Intervención de enfermería de confort combinada con omeprazol sobre la recuperación de la función gastrointestinal después de la operación del tumor gastrointestinal

Effect of Comfort Nursing Intervention combined with Omeprazole on the Recovery of Gastrointestinal Function after Gastrointestinal Tumor Operation

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Resumen
Estudiar el efecto de la intervención de enfermería de confort combinada con omeprazol en la recuperación de la función gastrointestinal después de la operación del tumor gastrointestinal, la tasa de mejoría de los síntomas postoperatorios como náuseas, estreñimiento, distensión abdominal y vómitos en el grupo de estudio fue mayor que en el grupo control (P <0.05); El tiempo de hospitalización, la recuperación de los ruidos intestinales, la defecación y el escape en el grupo de estudio fueron más cortos que en el grupo de control (P <0.05). El tiempo de escape anal, los ruidos intestinales, la retención del tubo gástrico y la alimentación en el grupo de estudio fueron significativamente más cortos que los del grupo de control, y la incidencia de reacciones adversas fue menor que en el grupo de control (P <0.05). Además, los cinco aspectos de satisfacción de enfermería del grupo de estudio, como la actitud de servicio, el nivel técnico, la educación para la salud, el cuidado de los pacientes y el apoyo psicológico, fueron significativamente mejores que el grupo de control (P <0.01). Conclusión: la intervención de enfermería de confort combinada con omeprazol tiene un efecto positivo significativo en la recuperación de la función gastrointestinal en pacientes con cáncer gastrointestinal después de la operación, lo que conduce a la recuperación de la función gastrointestinal. También puede mejorar efectivamente la satisfacción de enfermería de los pacientes.

Palabras clave: Intervención de cuidados; Omeprazol; Tumor gastrointestinal; Recuperación de la función

Abstract
To study the effect of comfort nursing intervention combined with omeprazole on the recovery of gastrointestinal function after operation of gastrointestinal tumor. The improvement of symptoms and recovery of gastrointestinal function were compared between the two groups, and the nursing effect and satisfaction of the two groups were compared. Results: the improvement rate of postoperative symptoms such as nausea, constipation, abdominal distention and vomiting in the study group was higher than that in the control group (P < 0.05); The time of hospitalization, recovery of bowel sounds, defecation and exhaust in the study group were shorter than that in the control group (P < 0.05). The time of anal exhaust, bowel sounds, gastric tube retention and eating in the study group were significantly shorter than those in the control group, and the incidence of adverse reactions was lower than that in the control group (P < 0.05). In addition, the study group's five aspects of nursing satisfaction, such as service attitude, technical level, health education, caring for patients and psychological support, were significantly better than the control group (P <0.01). Conclusion: comfort nursing intervention combined with omeprazole has a significant positive effect on the recovery of gastrointestinal function in patients with gastrointestinal cancer after operation, which is conducive to the recovery of gastrointestinal function. It can also effectively improve patients' nursing satisfaction.

Key words: Comfort care intervention; Omeprazole; Gastrointestinal tumor; Recovery of gastrointestinal
1. Introduction

Gastrointestinal cancer is one of the common diseases in clinical. Gastrointestinal dysfunction is one of the common postoperative complications of gastrointestinal tumor surgery. Usually, the gastrointestinal tract cannot move normally due to the stretch and anesthesia of the surgical wound during the operation, resulting in gastrointestinal dysfunction, the patients cannot eat nutrition normally, complications and quality of life. The main symptoms were acute gastric dilatation, postoperative intestinal infarction and postoperative nausea and vomiting [2]. Therefore. How to effectively promote gastrointestinal function peristalsis, shorten the time of anal exhaust and defecation, and eat as early as possible is the key to postoperative rehabilitation, as well as an important link to reduce postoperative complications of gastrointestinal surgery and accelerate the recovery of patients. Comfortable nursing is a new type of nursing mode, which has the characteristics of integrity and humanization, which can create good conditions for the smooth operation or accelerated rehabilitation, and achieve the ideal nursing satisfaction of patients [3]. In this paper, comfort nursing intervention combined with omeprazole on the recovery of gastrointestinal function after gastrointestinal cancer surgery is reported as follows.

2. Materials and Methods

2.1 General Information

Forty-eight patients with gastrointestinal tumor were selected from March 2016 to March 2017. The patients were divided into two groups by random number table method: 24 patients in routine group, 13 males and 11 females, the minimum age was 32 years, the maximum age was 65 years, the average age was 45.374.87 years Among them, 10 cases underwent radical operation of gastric tumor and 14 cases underwent radical operation of intestinal tumor. In the study group, 24 patients (14 males and 10 females) , whose ages ranged from 31 years to 67 years, with an average age of 44.37 to 4.89 years, were treated with radical gastrectomy in 12 cases and radical gastrectomy in 12 cases. There was no significant difference between the two groups (P>0.05) . Inclusion criteria: (1) all patients met the diagnostic criteria of gastrointestinal tumor and underwent radical resection of gastrointestinal tumor. 2 All patients underwent open or laparoscopy general anesthesia. All patients had no other organic diseases. Patients and their families were informed of the study and signed a consent form. Exclusion Criteria: 1 complicated with other severe somatic diseases. 2 have a family history of mental illness or mental illness. Persons with severe mental or cognitive impairment.

2.2 Methods

The patients in both groups were given routine drug treatment after operation, including taking Erythromycin, Guangdong Zhongsheng Pharmaceutical Co., Ltd., standard Chinese Medicine H44020730, Paracel Islands Pill, Zhejiang Anglikang Pharmaceutical Co., Ltd., Standard Chinese Medicine H20041577, etc. To promote gastric emptying and gastric peristalsis, use of liquid paraffin, Kaisai Lu to promote patient defecation, if necessary, use of antibiotics to reduce postoperative bacterial infection. The patients were fasting, water deprivation, gastrointestinal decompression, proper nutrition support to ensure the balance of electrolyte and acid-base, to meet their basic metabolic needs, and to reduce the incidence of postoperative complications. On this basis, the control group received oral Omeprazole 20 MG twice daily. Stop the medication as soon as symptoms return. Routine nursing intervention was used in addition to treatment. Study Group patients in the Control Group on the basis of treatment intervention to patients with comfort care combined intervention program. The details are as follows:

(1) before treatment: Preoperative Comfort Care: actively create a warm and comfortable hospital environment for patients, actively communicate with patients and establish good nurse-patient relationship with patients To Take the initiative to care and greet the patient's daily life and Diet. To explain the basic knowledge, treatment methods and prognosis of the disease to the patient and his family patiently and carefully, especially to explain the necessity and importance of the operation And timely understanding and mastery of the patient's psychological state, using the methods of encouragement and comfort to give the heart, guidance and psychological care, when necessary, can give the patient soothing and soft music, in order to alleviate the patient's, excessive stress, anxiety and other psychological stress reactions, so that patients with a good state of mind and a happy mood to accept surgical treatment and care[4].

(2) treatment: 2 Intraoperative Comfort Care: pay attention to adjust the appropriate temperature and humidity in the operating room, assist the patient in the correct posture, avoid limb hanging or pressure, avoid joint overstretching to avoid joint damage or pain, reduce the discomfort of the operation position as far as possible, do not affect the breathing and circulation system of the patient (3) after treatment[5].

(3) comfort nursing after operation: After 8 hours, the patient's blood pressure and pulse are stable and can be changed to comfortable position. Make Abdominal Muscle in relaxed state, reduce abdominal tension, reduce
the position of abdominal injury 1-3 pull role: At the same time comfortable position can promote local blood circulation, promote gastrointestinal peristalsis and accelerate the cut 1-3 healing, reduce postoperative complications; At the same time, patients are encouraged to get out of bed early so as to cause gastrointestinal reflex, stimulate gastrointestinal peristalsis, accelerate gastrointestinal blood circulation, and promote the early discharge of gastrointestinal gas and contents. The gastrointestinal peristalsis function and nursing satisfaction were observed in two groups.

(4) discharge guidance. Patients are advised to have a reasonable diet and rest after discharge, and to keep healthy living habits.

2.3 Indicators

Statistical analysis was made on the symptoms of nausea and vomiting, constipation, abdominal distention and vomiting, so as to judge the improvement of postoperative symptoms in the two groups. Record the postoperative hospitalization time, recovery time of bowel sounds, defecation time and exhaust time, and evaluate the gastrointestinal function of the patients according to the following criteria: 0 point if the bowel sounds are not weakened or the defecation is normal; 1 point if the bowel sounds are weakened or disappear, and 1 point if the bowel sounds are not autonomously defecated; 3 points if the bowel sounds are weakened or disappear, and take the hand 4 points for those who still can't defecate autonomously. Compared with the recovery of gastrointestinal function in the two groups, the time of first anal exhaust, the time of gastric tube retention, the time of recovery of bowel sounds and the time of eating were mainly counted. The main adverse reactions were nausea and vomiting, abdominal distention, abdominal pain and constipation. Nursing satisfaction includes five sub items: service attitude, technical level, health education, caring for patients and psychological support. The number of satisfaction cases of each sub item is calculated.

2.4 Statistical Analysis

The data were processed by SPSS22.0 statistical software. The quantitative data were represented by ( \( \bar{x} \pm s \)). The t-test was used for comparison between groups. The qualitative data were expressed by (n, %), and the comparison between groups was compared by \( \chi^2 \) test (P<0.05).

3. Results

3.1 Improvement of postoperative symptoms

The improvement rate of postoperative symptoms in the study group was higher than that in the control group (P<0.05). See Table 1 below.

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of examples</th>
<th>Effective</th>
<th>Apparent effect</th>
<th>Void</th>
<th>Effective efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>24</td>
<td>10(41.67)</td>
<td>6(25.00)</td>
<td>8(33.33)</td>
<td>66.67%</td>
</tr>
<tr>
<td>Research Group</td>
<td>24</td>
<td>11(45.83)</td>
<td>9(37.50)</td>
<td>4(16.67)</td>
<td>83.33%</td>
</tr>
<tr>
<td>( \chi^2 )</td>
<td>/</td>
<td>4.625</td>
<td>2.142</td>
<td>5.248</td>
<td>7.389</td>
</tr>
<tr>
<td>P value</td>
<td>/</td>
<td>&lt;0.05</td>
<td>&gt;0.05</td>
<td>&lt;0.05</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

3.2 Recovery of gastrointestinal function

The length of hospitalization, recovery time of bowel rumbling, defecation time and exhaust time in the study group were shorter than those in the control group (P<0.05). See Table 2 below.

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of examples</th>
<th>Length of Stay D</th>
<th>Recovery of bowel sounds</th>
<th>Time, H</th>
<th>Exhaust Time H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>24</td>
<td>5.39±0.82</td>
<td>31.10±2.37</td>
<td>41.06±2.59</td>
<td>33.26±1.58</td>
</tr>
<tr>
<td>Research Group</td>
<td>24</td>
<td>8.78±1.31</td>
<td>37.91±3.42</td>
<td>48.96±2.71</td>
<td>38.49±1.67</td>
</tr>
<tr>
<td>t</td>
<td>/</td>
<td>14.045</td>
<td>10.480</td>
<td>13.494</td>
<td>14.567</td>
</tr>
<tr>
<td>P value</td>
<td>/</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
</tbody>
</table>

3.3 Comparison of the recovery of gastrointestinal peristalsis after operation between two groups.

The recovery time of Anus, extubation time, defecation time and postoperative abdominal distension rate in the study group were significantly lower than those in the control group(t =2.22, 2.27, 2.21, \( \chi^2 =4.60 \), P<0.05). See Table 3 below.
Table 3: Comparison of the recovery time of gastrointestinal function between the two groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of examples</th>
<th>Anal exhaust time</th>
<th>Time to extubate</th>
<th>Defecation time</th>
<th>Abdominal distension N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>24</td>
<td>42.1±12.1</td>
<td>46.7±12.8</td>
<td>57.5±15.8</td>
<td>10(27.78)</td>
</tr>
<tr>
<td>Research Group</td>
<td>24</td>
<td>33.7±11.2</td>
<td>36.2±11.8</td>
<td>46.4±13.6</td>
<td>3(8.33)</td>
</tr>
<tr>
<td>t/χ²</td>
<td></td>
<td>2.22</td>
<td>2.27</td>
<td>2.21</td>
<td>4.60</td>
</tr>
<tr>
<td>P</td>
<td></td>
<td>&lt;0.05</td>
<td>&lt;0.05</td>
<td>&lt;0.05</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

Note: ABP & Lt; 0.05 compared with routine nursing group.

3.4 Comparison of nursing satisfaction between two groups.

The patients in the study group were significantly better than those in the control group in terms of service attitude, technical level, health education, caring for patients and psychological support (P< 0.05). See Table 4 below.

Table 4: the nursing satisfaction of the two groups was n%, see table 4 below

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of examples</th>
<th>Service attitude</th>
<th>Technical level</th>
<th>Health Education</th>
<th>Caring for the patient</th>
<th>Supportive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>24</td>
<td>14(58.33)</td>
<td>16(66.67)</td>
<td>12(50.00)</td>
<td>10(41.67)</td>
<td>9(37.50)</td>
</tr>
<tr>
<td>Research Group</td>
<td>24</td>
<td>21(87.50)</td>
<td>23(95.83)</td>
<td>22(91.67)</td>
<td>22(91.67)</td>
<td>21(87.50)</td>
</tr>
<tr>
<td>χ²</td>
<td></td>
<td>6.89</td>
<td>8.69</td>
<td>5.26</td>
<td>4.57</td>
<td>8.69</td>
</tr>
<tr>
<td>P</td>
<td></td>
<td>&lt;0.01</td>
<td>&lt;0.01</td>
<td>&lt;0.05</td>
<td>&lt;0.05</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

4. Discussion

At present, the number of gastrointestinal cancer patients is increasing. With the progress of medical technology, the effectiveness of treatment has also been improved [6]. In clinical treatment of this kind of disease, surgical resection of the focus is the main method, and the operation will cause certain trauma to the gastrointestinal system of the patient, coupled with the use of narcotic drugs in the operation process, it is easy to lead to postoperative gastrointestinal peristalsis limitation [7]. At the same time, most patients have to go through bed rest for a period of time after surgery, which makes the body lack of movement, so that many patients in the postoperative 12 hours to 24 hours intestinal peristalsis completely disappeared, so that the intestinal function defect. Intestinal function defect will affect the appetite or digestive function of patients, and if the gastrointestinal function is inhibited for a long time, the patients will have abdominal distention, intestinal adhesion and other symptoms, thus prolonging the recovery time [8-9]. Therefore, in order to ensure the progress of postoperative recovery of gastrointestinal cancer patients, we must pay attention to the recovery of intestinal function. Omeprazole plays a protective role in gastrointestinal mucosa. It can inhibit the secretion of gastric acid by combining with H + / K + - ATPase in gastric wall, so as to protect gastric mucosa [10].

Due to the exposure of gastrointestinal organs during operation, combined with the influence of anesthetic and stimulation of operation, the gastrointestinal function of patients after operation will be temporarily inhibited for a period of time, the intestinal peristalsis will be weakened or disappear, a large amount of liquid and gas will accumulate in the intestinal cavity, and the gastrointestinal function disorder such as abdominal distention, anal exhaust and defecation dysfunction will appear, especially the abdominal distention symptoms after operation The wound and itself cause adverse effects, increase patients' pain, delay patients' postoperative recovery, and increase the incidence of postoperative complications such as adhesive ileus and incision dehiscence. Therefore, in recent years, how to effectively restore the gastrointestinal peristalsis function, especially to reduce the incidence of postoperative abdominal distention, promote anal exhaust and defecation, and improve patients' satisfaction with treatment and nursing has become a hot research topic.

As a new holistic and humanized nursing mode, comfortable nursing can create good conditions for the smooth operation and improve patients' postoperative nursing satisfaction. In the past ten years, comfort nursing has been deeply discussed on how to promote the recovery of gastrointestinal peristalsis after gastrointestinal surgery. Some researchers have found that the comfort nursing intervention has a definite clinical effect in the recovery of gastrointestinal function after gastrointestinal operation. It can shorten the time of eating, exhausting and defecating, reduce the incidence of postoperative abdominal distention, and improve the satisfaction of
patients with treatment and nursing. Wang Jianping [12] found that comfortable nursing intervention can reduce the psychological tension of patients, strengthen the recovery of gastrointestinal function, improve physiological comfort, reduce the incidence of nausea and abdominal distention, and effectively improve the comfort effect and satisfaction of patients. The results of this study showed that the time of anal exhaust, the time of gastric tube extraction, the time of defecation and the incidence of postoperative abdominal distention in comfortable nursing group were significantly less than those in conventional nursing group, and the nursing satisfaction in the five sub items of patients’ service attitude, technical level, health education, caring for patients and psychological support in the study group were significantly better than that in the control group (P < 0.05). It is suggested that comfortable nursing can promote the recovery of gastrointestinal peristalsis, increase gastrointestinal motility, shorten the time of anal exhaust, gastric tube extraction and defecation, reduce the incidence of postoperative abdominal distention, and improve the satisfaction of treatment and nursing. Comfort nursing has the characteristics of integrity, comprehensiveness, comprehensiveness and humanity. It can meet the needs of patients from the aspects of physiology, psychology and society, so that patients can feel the ease, freedom and comfort of humanity wholeheartedly.

5. Conclusion

The Comfort nursing intervention combined with Omeprazole therapy can improve the intestinal function and reduce the incidence of adverse reactions, which is worthy of clinical application.

References