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RESEARCH ARTICLE

EFFECT OF SYSTEMIC NURSING ON POSTOPERATIVE RECOVERY OF GASTRIC CANCER PATIENTS

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ABSTRACT

Objective: To discuss the effect of systemic nursing on postoperative recovery of gastric cancer patients. **Methods**: According to the patient's operation time, 134 patients with radical gastrectomy from January 2016 to July 2018 were randomly divided into two groups, 64 in each group. Patients in the control group received routine care and the observation group received systematic nursing intervention based on routine care. The recovery and complications of the two groups were compared. **Results**: In the observation group, the first anesthesia time, the first time to the ground, and the total hospital stay were shorter than the control group, and the incidence of complications was lower than that of the control group (P<0.05). **Conclusion:** Systematic nursing intervention in patients with gastric cancer can significantly shorten the recovery time after radical gastrectomy in patients, and significantly reduce the incidence of complications in patients with gastric cancer.

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INTRODUCTION

Gastric cancer is a high-risk digestive tract malignant tumor in China, and its mortality is relatively high. Currently, it is mainly treated by radical gastrectomy in order to achieve the effect of curing gastric cancer patients (Yao Yiming, 2015). However, the radical resection of gastric cancer and its surrounding tissues, and the thorough operation of lymph node dissection form a large trauma to patients, increase the incidence of postoperative complications, and affect the postoperative recovery of patients (Yao Yiming, 2015). Related studies have shown (Liu Yanying, 2016) that it is important to give patients with high-quality perioperative care in surgical treatment. Therefore, the hospital selected systemic nursing intervention for perioperative nursing of patients undergoing radical gastrectomy, and discussed its impact on postoperative recovery. The report is as follows:

MATERIALS AND METHODS

Patients: 134 patients who underwent radical gastrectomy in our hospital from January 2016 to July 2018 were randomly divided into two groups according to the operation time of the patients, 64 in each group.

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There were 36 males and 28 females in the control group; age 40-78 years, mean age (54.6±10.8) years old; 38 cases of adenocarcinoma, 26 cases of squamous cell carcinoma; 30 cases including gastric antrum disease, 19 cases of gastric fundus lesions 15 cases of cases and gastric lesions. There were 35 males and 29 females in the observation group; the age ranged from 42 to 77 years old, with an average age of (54.5±11.1) years; 39 cases of adenocarcinoma, 25 cases of squamous cell carcinoma; 29 cases of gastric antrum disease, 18 cases of gastric fundus lesions 17 cases of gastric lesions. After analysis, the differences in basic data such as gender, age, cancer type and lesion location were not significant (P>0.05), which was comparable. The study has been reviewed and 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 gastric cancer (National Health and Family Planning Commission of the People's Republic of China, 2013), and were diagnosed as gastric cancer by imaging and pathological examination; 2 all meet the indications for radical gastrectomy, and underwent radical gastrectomy for total gastrectomy.

Exclusion criteria: 1 combined with severe liver, kidney, heart, lung dysfunction; 2 patients with severe diabetes or endocrine disorders; 3 cancer cells with distant metastasis; 4 combined with pyloric obstruction, upper gastrointestinal bleeding, stomach Patients with intestinal perforation.

Nursing method: Both groups of patients received routine care, including nurses to inform patients about disease, surgical treatment, and close observation of the patient's condition. The observation group conducted systematic nursing intervention on this basis, including: 1 psychological intervention. After the patient is admitted to the hospital, the nurse actively increases communication with the patient and patiently guides the patient's psychological condition. In addition, the nurse is more patient and proactive in answering questions for the patient and his family, and actively comforts and encourages the patient to help. Patients and their families remove doubts and build confidence in fighting the disease; in addition, explain the meaning of the operation to the patient before giving the patient care operation, and inform the possible discomfort, and the patient's understanding and active cooperation improve The effect of the intervention of the nursing; finally, the nurse also affirmed the highly cooperative patients, prompting the patients to receive follow-up treatment with a better psychological state. 2 health education.

When the patient is admitted to the hospital, the nurse will inform the patient of the necessity and precautions of the upcoming examinations and help the patient complete the examination. After the test results are released, the nurse will explain the meaning of the examination results to the patient and correct the radical gastrectomy. The advantages, steps, anesthesia methods, postoperative activities, and precautions during treatment are explained. 3 dietary interventions. When the patient is admitted to the hospital, combined with the patient's preference and condition, the patient develops an individualized diet recipe to guide the patient to correct diet to increase the patient's surgical tolerance. After the operation, the nurse once again seriously emphasizes the importance of the patient's diet to the patient and his family. Sex and attention to the situation, and after the patient removes the stomach tube, the patient's bed is strongly instructed to drink a small amount of warm water first, and after clear no discomfort, then eat a small amount of liquid food, focusing on the patient and his family to eat a small amount of meals, step by step. 4 pain care intervention.

Help patients with pain in the stomach to relieve pain through attention shifting, deep breathing, and gentler care movements. If necessary, give medication to relieve pain. 5 postoperative activity guidance. The nurses follow the step-by-step approach to the patient's postoperative exercise guidance; within 6~24h after the operation, the patient will go to the ward to instruct the patient to take deep breathing, expand the chest, etc., and help the patient to turn over, shoot the back to promote the sputum removal, etc.; ~2d, the patient is instructed to make a fist, raise the arm, lift the leg, etc.; after 3 days, combined with the recovery of the patient's condition, the daily activities such as sitting on the bed, autonomous sideways, leg landing, indoor walking, etc. are guided.

Observation index: After the operation, the nursing staff closely observed and recorded the first vent time of the anus, the time of the first squatting, and the total hospital stay, and performed statistical analysis to compare the postoperative recovery effect. Observed and analyzed the incidence of complications such as diarrhea, infection and intestinal adhesion in the two groups.

Statistical analysis: All data were statistically analyzed by SPSS 17.0. The results of each group of measurement data were represented by ($\bar{x} \pm s$), and the t-test was used for comparison between the two groups. The results of each group of count data were expressed as a percentage, and the x2 test was used, and the difference was significant at $P<0.05$.

RESULTS

Comparison of postoperative recovery in two groups of patients: Table 1 shows that the first anal exhaust time, the first time to the ground, and the total postoperative hospital stay were shorter in the observation group than in the control group, and the difference was significant ($P<0.05$).

Comparison of postoperative complications in two groups: Table 2 shows that there were some complications in both groups. The incidence of diarrhea, infection and intestinal adhesion in the observation group was lower than that in the control group, and the difference was significant ($P<0.05$).

DISCUSSION

When the body condition of gastric cancer patients allows, and the cancer cells do not metastasize, radical gastrectomy is the only clinical treatment that may cure gastric cancer, but its long operation time, trauma to patients, and postoperative complications More, hinder the early recovery of patients after surgery (Yao Yiming, 2015). With the continuous improvement of China's national economic situation, people's requirements for the quality of medical care services are increasing. Due to the obsolete nursing content and low attention to patients, routine care has gradually failed to meet the increasing nursing needs of people. The patient's perioperative care was not effective. Systematic care is systematic, holistic, decision-making and scientific. It is a kind of nursing intervention that can be guided by modern nursing, with nursing procedures as the core, and systematically link every aspect of clinical nursing and nursing management. In recent years, the application has increased significantly (Dai Jun, 2017).

The incidence of postoperative diarrhea, infection, and intestinal adhesion in the observation group receiving systemic care in this study was significantly lower than that in the control group; indicating that systemic nursing intervention can effectively reduce the incidence of postoperative complications and help patients to reduce the incidence of postoperative complications. The pain may be beneficial to the patient's postoperative recovery. This is because in systematic nursing, the nursing staff can more actively explain the health knowledge of the disease and surgery before the operation, correct the patient's understanding of the disease treatment and complications, and strengthen the patient's pain care.

Thus, the incidence of postoperative complications is significantly reduced in patients (Liu Yanying, 2016). In addition, in the observation group, the initial anal exhaust time, the first time to the lower ground, and the total postoperative hospital stay were shorter than those of the control group receiving routine care; indicating that systemic nursing intervention can shorten the postoperative recovery time of patients undergoing radical gastrectomy It is of positive significance for postoperative recovery; this is because systematic nursing comprehensively pays attention to the pre- and post-operative physical and mental conditions of patients, allowing patients to undergo surgery with better mentality and

Table 1. Comparison of postoperative recovery between the two groups ($\bar{x} \pm s$)

Groups	Cases	Anal first exhaust time（h）	First time to go to the ground（h）	Total hospital stay after surgery（d）
Observation group	64	57.62±13.08[a]	24.28±8.42[a]	9.75±3.37[a]
Control group	64	70.13±13.76	33.75±8.89	13.52±3.81

Table 2. Comparison of postoperative complications between the two groups (n(%))

Groups	Cases	Diarrhea	Infection	Intestinal adhesion
Observation group	64	5（7.81）	3（4.69）	0（0.00）
Control group	64	15（23.44）	19（29.69）	8（12.50）

physical basis, reducing surgical stress response, and Later, he can receive rehabilitation exercise earlier and actively, and strictly manage his own diet, thus effectively enhancing the recovery of gastrointestinal kinetic energy, thereby promoting the absorption of nutrients and ultimately shortening the recovery time (Liu Yanying, 2016; Zhou Guangyu, 2016). In summary, systemic fox care can shorten the postoperative recovery time of patients with gastric cancer, reduce postoperative complications, and has high clinical value.

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