing, comparison results show that: in nursing care group, the anesthesia excellent rate was 96.7%, 96.7% for patients satisfaction rate, 1.7% for complications; In the control group, the anesthesia excellent rate was 87.5%, patients satisfaction rate was 85.0%, the incidence of complications rate was 7.5%; The anesthesia effect was more ideal in nursing care group (P<0.05).

In a conclusion, gynecology and obstetrics anesthesia for peri-anesthesia in the operation of the whole nursing, it could significantly improve anesthesia effect, and worth the clinical extensive application.

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