

Influence of Nursing Intervention on Postoperative Pulmonary Infection Rate in Obstetrics and Gynecology Operating Room

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Abstract: Clinical medical technology is also in continuous development; surgical treatment technology in the field of clinical medicine is more and more skilled and common. Compared with traditional drug therapy, surgical treatment has more prominent effect on treatment effect, quick effect and short treatment time. Surgical treatment has become one of the preferred treatment methods for many diseases. However, although surgical treatment is effective for the treatment of diseases, there are also great risks, such as postoperative pulmonary infection. In this paper, we mainly discuss the influence of nursing intervention on pulmonary infection rate of patients in obstetrics and Gynecology operating room. From 2017.10 to 2019.10, 140 patients were selected and randomly divided into intervention group and intervention group, with 70 patients in each group. The traditional group was given routine nursing measures, while the intervention group was given special nursing intervention in the operating room in addition to routine nursing. The pulmonary infection rate, physiological stress index, inflammatory index, incidence of postoperative complications and satisfaction of nursing service quality were compared between the two groups. Finally, we found that the incidence of pulmonary infection in the intervention group was 2.86%, while that in the traditional group was 14.29%. The physiological stress indexes of intervention group were lower than those of intervention group except fasting blood glucose. The inflammatory indexes of the intervention group were also lower than those of the traditional group. The satisfaction rate was 98.6% and 85.8%, the difference between the two groups was statistically significant. Therefore, we can see that the operating room nursing intervention can effectively reduce the incidence of postoperative pulmonary infection and inflammatory indicators in patients with gynecological and obstetric surgery. In addition to the operation of Obstetrics and Gynecology, it also plays a positive role in improving the satisfaction of patients.

Keywords: Clinical Medicine, Pulmonary Infection, Physiological Stress, Nursing Service

1. Introduction

Surgical treatment is an invasive treatment. The level of intraoperative nursing directly affects the safety of surgical treatment. Postoperative pulmonary infection is a common complication. Pulmonary infection [1] is one of the common postoperative complications in obstetrics and Gynecology operating room. The occurrence of pulmonary infection is related to the decline of immune ability, physiological stress [2] response, nursing quality and surrounding environment. Strengthen the preoperative, intraoperative and postoperative nursing of surgical patients, try to avoid the high-risk factors that may cause pulmonary infection during the operation, so as to play a positive role in reducing the incidence of postoperative pulmonary infection and improving the quality of nursing service.

High quality nursing intervention [3] is based on the existing level of medical care and nursing staff skills to meet the needs of patients to the maximum extent, improve the patient's condition, improve the prognosis of patients, and relieve the pain of patients during operation to the maximum extent. At present, high quality nursing has been applied in various clinical specialties. In the field of Obstetrics and Gynecology, high quality nursing can reduce the incidence of postoperative complications, especially the probability of pulmonary infection. In the operation of Obstetrics and Gynecology operating room and is the key to ensure the success of the operation. The combination of surgical treatment and high-quality nursing not only reduces the clinical adverse reactions, but also plays a practical role in nursing. If the article puts forward that comfortable nursing has a significant positive effect on the prognosis of gynecological surgery patients. The so-called comfort care is to make

patients feel happy or reduce their discomfort, so as to benefit their body and mind.

Pulmonary infection refers to pulmonary infection, pulmonary edema, inhalation injury, atelectasis, suppurative thrombophlebitis and other causes of inflammatory changes in Pulmonary interstitium [4] and alveoli. Once it happens, it will bring some pain to patients and affect the rehabilitation effect and quality of life of patients. The main clinical manifestations of pulmonary infection were cough, dyspnea, fever and increased sputum volume. According to the etiology, it can be divided into bacterial pneumonia, fungal pneumonia [5], viral pneumonia, mycoplasma pneumonia [6]. Some studies believe that strengthening the nursing intervention in the operating room can reduce the incidence of postoperative pulmonary infection. This study mainly analyzes the influence of Obstetrics and Gynecology operating room nursing intervention and routine operating room nursing.

How to reduce the incidence of postoperative pulmonary infection in obstetrics and Gynecology operating room patients has been the main problem of clinical research and discussion. In clinical practice, reducing the possibility of postoperative pulmonary infection can not only reduce the pain of patients, but also greatly shorten the treatment and hospitalization time, which is conducive to the early recovery of patients. In recent years, our hospital should not only carry out routine nursing for patients with surgical treatment, but also grasp the specific situation of patients on the basis of targeted nursing intervention in the operating room.

In order to study the influence of Obstetrics and Gynecology operating room nursing intervention on postoperative pulmonary infection rate, 140 patients with obstetrics and gynecology operation from 2017.10 to 2019.10 were selected and divided into two groups. One group was given special operation room nursing intervention to explore the influence of nursing intervention on postoperative pulmonary infection rate of patients. We first analyzed the causes of pulmonary infection, elaborated the connotation and characteristics of high-quality nursing service. The nursing intervention in obstetrics and Gynecology operating room was divided into preoperative nursing, intraoperative nursing, postoperative nursing and complication nursing. Finally, the analysis of the results showed that obstetrics and Gynecology operating room nursing intervention for or postoperative recovery has great help.

2. The Causes of Pulmonary Infection and High-Quality Nursing Service

2.1 Causes of Pulmonary Infection after Operation

This article analyzed the age, smoking, obstructive pulmonary disease [7], diabetes mellitus, cardiac function classification, liver function classification, renal function classification, anesthesia method, anesthesia time, intraoperative perfusion volume and other risk factors. The results showed that the independent influencing factors of pulmonary infection after gynecological surgery were as follows:

(1) Blood transfusion is one of the important measures to ensure the success of surgical operation. However, through the clinical study of a large number of blood transfusion patients, it is found that blood transfusion is closely related to postoperative infection rate. With the increase of blood transfusion, the infection rate of recipients is no longer related to age, gender and injury degree. The postoperative infection rate of patients with intraoperative allogeneic blood transfusion is 7-8 times higher than that of patients with or without autologous blood transfusion. The key to avoid or reduce blood transfusion is to supplement the loss of physiological and pathological fluid before operation, shorten the operation time, improve the hemostasis and effectively control the blood loss during the operation. Objective targeted blood transfusion, careful selection of blood transfusion, selection of component blood transfusion as far as possible, and selective operation for patients with autologous blood transfusion can not only reduce the incidence of adverse reactions and transfusion related diseases, but also reduce the infection after blood transfusion. Considering the immunosuppressive effect of blood components such as platelets, leukocytes and their metabolites in the immune regulation of the body, in order to reduce the incidence of postoperative pulmonary infection, filtrate components should be selected to clear white blood cells.

(2) COPD [8] Macrophages are the most important inflammatory cells in patients with COPD. The number of macrophages is 5-10 times higher than normal, mainly concentrated in the central acinar area of emphysema. The number of macrophages and T lymphocytes was positively correlated with the degree of destruction of lung parenchyma. The release of proteolytic enzymes, interleukin-8, leukotriene B₄, adipose tumor necrosis factor and other substances can further aggravate the inflammatory reaction, cause further damage to lung tissue, increase the secretion of dry fluid from

glands, increase the degree of airway obstruction, and lead to airflow restriction, decreased elasticity and excessive expansion of lung tissue. In addition, the thickening of the respiratory membrane reduces the gas exchange rate. Suggestions: (1) We should correct malnutrition, prevent pulmonary edema and left heart failure, and improve respiratory function by smoking cessation, cough and expectoration, and anti-infection measures. (2) The incision, anesthesia method and anesthetic drugs which have little influence on respiratory function should be selected during operation. Anesthesia and operation time should be as short as possible. Positive pressure ventilation should be used to prevent alveolar collapse. (3) Encourage patients to get out of bed, avoid long-term bed rest, increase outdoor activities, improve body resistance, so as to promote the recovery of lung function. Some scholars believe that short-term cardiopulmonary exercise before operation can reduce pulmonary complications during operation.

(3) Age. With the growth of age, the body is becoming weaker and weaker, and lung function is also declining. It may cause cardiogenic pulmonary edema and pulmonary infection after operation. Therefore, in the development of Obstetrics and Gynecology operating room nursing intervention program, we must be clear about the patient's age and comprehensive situation, according to the characteristics of the patient's physical condition to customize the nursing intervention plan.

(4) Smoking. Smoking patient long-term inhalation of nicotine, carbon monoxide, coke and other harmful substances, long-term smoking or inhalation of irritant gases can stimulate respiratory tract sensory nerve endings. Reflexivity causes glands to secrete more dry fluid, overgrowth of submucosal glands, proliferation of goblet cells, and destruction of the purification function of bronchial mucosa cilia, resulting in obstacles in the clearance of respiratory secretions, destruction of alveolar septum, and interstitial fibrosis [9]. In addition, smoking can also activate inflammatory cells, activated macrophages [10], epithelial cells and lymphocytes can release neutrophil chemokines [11], macrophages can also produce proteolytic enzymes, leading to airway inflammation. Smoking can lead to excessive secretion of mucus in the glands and cannot be discharged out, thickening of the respiratory membrane, airflow limitation, excessive expansion of the lung, affecting the gas exchange in the lung. These changes eventually lead to postoperative pulmonary infection. However, smoking is only an external cause of lung infection. Any external cause is the basic internal cause, and the external cause is only inducing potential diseases. Therefore, smoking cessation, anti-infection, expectoration, early symptomatic treatment and improvement of lung condition can effectively reduce the incidence of postoperative pulmonary infection. Smoking has a slow and lasting effect on the lungs of patients. It is suggested that smoking should be forbidden in a few weeks before operation in order to improve the respiratory tract purification function and reduce the incidence of postoperative pulmonary infection. Preoperative prevention and control of smoking cessation, strengthening education and guidance of smoking cessation can reduce the level of carboxyhemoglobin [12], increase tissue oxygen supply, improve mucociliary movement and small airway function, and reduce the risk of postoperative pneumonia.

(5) Surgical care Patients with abnormal pulmonary function during preoperative examination, and at the same time, due to the traction and compression of the lung during the operation, it will further cause lung injury, resulting in the limitation of lung expansion [13], thus increasing the probability of pulmonary infection. Therefore, in the process of preoperative visit, nursing staff in operating room must understand the results of pulmonary function test and inform patients to actively treat lung disease before operation, so as to ensure the smooth completion of the operation. This paper mainly studies the effect of surgical nursing intervention on pulmonary infection. In view of this, we should strengthen the nursing intervention in the operating room, do a good job in health education, carry out comprehensive guidance before and after the operation, so that patients can grasp the key points of intraoperative cooperation in advance, actively cooperate with the operation of the attending doctor, correctly cough and expectoration after operation, and pay attention to the protection of hand incision. Correct understanding of pulmonary infection actively cooperate with the treatment of lung disease, exercise lung function.

2.2 Connotation of High-Quality Nursing Service

To implement the responsibility system of holistic nursing staff; To ensure the safety and comfort of patients during hospitalization; To ensure the effective implementation of various treatment measures; To improve the satisfaction of patients with high-quality nursing level; to continuously improve the professional value and professional skills of nurses; to meet the basic life of patients.

2.3 Core of High-Quality Nursing Service

(1) The transformation mode is to change the traditional nursing mode into the advanced responsibility system holistic nursing mode. (2) The establishment of mechanism is a long-term incentive mechanism to fully mobilize the enthusiasm of nurses, give full play to their professional level, and realize the long-term incentive mechanism of excellent work and good pay by adopting performance appraisal and post management of nurses. (3) To attach importance to clinical nursing is to adhere to the concept of "patient-centered" nursing service. All nursing measures should take patients first, comprehensively consider the ideology and medical behavior of patients' life and health, and constantly strive to improve the quality of service. According to the needs of patients, we should provide all-round professional nursing services for patients from admission to discharge. This requires that the current nursing work from the past biological therapy to bio social psychological treatment.

3. Data and Methods

3.1 General Information

From 2017.10 to 2019.10, 140 patients with obstetrics and gynecology were selected and divided into intervention group and intervention group on average. There were 70 cases in each group. The patients in the intervention group were aged from 22 to 54 years, with an average of 37.2 years. Among them, 18 patients underwent laparoscopic hysterectomy, 17 patients underwent artificial abortion, and 15 patients underwent myomectomy. 20 cases underwent elective cesarean section. The patients in the traditional group were 21-52 years old, with an average of 30.3 years old, including 20 cases of laparoscopic hysterectomy, 13 cases of artificial abortion and 17 cases of myomectomy. 20 cases underwent elective cesarean section. The general data of the two groups were compared, the difference was not statistically significant ($P > 0.05$), the results have reference and research value.

3.2 Case Selection Criteria

Inclusive criteria: All patients were diagnosed after admission and met the surgical indications. The patients and their family members signed the operation informed sheet. Exclusion criteria: patients with abnormal mind, thinking and language expression were excluded. Patients whose blood pressure, heart rate, blood glucose and other vital signs were not controlled to normal level before operation were excluded. Patients with severe functional injury of heart and brain or organic injury were excluded.

3.3 Method

The traditional group was given routine nursing measures. In addition to routine nursing measures, the intervention group also implemented nursing intervention in the operating room. The incidence of postoperative pulmonary infection, changes of physiological stress indexes, changes of inflammatory indexes, types of abdominal infection and satisfaction of patients with nursing service quality. The intervention measures in the intervention group were as follows:

(1) Nursing before Operation: Preoperative nursing mainly includes psychological counseling and improving the nutritional status of patients. Preoperative psychological state of patients is generally sensitive and fragile, afraid of surgery, which is not conducive to the operation of patients. Nursing staff can refer to the patient's age and life type, adopt a more friendly patience, often tell the patient some positive examples, such a successful operation of the patient has confidence, and let the patient understand the preparation needs to be done before the operation. Remind and monitor the patients to stay away from tobacco two weeks before operation, isolate these risk factors of pulmonary infection in advance, and explain the intention of quitting smoking. It is suggested that patients should eat more high protein and high calorie substances. In addition, all departments of the hospital disinfection and disinfection of nursing staff in the operating room, implement the operation concept of aseptic operation, establish the Department operation supervision group, and standardize the operation procedures of operators by improving the operation system. At the same time, nursing staff should combine with the actual situation of patients, aiming at the problem of unqualified skin disinfection, carry out preoperative skin cleaning and disinfection, to reduce the bacterial content on the skin surface of patients. Three days before operation, nursing staff should instruct patients to take disinfection bath and scrape hair at the operation site affected by hair. When shaving, avoid sharp tool scratch, resulting in wound infection.

(2) Nursing VDuring Operation: The nursing intervention during the operation includes assisting the attending physician to complete the operation and keeping the patient warm. During the operation, the nursing staff should send the medical equipment to the attending doctor in time and do a good job in wiping sweat and other services. In addition, we should pay attention to the patient's warmth, timely help the patient cover the body, try to avoid the patient directly see the operation, avoid the patient's tension. Nursing staff can inform the patient of the operation, but it is better not to let the patient witness it. Timely adjustment of laboratory temperature, some patients with hypothermia can also use insulation blanket and other insulation tools, patients who need peritoneal irrigation need to use warm water. After the patient is anesthetized, help the anesthesiologist to carry out anesthesia, help the patient adjust his position, and try to keep the patient in a comfortable position. For some patients who maintain consciousness, nursing staff can also communicate with patients in a timely manner, so that the mood of patients can be maintained in a more relaxed state. For some cesarean section of the maternal, to do a good job in the treatment of amniotic fluid, in order to take out the fetus before washing amniotic fluid, so as not to cause contamination on the operating table. In addition, keep the air in the operating room fresh and avoid particles, floating and sinking, bacteria and other substances in the air. Clean and wipe the instruments and equipment in the operating room regularly to ensure the cleanness of the instruments, strengthen the inspection and management of the instruments, and reduce the infection rate of the surgical incision; strictly control the number of operating rooms, implement the concept of aseptic operation in the operating room, and reduce the number of bacteria in the operating room; for complex operations, the cleanliness of explants should be ensured according to the relevant operation standards and procedures.

(3) Postoperative Nursing: Nursing staff should do a good job in cleaning and keeping warm after operation. After washing the patient's body, put on clothes and cover with quilt. Transfer the patient to the general ward. During the transfer process, pay attention not to touch the incision of the patient, try to keep it stable and avoid incision pain caused by concussion. After transferring to wards, nurses should closely monitor the vital signs of patients. Observe whether there is exudation, pain, fever, swelling and other phenomena in the surgical wound, and do a good job of dressing and cleaning tools. In the process of dressing change, it is necessary to strictly disinfect and disinfect, pay attention to the incision position of patients, use sterile gauze dressing when changing dressing, disinfect with ultraviolet air before dressing change, keep the bed surface clean, control the temperature and humidity of the ward, and ensure the ventilated ward. To help patients cough expectorant, guide patients to cough in a way that does not hurt the surgical incision, reduce pain, guide patients to practice deep breathing, and try to keep the airway smooth. Promote the benefits of getting up early, encourage and help patients to get up early, increase the patient's vital capacity, and prevent pulmonary infection. Close monitoring of cough and expectoration changes, and timely report abnormal conditions.

(4) Complications Nursing: Postoperative nursing intervention in operating room. After the operation, complications nursing: nursing of pulmonary infection: the first day after operation, half lying position was used to assist abdominal drainage. After anesthesia, the patient turned over frequently and breathed freely. When the patient has difficulty in expectoration, gently pat the back and use atomization inhalation if necessary. To keep the air fresh in the ward, keep oral hygiene and respiratory tract unobstructed, and take drug treatment if necessary; wound infection: urinary tract infection nursing: keep perineum clean, change bed sheet in time, and wash close clothes frequently; wound infection nursing: observe the incision for bleeding, swelling, tenderness and other symptoms within 24 hours after operation; Change the wound dressing according to the doctor's advice and strictly carry out aseptic operation;

(5) Intervention group (Routine Nursing): Before the operation, the itinerant nurses in the operating room generally introduced the operation process and the matters needing attention during the operation and assisted the patients with preoperative preparation according to the operation plan. The operating room nurses cooperated with doctors to complete the operation, did not control the amount of intraoperative infusion, and did not carry out the operation room nursing intervention related to keeping warm during the operation. After the operation, the nurses in the operating room sent the patients back to the ward and handed over the fluctuation of life indicators such as blood pressure and heart rate with the nurses in charge of bed.

3.4 Evaluation Criteria of Pulmonary Infection

If there is slight cough and expectoration symptoms after operation, the body temperature rises, but it is not obvious. The results of blood routine examination showed that the number of inflammatory cells increased, but not obvious. X-ray showed a slight patchy shadow, which was a mild pulmonary

infection. If the patient has cough and expectoration symptoms after operation, and the symptoms are obvious, the temperature rise is more obvious, and the blood routine shows that inflammatory cells increase, and there are obvious changes. X-ray showed that the lung shadow and patchy, indicating moderate pulmonary infection. If the patient has obvious cough, expectoration symptoms, and the symptoms are serious, can appear high fever symptoms. Blood routine showed that inflammatory cells increased significantly and seriously. X-ray showed obvious lung shadow and severe pulmonary infection.

3.5 Observation Indexes and Evaluation Criteria

(1) The postoperative pulmonary infection rate was compared between the two groups. One year after the operation, our nursing intervention researchers will often visit to obtain the patients' half year survival rate and A year's survival rate. (2) According to the observation results, the indicators of inflammation and postoperative physiological stress were plotted. (3) The traditional group and intervention group were compared with different types of pulmonary infection, fungal pulmonary infection, bacterial pulmonary infection, viral pulmonary infection and Mycoplasma pulmonary infection. (4) The nursing satisfaction of the two groups was compared, and the nursing quality satisfaction scale made by the operating room was used for evaluation, including 10 questions about the nursing quality in the operating room. The quality of nursing included: checking of patient information. Service attitude. Whether the nurse explained the anesthesia, surgery, nursing and other issues patiently and carefully. Operation room nurse puncture technique. Preoperative visit and postoperative follow-up of nurses in operating room. Whether the nurse in the operating room makes corresponding treatment explanation when treating. Whether the operating room nurse respects the patient. Whether the operating room nurse cares about patients. Whether the nurses in operating room pay attention to protect patients' privacy during treatment; whether they are satisfied with the operating room. Each question is divided into three evaluation criteria: very satisfied, satisfied and dissatisfied, with a total score of 100 points. The total score < 70 was dissatisfied, 70-84 was satisfied, 85-100 was very satisfied. Nursing satisfaction = (very satisfied cases + satisfied cases) / total cases × 100%.

3.6 Statistical Methods

All data in this paper were analyzed by SPSS 17.0 statistical software. The measurement data was expressed by $(\bar{X} \pm S)$, and the count data was expressed by rate (%). $P < 0.05$ was the data with statistically significant difference.

4. Results and Discussion

4.1 Comparison of Infection Rate with Time

The pulmonary infection rate, half year survival rate and 1-year survival rate of the intervention group and the traditional group after gynecological and obstetric surgery were significantly better than those of the traditional group, as shown in Table 1.

Table 1: Comparison of infection rates over time

project	pulmonary infection	Survive for half a year	A year's survival
intervention group	10	65	66
experience group	2	70	70
X^2	12.008	16.554	19.669
P	<0.05	<0.05	<0.05

Shown as Table 1 that pulmonary infection occurred in 10 and 2 patients in the traditional group and the intervention group respectively. In the traditional group, 5 patients recovered within half a year, and 5 patients did not recover after one year. In the intervention group, only two patients with pulmonary infection were recovered in the later treatment. We can conclude that obstetrics and Gynecology operating room nursing intervention for patients with postoperative recovery has great help.

4.2 Comparison of Nursing Satisfaction between the Two Groups

Table 2: Comparison of nursing satisfaction between the two groups

project	Very satisfied	satisfied	dissatisfied	Nursing satisfaction
experience group	43	26	1	98.6%
intervention group	28	32	10	85.8%
X ²				10.657
P				<0.05

Shown as Table 2, the patients' satisfaction rate was 85.8% in the traditional group. Among the 70 volunteers, 28 were very satisfied, 32 were satisfied, and 10 were dissatisfied, reaching 14.23%. In the intervention group, 43 were satisfied, 26 were satisfied, only one was not satisfied, the satisfaction reached 98.6%. It can be seen that nursing intervention in operating room is more reliable than routine nursing.

4.3 Physiological Stress Index

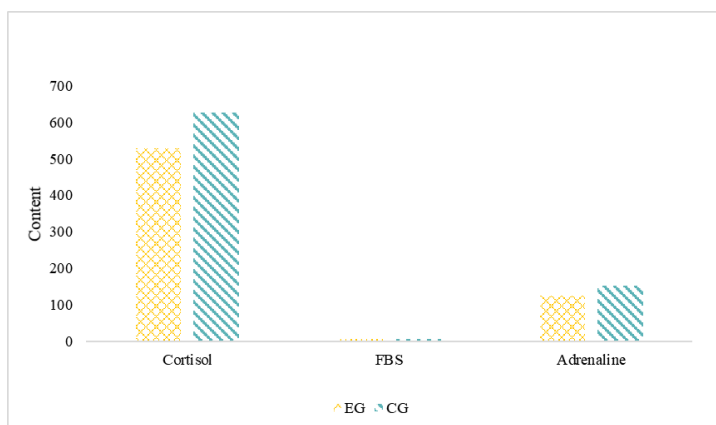


Figure 1: Changes of physiological stress indexes in two groups ($\bar{X} \pm s$)

Shown as Figure 1, CG represents the traditional group and represents the intervention group. The cortisol content in the intervention group is significantly lower than that in the traditional group 24 hours after operation. The fasting blood glucose content of the intervention group was slightly higher than that of the traditional group. The content of adrenal hormone in the intervention group was lower than that in the traditional group. After 24 hours, the related physiological stress indexes in the intervention group were significantly lower than those in the traditional group.

4.4 Inflammation Index

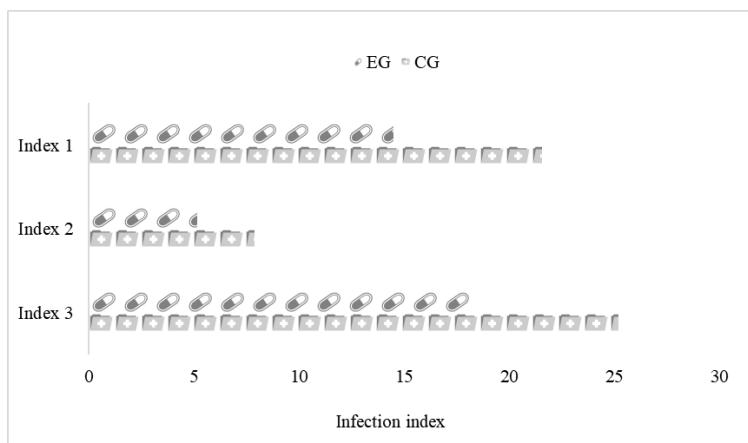


Figure 2: Comparison of indexes of postoperative inflammatory infection

Shown as Figure 2, CG represents the traditional group, represents the intervention group, index 1 represents C-reactive protein, index 2 represents tumor necrosis factor, and index 3 represents interleukin. 24 hours after operation, the inflammatory indexes C-reactive protein, tumor necrosis factor and interleukin in the intervention group were lower than those in the traditional group. It can be seen that nursing intervention can reduce the incidence index of postoperative inflammation.

4.5 Postoperative Pulmonary Infection

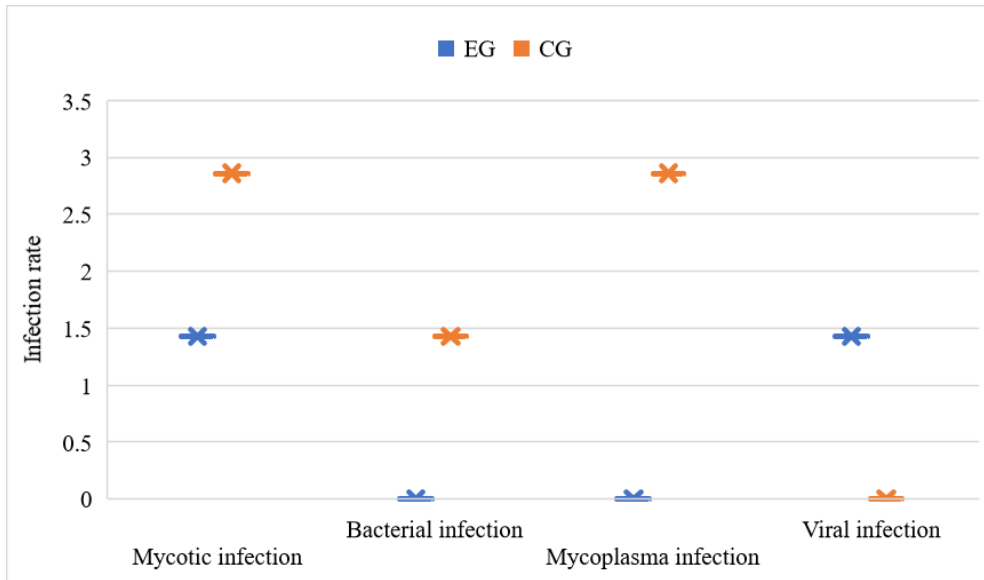


Figure 3: Comparison of postoperative pulmonary infection rate between the two groups [n (%)]

Shown as Figure 3, represents the intervention group and CG represents the traditional group. We divided pulmonary infection into fungal infection, bacterial infection, mycoplasma infection and virus infection. The pulmonary infection rate of intervention group and intervention group was counted and compared. It was found that the infection rate of the traditional group was higher than that of the intervention group, and the bacterial infection rate and mycoplasma infection route in the intervention group were zero. Obstetrics and Gynecology operating room nursing intervention for different types of pulmonary infection are helpful.

4.6 Postoperative Complications

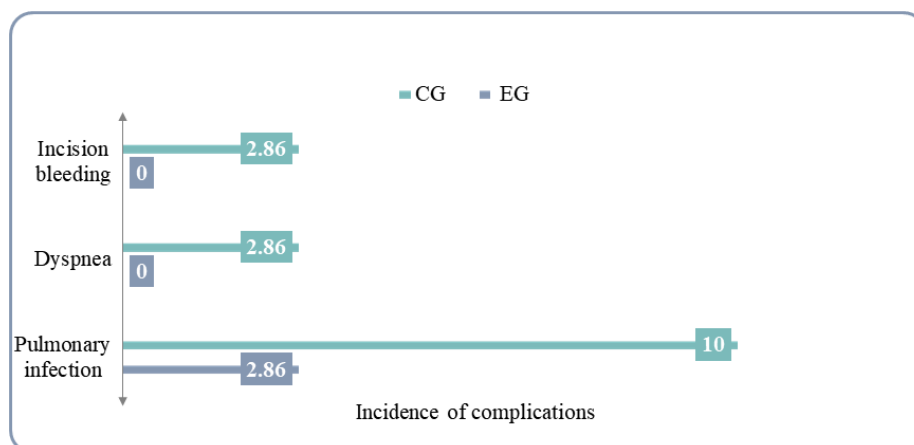


Figure 4: Comparison of postoperative complications [n (%)]

Shown as Figure 4 that represents the intervention group and CG represents the traditional group. The lung infection rate of the traditional group is much higher than that of the intervention group, and the rate of dyspnea and incision bleeding is 0. It can be seen that obstetrics and Gynecology operating room nursing intervention compared with conventional nursing has great help to reduce postoperative complications.

5. Conclusion

When people meet the material needs, they pay more attention to the quality of life, including the high-quality nursing experience of the hospital after physical problems. In order to effectively improve the quality of nursing, our country's hospitals advocate nursing intervention for patients in the obstetrics and Gynecology operating room. In this study, four scenes of Obstetrics and gynecology surgery were selected, including hysteromyoma, hysterectomy, artificial abortion and cesarean section. The lung is an important organ for us to keep breathing continuously, so it is easy to be infected with various diseases. The probability of pulmonary infection after operation is greater. Therefore, the follow-up nursing of pneumonia is particularly important. In this experiment, the study group of Obstetrics and Gynecology operating room nursing intervention on patients with pulmonary infection rate, the experimental results showed that the incidence of pulmonary infection in the intervention group was 2.86%, while the traditional group was 14.29%. The satisfaction of the intervention group for nursing intervention was 98.6%, which was higher than 85.8% of the traditional group. The incidence of complications in the intervention group was much lower than that in the traditional group. 24 hours after operation, the cortisol content and adrenal hormone content in the intervention group were significantly lower than those in the traditional group, while the fasting blood glucose content in the intervention group was slightly higher than that in the traditional group. Tumor necrosis factor, interleukin and C-reactive protein in intervention group were lower than those in intervention group. The above two points also show that the operating room nursing intervention has a certain good impact on the control of postoperative indicators of patients. In the pulmonary infection cases, we found that only two cases in the intervention group were fungal infection and virus infection, while the cases in the traditional group were mainly concentrated in fungal infection and mycoplasma infection. In addition, for the traditional group, the postoperative complications included incision bleeding and dyspnea in addition to pulmonary infection, while the intervention group did not have these two complications. Therefore, the effect of nursing intervention in obstetrics and Gynecology operating room is good, which can effectively improve the nursing efficiency, shorten the recovery time after operation, and reduce the occurrence of complications. At present, obstetrics and Gynecology operating room nursing intervention advantage effect is very significant. Nursing workers can give patients confidence in admission, psychological nursing, preoperative nursing, preoperative nursing, postoperative nursing, complications nursing, health education and other contents, which can help patients recover after surgery and psychological state of patients, so as to effectively improve the nursing effect of patients. In conclusion, the overall satisfaction evaluation of nursing intervention methods in obstetrics and Gynecology operating room is higher, the incidence of postoperative pulmonary infection and other complications is much lower than that of the traditional group, and the application effect of nursing intervention is excellent.

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