



COMPARATIVE STUDY ON THE EFFECT OF COMFORT IN PATIENTS WITH ANORECTAL DISEASE AFTER OPERATION

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ABSTRACT

Objective: To study the effect of postoperative anorectal disease on patient comfort. **Methods** The clinical data of 38 patients with anorectal surgery who underwent anorectal surgery from January 2011 to March 2017 were retrospectively analyzed. According to the random number table method, 38 patients were divided into control group and observation group, 16 cases in each group. Our hospital for the control group of patients with routine care, observation group of patients with comfortable care, and then compare the two groups of patients with care. **Results:** The satisfaction rate of the two groups was significantly lower than that of the control group ($P < 0.05$), the difference was statistically significant. **Conclusion:** The clinical effect of comfortable nursing care after anorectal surgery is effective and can alleviate postoperative incision pain. This method is worthy of clinical application.

1. INTRODUCTION

Anorectal disease is a common human disease, frequently disease. Clinical most common anorectal disease rational species: hemorrhoids, anal fissure, anal fistula, abscess around the anus. Anorectal disease common symptoms are: anal and abdominal pain, blood in the stool, constipation, anal parts prolapse, anal flow mucus or bloody bloody stool, defecation difficulties, changes in stool shape, anus mass protrusion, anorectal foreign body sensation, diarrhea [1]. Aversion to cold, abdominal full, nausea and vomiting, abdominal mass, anemia and so on. Anorectal disease is extremely harmful, of which the highest incidence of hemorrhoids, a direct impact on people's daily life, work and rest, which requires anorectal disease patients with scientific care.

Comfort care is the crystallization of the development of modern nursing disciplines, the main purpose is to enable patients in the physical, psychological and social have reached a pleasant state, or reduce its unpleasantness. Anorectal surgery patients in patients with surgery after surgery to produce a series of psychological disorders and complications. Comfort nursing research is currently at home and abroad is still in the initial stage, and mainly to the specific comfort care measures based [2]. Now some domestic hospitals in order to better provide services for patients to meet the comfort needs of patients, began in the special ward on the basis of the establishment of comfort care ward. Some hospitals in the overall development process attaches great importance to the construction of comfort, developed a comfortable care system, to create a comfortable care culture. Comfort care conforms to the change of medical model, embodies the "patient-centered" service purposes, harmonious the nurse-patient relationship, the patient's satisfaction with nursing work rate of 99% or more. Nursing staff and patient goals, business quality and ability to work has been improved, but also a great extent to improve the quality of life of patients [3]. Comfortable care has now been adapted to social development and will be a major development trend for post-care. Comfortable care of the main content of physical comfort, psychological comfort, social comfort, spiritual comfort in four areas.

(1) Physical comfort: the feeling of the patient's body. The external factors include the temperature in the environment, humidity, health,

light, noise caused by discomfort, the internal factors of the disease caused by discomfort. Comfortable care must first meet the patient's physical comfort requirements. In healthy state, people can maintain their own physiological function of the state, in the disease state is usually not maintained, the patient's quality of life has declined. Comfortable care requires that the caregiver should strive to relieve or eliminate the discomfort caused by various causes, so as to achieve physical comfort.

(2) Psychological comfort: that is, the psychological feeling of patients. Especially in the face of setbacks or illnesses, in order to make the psychological balance, need to be concerned about and care, resulting in satisfaction, security, respect and so on. External factors can also affect the psychological. People as a whole, psychological comfort is its high level of demand [4]. Only in the psychological to meet the comfort requirements of patients in order to achieve the true sense of the patient's care and physical and psychological overall care. Therefore, health care workers should pay attention to their words and deeds, proficiency in their own business level, so that patients get the greatest psychological comfort.

(3) Social comfort: social comfort, including interpersonal relationships, family, occupation, school, economy and other levels of comfort. Patients, like ordinary people, are treated as a social individual and always face a variety of social problems. As a health care worker, although it cannot solve the social problems of patients, but through the means of care to reduce the social pressure of patients, so as to obtain more social support.

(4) Spiritual comfort: refers to the religion, faith, faith to bring comfort. Spirit is the core part of philosophy of life and values. In the care to take care of the patient's mental comfort and health, respect for the patient's religious beliefs, and correctly guide patients to correctly understand the meaning and value of life. Thus, in the spiritual level to achieve the most comfortable state.

2. MATERIALS AND METHODS

2.1 Normal information

A total of 32 patients with anorectal disease who underwent anorectal surgery during our hospital from January 2017 to March 2017 were

enrolled in a total of 32 patients, including 16 in the experimental group and 16 in the control group. There was no significant difference in sex and age between the two groups ($P > 0.05$)

Table 1: Comparison of two cases of general data

Group	Number of cases	Gender		Average age
		Male	Female	
Test group	16	9	7	40. 35
Control group	16	8	8	42. 76
P		0.821		0.853

Table 1 results showed that the two groups of patient's sex, age, by statistical tests, no significant difference ($P > 0.05$).

2.2 Method

Routine group of routine clinical care. 32 patients were preoperative preparation measures; postoperative disease and other routine monitoring; conventional pain, including guidance and surgical wound for care.

After 32 patients were admitted to the hospital, the nursing staff immediately collected the relevant information of the patients, and fully understood their age, personality, personal hobbies, family background; on the basis of establishing good communication, comprehensively understand the patient's psychological attitude, nursing needs [5]. Combined with the actual condition of patients, surgical conditions, etc. to develop a detailed, targeted care plan. Nursing plan mainly from the psychological burden of patients to reduce and physical, social and other aspects of the fast, so that it can achieve a comfortable or comfortable state. Comfort care specific implementation plan is:

(1) Preoperative comfort care

Psychological comfort care: patients in the sick during the psychological reaction is complex, easy to produce fear, depression, tension, anxiety and other psychological. To the patient a comprehensive explanation of preoperative treatment, surgery with the attention and the effect of surgical treatment. According to the patient's question to explain the targeted, enlighten, patiently answer their questions, and to introduce similar patients with successful surgery, so that patients with the best attitude to surgery. To conduct a comprehensive psychological assessment of patients, to encourage patients to participate in the formulation and implementation of nursing plans to cordial nature, warm and cheerful attitude to meet the needs of patients were respected, and through solid theoretical knowledge and skilled care technology to enhance the patient's psychological A sense of security. Diet Comfortable care: Zhu Huanzhe eating light, easy to digest, nutrient-rich diet, less alcohol, eat less spicy food. Preoperative 1 d fasting beans, milk and other gas food. 12 h before surgery fasting, 4 h forbidden drink. Skin and other ready to comfort care: 1 d before surgery to patients with surgical skin area, to the patient skin preparation should be gentle, do not damage the skin, close the door, window, pay attention to protect the patient's privacy. If necessary, use 25% mannitol 250 mL orally to remove intestinal gas and feces, such as the remaining stool, give 0.9% sodium chloride 1 000 mL clean enema and reduce infection. To prevent repeated insertion of the anal canal caused by anal skin and mucous membrane damage. 15 minutes before surgery to give sedative phenobarbital 0.1 g intramuscular injection to reduce the patient's tension.

(2) Postoperative comfort care

Diet Comfortable care: 1 to 2 days after surgery should be no slag or less slag flow of food, semi-liquid food mainly, such as gruel, noodles, etc., to reduce bowel movements, fecal formation and defecation, promote incision healing. Avoid eating milk, legumes, to prevent abdominal flatulence.

Psychological comfort care due to various discomfort to the patient's psychological pressure will affect the recovery of the disease should be patient to explain to patients after surgery may appear discomfort, carefully guide their families to help patients reduce the pain and discomfort. To give patients comfort and encouragement, regular meetings of patients to help patients from the new interpersonal relationships to get a sense of comfort. Lying discomfort comfortable care: postoperative posture should make patients feel comfortable is appropriate to guide patients to get up to reduce the incision tension to reduce pain, 24-48 h after the patient cannot sit. 5.3.2 pain and comfort

of the correct assessment of postoperative pain and timely treatment to guide the patient in the turn when the action should be light and slow, to avoid the activities due to rollover or traction caused by pain, such as annular mixed hemorrhoids with coccyx fractures in patients 3d Do not let go get out of bed to avoid wounds. Such as severe pain cannot bear the pain, according to doctor's orders to give painkillers more than 100mg injection of 100mg intramuscular injection to relieve pain. If constipation, oral liquid paraffin or other laxatives, avoid enema. Avoid sedentary, long standing, long squatting Keep the stool smooth, to prevent forced defecation, to develop regular bowel habits. 5.3.3 postoperative perineal comfort care to keep the skin around the anus clean, each stool can be used after 1: 5 000 potassium permanganate warm water bath, each after a sterile dressing to deal with the wound.

2.3 Statistical method

Using SPSS18.0. The data were processed by the software. The measurement data were expressed by the mean and negative standard deviation ($\bar{x} \pm s$), and the t test and the counting data rate (%) were used. The X2 test showed that the difference was significant Statistical significance.

2.4 Analysis of the results of the study

The VAS scores of the two groups were significantly lower than those of the control group at the 2nd day, the 1st day and the 6th day after the treatment group ($P < 0.05$). The statistical significance was statistically significant. There was no significant difference in VAS score between the two groups ($P > 0.05$). See Table 2 for details.

Table 2: Comparison of the satisfaction of the experimental group and the control group

Group	Number of cases	Satisfied	General	Not satisfied	Satisfaction (%)
Test group	16	14	2	0	100
Control group	16	10	5	1	93. 75

Table 3 shows that the experimental group in the use of comfort care to alleviate patients with postoperative pain is better than the control group, the statistical test $P < 0.005$, statistically significant.

3. CONCLUSIONS

Anorectal surgery patients with common complications of pain, the trigger factors are mostly surgery, complications, defecation and dressing, etc., and pain will lead to increased stress response in patients with negative emotions increased, and thus further aggravate the pain, resulting in a vicious cycle. The study found that anorectal surgery in patients with perioperative care to be comfortable, can effectively improve the clinical efficacy and quality of life of patients, so the study is to take this clinical approach to the clinical analysis of the results designed for the development of its late care program Provide a scientific evidence-based basis.

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