

Effect of psychological intervention nursing mode on spontaneous urination after anorectal surgery

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Abstract: With the continuous improvement of the treatment of anorectal diseases, the survival period of anorectal patients is gradually prolonged, and the quality of life of anorectal patients is increasingly attracting medical attention. Scholars at home and abroad have done a lot of research, including the reliability and validity of imported foreign scales in China, the status and influencing factors of anorectal patients under different treatment states, and the effects of various interventions on anorectal patients. Wait. Therefore, the research on the psychological intervention nursing model of anorectal patients shows that the psychological intervention nursing model can improve the function of postoperative spontaneous urination in anorectal patients, improve the psychological status of patients' anxiety and depression, and improve the quality of life of patients.

1. Introduction

With the continuous improvement of the treatment of anorectal diseases, the survival period of anorectal patients is gradually prolonged, and the quality of life of anorectal patients is increasingly attracting medical attention [1, 2]. Anorectal diseases are often treated surgically in the clinic. Postoperative anorectal diseases often cause complications such as urinary retention, mainly due to factors such as local incision pain caused by surgical stimulation or anesthesia, anal sphincter spasm and other factors [3, 4]. Therefore, it is necessary to take effective nursing interventions according to the patient's urinary retention to promote the spontaneous recovery of postoperative urinary function.

Drug clinical trials [5, 6] are important methods to determine the efficacy and safety of drugs. However, due to the certain uncertainty of clinical trial drugs, subjects receiving clinical trials will have different degrees of psychological reactions, which will affect the physical and mental health of the subjects, and reduce the autonomic recovery function of urination after anorectal surgery. It is not conducive to the researchers to make objective judgments on the safety and effectiveness of drugs. The anorectal patient not only has to bear the pressure from the body disease itself during the life of the disease, but the late treatment of the operation is complicated and the cost is also high. What followed were more psychological and social adaptation problems. According to the survey, the psychological problems of patients during treatment can be expressed as anxiety, insomnia, social disorders, severe depression and other aspects [7]. These problems will affect the patient's disease development and postoperative recovery, and affect the patient's daily life, so that their quality of life has decreased [8, 9].

Therefore, this paper adopts psychological intervention nursing model for anorectal patients. Research shows that psychological intervention nursing mode can effectively shorten postoperative urinary catheter indwelling time, and can effectively reduce the incidence of postoperative urinary retention complications, so as to promote the recovery of patients' spontaneous urination. Improve the patient's anxiety, depression and other psychological conditions, improve the patient's quality of life, and thus accelerate the recovery of the patient's condition.

2. Data, methodology and research results

2.1 Data

The clinical data of hospital patients with anorectal diseases were collected a total of 92 cases. Patients were divided into observation group and control group according to random number Table method, 46 cases in each group. Among them, 31 males and 15 females, aged 21-78 years, mean (49.5 ± 2.5) years old; 27 males and 19 females, aged 23-80 years, mean (51.5 ± 3.5) years old. Exclude severe heart, lung, brain system diseases, diabetes and pregnancy. There was no significant difference in the general data of gender and age between the two groups ($P > 0.05$), which was comparable.

2.2 Methodology

The control group took routine care, such as positional care, oral care, perineal care, catheter care and routine education. The main reason is to treat and care patients according to the doctor's advice, closely observe the patient's condition changes, and report the problem to the doctor in time. The patient is instructed to fast, rehydration, gastrointestinal decompression and analgesia to correct the acid-base balance of the water and electrolytes in the patient, and closely observe the changes in the vital signs of the patient. The patient was given indwelling catheter for 14 days, and the long-term opening was changed to 2 h/time after 7 days of catheterization. After 14 days, the catheter was removed, and the patient was urinated by himself. The residual urine volume was detected 6 hours after estimation.

On the basis of the patients in the control group, more detailed and comprehensive psychological care was carried out. The main nursing contents are as follows:

(1) Patient admission

After the patient is admitted to the hospital, the patient is cared for and cared for with enthusiasm and sincerity, and gains the trust and cooperation of the patient. Prepare a comfortable ward for the patient, ensuring good daylighting and proper temperature and humidity. Regularly ventilate the patient to ensure a fresh environment. Introduce the hospital environment and medical staff to the patient in detail, patiently and patiently explain the relevant knowledge of the disease to the patients and their families, patiently answer the questions, and eliminate the unnecessary tension and fear caused by the lack of relevant knowledge. Timely guidance and correction of the patient's misperception and bad behavior patterns can relieve the patient's anxiety by playing soothing background music.

(2) Preoperative care

Two days before the operation, the patients were allowed to take the semi-sitting position, sitting position and standing position for the diastolic and contractile exercises of the urethra and anal sphincters, 5~10 min/time, 3 times/d.

(3) Intraoperative care

During the operation, it is necessary to follow the principle of aseptic and light operation to minimize the damage to the patient. The indwelling needle is used for the intravenous drip in time, and the prosthesis can be fixed for the long-term infusion, and a small pillow is given to improve the psychological comfort of the patient during the operation. In the operation, the patient should explain the effect of the treatment and the possible adverse reactions in detail, and list some successful examples to establish the confidence of the patient to overcome the disease, help relieve the psychological pressure of the patient, and accept it with a relaxed and comfortable attitude. Treatment is beneficial to improve the treatment effect.

(4) Postoperative care

1) Position care. After the patient is awake after anesthesia, the free position is taken. The nursing staff should guide the patient to turn over and change position. The position of the supine position, the lateral position and the lateral position can be alternated, and the patient's position change is helpful to the patient's condition. Rehabilitation, and can effectively prevent the production of pressure sores.

2) Care of the mouth and respiratory tract. Because the patient needs to fast, water, etc. before

surgery, and the stimulation caused by anesthesia during surgery, it is easy to cause symptoms such as dry mouth and throat discomfort after surgery. Therefore, in addition to routine oral care after surgery, patients should often be helped to gargle in order to keep their oral mucosa moist for a long time. The anesthesia, intubation and indwelling gastric tube during surgery will stimulate the throat of the patient, and the secretions of the trachea and bronchus will increase and become thicker. Therefore, the nursing staff must guide the method of teaching the patient to take a back and cough to keep the patient's respiratory tract unobstructed.

3) Functional exercise. On the first day after surgery, the patient was instructed to perform early limb physical function training to accelerate the recovery of the body function. The upper limb functional exercise mainly includes the lifting, flexing, stretching, gripping and pulling of the upper limb. On the 5th day after surgery, the patient was instructed to perform diastolic and contractile exercises in the supine urethra and anal sphincters, 5~10 min/time, 3 times/d. At the same time, 5% sodium bicarbonate and gentamicin 80,000 U were used to infuse the bladder of the patient, 20~30 ml/min, 300 ml/time, 2 times/d, and the rinsing solution can be drained after 10 min. tube. On the 6th day after surgery, the patient was instructed to perform flexion, extension, squatting and other lower extremity exercises, 5~10 min/time, 3 times/d, and then gradually extended the exercise time according to the recovery of the patient's condition to promote the recovery of the body function.

4) Urinary guidance. In the process of explaining the recovery of bladder function to the patient, if it is determined that the patient's bladder function has been restored, the catheter can be removed when the patient has a urinary tract, and the patient is instructed and encouraged to urinate on his own. Let the patient stand first, then use the waist to rotate 20 to 30 times, and perform relaxation and contraction exercises on the abdomen, waist, urethra and anal muscles, and then urinate. Finally, B-ultrasound is used to measure the residual urine volume.

(5) Treatment operation

In the process of comfortable nursing operation for patients, the damage to the patient and the bad stimulation should be minimized, and the indwelling needle should be used for patients who take the intravenous drug on time. For long-term infusions, it is necessary to arrange a comfortable pillow and splint to increase the comfort of the patient during the infusion process. The patient should be patiently explained before the treatment and operation, and the patient's condition must be closely observed during the operation. Strengthen communication with patients to understand the needs of patients and to meet the needs of patients as much as possible so that patients can get adequate comfort both physically and psychologically.

Patients were evaluated by various scales before and after intervention: the incidence of urinary retention, residual urine volume, time of indwelling catheter and urinary retention complications were observed in the two groups to determine whether to restore spontaneous urination according to the patient's residual urine volume. .

The data of this study were all treated with SPSS 18.0 statistical software. The measurement data were expressed as mean \pm standard deviation. The t test was used for comparison. The count data was tested by word. $P < 0.05$ was considered statistically significant.

2.3 Research results

The postoperative urination of the two groups was compared. The total urinary retention rate of the observation group was 5.8%, and the male urinary retention rate was 5.6%, which was slightly lower than that of women. The total urinary retention rate in the control group was 29.2%, and that of men was 27.6%, which was also lower than that of women. The statistical analysis of the results between the groups was $P < 0.01$, indicating that the difference in the results was statistically significant. The urinary retention rate of patients after anorectal surgery was significantly reduced after active nursing intervention. See Table 1.

Table 1.Comparison of postoperative urinary retention rate between the two groups of patients

		Male	Female
Observation group	Number of samples	110	115
	Urinary retention rate	0.056	0.061
Control group	Number of samples	100	110
	Urinary retention rate	0.276	0.308

The residual urine volume and indwelling catheter time in the observation group were significantly lower than those in the control group. The difference between the two groups was statistically significant ($P<0.05$). See Table 2 for details.

Table 2.Comparison of residual urine volume and indwelling catheter time between the two groups of patients

Group	Observation group	Control group
Residual urine volume (ml)	69.24±6.37	159.36±8.87
Indwelling catheter time (d)	9.36±1.34	18.54±3.47

Because the patient's postoperative function is reduced, it is easy to cause complications such as urinary retention, which will directly affect the patient's condition recovery. Therefore, the nursing staff needs nursing intervention in the whole process before, during and after surgery. This requires the nursing staff to encourage the patient to express their thoughts before, during and during the operation, and then use their professional knowledge and skills to provide patients with quality and comfortable care services, so that the patient is in a relaxed and comfortable state under treatment and care. To this end, the nursing staff should not only provide comfortable posture care, aseptic operation and psychological care before and during the operation of the patient, but also perform postural care on the patient to prevent the occurrence of complications such as pressure sores; At the same time, the oral cavity and respiratory tract are given care to keep the patient's respiratory tract unobstructed; and the patient is encouraged and assisted to perform early functional exercise to promote the recovery of the body function and the condition; finally, the patient is guided by the self-administration of urination. Diastolic and contractile exercises in the abdomen, waist, urethra, and anal muscles, thereby performing urination, are beneficial to improve the therapeutic effect and promote the recovery of postoperative spontaneous urination.

3. Summary

With the continuous improvement of the living standards of modern people, people not only have to guarantee the effect of treatment in the process of treatment, but also require psychological comfort in the treatment and nursing work. In the nursing process of patients after anorectal surgery, if the psychological intervention is integrated into the whole care, so that the patient can get the maximum comfort from the physiological, psychological and social aspects, it can help to promote the recovery of the patient's condition. In this study, the residual urine volume, indwelling catheter time, and urinary retention rate after intervention were significantly better than those in the control group by giving the nursing model of the psychological intervention in the observation group. It can be seen that the psychological intervention of the patient with anorectal disease can effectively shorten the postoperative urethral indwelling time, and can effectively reduce the incidence of postoperative urinary retention complications, so as to promote the recovery of patients' spontaneous urination, thereby accelerating the patients' rehabilitation of the condition.

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