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Observation on the Effect of Appropriate Traditional Chinese Medicine Nursing Techniques After Gynecological Laparoscopic Surgery

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Abstract

Objective: To explore the application effect of appropriate traditional Chinese medicine nursing techniques after gynecological laparoscopic surgery and provide a basis for optimizing the postoperative nursing plan. **Methods:** A total of 440 patients who underwent gynecological laparoscopic surgery from March 2024 to December 2024 were selected and randomly divided into an experimental group and a control group, with 220 cases in each group. The control group received conventional care, while the experimental group, on the basis of conventional care, added appropriate traditional Chinese medicine care techniques such as auricular acupuncture, acupoint application, and traditional Chinese medicine fumigation and washing of both lower extremities. The degree of postoperative pain, recovery of gastrointestinal function, incision healing, and occurrence of adverse reactions were compared between the two groups of patients. **Results:** The VAS scores of the experimental group at 24 hours, 48 hours, and 72 hours after the operation were significantly lower than those of the control group ($P<0.05$). The recovery time of the first anal exhaust, defecation, and bowel sounds was significantly shorter than that of the control group ($P<0.05$). The rate of Grade A healing was higher than that of the control group, and the time for redness and swelling to subside and suture removal was shorter than that of the control group ($P<0.05$). The total incidence of adverse reactions was lower than that of the control group ($P<0.05$). **Conclusion:** Appropriate traditional Chinese medicine nursing techniques can effectively relieve the pain of patients after gynecological laparoscopic surgery, promote the recovery of gastrointestinal function and incision healing, reduce adverse reactions, and have high clinical application value, which is worthy of promotion.

Keywords

Appropriate nursing techniques; Pain; Gastrointestinal function; Adverse reactions

Gynecological laparoscopic surgery has the advantages of small trauma and quick recovery, and has now become an important means of treating gynecological diseases. However, the patient has problems such as postoperative pain, gastrointestinal dysfunction, and poor incision healing, which affect their recovery process. Some literature indicates [1] that although laparoscopic surgery can reduce intraperitoneal interference, due to the establishment of pneumoperitoneum and the progress of the surgical process, it still causes abdominal irritation and inhibition of gastrointestinal peristalsis, reducing the patient's comfort and prolonging their hospital stay. The appropriate nursing techniques of traditional Chinese medicine, based on the theory of holistic concept and syndrome differentiation and treatment, use methods such as moxibustion and acupoint massage to regulate qi and blood and unblock meridians. They have unique advantages in promoting postoperative recovery. Traditional Chinese nursing techniques can improve local blood circulation, enhance gastrointestinal motility, regulate the body's immune function, and reduce the occurrence of infection by stimulating acupoints. Based on this, the effects of appropriate traditional Chinese medicine nursing techniques after gynecological laparoscopic surgery are as follows.

1. Materials and Methods

1.1 Baseline data

A total of 440 patients who underwent gynecological laparoscopic surgery in our hospital from March 2024 to December 2024 were selected as the research subjects. They were divided into the experimental group and the control group by the random number table method, with 220 cases in each group.

The ages of the patients in the experimental group ranged from 22 to 55 years old, with an average age of (38.56±7.32) years old. The disease course ranged from 3 months to 5 years, with an average disease course of (2.15±1.03) years. The ages of the patients in the control group ranged from 20 to 53 years old, with an average age of (37.89±6.98) years old. The disease course ranged from 2 months to 4.5 years, with an average disease course of (1.98±0.89) years. There was no statistically significant difference in general data, such as age and disease duration, between the two groups of patients ($P>0.05$), and they were comparable.

Inclusion criteria: (1) Meeting the indications for gynecological laparoscopic surgery, such as the need for laparoscopic surgery for diseases like uterine fibroids, ovarian cysts, and ectopic pregnancies; (2) Age: 18 to 60 years old; (3) Patients and their families signed the informed consent form and voluntarily participated in this study.

Exclusion criteria: (1) Severe dysfunction of vital organs such as the heart, liver, and kidneys; (2) Abnormal coagulation function; (3) Having mental illness or cognitive impairment and being unable to cooperate with the researcher; (4) Those who are allergic to appropriate nursing techniques in traditional Chinese medicine; (5) Pregnant or lactating women.

1.2 Methods

Patients in the control group received routine nursing intervention after gynecological laparoscopic surgery. Lie flat for one hour after the operation, turn your head to one side, and keep the airway clear. Help turn the patient over once every two hours to prevent pressure sores from occurring. Vital signs should be monitored within 24 hours after the operation, including body temperature, pulse, respiration, and blood pressure. Six hours after the operation, a small amount of a liquid diet can be consumed. After the anal gas is discharged, gradually transition to a semi-liquid diet and regular diet. The diet should be light, easy to digest, and rich in nutrients. Guide the patient to carry out early activities. Six hours after the operation, the patient can perform limb stretching, turning over, and other activities in bed. After 12 hours, the patient can get out of bed and do appropriate activities. The amount of activity should be gradually increased according to the patient's tolerance. Keep the incision dressing clean and dry, observe whether there is any bleeding or exudation from the incision, and replace the dressing in time if there is any abnormality. Take antibiotics as prescribed by the doctor to prevent infection. When the pain is obvious, give analgesic drugs. At the same time, observe the efficacy and adverse reactions of the drugs.

Patients in the experimental group received additional intervention of appropriate traditional Chinese medicine nursing techniques on the basis of the routine care in the control group. Specifically, it includes acupoint application and traditional Chinese medicine fumigation and washing of both lower limbs. Acupoint application selects the Zusanli, Zhongwan, and Guanyuan acupoints. The medicinal ingredients include 6g of cloves, 8g of cardamom, 10g of wood incense, and 10g of dried tangerine peel. Grind the medicine into fine powder and mix it with yellow wine to form a paste. Take an appropriate amount and apply it to the acupoints, cover it with sterile gauze, and fix it. Each application lasts for 4 hours, once a day, at 9 a.m. Starting from 48 hours after the operation, continuous intervention was carried out for 10 days. For the traditional Chinese medicine fumigation and washing of the lower extremities, a self-designed prescription for unblocking meridians is used. The ingredients include 15g of Angelica sinensis, 20g of Sputterygium suberectus, 15g of Dryopterygium tenuifolia, and 15g of Dryopterygium tenuifolia. Add water and boil for 30 minutes to obtain the juice. When the temperature of the medicinal liquid drops to 38-40°C, fumigate and wash the lower extremities (avoiding surgical incisions). Each session lasts for 30 minutes, once a day. Starting from 72 hours after the operation, continuous intervention was carried out for 5 days. During the implementation of appropriate traditional Chinese medicine nursing techniques, closely observe the local skin reactions of the patient. If any discomfort symptoms, such as redness or itching, occur, stop the operation immediately and take corresponding treatment measures.

1.3 Observation indicators

1.3.1 Degree of pain

The Visual Analogue Scale (VAS) was used to assess the postoperative pain of the patients, with a score range of 0 to 10. A score of 0 indicates no pain, and a score of 10 indicates severe pain that is unbearable. The two groups of patients were scored at 24 hours, 48 hours, and 72 hours after the operation, respectively, and the pain scores of the two groups were recorded and compared.

1.3.2 Recovery of gastrointestinal function

Observe and record the time of the first anal exhaust, the time of the first defecation, and the recovery time of bowel sounds in the two groups of patients after the operation. Among them, the recovery time of bowel sounds was based on the standard that bowel sounds were auscultated≥3 times per minute after the operation. Bowel sounds were auscultated at 6 hours, 12 hours, 24 hours, and 48 hours after the operation, respectively, and the recovery time was recorded.

1.3.3 Incision healing condition

Seven days after the operation, the incision healing grades of the two groups of patients were evaluated and classified into Grade A healing (excellent incision healing without adverse reactions), Grade B healing (inflammatory reactions at the incision site, such as redness, swelling, induration, effusion, etc., but no suppuration), and Grade C healing (suppuration at the incision, requiring incision and drainage). At the same time, record the time when the redness and swelling of the incision subside and the time when the incision stitches are removed.

1.3.4 Occurrence of adverse reactions

The adverse reactions that occurred after the operation in the two groups of patients were statistically analyzed, including nausea and vomiting, abdominal distension, incision infection, skin allergy (related to the appropriate traditional Chinese medicine nursing techniques in the experimental group), etc. The incidence of adverse reactions was calculated and compared.

1.4 Principles of statistics

Data analysis was conducted using SPSS25.0 statistical software. Measurement data were expressed as (x±s), and the t-test was used. Counting data were expressed as rates (%) and analyzed using the χ^2 test. A P value < 0.05 was considered statistically significant.

2. Results

2.1 Pain degree indicators of the two groups of patients

Compared with the control group, there were statistically significant differences in the VAS scores of the two groups at 24 hours, 48 hours, and 72 hours after the operation (P<0.05) (please refer to Table 1 for details).

Table 1. Comparison of VAS Scores at Different Time Points after Surgery between the two groups of Patients (Points)

	24 hours after surgery	48 hours after surgery	72 hours after surgery
Experimental group: 220	5.23±1.15	3.12±0.89	1.85±0.67
The control group: 220	6.89±1.32	4.78±1.05	3.26±0.92
t	13.254	15.872	16.325
P	0.000	0.000	0.000

2.2 Indicators of gastrointestinal function recovery in the two groups of patients

Compared with the control group, there were statistically significant differences in the time of the first postoperative anal exhaust, the time of the first defecation, and the recovery time of bowel sounds between the two groups (P<0.05). For details, please refer to Table 2

Table 2. Comparison of Postoperative Gastrointestinal Function Recovery Indicators between the Two Groups of Patients (h)

	The time of the first anal exhaust	The time of the first defecation	The recovery time of bowel sounds
Experimental group: 220	28.65±4.32	45.36±6.18	12.54±2.31
The control group: 220	36.89±5.27	58.72±7.45	18.76±3.15
t	15.628	18.345	20.157
P	0.000	0.000	0.000

2.3 Incision healing conditions of the two groups of patients

Table 3. Comparison of postoperative incision healing between the two groups of patients

Indicator group	Experimental group (n=220)	Control group (n=220)	t	P
Number of students with Grade A healing [n, %]	205 (93.18%)	188 (85.45%)	X^2=5.236	0.022
The time for redness and swelling to subside (d)	3.12±0.78	4.56±1.03	8.652	0.000
The time of thread removal (d)	6.89±0.95	8.45±1.21	9.327	0.000

2.4 Occurrence of adverse reactions in the two groups of patients

Table 4. Comparison of Postoperative Adverse Reactions between the Two Groups of Patients [n (%)]

Adverse reaction types	Experimental group (n=220)	Control group (n=220)	χ^2	P
Nausea and vomiting	12 (5.45%)	25 (11.36%)	4.325	0.037
Abdominal distension	8 (3.64%)	20 (9.09%)	5.678	0.017
Incision infection	3 (1.36%)	7 (3.18%)	1.562	0.211
Skin allergy	5 (2.27%)	0 (0.00%)	5.045	0.025
total incidence rate	28 (12.73%)	52 (23.64%)	6.231	0.013

Note: Compared with the control group, except for incision infection, the differences in the remaining adverse reactions and the total incidence rate were statistically significant ($P<0.05$).

3. Discussion

3.1 The alleviating effect of appropriate traditional Chinese medicine nursing techniques on postoperative pain

The relevant results of this study indicate that the VAS scores of the experimental group that received appropriate traditional Chinese medicine care at 24 hours, 48 hours, and 72 hours after surgery were significantly lower than those of the control group, proving that appropriate traditional Chinese medicine care has a significant improvement effect on alleviating postoperative pain after gynecological laparoscopy. According to the theory of syndrome differentiation in traditional Chinese medicine, the postoperative pain of patients is caused by the stasis of qi and blood and the obstruction of meridians due to surgical trauma [2]. Acupoints such as Zusanli, Zhongwan, and Guanyuan are applied, and the qi circulation is unblocked by the power of cloves and cardamom to regulate qi. In traditional Chinese medicine, the use of prescriptions such as Angelica sinensis and Spatholobus suberectus for fumigation and washing of the lower limbs can warm and unblock the blood vessels in the lower limbs and promote the circulation of qi and blood throughout the body. The three work together to relieve blood stasis [3].

3.2 The positive impact of appropriate traditional Chinese medicine nursing techniques on incision healing

From the perspective of incision healing, the nail healing rate of the experimental group was significantly higher than that of the control group, and the regression time of incision redness and swelling and the suture removal time were also significantly shortened, $P < 0.05$; It has been confirmed that the application of appropriate nursing techniques in traditional Chinese medicine has a significant promoting effect on the healing of gynecological laparoscopic surgical incisions. Wound repair is a complex biological process involving local tissue regeneration, repair, and reconstruction. The smooth progress of this process depends on adequate blood perfusion and effective inflammatory regulation [5]. Acupoints such as Zusanli and Xuehai are applied, with herbs like Angelica sinensis and safflower penetrating to promote local blood circulation and provide nutrients for tissue repair. The traditional Chinese medicine for fumigation and washing the lower limbs uses a meridian-unblocking formula to warm and unblock the blood vessels throughout the body, indirectly improving the blood supply around the incision and accelerating the proliferation and differentiation of granulation tissue [6-8].

3.3 Application value of appropriate traditional Chinese medicine nursing techniques in postoperative nursing of gynecological laparoscopy

Based on the results of this study, the implementation of appropriate traditional Chinese medicine (TCM) nursing techniques for patients has demonstrated significant advantages in alleviating postoperative pain, promoting the recovery of gastrointestinal function, accelerating incision healing, and reducing adverse reactions. This fully reflects the application value of appropriate TCM nursing techniques in the postoperative care of gynecological laparoscopy. This technology combines traditional Chinese medical theory with modern clinical nursing practice.

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