

Perioperative care in laparoscopic radical hysterectomy

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Abstract: Objective: To investigate the laparoscopic radical hysterectomy perioperative nursing. **Methods:** From November 2011 to November 2012, 38 cases of laparoscopic radical hysterectomy in patients with perioperative nursing methods for analysis were selected retrospectively. **Results:** 38 patients in this group were targeted through perioperative care, 29 cases of extensive hysterectomy + dual oophorectomy, nine cases of extensive hysterectomy ovarian transposition, two cases of ureteral fistula, five cases after two weeks of poor voiding after catheter removal, 1 patient 10 days drainage fluid were more than 200ml, as a pale yellow peritoneal fluid drainage, carboplatin 500mg given intraperitoneal chemotherapy, remission, and the remaining patients had no abnormal was discharged. **Conclusions:** Laparoscopic radical hysterectomy significant treatment effect, trauma. Laparoscopic radical hysterectomy in patients with perioperative nursing interventions to enhance targeted surgical treatment can effectively improve the effectiveness and reduce the incidence of postoperative complications, and promote rapid recovery of patients.

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Hysterectomy surgery in gynecology are common methods for treatment of uterine fibroids and dysfunctional uterine bleeding and other gynecological diseases which have a better effect. But traditional laparotomy or vaginal surgical trauma, bleeding volume, seriously affected the patient's postoperative recovery. With the ongoing research on the medical level, the gradual application of laparoscopic techniques to clinical and laparoscopic surgery with less trauma and fewer complications, less blood loss and postoperative advantages get recognized clinicians^[1]. In order to effectively improve the operational effectiveness of surgery, this article in our hospital in November 2011 to November 2012 among 38 cases of laparoscopic radical hysterectomy perioperative nursing methods of analysis, a detailed analysis is as follows.

1 Materials and Methods

1.1 Clinical data

This study in our hospital in November 2011 to November 2012 among 38 cases of laparoscopic radical hysterectomy patient, the patient's age was 32 to 65 years, mean age (46.2 ± 2.4) years .24 patients were with cervical cancer, 14 patients with endometrial cancer.

1.2 Methods

The study was a retrospective approach taken in our hospital in November 2011 to November 2012 among 38 cases of laparoscopic radical hysterectomy in patients with perioperative nursing methods for analysis.

1.3 Nursing

1.3.1 Perioperative care

1.3.1.1 Psychological care

As laparoscopic radical hysterectomy is a new surgical approach, the majority of patients do not understand the surgery, and even some patients doubt. Therefore, nurses should have a targeted communication and exchange with patients, a detailed description of surgical treatment, objectives and procedures, and the time and attention, fully embodies the advantages of the surgical treatment and safety, and reliability, to obtain understanding of the surgical patient, with the degree of increase. Meanwhile, the majority of patients worried about the effects of surgery, and even severe psychological stress. Nurses should strengthen effective mental communication with patients to establish a good nurse-patient relationship, so that patients can recognize a good attitude on the surgical treatment has a large advantage, improve with the degree of surgical treatment^[2].

1.3.1.2 Bowel preparation

The day before surgery in patients with dinner should be effectively controlled diet and weight loss, give some of the more easily digestible pap. Meanwhile, in the afternoon and evening to give 0.1-0.2% of soap enema treatment, and all patients were perioperatively 2-3 days into the low residue diet requires strict accordance with the prescription for oral parenteral antibiotics, surgery to facilitate the implementation of.

1.3.1.3 Vaginal cleaning

This study patients should avoid the menstrual period for surgery, and for patients given anti-inflammatory vaginal bleeding hemostasis. And in the two days prior to surgery in patients with vaginal

cleansing, 1 times / day, effectively reduce vaginal bacterial infection occurs^[3].

1.3.1.4 Patient skin

Preparation before surgery should assist patients and changing shampoo and nails, and skin preparation for shaving process. General range of skin preparation played xiphoid, down to the patient's thighs 1/3 position. Meanwhile, patients need special attention umbilicus clean, giving paraffin oil swab for cleaning, thus effectively reducing the postoperative infection^[4].

1.3.1.5 Health Education

In this group of patients should strengthen health education, nurses should inform patients of the need to fast before surgery eight hours, four hours before surgery requires forbidden to drink. Meanwhile, the training of nurses should strengthen the guidance of respiratory function and strengthen the function of the bed defecation training.

1.3.2 Postoperative care

1.3.2.1 Routine care

Patients returned to the ward after surgery before, the situation is still in a coma. Generally need to be prepared at the bedside after anesthesia commonly used drugs and infusion stand and oxygen device and ECG, etc., and returned to the ward, the need to assist the resettlement of patient's anesthetist. Meanwhile, nurses should be given strict accordance with the different types of anesthesia position. Strengthen monitoring of blood pressure, measured once every four hours TPR. And requires 6 hours after fasting, six hours after the general could be given liquid diet until flatus^[5].

1.3.2.2 Illness care

Patients after surgery should strengthen the observation of the disease, should continue to monitor their vital signs, including the patient's heart rate and breathing, and oxygen status and body temperature. Usually after 24-48h is a high incidence of postoperative bleeding stage, nurses should closely observe whether patients have nausea, vomiting, abdominal pain and other symptoms, if there are pale and blood pressure and other symptoms, the need to observe the presence or absence of surgical wounds oozing situation. Meanwhile, nurses should closely observe the patient whether the reign of various catheters, should remain unobstructed to avoid infection from happening. Also need to keep the attention of the patient's urine and drainage fluid color and quantity, to ensure better postoperative rehabilitation^[6].

1.3.2.3 Catheter care

Nurses should enhance postoperative catheter care management and effective to ensure a variety of catheter patency, and for home-abdominal and vaginal drainage tube and catheter patients require close observation of fluid drainage The color and quantity and nature. Once a catheter is not smooth, you need to

provide timely treatment. Nurses should be replaced daily drainage bag, and requires twice daily perineal scrub; the removal of the catheter after two weeks, the patient should make their own defecation after catheter removal^[7].

1.3.2.4 Complications

After surgery care nurses should strengthen nursing management of postoperative complications, usually after it is prone to complications of artificial pneumoperitoneum, bleeding and bloating and vomiting associated with infection and other complications, serious impact on patient's rehabilitation. Therefore, nurses should effectively prevent subcutaneous emphysema and hypercapnia, and cardiac arrhythmias. And in the perineum after effectively maintain clean and disinfected routine.

1.3.2.5 Discharge guidance

Nurses should strengthen health guidance in patients, especially in patients before discharge should be told effectively protect the wound, to ensure adequate sleep. General need within 3 months after surgery prohibits sex life, to avoid the bath. Patients should strengthen dietary guidance, recommended that patients eat some high calorie and high protein and high in vitamins, and promote the rapid postoperative recovery. Periodic review carried to the hospital, there are exceptions to the hospital should be timely treatment.

2 Results

The group of 38 patients were targeted through perioperative care, 29 cases of extensive hysterectomy + dual oophorectomy, nine cases of extensive hysterectomy ovarian transposition were discharged after treatment. Two cases of ureteral fistula, 5 patients two weeks after catheter removal voiding poor, one case of postoperative drainage fluid were 10 days or more in 200ml as a pale yellow peritoneal fluid drainage, carboplatin 500mg given intraperitoneal chemotherapy, symptoms, and the remaining patients had no abnormal smooth discharge.

3. Discussions

Laparoscopic radical hysterectomy in clinical practice has important application value, since the initial application of surgery, the majority of patients for surgery lack of knowledge. Therefore, to enhance perioperative nursing management appears to have particularly important.

Through this research and analysis, for laparoscopic radical hysterectomy for patients with targeted perioperative care is feasible and can effectively improve the surgical treatment, reducing the incidence of postoperative complications. Focus on strengthening the patient perioperative psychological care, bowel preparation, vaginal cleansing and skin

preparation and health education, so as to effectively eliminate the patient's concerns, and for surgical operation provides adequate preparation^[9]. And by strengthening routine postoperative care, illness care and catheter care, and care and discharge guidance complications, thereby reducing the incidence of postoperative complications, patients can promote rapid recovery^[10].

In summary, laparoscopic radical hysterectomy in patients with perioperative nursing management to strengthen targeted measures can effectively improve surgical outcomes and reduce the incidence of postoperative complications, and promote rapid recovery of patients.

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