

Nursing intervention on the rehabilitation effect of patients with prostate cancer after electrocision

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Abstract: Objective: To analyze the effect of nursing intervention for prostate cancer patients undergoing electrocision. **Methods:** A total of 76 patients with prostate cancer who underwent electrocision were selected from our hospital as subjects (March 2018 -- April 2019), randomly divided them into the control group and the experimental group, general nursing and comprehensive nursing intervention were given respectively, then compare the postoperative nursing effect between the control group and the experimental group. **Results:** In terms of postoperative hospital stay, the index level of the experimental group was lower than that of the control group. In terms of IPSS and QOL scores, the preoperative statistical difference was not significant ($P>0.05$), while the postoperative results showed that the reference group had a higher score level, and the difference was statistically significant ($P<0.05$); After the operation, the duration of urinary incontinence, bladder irrigation time and indwam catheter time of the two groups were compared. According to the results, the duration of the experimental group was lower than that of the control group. In terms of the degree of urinary incontinence, the degree of urinary incontinence of the experimental group was also lower, and the difference was statistically significant ($P<0.05$). **Conclusion:** The comprehensive nursing mode can effectively improve the overall nursing effect, shorten the hospital stay, and improve the patients' rehabilitation effect. This study also preliminarily affirmed the superiority of this nursing mode in clinical nursing practice.

1. Introduction

As a malignant tumor of male reproductive organs, prostate cancer is generally treated by electrocision, and the postoperative rehabilitation needs of patients are significant. Therefore, high-quality nursing intervention is needed for postoperative clinical treatment. Therefore, this study attempted to retrospectively analyze the clinical data of prostate cancer patients admitted to our hospital, and the results are reported as follows.

2. Materials and Methods

2.1 General Information

The patients participating in this study were randomly divided into groups. The patients in the reference group were 48-78 years old (mean 65.2 ± 10.3), and the course of disease was 2-6 years old (mean 2.32 ± 0.52). Patients in the experimental group were 40-75 years old (mean 60.52 ± 8.95), and the course of disease was 1-7 years (mean 2.02 ± 1.32). Combined with the comparative study of clinical data, it was found that the statistical significance was not significant ($P>0.05$), which was comparable.

2.2 Nursing methods

Patients in the reference group were treated with basic nursing mode to intervene in the nursing process of patients, and the experimental group carried out comprehensive nursing intervention activities. The specific steps were as follows:

2.2.1 Psychological intervention

Prostate disease in patients with clinically significant negative emotions performance, patients prone to anxiety and fear, need to further establish nursing staff and patient communication, communication relations, in order to get along harmonious atmosphere to help patients to adjust state of mind, understand the patients psychological change, in mental state assessment after giving the appropriate nursing intervention. Respect the personality and privacy of patients, do a good job in health knowledge education, so that patients to understand their own disease, reduce the fear caused by the unknown, face up to their own disease, reduce the psychological burden, establish treatment confidence, and cooperate with the medical staff treatment and nursing work.

2.2.2 Prevention of complications

Prostate cancer patients are generally older, generally accompanied by hypertension, diabetes and cardiovascular diseases, so it is necessary for nursing workers to use effective nursing techniques to help patients effectively control blood pressure and blood glucose, reduce the risk of surgery, and effectively prevent and control complications.

2.2.3 Vital signs intervention

After returning to the ward, the patient is given ECG monitoring and oxygen care as directed by the doctor until the patient's vital signs were stable, and a dynamic monitoring was conducted at an interval of 1h. Patients with signs fluctuation should be closely observed at an interval of 10min to 30min. Patients should go to lie flat on the pillow, head to one side, and vomit should be cleaned in time to avoid inhalation. Patients with frequent vomiting should promptly notify the attending doctor.

2.2.4 Food collocation

Indwelling gastric tube to stomach tube fixed processing, avoid to take off the tube, observe the flow and change color, patients with acute gastric ulcer symptoms promptly report to the doctor, gastrointestinal functional recovery in patients with combined with eating plan, 2 days asking whether patients with postoperative anal exhaust condition, no stomach tube need to withhold the patients right amount water, give priority to with delicate food after eating, such as rice water, then along with the normal gastrointestinal functional recovery in patients with eating. If the improvement of digestive function is not good, patients will be guided to chew gum, stimulate saliva secretion, conducive to promoting the recovery of gastrointestinal function.

2.2.5 Pain intervention

After laparoscopic surgery, the wound is relatively small, and the patient may suffer mild pain symptoms. At this time, psychological counseling can be combined to help divert the patient's attention. With the patient's adaptive body position displacement and 20-30° elevation of the head of the bed, the abdominal pressure can be alleviated, and the pain symptoms can be alleviated.

2.2.6 Incision care

Postoperative abdominal wall of the patient has 3-4 endoscopic holes. In order to avoid wound infection, the wound environment should be kept dry, dressing should be changed in time, and the wound dressing should be observed to see whether there is bleeding in the wound dressing, so as to reduce postoperative infection.

2.2.7 Urinary tube care

Patients with indwelling catheters should have catheter fixation, maintain the fixed state of traction and give full play to the hemostatic effect of air bag compression, to avoid catheter compression or bending, and to monitor the color and output of the patient's urine. The position of the urine bag is generally lower than the level of the pubic bone, to avoid the occurrence of urine reflux that leads to urinary tract infection, and to clean and disinfect the urethral opening regularly.

2.2.8 Health education

After surgery, the fossa requires approximately 3-6 months of recovery, can appear after postoperative urethral catheter in patients with temporary urination disorder, then need to guide the patients to participate in the kegel training, restore the pelvic floor muscle function, enhance the capacity of urethral sphincter muscle movement, avoid excessive urine patients, more water, on a regular basis to participate in the PSA, routine urine, urine flow rate and residual urine volume check, banned the patient a full bladder, have to urinate to timely discharge urine, sedentary, before micturition function recovery is forbidden to sit hard objects or ride a bike, reduce the oppression of the perineum.

2.3 Observation Indicators

Urinary incontinence: patients with incontinence after surgery were classified according to the severity of urinary incontinence, and the specific criteria were referred to the fourth criteria of the international urinary control association in 1979. Only in patients with abdominal pressure increases when urinary incontinence (sneezing, coughing) happen is defined as I level; Urinary incontinence or forcibly breathless when happen is defined as II level; Standing or walking and other everyday activities are in the process of visible urinary incontinence is defined as III level; The activity or stress position cases, also visible urinary incontinence is defined as IV.

Changes in IPSS and QOL scores: there were a total of 8 items in the IPSS score evaluation, with a total score of 35, 0-7 as mild, > as 8 to attract attention, 8-19 as moderate, and 20-35 as severe. The total score of QOL score was 6, which was positively correlated with dysuria.

2.4 Statistical Methods

Statistical software SPSS20.0 was used to participate in the data processing process of this study, and (\pm s) was used to represent the measurement data rate (%) to represent the counting data. T / X^2 indicators were used in the test process respectively to show statistical differences in the comparative study results, then $P < 0.05$.

3. Results

3.1 comparison of postoperative bladder rehabilitation level

Postoperative comparison of urinary incontinence time, bladder irrigation time, indwam catheter time and other indicators of the two groups showed that the duration of the experimental group was lower than that of the control group. In terms of the comparison of urinary incontinence degree, the degree of urinary incontinence of the experimental group was also lower, with statistically significant difference ($P < 0.05$, table 1).

Table 1 comparison of postoperative bladder rehabilitation level [n(%)]

indicator	the experimental group(n=38)	the control group (n=38)	t/ X^2	P
Degree of urinary incontinence[n(%)]				
I	1(2.63%)	4(10.53%)	4.03	<0.05
II	1(2.63%)	4(10.53%)		
III	0(0.00%)	3(7.89%)		
IV	0(0.00%)	1(2.63%)	2.82	<0.05
Urinary incontinence(d)	2.88 \pm 0.51	6.27 \pm 1.22	4.03	<0.05
Bladder irrigation(d)	30.44 \pm 7.42	48.50 \pm 12.34	2.97	<0.05
Indwelling catheter(d)	5.42 \pm 0.87	6.70 \pm 1.04	2.24	<0.05

3.2 comparison of postoperative hospital stay and IPSS and QOL scores

After the operation, the hospital stay time of the two groups was compared, and the results

showed that the index level of the experimental group was lower than that of the control group. Compared with the IPSS and QOL scores, the preoperative statistical difference was not significant ($P>0.05$, table 2), while the postoperative score of the control group was higher, and the difference was statistically significant ($P<0.05$, table 2).

Table 2 comparison of postoperative hospital stay and IPSS and QOL scores

indicator	the experimental group (n=38)	the control group (n=38)	t	P
LOS(d)	6.52±0.93	7.88±1.15	2.17	<0.05
IPSS(score)				
admission to hospital	24.52±11.18	23.24±10.68	0.46	>0.05
three months after surgery	9.81±2.12	13.24±2.56	2.17	<0.05
QOL(score)				
admission to hospital	5.68±0.25	5.58±0.38	0.72	>0.05
three months after surgery	2.04±0.48	3.80±1.15	2.22	<0.05

4. Discussion

Electricity cut method based on prostate cancer patients with postoperative situation, this study will be selected from the implementation of the electricity cut method, 76 cases of patients with prostate cancer as the research object, to randomized patients involved in the research, the two groups of patients in accordance with the categories, the difference between general nursing and comprehensive nursing intervention method, and the experimental group compared to control group patients postoperative nursing care of patients.

The results showed that the overall nursing effect of the experimental group was better than that of the reference group. Therefore, it can be seen that the application of comprehensive nursing mode after the operation of electrolytic for prostate cancer patients can effectively improve the overall nursing effect, shorten the length of hospital stay, and improve the rehabilitation effect of patients. This study also preliminarily affirmed the superiority of this nursing mode in clinical nursing practice.

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