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.

Key words: laparoscopy; extensive hysterectomy; perioperative; care
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 defection 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 defection 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 \[\text{(9)}\]. 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 \[\text{(10)}\].

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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