Perioperative Nursing in Laparoscopic Resection of Rectal Cancer

Shuxia Wang

Department of Cancer Surgery, People's Hospital Gastrointestinal Xingtai City, Hebei Province, China
hebeisx@163.com

Abstract: Objective: To investigate the perioperative nursing in laparoscopic resection for rectal cancer. **Methods:** 112 patients treated in hospital with rectal cancer using laparoscopic surgery. Postoperative care in different ways were based on randomly divided into observation group and control group. 56 cases were observed in patients given perioperative targeted nursing interventions and patients in control group were given routine anorectal care measures. **Results:** The postoperative recovery was significantly better in observation group than the control group of patients ($P < 0.05$), and the incidence of postoperative complications was significantly lower than the control group of patients, the difference was statistically significant ($P < 0.05$). **Conclusions:** Laparoscopic resection of rectal cancer perioperative use of targeted rehabilitation nursing interventions can accelerate postoperative recovery and reduce the incidence of postoperative complications. It is worthy of promotion.
[Shuxia Wang. **Perioperative Nursing in Laparoscopic Resection of Rectal Cancer.** *Life Sci J* 2013; 10(3): 736-738]. (ISSN: 1097-8135). http://www.lifesciencesite.com 108

Keywords: cancer; Laparoscopy; Perioperative; Care

Gastrointestinal tract cancer is a common malignancy and surgery is the main treatment of rectal cancer. The traditional surgery has gradually been replaced by laparoscopic surgery with less trauma, bleeding, pain, complications and prognosis poor shortcomings, [1]. Laparoscopic resection of rectal cancer with less trauma, less pain, shorter hospital stay, faster recovery, etc., is one of the most commonly used surgical approach in surgical treatment of cancer [2]. For laparoscopic rectal cancer perioperative nursing methods, are used in our hospital for laparoscopic rectal cancer surgery 112 patients, according to the different ways of care, observation of clinical indicators postoperative recovery , are as follows.

1. Materials and Methods

1.1 General information:

From our hospital patients from January 2011to January 2013 were treated using laparoscopic radical resection of rectal cancer patients with 112 cases, according to the perioperative care of all the different ways patients were randomly divided into observation group and control group of 56 cases. The patients were 29 males and 27 females, aged 27 ~ 80 years, mean (53.62 ± 14.75) years; among l0 patients were right colon resection, 34 patients for the left colon resection, 12 cases anterior resection of the rectum in patients. Control group, 56 patients, 30 males and 26 females, aged 28 to 80 years, mean (52.97±13.62) years; l3 which is right hemicolectomy patients, 32 patients for the left colon resection, 11 patients with anterior resection of the rectum. Two groups of patients in terms of gender, age, surgical site, etc., the difference was not statistically significant ($P > 0.05$), comparable.

1.2 Methods

1.2.1 Observation Group:

Observation group were given perioperative nursing interventions targeted rehabilitation.

1.2.1.1 Preoperative psychological care:

The patient's mental state affects your doctor circumstances and postoperative recovery. Since the disease itself and fear of surgery, patients tend to have a significant negative emotions, nurses preoperative positive, active, enthusiastic talk with patients, affable, listen carefully, expressed understanding and sympathy for their pain, as well as eliminating patients fear of surgery, available in plain language the patient describes the purpose of surgery, procedure, treatment and postoperative precautions so that there is adequate psychological preparation. Success stories while using their own experiences, encourage patients to overcome the disease, with a good physical and mental condition to undergo surgery;

1.2.1.2 preoperative preparation:

(1) Evaluate and improve the nutritional status of patients, measurement of body weight, increase nutrition for severe malnutrition and water, electrolyte imbalance, given parenteral nutrition therapy, correction of anemia, guidance for adaptive training, such as deep breathing and effective coughing, turning and body activities. 3 days before surgery intestine does not absorb oral antibiotics, eating liquid diet, cleansing enema the night before surgery (for patients with incomplete obstruction), give oral laxatives (polyethylene glycol electrolyte compound commonly scattered two packages in

2000 ml of warm water night before surgery 18: 00 begin orally, two hours after oral administration), approximately 30 min after dosing began defecation, to discharge liquid yellow transparent liquid or water stools so far. Preoperative fasting six hours or more.

1.2.1.3 Postoperative Care:

Postoperative nursing bed as soon as possible to help patients take the initiative to carry out activities to help patients get out of bed as soon as possible; when patients awake after 6 h after anesthesia, patients about 50ml of warm salt water or warm water, to help patients to maintain bowel function early, after 1 day to give patients a small amount of liquid food, and according to the patient's condition gradually increase the volume, for patients within five days to restore the supply of enteral nutrition, parenteral nutrition infusion is stopped; preoperative prophylactic antibiotic injection, if the patient's operative time more than three hours, then once again in the intraoperative antibiotic injection; postoperative intravenous analgesia pump placed two days, if the patient pain was then added with analgesic therapy.

1.2.1.4 Bleeding and anastomotic fistula observation and care:

The first observation of abdominal puncture hole without bleeding, and observe whether the bleeding, so to maintain the drainage tube patency and prevent drainage tube discount, compression, extrusion, and keep wound drainage bag below the level; closely observe the drainage of fluid color, volume and characteristics, once found massive internal haemorrhaging shall promptly notify the physician for processing. Anastomotic leakage often occurs in about one week after the event anastomotic leakage should be adequate drainage, and to observe the drainage of fluid properties and the amount, if necessary, laparotomy drainage.

1.2.2 Control group:

Control group patients were given routine care Anorectal. Including: preoperative education; preoperative fasting water and was given 3 days before surgery metronidazole and gentamicin treatment; given to patients before surgery full bowel preparation the night before surgery and on the morning of surgery patients enema treatment; routine preoperative urinary catheter and tube placement, indwelling catheter usually 3 to 5 days, indwelling stomach tube to flatus; supine six hours after surgery, and early recovery exercise; after fasting water, fresh from the stream after flatus began a gradual transition to a normal diet; postoperative treatment given analgesics, antibiotics after routine use of 3 to 5 days.

1.3 Statistical Methods:

SPSS 17.0 statistical data processing software for processing and analysis was used and groups were compared using t test, P <0.05 was considered statistically significant.

2. Results

2.1 Postoperative recovery:

Nursing group of patients with postoperative recovery was significantly better than the control group of patients (P<0.05), Table 1.

Table 1 Comparison of postoperative indicators

Groups	Number of Cases	Indwelling stomach tube Time (d)	Eating Time (d)	Indwelling catheter Time (d)	Peritoneal drainage Time (d)	Flatus Time (d)	Ambulation Time (d)	Average length of stay Time (d)
Observation group	56	0	0 8.6±1.5	2.5±1.1	1.3±0.6	2.9±1.5	10.8±1.7	12.7±5.5
Control group	56	3.7±1.2	15.1±10.3	4.8±1.6	2.7±0.8	3.7±1.6	22.5±5.6	20.6±8.7
P value		0.037	0.014	0.034	0.030	0.033	0.016	0.011

2.2 complications:

Two groups of patients were successful surgery, no patient died. Observation group 2 patients after one day eating mild nausea, abdominal distension, relieved by rest, no other serious complications. Control group, four patients had abdominal distension, l patients after catheter pulled difficulty urinating, 5 cases of postoperative wound infection, pulmonary infection occurred in three patients, 4 patients with urinary tract infections. The incidence of postoperative complications in the observation group was significantly lower than the control group, the difference was statistically significant (P <0.05).

3. Discussion

Cancer is a common disease in general surgery in recent years, the incidence rate showed an increasing trend, treatment is mainly surgical resection of rectal cancer treatment, and the patient's perioperative give effective nursing intervention can effectively improve patients recovery and reduce the incidence of adverse reactions. As the anatomy of the rectum and anus is rather special, so surgery general surgery department of nursing and other surgical care there are many different characteristics, therefore

need to adopt a targeted approach to rehabilitation care [3]. Perioperative nursing a direct impact on the quality of life of patients, prognosis, preoperative psychological care, bowel preparation and postoperative supine, diet, wound drainage tube observation, complications of care, are rectal cancer surgery treatment and care of the important phases and aspects [4-5]. Therefore, the entire medical clinical care is an indispensable part of the activities, careful care can reduce the suffering of patients, and promote physical rehabilitation and improve quality of life. The results indicated that patients with postoperative recovery observation group than the control group patients (P <0.05), and the incidence of postoperative complications was significantly lower than the control group of patients, the difference was statistically significant (P<O.05). Description laparoscopic rectal cancer perioperative use of targeted rehabilitation care measures that can accelerate the rehabilitation of patients and reduce the incidence of postoperative complications, worthy of promotion.

References:

[1] Mao Xiaoying, Zhang Li, Zhou Hongbin, et al. Laparoscopic resection of colorectal cancer in perioperative nursing[J]. SEN UNIVERSITY• Medical Sciences, 2009, 30 (1): 202.
[2]Wang Qin. Colorectal cancer 32 cases of perioperative nursing[J]. Misdiagnosis of China, 2011, 11 (22): 5517-5518.
[3]Liu Zhongwen. Cancer patients perioperative nursing[J]. China Practical Medicine, 2011, 6 (8): 228-229.
[4]Zhang Guoqin. Laparoscopic rectal cancer surgery perioperative nursing[J]. Nursing Practice and Research, 201 1, 8 (6): 37-38.
[5] Zhu Wenjun. Elderly patients with laparoscopic rectal cancer surgery perioperative nursing[J]. Nursing and Rehabilitation, 2010, 9 (1): 20-21.

7/9/2013.