

Perioperative nursing on patients undergoing gynecologic laparoscopic surgery

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Abstract

Investigate on perioperative nursing on patients undergoing gynecologic laparoscopic surgery. Methods: There were 121 cases of obstetrics and gynecology patients who were selected in our hospital, they were required to laparoscopic surgery and were randomly divided into control group, 61 cases in this group, they were given routine care, there were 60 cases in observation group, they were given Psychological Nursing care on the bases of routine care which the same as control group. Compare the sedative effect, psychological reactions, clinical signs and SAS score to evaluate the effect of psychological care. Results: compared to the control group, the anxiety cases of observation group was of significantly less ($P < 0.05$); compared with admission, SAS scores in observation group on the preoperative and 1 day after decreased significantly ($P < 0.05$). Compared with the control group, the observation group at each time point was significantly lower in the depth of sedation score ($P < 0.05$); the differences in the systolic blood pressure and heart rate after break five minutes between two groups were significant ($P < 0.05$). Conclusion: compared with obstetrics and gynecology laparoscopic surgery patients in the periaesthesia give regular care to give psychological care to patients with depression, education sentiment mitigation, sedation enhancement surgery.

Keywords: Laparoscopy, Obstetrics and gynecology, Perianesthesia, Psychological care.

1 Introduction

For the gynecology and obstetrics surgery, the majority of middle-aged women. Since most patients have few knowledge for gynaecologic disease, and very easy to have the negative emotions such as tension, anxiety, fear, panic, etc. The clinically reports had indicated that patients' psychological status and emotional mood has very significant influence on anesthesia effect, now the clinical field are paying more and more attention to nursing results. Medical workers are more focusing on the psychological nursing of patients than before [1, 2]. In this paper, the study had selected 121 patients going to our hospital for treatment with gynecology and obstetrics disease, and all needed to have laparoscopic surgery. Then randomly divided the 121 patients into two groups: observation group for 60 patients and control group of 61 patients. This study gave observation group patients routine care and psychological care, while, and gave control group routine care only.

2 Basic information and method

2.1 BASIC INFORMATION

This study had selected 121 patients suffering from gynecology and obstetrics disease, and went to our hospital for treatment since July 2012 to July 2013. And all needed to have laparoscopic surgery, the youngest one was 23

years old, and the eldest one is 52 years old, average age was 42.6 ± 7.3 years old. According to condition of disease, among the 121 patients, there were 29 case of patients for uterine fibroids rejecting operation, 53 case of patients for fallopian tube retrograde drainage operation, 16 case of patients for tubal embryos extraction surgery, 13 cases of patients for electric coagulation drilling operation, 10 case of patients for ovarian cyst elimination surgery. All patients were randomly divided into control group, control group 61 cases, observation group 60 cases. In the general information through statistical analysis for the two groups of patients, there were no statistically significant difference ($P > 0.05$).

2.2 METHOD

First, the patients in control group were given routine nursing during peri-anesthesia. Second, patients in observation group were not only given routine care, but also psychological nursing during perianesthesia. Detailed information as follows: (1) before surgery, nursing staff may need explain how was the anesthesia and surgery, and made sure patients could full understand the safety of the surgery and matters which needed to pay attention to during surgery. More importantly, needed to inform patients that emotions could significantly affect the anesthesia effect and prognosis, in order to make the patients significantly relief the negative emotion for the anesthesia and surgery[3]; (2) according to different

disease which patients were suffering from, nursing staff shall explain to patients for the knowledge relating disease, and do the health education content in order to enable patients understand the cause of the disease, a variety of possible influencing factors and so on. And enable patients to correct the misunderstanding of disease, and could easily cooperate with medical staff for the treatment of disease in a positive attitude; (3) in the treatment of disease, the proper application of psychological knowledge, so that we could make the patients emotion in a unstressed relaxed situation, nervous tension was significantly reduced, the psychological treatment was 4 times/day, 30 minutes/time, the training time was 3 days and continue to achieve the best clinical effect; (4) if the patients were for general anesthesia, the therapy for relaxed mood could be used; (5) nursing staff need wait besides the patients after the surgery until the awakening of patients, for all kinds of postoperative complications shall be handled in a timely manner. After patients waking up, nursing staff took timely communication with patients, and encourage patients, and make sure get a eliminate anxiety.

2.3 OBSERVE INDEX

First, psychological reaction: patients reaction were divided into normal, worry, anxiety, including normal emotional aspect, have a good mood and normal signs; between normal and anxiety, nervousness, nervous and larger problems worry about; which the aspects such as the heart and breathing speed up performance, helpless and the nervous feeling, appear even aggressive mood of anxiety such as crying. Second, the level of anxiety in the patients using SAS scores, including patients after hospitalization, 1 day before surgery, and 1 day after surgery. Third, sedative effect: using for four times for depth of sedation scores was compared. Including before anesthesia and

surgery, beginning of anesthesia, and 60 minutes after the beginning of surgery and the end of surgery, depth of sedation score was divided into five ranking points. 5 points were for calling patients in a normal tone, patients have very sensitive reaction speed; 4 points for calling patients in a normal tone, while, patients were with slow reaction; 3 points for calling patients aloud or repeat, then patients could have response; 2 points for patients have no reaction when be called aloud, and patients have reaction when been gently pushed or shaken; 1 points for patients don't have response when been gently pushed or shaken or have mild pain. Forth, clinical signs: monitoring patient blood pressure and heart rate, monitoring time shall be the 1 day before surgery, and 5 minutes after entering operation room.

2.4 STATISTICAL ANALYSIS

Using SPSS 13.0 statistical analysis software package for study data analysis processing, measurement data represented as mean ± standard deviation (x ± s) difference between groups using analysis of variance, t test, using X2 test for categorical data, comparing the differences between groups, difference of P<0.05 was statistically significant.

3 Results

3.1 TWO GROUP OF PATIENTS WITH EMOTIONAL CONDITION COMPARISON

Emotional condition of observation group and control group were compared, the patients with anxiety mood in observation group were obviously less than in control group, and its difference has statistical significance (x2=5.17, P<0.05). See Table 1.

TABLE 1 Emotional condition comparison

Group	Case of patients	Normal	Worry	Anxiety
Observation Group	60	31	20	9
Control Group	61	20	23	18

3.2 TWO GROUPS OF PATIENTS WITH SAS SCORES COMPARISON

Data from Table 2 has below information, there was no significant difference of SAS scores (t=0.52, P>0.05) in the two groups after hospitalization; Compared with the patients' data after admission, 1 day before or after

surgery, the observation group obviously had the reduced score, and has statistically significant difference (t=2.79, 3.75, P<0.05); 1 day before or after surgery, the SAS scores in the control group had obviously increased compared with after admission, the difference was statistically significant (t=5.36, 4.92, P<0.05).

TABLE 2 Comparison of SAS scores of two groups of patient (x ± s)

Group	Case of patients	After admission	Before surgery	1 day after surgery
Observation Group	60	44.86 ± 6.14	42.52 ± 5.33	41.07 ± 5.28
Control Group	61	44.73 ± 6.39	56.28 ± 7.49	52.30 ± 6.96

3.3 THE SEDATIVE EFFECTS OF COMPARISON BETWEEN THE TWO GROUPS OF PATIENTS.

Data can be obtained from Table 3, compared with the control group, before surgery, at the beginning of surgery,

60 minutes after the beginning, end of surgery, the depth of sedation scores of the observation group was significantly lower, the difference was statistically significant ($P < 0.05$).

TABLE 3 The sedative effects of comparison two groups of patients ($\bar{x} \pm s$)

Item	Cases of patient	Sedative effect			
		Before patents	Beginning of surgery	The 60th minutes in surgery	Finalized of surgery
Observation group	60	3.49±0.62	2.71±0.43	3.30±0.55	3.53±0.58
Control group	61	3.75±0.79	3.18±0.64	3.72±0.47	3.86±0.61
t score		2.73	3.36	3.01	2.95
P		<0.05	<0.05	<0.05	<0.05

3.4 COMPARISON OF BLOOD PRESSURE AND HEART RATE OF THE TWO GROUP

Observation group and control group had small differences of preoperative systolic blood pressure and heart rate of 1 day before operation ($P > 0.05$). 5 minutes after entering

operation theater, the systolic blood pressure and heart rate difference between the two groups was statistically significant ($P < 0.05$), detailed information in Table 4. Results suggested that control group were with more severe tension than observation group of psychological nursing.

TABLE 4 Compared of two group patient's blood pressure and heart good contrast ($\bar{x} \pm s$)

Item	Case of Patients	1 day before surgery		5 minutes after entering operation theater	
		Systolic blood pressure (mm Hg)	Heart rate (times/min)	Systolic blood pressure (mm Hg)	Heart rate (times /min)
Observation Group	60	117.6±12.5	77.2±8.1	128.9±10.2	93.5±10.1
Control Group	61	119.2±10.3	78.0±9.7	147.2±12.9	112.8±9.6
t score		1.51	0.97	3.27	3.56
P		>0.05	>0.05	<0.05	<0.05

4 Discussions

With the rapid development of economy and people's rising material and cultural level, people continuously increased the requirement of nursing work, so the idea of patient with medical activities and nursing activities should be given the full embodiment. Clinical surgery would have a lot of factors in anaesthesia and the prognosis of how to impact the quality of anaesthesia effect and its operation. These would be affected by patients' emotional and psychological tension, one of the most serious affect was the anesthetic effect [7]. Either in anesthesia induction period or in awakening period, patients with health care workers besides was needed to actively cooperate closely, if the patient appeared excessive negative emotions such as anxiety, fear. In the process of anesthesia, some factors would cause serious influence of quality, if a patient can't cooperate with accurately, medical staff would not be able to make accurate judgment [8].

The results showed that, compared with the control group, the observation group patients were significantly with less anxiety and fear ($P < 0.05$). The anxiety score had little difference after admission. But the observation group patients were given routine care, but also preoperative psychological nursing and practice relaxation therapy on the patients. Time was for 3 days and needed to be continuous, in the process, patients had a certain

understand of some of diseases knowledge and a variety of possible influencing factors, then the doubts were lifted and anxiety been eliminated; In the process of psychological nursing, medical staff especially explain to patients the detail operation scheme, security, and the prognosis of the disease, and increased confidence of patients to conquer the disease, and significantly reduced the fear and tension. Through relaxation therapy, patients not only relaxed body, but also relaxed the mood. At the same time, patients' anxiety score was measured before the surgery, compared with the condition when patients was on admission, the improvement degree of the observation group was more obvious. Due to the control group patients were not given psychological care, the negative emotion, such as anxiety, tension and fear increased whiles the approaching of operation. Above suggested that perianesthesia implement psychological nursing could make patients more correctly understanding disease in patients with gynecological laparoscopic surgery, reduced the panic of the surgery, and enhanced confidence in the treatment of surgery. The depth of sedation significance was very important in the normal conduct of the operation [9].

The results of research had showed that, compared with the control group, the observation group patients had the significantly lower preoperative sedation scores ($P < 0.05$). Results suggested the sedation depth of observation group was obviously better, which indicated the importance of

preoperative psychological nursing for preoperative sedation. In anesthetic sedative drugs in patients with the same situation, its sedative effect is better. After 5 minutes of entering operation room, the systolic blood pressure and heart rate difference between the two groups is significant ($P < 0.05$), the results hinted the observation group psychological nursing than that in of the control group patients have more severe tension. Implementation of psychological nursing on the patients also had certain improvement effect on the systolic blood pressure and heart rate.

To sum up, the foundation of a successful surgery is a well-done anesthesia, and guarantee of a successful surgery is accurate and mutual cooperation between medical staff and patients during the perianesthesia time. In perianesthesia period, it's needed to give patients with gynecological laparoscopic surgery the corresponding psychological nursing, which could reduce the negative mood. In the process of treatment, patients could remain a relatively relaxed and peace mind, which became the effective guarantee to make the anesthesia and surgery successfully.

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