RESEARCH ARTICLE

EFFECT OF RAPID SURGICAL REHABILITATION NURSING ON CLINICAL INDEXES OF PATIENTS WITH GASTROINTESTINAL CANCER

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ABSTRACT

Objective: To investigate the effect of rapid surgical rehabilitation nursing on clinical indicators of patients with gastrointestinal cancer. **Methods:** From January 2017 to July 2018, 146 patients with gastrointestinal cancer were enrolled in our hospital. The patients were divided into two groups according to the random number table, 73 cases in each group. The control group received routine nursing and the observation group received routine nursing. On the basis of rapid surgical rehabilitation care; compare the clinical indicators and satisfaction of the two groups of patients after treatment. **Results:** After nursing, the postoperative exhaust time, eating time, time of getting out of bed and hospitalization time were significantly shorter in the observation group than in the control group. The nursing satisfaction of the observation group was significantly higher than that of the control group, and the difference was statistically significant (P <0.05). **Conclusion:** Rapid surgical rehabilitation can effectively shorten the postoperative recovery time of patients with gastrointestinal cancer, and the patient satisfaction is high. It is worthy of clinical promotion.

INTRODUCTION

Gastrointestinal tumors are clinically common tumor types. They are high-grade tumor diseases in China. Patients are treated surgically in the clinic. However, due to lack of understanding of diseases and surgical treatment, patients often experience anxiety and nervousness. To extend the length of hospital stay, but also increase the economic burden of patients (Tu Yalan, 2016). Therefore, it is very important to strengthen the nursing intervention before and after surgery. In recent years, with the continuous development of clinical medical technology in China and the increasing demand for medical care, people are increasingly demanding clinical nursing services. Rapid surgical rehabilitation care using a series of perioperative optimization measures with evidence-based medical evidence is available in this case. It is effective in reducing perioperative physical and psychological damage and reducing postoperative stress response. Promoting postoperative rehabilitation of patients has positive significance (Li Yiping, 2015). Therefore, this study will use the conventional nursing method as a comparison to discuss the impact of rapid surgical rehabilitation nursing on the clinical indicators of postoperative patients with gastrointestinal tumors. The results are reported as follows.

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MATERIALS AND METHODS

Patients: 146 patients with gastrointestinal cancer in our hospital from January 2017 to July 2018 were enrolled. The patients were divided into two groups according to the random number table, 73 cases in each group. Among them, 36 were male and 37 were female. Age 40~ 79 years old, mean age (56.3 ± 8.2) years old; disease types include 34 cases of gastric cancer, 15 cases of colon cancer, 8 cases of rectal cancer, 16 cases of small intestine tumor. There were 38 males and 35 females in the observation group; the age ranged from 42 to 77 years old, with an average age of (56.1±8.5) years; including 35 cases of gastric cancer, 14 cases of colon cancer, 9 cases of rectal cancer, and 15 cases of small intestine tumor. After analysis, the clinical general data of gender, age and disease type of the two groups were not statistically significant (P>0.05), which was comparable. The study has been approved by the Ethics Committee of our hospital, and patients and their families have voluntarily signed informed consent.

Inclusion criteria: 1 meet the diagnostic criteria for gastrointestinal tumors (Cao Hui, 2009); 2 patients were scheduled for surgical treatment; 3 patients met the indications for surgical treatment.

Exclusion criteria: 1 combined with other important organ dysfunction such as heart, liver, lung, kidney; 2 patients with

coagulopathy and autoimmune dysfunction; 3 patients with a history of mental illness or consciousness, speech impairment; 4 poor governance compliance By.

Nursing methods: All patients underwent surgical treatment. The control group received routine nursing care, including preoperative introduction of the patient to the patient. The preoperative gastrointestinal preparations were routinely performed, and the patients were fasted for 12 hours before surgery and for 4 hours. The patient develops a diet plan and the like. Patients in the observation group received rapid surgical rehabilitation care, including: 1 preoperative. First of all, the nursing staff knows to the surgeon that there may be problems in the patient's surgery and prepare for it. Secondly, nursing staff use slides, lectures, etc. to educate patients about diseases, surgical treatments, etc., to inform patients about the surgical procedures, possible adverse reactions, etc., and to pass the patient's past success stories, increase patients' disease, surgery Understanding, while enhancing patient cooperation and self-confidence.

Then, in response to the patient's psychological stress and anxiety, the nursing staff increased communication with the patient, grasped the patient's psychological emotions and gave them a relief, so that they could undergo surgery in an optimal state. Finally, the patient was advised to fast the liquid food 12 h before surgery and fasted the solid food 6 h before surgery. 2 intraoperative. The nursing staff adjusts the temperature and humidity of the operating room in advance, and the surgical instrument should be warmed before use to ensure that the patient's body temperature is appropriate. In addition, pay special attention to the changes in the vital signs during the operation, and timely handle the abnormal situation. The patient's intraoperative fluid infusioncontrol the infusion rate, and minimize the amount of intraoperative fluid infusion and salt input. 3 postoperative. After the patient is sent to the ward after surgery, strengthen the observation of the patient, timely discover the abnormality and give treatment; through the patient's facial expression, the patient's self-report, etc., the patient's surgical wound pain degree is evaluated, and the music is relieved by listening to music, distracting, etc. The patient's pain; in the diet, the nursing staff to develop a special diet plan according to the actual situation of the patient after the operation, the first to light, easy to digest food, to ensure the patient's energy and protein intake, strict non-smoking wine; In the post-rehabilitation training, the nursing staff first explained the clinical value of getting out of bed to the patient and assisted the patient in turning and lifting the leg. It is recommended to assist the patient to get out of bed for 4 hours after 1 day, and 6 hours after 2 and 3 days after operation. Above, the patient's activity time is gradually increased according to the patient's condition. After the patient is discharged from the hospital, the nursing staff develops an out-of-hospital program for the patient to help the patient self-train and remind the patient to return to the hospital for regular review.

Observation indicators: The postoperative exhaust time, eating time, time of getting out of bed, and hospitalization time of the two groups were recorded and statistically analyzed. The satisfaction of the two groups of patients was evaluated by the in-hospital qualification satisfaction questionnaire. The options include satisfaction, basic satisfaction and dissatisfaction, satisfaction = (satisfactory quantity + basic satisfaction quantity) / total number of people × 100.0%.

Statistical analysis: All data in this study were processed by SPSS 17.0 software. The results of the measurement data were expressed by ($\bar{x} \pm s$), using t test; the results of counting data were expressed in %, and the difference was statistically significant with P<0.05.

RESULTS

Comparison of clinical indicators between the two groups of patients: After the nursing, the postoperative exhaust time, eating time, time of getting out of bed and hospitalization time were significantly shorter in the observation group than in the control group, the difference was statistically significant (P<0.05); see Table 1.

Comparison of nursing satisfaction between two groups of patients: The satisfaction of nursing in the observation group was 98.63% (72/73), and the satisfaction degree of the control group was 80.82% (59/73). The satisfaction of the observation group was significantly higher than that of the control group, and the difference was statistically significant (P <0.05); see Table 2 for details.

DISCUSSION

Gastrointestinal tumors have a high clinical incidence, and surgery is generally used in surgery. However, surgical stress can adversely affect the patient's immune regulation function, aggravate the patient's inflammatory symptoms, prolong the patient's stress state duration, and delay the patient's wounds. Healing will also increase the incidence of postoperative complications and hinder the patient's recovery (Wang Xiaoqing, 2018). Therefore, in order to speed up the postoperative rehabilitation of patients, it is very important to provide a nursing method that can relieve postoperative stress and promote postoperative rehabilitation of patients.

Related research (Zhuo Enting, 2014), rapid surgical rehabilitation care can make patients with gastrointestinal tract reach the discharge standard 3 to 5 days after surgery, which is of great significance for the early recovery of patients. The results of this study showed that the postoperative exhaust time, eating time, time of getting out of bed and hospitalization time in the observation group were all shorter than the control group, and the satisfaction of nursing was significantly higher than that of the control group; More effective promotion of postoperative venting, eating, getting out of bed, shortening the length of hospital stay, is conducive to the early recovery of patients, patients are generally satisfied.

This is because rapid rehabilitation surgical care includes health education, psychological counseling and other nursing measures, can significantly improve the patient's understanding of disease knowledge, relieve the negative emotions of patients, so that they can receive surgery in a better state, thus ensuring the patient's surgical results. And it is conducive to the patient's postoperative recovery; In addition, by closely observing the recovery of the patient's postoperative condition, the patient's diet is more scientific and reasonable intervention, and the patient is guided to postoperative rehabilitation, so that the nursing staff can find and treat the patient in time. After the abnormal situation, the nutritional supply of the patient's body is improved, and the patient's postoperative recovery is

Table 1. Comparison of clinical indicators between the two groups after treatment (d)

Groups	Exhaust time	Eating time	Timeof et out of bed	Hospitalization time
Observation group（n=73）	2.97 ± 0.24^a	1.37 ± 0.31^a	1.62 ± 0.15^a	7.01 ± 1.15
Control group（n=73）	4.72 ± 0.53	4.29 ± 0.42	3.86 ± 0.77	10.74 ± 2.38

Table 2. Comparison of satisfaction between the two groups of patients [n (%)]

Groups	Satisfaction	Basic satisfaction	Not satisfied	Satisfaction rate（%）
Observation group（n=73）	44（60.27）	28（38.36）	1（1.37）	98.63^a
Control group（n=73）	29（39.73）	30（41.09）	14（19.18）	80.82

accelerated, and the patient satisfaction is improved (Tu Yalan, 2016; Wang Xiaoqing, 2018). In summary, rapid surgical rehabilitation care can significantly promote postoperative rehabilitation, shorten patient stay, reduce patient experience burden, and have high clinical application value.

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