

# Effects of the Concept of Infection Factors and Nursing Care on Postoperative Recovery of Gynecological Malignant Tumor Patients

## Abstract

Gastrointestinal surgery is currently a common gastrointestinal surgery in clinical practice. In recent years, the incidence of gastrointestinal diseases has gradually increased and increased as the lifestyle of modern people has developed and changed. Both physical health and quality of life have a serious impact. In the actual process, it was found that multiple links in operating room care may increase the risk of postoperative infections for patients. Therefore, this article proposes nursing in operating room based on simple virtual reality augmented technology. This article mainly studies the effect of nursing intervention on preventing gastrointestinal surgical incision infection, and hopes to provide help for preventing gastrointestinal surgical incision infection. In this trial, 80 patients with gastrointestinal surgery were randomly divided into two groups, each with 40 people. The experimental group was treated with an operating room nursing intervention combined with traditional treatment methods. Controls were treated with traditional nursing combined with traditional treatment, and both groups were analyzed for acceptance of nursing intervention in the operating room, poor mood, various indicator levels, postoperative complications, and postoperative incisional infections. The experiment proved that the postoperative rehabilitation indexes of the experimental group were better than those of the control group, the excellent rate of wound healing reached 92.5%, and the incidence of wound infection was only 5%, which was lower than that of the control group. This demonstrates that nursing intervention in the operating room can help to reduce the infection rate at the patient's incision site, increase the level of surgical indicators, promote healing of the incision site as quickly as possible, and significantly improve the safety of clinical treatment.

## Introduction

Among gynecological malignant tumors, ovarian malignant tumors and cervical and uterine malignant tumors are the most common. The main clinical treatment for gynecological malignant tumors is surgical resection plus chemo-radiotherapy. However, the surgical excision is wide, and the incision is large. Therefore, once postoperative incision infection occurs in gynecological tumor patients, it will not only affect the treatment effect but also increase the burden of treatment. In addition, after radiotherapy and chemotherapy, the body is damaged, the immunity is reduced, and complications are prone to occur in the perioperative period. Incision infection is a common postoperative complication; in severe cases, it can even directly lead to failure of the operation. The influencing factors of postoperative incision infection in gynecological tumor patients were analyzed, and then targeted high-quality nursing intervention programs were developed [1]. It is helpful to improve the curative effect of gynecological tumor surgery. At the same time, nursing intervention is an important way to prevent perioperative infection. Giving targeted nursing intervention before, during, and after surgery can effectively prevent and reduce surgical infection. In this study, 72 patients with gynecological tumors treated by surgery in our hospital from January 2019 to December 2019 were analyzed. This study analyzed the influencing

## Sun Guangfan\*

Department of Gynecology, The First People's Hospital of Lianyungang City, Jiangsu Province, China

\*Author for correspondence:

Sunguangfan@cz.cn

**Received:** 03-Apr-2023, Manuscript No. OANC-23-92862; **Editor assigned:** 05-Apr-2023, PreQC No. OANC-23-92862 (PQ); **Reviewed:** 19-Apr-2023, QC No. OANC-23-92862; **Revised:** 24-Apr-2023, Manuscript No. OANC-23-92862 (R); **Published:** 28-Apr-2023; **DOI:** 10.37532/oanc.2023.6(2). 45-48

factors of infection and the effect of clinical intervention. In the study group, 36 patients were aged 31-69 years, with an average age of years. Among them, there were 10 cases of cervical cancer, 14 cases of uterine fibroids, 8 cases of ovarian tumors, and 4 cases of endometrial cancer. 16 patients underwent laparoscopic surgery and 20 underwent open surgery. In the control group, 36 patients were aged 31-70 years, with an average age of years. Among them, there were 10 cases of cervical cancer, 9 cases of uterine fibroids, 11 cases of ovarian tumors, and 6 cases of endometrial cancer [2]. 19 patients underwent laparoscopic surgery and 17 underwent open surgery. The normal information of the two groups of patients were statistically processed. The results showed that  $P > 0.05$ , with no statistical difference, and this was comparable.

## Methods

### Nursing measures to the control group

The control group was given routine nursing mode, including matters needing attention in operation, health education, prevention of complications, and dietary guidance.

### Nursing measures to the study group

For the study group, implementing the high-quality care model on the basis of the control group is as follows: formulating rules and regulations, quality care required the guarantee of mandatory rules and regulations, relevant content included work flow and job responsibility, and carrying out assessment regularly to show supervision. Updating the nursing model, improving the nursing model on the basis of the original, setting up a nursing team, which included 1 responsible nurse, 1 team member, and clarifying the division of nursing care [3]. For patients with severe illness, complex nursing content, and communication difficulties, the responsible nursing with rich nursing experience would be undertaken. For the relatively simple ones, team members were responsible for each patient, and a nurse was responsible for each patient from the beginning to the end. Attention should be paid to preoperative nursing. Reasonable assessment should be made on the nutritional status, blood sugar status, anemia, and complications of patients before surgery. Special care should be given to special patients. For example, for patients with malnutrition or diseases such as hyperglycemia and anemia, not only should

they be corrected in a timely manner before surgery but also should focus on strengthening the control after surgery. The incision healing of patients should be regularly observed, and the dressing should be changed on time. Implementing personalized psychological care, carrying out perioperative psychological care and explain related knowledge, the focus of work should be placed on the patient, care details, and nursing staff, and patients should communicate fully, respecting the patient's personal habits, trying to meet the patient's reasonable requirements, and reflecting personalized care [4]. Other care measures are as follows: observing closely the patient's vital signs and wound bleeding after surgery, focusing on strengthening the care of patients undergoing open surgery, giving them the necessary nutritional support and encouraging them to carry out early activities, and focusing on strengthening preoperative nursing care for patients with fever; for instance, postponing the operation time, finding out the cause of fever, giving antibiotics to the treatment, and ensuring that the ward was clean and airy.

## Results

### Postoperative related conditions

The control group's time to get out of bed, postoperative eating time, postoperative exhaust time, and hospital stay was longer than those of the study group. The comparison of the postoperative related conditions of the two groups showed that  $P < 0.05$ , which indicated that the difference was statistically significant. Postoperative Incision Infection Rate. The postoperative incision infection rate in the study group was 2.78%, and in the control group, the postoperative incision infection rate was 19.44%; the postoperative incision infection rate in the study group was significantly lower than that in the control group. The difference was statistically significant,  $P < 0.05$  [5].

The factors affecting the quality of life of patients in the study group were lower than that of the control group, and the difference was statistically significant,  $P < 0.05$ . Time to get out of bed, postoperative eating time, postoperative exhaust time, hospital stay, and quality of life were the main influencing factors of postoperative incision infection in gynecological tumors [6].

## Discussion

The detection rate of gynecological malignant

tumor is increasing, which is a serious threat to women's life and mental health. Once gynecological tumor is diagnosed, it is difficult for patients to accept it within a short period of time, and they bear great psychological pressure. After the patient begins to accept slowly, the patient worries about the treatment cost of the disease, the prognosis after the operation, the adverse reactions brought by chemotherapy, and so on. The common treatment method for gynecological tumors is surgical resection, but this type of surgery, especially for patients with malignant tumors, not only takes longer. And the operation is more complicated, involving many organs, and usually causing great trauma to the patient [7]. In addition, surgical treatment has trauma and incision, and incision infection is a common complication after surgery. Once the incision has symptoms such as redness, swelling, dehiscence, and discharge, it will reduce the treatment effect, affect the prognosis, and prolong the hospital stay. In severe cases, it can cause systemic infection, organ failure, and life threatening. Therefore, to analyze the influencing factors of incisional infection after gynecological tumor operation is of great importance to prevent infection. The prevention of postoperative incision infection is not only related to clinical operation and medication but also plays an important role in nursing intervention. Through this study, it was found that time to get out of bed [8]; postoperative eating time, postoperative exhaust time, hospital stay, and quality of life were the main influencing factors of postoperative incision infection in gynecological tumors. The goal of nursing is "patient satisfaction, social satisfaction, government satisfaction." The whole nursing process requires nursing staff to provide continuous, satisfactory, and whole-process nursing services. Changing the situation where patients or their families hire nursing workers to make up for the lack of nursing work and improve the nurse-patient relationship. The control group's time to get out of bed, postoperative eating time, postoperative exhaust time, and hospital stay were longer than those of the study group. The comparison of the postoperative related conditions of the two groups showed that  $P < 0.05$ , which indicated that the difference was statistically significant. The postoperative incision infection rate in the study group was 2.78%, and in

the control group, the postoperative incision infection rate was 19.44%; the postoperative incision infection rate in the study group was significantly lower than that in the control group [9]. The difference was statistically significant,  $P < 0.05$ . The factors affecting the quality of life of patients in the study group were lower than that of the control group, and the difference was statistically significant,  $P < 0.05$ . Time to get out of bed, postoperative eating time, postoperative exhaust time, hospital stay, and quality of life were the main influencing factors of postoperative incision infection in gynecological tumors. Thus, the measures implemented in the study group were conducive to postoperative recovery and improvement of quality of life. It fully embodied the clinical advantages of high-quality nursing and was in line with the general trend of today's medical reform. In summary, time to get out of bed, postoperative eating time, postoperative exhaust time, hospital stay, and quality of life were the main influencing factors of postoperative incision infection in gynecological tumors. High-quality nursing intervention in the prevention of postoperative incision infection has a better clinical nursing effect, and it should be widely used in clinical nursing [10].

## References

1. Januškevičius ZI, Stasiūnas AS. Transmission of physiological information by telephone. *Cor Vasa*. 5, 152-155 (1963).
2. Balogh N, Kerkovits G, Horvath L *et al*. Cardiac digital image loops and multimedia reports over the internet using DICOM. *Stud Health Technol Inform*. 90,148-151(2002).
3. Berdusis K. The state of the art: tele-echocardiography and telecardiology. *Telemed Today*. 7, 25-6(1999).
4. Crowe B, Hailey D. Cardiac picture archiving and communication systems and telecardiology – technologies awaiting adoption. *J Telemed Telecare*. 8, 3-11(2002).
5. Tavakoli M, Emadi Z. The Relationship between Health-Promoting Lifestyle, Mental Health, Coping Styles and Religious Orientation among Isfahan University Students. *J Res Behave Sci*. 13, 64-78(2015).
6. Pierce C. Health promoting behaviors of rural women with heart failure. *Online Journal of Rural Nursing and Health Care*. 5, 28-37(2005).
7. Deblonde T, Cossu-Leguille C, Hartemann P *et al*. Emerging pollutants in wastewater: A review

- of the literature. *Int J Hyg Environ Heal.* 214, 442-448 (2011).
8. Banci L, Ciofi-Baffoni S, Tien M Lignin *et al.* Peroxidase-catalyzed oxidation of phenolic lignin oligomers. *Biochemistry.* 38, 3205-3210 (1999).
  9. Heberer T. Occurrence, fate, and removal of pharmaceutical residues in the aquatic environment: A review of recent research data. *Toxicol Lett.* 131, 5-17 (2002).
  10. Lee ST, Lui TN, Chang CN *et al.* Prophylactic anticonvulsants for prevention of immediate and early postcraniotomy seizures. *Surg Neurol.* 3, 361-364(1989).