

Study on the effect of comfortable nursing for patients undergoing modified radical mastectomy

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ABSTRACT. To investigate the effect of comfortable nursing for patients undergoing modified radical mastectomy. **METHODS:** A prospective study was performed on the clinical data of 100 breast cancer patients who underwent modified radical mastectomy in breast surgery in our hospital in recent years. The 100 patients were randomized into group A and group B. Modified radical mastectomy for both groups of patients. Before and after the operation, the two groups of patients were routinely treated. On this basis, the patients in group A were comfortably treated, and then the SAS score, SDS score and severity of postoperative pain were compared between the two groups. **RESULTS:** After receiving care, the SAS score and SDS score of group A patients were lower than those of group B ($P < 0.05$). After operation, the incidence of severe pain in group A was lower than that in group B ($P < 0.05$). **Conclusion:** Comfortable care for patients undergoing modified radical mastectomy can significantly improve their mental state and reduce their postoperative pain.

KEYWORDS: Modified Radical Mastectomy; Breast Cancer; Comfort Care

1. Introduction

Breast cancer refers to a malignant tumor that occurs in the epithelial tissues of the breast gland. Once the cancer cells fall off, the free cancer cells can spread to other parts along with the blood circulation, endangering the life safety of the patients[1]. The incidence of this disease is higher in women and the incidence in men is extremely low. The breast is not an important organ for maintaining human life, and breast cancer in situ is not fatal. But when a patient's cancer cells metastasize, it will seriously threaten their lives[2]. At present, the more commonly used treatment in China is modified radical mastectomy, which can significantly improve the survival rate of patients. However, modified radical mastectomy not only causes image changes, but also seriously affects the physical, psychological and quality of life of patients[3]. Pay attention to the psychological status of patients during the perioperative period, so that patients can correctly understand the disease, which can effectively improve the quality of life of patients[4]. Comfort care is a kind of care mode that is patient-centered, takes the patient's best comfort and satisfaction as the goal, and makes the patient physiologically and psychologically

enjoy the most pleasant state[5]. It creates a good way to ensure the smooth operation of the operation. condition. Therefore, effective perioperative care should be implemented clinically in such patients to relieve their psychological stress and alleviate their negative emotions. The aim of this study was to investigate the effects of comfortable nursing on patients with modified breast cancer undergoing radical surgery, perioperative psychological status and pain, and to further explore the significance and role of perioperative comfort nursing in radical mastectomy[6].

2. Information and methods

2.1 General Information

100 cases of breast cancer patients who underwent modified radical mastectomy for breast cancer from May 2018 to April 2019 in our hospital were selected as subjects. All patients were female, and there were symptoms such as axillary lymphadenopathy and nipple discharge. None of the tumors metastasized, and they all volunteered to participate in the study. These 110 patients were randomly divided into group A and group B. Group A adopted comfort care as the intervention group, and group B adopted routine care as the control group. The age of patients in group B was 37-68 years old, and the average age was (49.35 ± 2.83) years old. Among them, there were 26 patients with left breast disease and 29 patients with right breast disease. 5 patients. The age of patients in group A was 36-67 years old, and the average age was (49.02 ± 2.96) years old. Among them, there were 28 patients with left breast disease and 25 patients with right breast disease. 7 patients. There was no significant difference in the general data between the two groups ($P > 0.05$), which was comparable.

Inclusion criteria: 1 diagnosed as breast cancer by clinical diagnosis; 2 all patients underwent modified radical mastectomy; 3 no other serious complications, such as heart failure, diabetes, neurological dysfunction, etc.; 4 clinical compliance 5, in accordance with surgical indications for surgical treatment; 6 no mental disorders, cognitive impairment; 7 informed of this study, signed consent by the person / family.

Exclusion criteria: 1 patients with non-surgical indications for conservative treatment; 2 patients with basic mood disorders, patients with organ failure or organ dysfunction; 3 pregnant or lactating women; 4 low compliance with clinical treatment, halfway out Or patients who did not sign a consent form could not guarantee a complete medical record; 5 had absolute surgical contraindications; 6 advanced breast cancer, pre-survival period < 1 year; 7 no postoperative follow-up or exclusion studies. All patients were randomized into two groups. 50 patients in the control group underwent routine surgical care; 50 patients in the observation group underwent comfortable nursing on the basis of routine nursing. There were no significant differences in age, duration, condition, and education between the two groups ($P > 0.05$), which were comparable. Informed consent was obtained from the study patients or their families.

2.2 Nursing methods

Modified radical mastectomy for both groups of patients. During this period, routine care was given to both groups of patients by pre-operative, health education, informed of the relevant knowledge of surgery, and assisted in preoperative preparation. During the operation, closely observe the changes in the patient's vital signs and assist the anesthesiologist and the surgeon in performing various surgical operations. After the operation, the patient was observed for condition, vital signs monitoring, diet nursing and rehabilitation training guidance. On this basis, comfortable care is given to patients in group A by:

2.2.1 Preoperative Comfort Care

(1) Psychological Care Breast cancer patients often have negative psychology such as anxiety, fear and tension due to mastectomy. Nursing staff should actively communicate with patients with a gentle attitude and master their psychological dynamics. Explain the advantages, precautions, anesthesia methods, etc. of the modified radical mastectomy, patiently listen to the patient's complaints, and promptly answer the questions raised by the patients to receive the best psychological state for surgery. (2) Psychological nursing nurses of patients' spouses should provide a platform for surgery and rehabilitation exchanges for breast cancer patients' spouses, effectively promote positive emotions of patients and spouses, improve the quality of marriage of breast cancer patients, and detail to patients and their families. Explain the necessity and feasibility of radical mastectomy for breast cancer to gain their support and understanding. Enthusiastically communicate with patients and listen patiently to their complaints. According to the patient's age, cultural level and personality characteristics, targeted psychological counseling is carried out to relieve their psychological pressure and maintain a good psychological state. In the process of communicating with patients, caregivers should always maintain a smile and a good attitude, and try to use polite language. (3) Life care and preoperative preparation. Improve the routine examination before surgery, that is, preparation of skin and blood. Instruct patients to effectively cough, cough, practice breathing function; at the same time guide patients to a reasonable diet, more high-calorie, high-protein, high-vitamin and dietary fiber foods. (4) After the patient is admitted to the hospital, create a warm and comfortable hospital environment. Keep the light, humidity and temperature in the ward appropriate, and regularly open the window to keep the indoor air fresh. Place green plants in the ward and replace the bedding on the patient's bed. In addition, pay attention to keep the ward quiet, avoid loud noise inside and outside the ward, so as not to affect the patient's rest; (5) music therapy (music therapy) in the operation of our hospital operating room using music therapy, this therapy is patient-centered, is "social Another embodiment of the new environmental model of "environment-human", most of the patients have anxiety before entering the operating room, and even symptoms such as increased heart rate and elevated blood pressure will increase the risk of anesthesia and endanger life. There are special medical studies that show that the specified music is played to the patient, and even in the state of full anesthesia, the brain wave is closer to sleep than the patient who does not play music. Therefore, when the patient enters the

operating room and hears soothing music, the patient's nervousness can be significantly alleviated. At the same time, different background music is used according to different patients. Middle-aged and elderly patients choose Chinese folk music. Young people adopt Western music or pop music, and use intermittent play in use time to avoid fatigue caused by continuous playing for a long time. No use at noon and night. It is not used when the patient is severely painful, emotional, or critically ill.

2.2.2 Comfort care during biopsy

(1) Biopsy is performed on the affected area. At this time, the patient is awake and sensitive to any minor events in the operating room. During this period, the nurse should pay special attention to the patient. Actively accompanying the patient, paying attention to the patient's psychological and emotional changes, giving psychological comfort care, can take a touch: the nurse gently holds the patient's hand, or can touch the patient's head, soothe the patient's emotions, touch The way to let the patient perceive the nurse is on your side, can play a great psychological comforting role, and encourage or encourage the patient; in addition, use appropriate amount of warm water to wipe the skin of the patient's surgical site, remove the contaminated clothing on the patient; The lateral body position cushion is taken out in time, and the patient can be told to allow the upper limbs to properly move, but the degree of attention should not be too large, so that the psychological waiting time passes through the waiting time; the pathological report proves to be malignant, according to the patient's psychological acceptance. Inform patients to ensure that at least one health care provider is accompanied by encouragement and comfort around the patient;(2) Comfort treatment of modified radical mastectomy: After the general anesthesia, the patient is inserted into the urinary catheter to relieve the pain of the patient; the patient's warmth during operation is avoided and the limbs are prevented from excessive abduction, during the operation. Infusion and flushing are all treated with constant temperature water to alleviate discomfort. (3) Intraoperative comfort care keeps the operating room clean and quiet, adjusts the operating room temperature and humidity; keeps the room quiet, reduces the bad stimulation of the noise to improve the patient's physical comfort Degree; breast cancer patients waiting for the tumor biopsy during surgery to determine the most helpless and difficult during the surgical procedure, the nursing staff should play the role of a loved one, patiently talk with the patient, care more about the patient, understand their thoughts, according to the patient's psychological needs Implement personalized psychological care to relieve tension and anxiety and make it smooth through this period.

2.2.3 Postoperative comfort care

(1) After the patient is awake after psychological care, the nursing staff informs the patient with a pleasant tone and the vital signs are normal. At the same time, postoperative patients often suffer from loss, depression, and inferiority due to lack of one breast. Nursing staff should actively carry out patient and meticulous psychological counseling, explaining to them that postoperative physical changes are only temporary, and the breast can be reshaped after the condition is stable. Or

bring a bra to raise your sense of self-esteem. (2) Observation of the condition The patient's vital signs were closely observed. The pulse, respiration, blood pressure and oxygen saturation were measured every 30 minutes after surgery. After 6 hours, it was changed to once every hour. (3) Comfortable postural care After the patient's vital signs are stabilized, the patient is given a semi-recumbent position or a low-lying position. The affected limb is padded with a soft pillow to make the hand higher than the elbow, so that the patient's affected limb is comfortable. (4) Painful comfort care 100% of patients feel pain after surgery, and pain-sensitive patients use a controlled analgesia pump to relieve pain. The nursing staff should fully inform the patient about the postoperative analgesia and the side effects that may occur after using the analgesic pump, and explain the pros and cons to the patient in a simple language. For most patients, intermittent intramuscular analgesics can be used; in addition to drug analgesia, patients are given timely psychological support, distraction and other non-drug therapies. (5) Comfortable drainage of the drainage tube After the mastectomy, it is necessary to use an elastic bandage to compress the bandage. The tightness of the bandage should be adjusted regularly. The drainage tube under the flap is properly fixed to maintain continuous negative pressure suction. Pay attention to the color, nature and quantity of the drainage fluid. When getting out of bed, the negative pressure drain is lower than the upper nozzle height. Maintain a continuous and effective negative pressure drainage after surgery to help patients turn over or other treatments, gently move, properly fix the drainage tube to prevent distortion, compression, blockage and slippage. (6) Functional exercise of the affected limb A gradual rehabilitation plan is established according to the age and ability of the patient. On the day of surgery, the patient can be instructed to make fist and turn wrist movements, 1~2min, 2 times/d each time; the elbow flexion and extension movement should be appropriately increased on the first day after operation; the opposite side of the shoulder should be touched with the palm of the hand on the 3rd to 5th day after surgery. And the action of the ipsilateral auricle, 2 min, 3 times / d each time; 5-7 days after the operation, the wall of the affected limb can be used to climb the wall, gradually increase the height, 2 min, 3 times / d; postoperative 7 ~9d Practice combing the affected limbs and touching the opposite ears as much as possible, 3~5min, 3 times/d. After the line is removed, the patient is encouraged to eat with the affected limb, gradually exercise, and restore the function of the affected limb.

2.3 Observation indicators

The clinical observation indicators of the two groups were: postoperative anxiety, depression score, and degree of pain relief.

Psychological status assessment Psychological status is mainly to evaluate anxiety and depression, using Zung's self-rating anxiety scale (SAS) and self-rating depression scale (SDS). The higher the score, the higher the anxiety and depression of the patient. When the SAS and SDS criteria are ≥ 50 , the anxiety and depression mental status can be judged.

Pain Assessment Pain relief was assessed using an analgesic effect assessment

scale and was divided into four levels: complete response, partial response, mild relief, and no remission. Total remission rate (%) = (complete remission + partial remission + mild remission) / total number of cases × 100%.

2.4 Statistical methods

The data in this study were processed with SPSS20.0 software. The count data was expressed in %. The X² test was used. The measurement data were expressed as mean ± standard deviation ($\bar{X} \pm S$). Using t test, P < 0.05 indicates that the difference was statistical. Learning meaning.

3. Results

3.1 Comparison of SAS scores and SDS scores between the two groups before and after receiving care

There was no significant difference in SAS scores and SDS scores between the two groups before receiving care (P>0.05). After receiving nursing, the SAS score and SDS score of group A patients were lower than those of group B (P<0.05). See Table 1 for details.

Table 1 Comparison of SAS scores and SDS scores between the two groups before and after receiving care

Group	SAS score		SDS score	
	Before treatment	After nursing	Before treatment	After nursing
GroupB(n=50)	53.64±3.51	34.28±4.61	50.31±3.52	37.28±2.94
GroupA(n=50)	54.06±3.55	27.22±4.95	50.34±3.49	29.56±2.81
t value	0.652	8.085	0.467	14.704
P value	> 0.05	< 0.05	> 0.05	< 0.05

3.2 Comparison of the severity of postoperative pain in the two groups of patients

After surgery, the incidence of severe pain in group A was lower than that in group B (P < 0.05). See Table 2 for details.

Table 2 Compares the severity of postoperative pain in the two groups

Group	Painless [n(%)]	Mild pain [n(%)]	Moderate pain [n(%)]	Severe pain [n(%)]	Moderate or severe pain Incidence [% (n)]
GroupB(n=50)	7(11.67)	21(35.00)	14(23.33)	18(30.00)	53.33(32)
GroupA(n=50)	23(38.33)	19(31.67)	13(21.67)	5(8.33)	30.00(18)
X ² value					3.687
P value					< 0.05

4. Discussion

As the modern medical model shifts from the biomedical model to the bio-psycho-social model, the research on the influence of the patient's psychological state on the curative effect of the disease has received increasing attention. Studies have shown that 58% of patients have sought help from doctors, and 18% of patients have not yet met their mental needs. At this stage, the routine nursing mode is responsible for requiring nurses to perform doctor's orders, and the nursing process is rarely viewed from a therapeutic perspective. This model ignores the impact of different aspects of nursing work on the final treatment outcome. The lack of timely and effective communication between medical staff and patients, the changes in the psychological mood of patients and their families cannot be accurately grasped by medical staff. Breast cancer patients generally have emotional disorders, which are characterized by emotional ups and downs and high levels of depression. The pain symptoms associated with postoperative patients are easily combined with unstable emotions, resulting in aggravation of persistent anxiety and pain response, and adversely affecting the prognosis of the disease, thereby affecting the quality of life after surgery. Previous studies have shown that anxiety is a key factor affecting quality of life and physical, social, family, emotional, and functional aspects. The higher the degree of anxiety, the lower the quality of life. Studies on the influencing factors of pain and anxiety indicate that the needs of postoperative patients with breast cancer can be summarized as knowledge needs, care needs and psychological needs. So the concept of comfortable care will follow. The concept of comfortable nursing was put forward by American scholar Kolcaba in 1995. It refers to the comfort diagnosis of patients and the provision of comfortable nursing measures to reduce the unpleasantness in physical, psychological and social aspects. Self-contained state can improve the quality of care and enrich the overall care. The generation and practice of comfort care not only replaces the traditional nursing model but also further sublimates the overall care. Breast cancer is a life-threatening negative life event, which causes psychological stress response to individuals, and the perfect combination of caring care and daily care work. It is the embodiment of the continuous deepening of overall care. Comfort is the basic requirement of human beings. Comfortable care is applied to the perioperative period of patients with modified radical mastectomy. All comforts are the starting point, so that patients are confident in undergoing surgery.

The mammary gland has special significance for women. Although it is one of the glandular tumors with significant root treatment effect, the implementation of radical surgery and comprehensive treatment can effectively reduce the mortality, but the surgical treatment is an open traumatic operation, combined with the patient's own condition and surgical treatment. Fuzzy understanding, accompanied by anxiety, fear, depression can not be resolved in a timely manner, resulting in the patient's psychological and physical double pain will greatly affect the treatment effect, of which anxiety, depression is the most common radical mastectomy patients Psychological emotions. It is an important topic in clinical research to adopt an effective nursing program to improve the surgical treatment effect of patients and reduce the incidence of various adverse problems after surgery. Subcutaneous fluid,

skin flap necrosis, and upper limb lymphedema are common complications after modified radical mastectomy: 1 Among them, subcutaneous fluid is the most common complication, because the breast is rich in lymphatic network, it is difficult to Lymphatic tube ligation, prone to lymphatic leakage, causing lymphatic effusion. In addition, the drainage is not complete, the drainage tube is placed unreasonably or prematurely removed, and the drainage tube is removed too early to cause subcutaneous fluid accumulation. In addition, active drainage with negative pressure tanks should be advocated. 2 flap blood flow disorder leads to ischemic transport of the flap, which is the main cause of skin flap necrosis. 3 During the operation, the axillary tissue was dissected to cut off the lymphatic vessels and block the lymphatic return. Postoperative scar contracture and tissue hyperplasia lead to upper limb lymphedema. In this paper, the two groups of patients recovered well after operation, and there were no obvious complications. In the early stage, there were symptoms such as upper extremity edema, subcutaneous effusion, and subcutaneous small amount of bleeding. After continuous treatment and nursing, the symptoms were alleviated or disappeared. . The music therapy and digital pain grading (NRS) nursing used in the department is a major feature of the hospital: 1 music therapy patients have a good effect, and the music therapy in the surgery can directly affect the psychological reaction of the person and affect the patient's psychology. Performance, which reduces the patient's sensitivity to pain and thus relieves pain. Music therapy is also one of the most effective ways to treat pain in psychotherapy applications. Music therapy can relieve pain and has been proved by experts at home and abroad. The experimental results of Wang Yanshu and others of Dali College of Nursing have proved that music therapy can reduce the pain sensitivity and relieve pain of patients after surgery.

The SAS and SDS scores of the study intervention group were significantly lower than those of the control group ($P < 0.05$), which was consistent with the views reported by Zeng Xiangxiu and others. It was confirmed that comfortable nursing intervention for patients undergoing radical mastectomy can be performed. The patient is psychologically happy, increases the patient's comfort, and relieves the patient's negative psychology such as anxiety and nervousness. Relieving pain is one of the important aspects of comfort care. 100% of patients felt pain after surgery. The main causes of pain included: pain in the surgical incision; pain caused by indwelling central venous catheter; irritation caused by multiple drainage tubes placed on the body; and urinary tract causing burning pain in the urethra. In addition, due to the pressure bandage of the surgical incision dressing, the patient feels deep breathing and the pain is aggravated when the posture changes. Early functional exercise is also an important factor causing pain. Through the implementation of personalized nursing measures before and after surgery, patients with all-round surgical treatment can provide more high-quality clinical medical services, which have important clinical application value for patients and clinics.

In summary, the implementation of comfortable nursing for patients undergoing modified radical mastectomy for breast cancer can significantly alleviate the negative psychology of patients, reduce the pain of patients, reduce the incidence of complications, and facilitate the recovery of diseases. It is worthy of promotion and application.

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