

Rapid Rehabilitation in Urological Surgery with Psychological and Preoperative Care

Abstract

Urological surgery patients will be studied to see whether a combination of rapid recovery surgery and psychological nursing might help them recover more quickly. Methods There were 74 patients identified and treated in our urological surgery department between April 2020 to April 2022, and they were separated into two groups: the control group and the observation group, with 37 cases in each. During the preoperative period, the control group received regular nursing care, whereas the observation group was exposed to the quick recovery surgical concept in conjunction with psychological nursing care. In the end, here's what happened: Patients in the observation group spent less time getting out of bed and tiring themselves during the first hour after insertion of the drainage tube than those in the control group ($P=0.05$). A larger percentage of the observation group's nurses were satisfied with their work than the control group's nurses, at 94.59 percent ($P=0.05$), while the observation group's complication rate was lower than the control group's (at 18.91 percent) at 8.11 percent ($P=0.05$). Fast recovery surgery coupled with psychological nursing may help patients recover from surgery, minimize the time it takes for them to get out of bed and indwell the drainage tube, enhance their psychological condition, and lower their risk of problems. As a nursing intervention strategy, it is both effective and practical.

Key words: Psychological care, Urology, Preoperative period, surgical treatment

Introduction

In recent years this concept of study promoted European and American countries and now going to adopt in China rapidly. We choose the Urological surgery rehabilitation due to cure the patient postoperative psychological truma, Stress Anxiety and shorten stay at hospital . Improved surgical index aim may help minimize anxiety and sadness in patients, as well as increase patient and nurse satisfaction.

Therapy is a commonly used treatment method [1]. Studies have shown [2], urological surgery Nursing interventions in the preoperative period for treated patients can prevent complications

and promote the rapid recovery of patients. However, routine clinical care mainly focuses on basic treatment and nursing, lacks individualization, and the overall nursing effect is not ideal [3]. It has been reported [4] that patients undergoing urological surgery are often accompanied by intense. Negative emotions will increase the adverse stress response during the preoperative period and affect the operation. Prior to surgery, preoperative care is offered to stabilize the mental and physical condition of preoperative patients in order to expedite their treatment and recovery [5]. The idea and psychology of preoperative fast rehabilitative surgery have been proposed by several academics as a result. It is possible to improve a patient's bad mood by nursing intervention. Rehabilitative surgery and psychosocial nursing may help patients recover more quickly. As a result of the surgical concept's benefits, it may also be merged with the psychological qualities of nursing. The therapeutic application impact is specific, however they have a function in cross-promotion [6]. Large-sample investigations are required to confirm the hypothesis [7, 8]. In this investigation, researchers used a combination of Our hospital handled 74 instances of urinary tract infection patients between April 2020 and April 2022. Observation of urological surgery patients' clinical data and the notion of fast-recovery surgery Patients undergoing urological surgery received preoperative psychological nursing,

Objectives

To observe the postoperative psychological trauma, Stress Anxiety in Urological surgery in different age groups patients.

1 Materials and methods

1.1 General Information

The First Affiliated Hospital of Hebei North University identified and treated 74 instances of urological surgery patients. We used the Urological techniques include minimally invasive laparoscopic surgery, laser-assisted surgery. All research support and samples form urology department from Our Hospital.

The random number table approach was used to split the individuals into two groups: control and observation, each containing 37 instances. Twenty men and seventeen women, ranging in age from 27 to 78, made up the control group. At (43.192.70) years old, the average age was There were 18 men and 19 women in the study group.

With an average age of 44.20 \pm 3.03, these individuals were between the ages of 29 and 81. A total of two teams have been formed. $P > 0.05$ did not show a significant difference in patient gender or age. Studies that are similar. Informed permission was signed by patients who were willing to participate in the research and whose participation had been authorized by the hospital ethics committee. 1.2 Criteria for acceptance and rejection Criteria for inclusion: There are no known contraindications to surgery, and the patient is compliant and cooperative with the nursing team. Criteria for exclusion: 1 Strictures of the liver, kidneys, heart, and brain. Two patients had cancerous tumors; three patients had inadequate follow-up data.

1.3 Method

1.3.1 Control group Routine nursing in the preoperative period: ① Preoperative

Routine health education to guide patients in preoperative examination and preparation[10]; ② Intraoperative treatment and nursing as prescribed by the doctor, active cooperation with the doctor, and close Observe the changes of vital signs; ③ inform the patient about precautions and diet after operation principle, observe the occurrence of complications; ④ have a negative impact on irritability, anxiety, etc. Emotional patients, do a good job of comfort and enlightenment.

1.3.2 a team of researchers Combined with the idea of speedy recovery surgery and mental health nursing. Intervention: ① Prior to surgery, you should do the following things: The nursing team had a meeting 2 days before to the procedure.. Fast recovery surgery and associated surgical principles were discussed by the patient so that they could fully comprehend the procedure and how they could best collaborate with the surgeon. concurrently Accurate evaluation of a patient's unique characteristics and emotional condition, based on available information. The preoperative unpleasant feelings are eased by providing focused therapy for negative emotions. calmly and thoroughly address the patient's worries, anxieties, and questions; Pre-surgery day Invite patients who have had successful surgery to discuss and increase the number of individuals who get surgical care. Confidence in one's ability to participate actively in surgery. Before surgery, instruct patients on how to prepare their bowels. ; 2 On the first post-surgical day, the goal is to help patients feel better. Keep the room at a constant 25 degrees Celsius, and use a comforter to stay warm throughout infusion heat therapy [11]. Talk to the sufferer briefly, providing comfort and encouragement; at the same time. In the first 24 hours after surgery, patients should do no more than passive lying in bed exercises. Activities that aid in the patient's metabolism. All that's needed for the first two days following surgery is bed sitting, bedside standing, indoor walking, and a gradual increase in the quantity and duration of activities. Same Encourage patients to begin functional activity as soon as possible in order to expedite their recovery; 4 A modest quantity of water may be given to the patient once they wake up from anesthesia if there are no signs of nausea, vomiting, or abdominal distension. Twelve hours after surgery, an abdominal auscultation was conducted. After hearing bowel movements,

provide 40 ml of liquid food in the form of a liquid supplement. Keeping a tight eye on everything

Whether the patient has abdominal pain, abdominal distension, or other symptoms, Semi-flow can be given 24 hours after surgery as quality food, and then gradually move towards increasing food intake and eating normally. 5. Improve vital sign monitoring after surgery, with a focus on pipeline care. Regularly check the drainage of each pipeline, and keep your hands clean. If you notice anything out of the ordinary, notify your doctor as soon as possible. 6. Postoperative psychological care: since postoperative pain will increase the patient's bad mood, nurses actively ask the patient's subjective feelings. Analgesia can be given if necessary. At the same time, the patient's good mood and timely intervention reduce bad moods, making them feel good physically and mentally, and further reducing postoperative discomfort. 1.4 Observation indicators bed time, first exhaust time) related indicators, psychological state indicators, nursing care satisfaction, incidence of complications (infection, urinary retention, abdominal distension).

1.4.1 Mental state [12, 13] Anxiety: using the anxiety self-rating scale, 50-59 Mild anxiety, 60-69, moderate anxiety, ≥ 70 , severe anxiety. Depression: Using the Depression Self-Rating Scale, ≥ 53 points are screened positive Sex, 53-62 is mild depression, and 63-72 is moderate depression, > 73 into severe depression.

1.4.2 Nursing satisfaction [14] Use nursing satisfaction questionnaire, > 90 points

Satisfied, 60-90 is basically satisfied, < 60 is dissatisfied, The full score is 100 point satisfaction = (Satisfaction + Basic Satisfaction)/Total Examples Number $\times 100\%$.

1.5 Mathematical formulas The statistical analysis was performed using SPSS 21.0. The results from this investigation were analyzed, and the measurement data was presented in the form of a graph ($\bar{x} \pm s$). T-tests and [n (percent)] tables were employed for data comparisons and enumeration, respectively. P0.05 showed a statistically significant difference in the study's meaning when comparing groups using the 2 test.

2. Result

2.1 The two groups were compared in terms of surgery-related factors. Time to get out of bed, time to get out of bed, and time to first exhaustion were all reduced compared to the control group, with the following differences: Table 1 shows the level of statistical significance (P0.05).

2.2 An observational and control group were statistically different in terms of their psychological state indicators, which were lower than before treatment. Indicators are shown in Table 2 (P 0.05).

2.3 Both groups' perceptions of satisfaction as nurses are compared The satisfaction level of the nurses in the observation group was higher than that of the nurses in the control group. As seen in Table 3, there were statistically significant differences (P 0.05) in the control group.

2.4 Both groups' complication rates are compared. Table 4 demonstrates that the number of complications that occurred in individuals who were being monitored was significantly lower than in the control group (P0.05).

Table 1 Two groups (x and s) are compared in terms of surgery-related parameters (x).

| Group | n | Drainage tube indwelling time (h) | Time to get out of bed (d) | First exhausts time (h) |
|-------------------|----|-----------------------------------|----------------------------|-------------------------|
| Observation group | 37 | 20.78±3.66 | 2.17±0.74 | 8.73±4.65 |
| Control group | 37 | 34.80±5.34 | 4.25±1.29 | 16.88±3.24 |
| t | | 8.694 | 9.023 | 10.021 |
| p | | 0.01 | 0.007 | 0.003 |

Table 2 Comparing the two groups' measures of psychological well-being

| Group | n | Anxiety | | Depression | |
|-------------------|----|------------------|-----------------|------------------|-----------------|
| | | Before treatment | After treatment | Before treatment | After treatment |
| observation group | 37 | 57.23±3.92 | 41.18±3.50 | 56.90±2.87 | 41.50±3.43* |
| Control group | 37 | 56.79±4.01 | 49.83±3.62* | 56.33±4.00 | 49.00±2.70* |
| t | | 0.782 | 7.865 | 0.524 | 8.579 |
| p | | 0.385 | 0.014 | 0.791 | 0.012 |

Note: Compared with before treatment, *P<0.05

Table 3 Between the two groups, [n (percent)] a comparison of nurse satisfaction

| group | n | Satisfy | basically satisfied | dissatisfied | Satisfaction |
|-------------------|----|------------|---------------------|--------------|--------------|
| observation group | 37 | 24 (64.86) | 11 (29.73) | 2 (5.41) | 35 (94.59) * |
| control group | 37 | 22 (59.46) | 9 (24.32) | 6 (16.22) | 31 (83.78) |

Note: * Compared with the control group, $\chi^2=2.903$, $P=0.034$

Table 4 Comparison of the two groups [n (percent)] of complications

| group | n | Infect | urinary retention | Bloating | total incidence |
|-------------------|----|----------|-------------------|----------|-----------------|
| observation group | 37 | 1 (2.70) | 1 (2.70) | 1 (2.70) | 3 (8.11) * |
| control group | 37 | 2 (5.41) | 3 (8.11) | 2 (5.41) | 7 (18.92) |

Note: * Compared with the control group, $\chi^2=3.892$, $P=0.029$

3. Discussion

Studies have shown [15] that patients having urological surgery commonly have a stress defense reaction, and the stress defense response is linked to psychological condition, disease prevention closely associated subsequently. Emotional distress may be alleviated, unfavorable psychological responses can be avoided, and patients' active surgical support can be improved with psychological care As a means of alleviating the psychological stress reaction, it is essential. Currently, the notion of quick recovery surgery has not yet created a defined pattern, and it is typically based on the patient's real condition and formulates a scientific and effective nursing plan. Whenever possible. Some benefits may be gained by combining quick rehabilitative surgery with psychological nursing. There are many benefits to [18], but it isn't certain whether it will help patients recover quickly and safely. Drainage tube indwelling duration was found to be longer in the observation group as compared to the control group. . The observation group reported a satisfaction rate of 94.59 percent, whereas the control group reported a satisfaction rate of 83.788 percent, indicating a statistically significant difference in nurse satisfaction between the two groups ($P=0.05$). Psychological care may be included into the notion of quick

recovery surgery in order to provide patients with a holistic and methodical approach to their treatment. A liquid meal may accelerate gastrointestinal motility and repair the gastrointestinal barrier function, hence decreasing the time to initial exhaustion by rehabilitating the barrier. Two sets of attention. For anxiety and depression, Patients' anxiety and sadness may be reduced by nursing involvement, according to certain studies. Boost the patient's low mood and hasten his or her recuperation following a surgical procedure. Prior to surgery, after surgery, and during surgery, matching care was provided for all three stages. To alleviate patients' stress, psychological nursing intervention is very beneficial. As a result of this, patients' knowledge of surgery was raised via focused health education. Also accelerated rehabilitation in the field of urological surgery and perioperative psychological stress intervention.

Conclusion

In the following study we demonstrate that perioperative and psychological care can reduce the complications, shorten stay at hospital, and reduce the risk of readmission and death. Fast recovery surgery is integrated with psychological care in preoperative nursing for patients having urological surgery, according to the impact hypothesis. We are suggesting that this nursing practice may aid patients in their recovery.

Ethical Approval:

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

Consent

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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