Nursing of Pain after Otolaryngology Surgery

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Abstract: Objective: The effect of nursing care after otolaryngology surgery on patients' pain is observed. Methods: From November 2013 to June 2014, a total of 100 patients receiving nursing care after otolaryngology surgery in the otolaryngology department of our hospital are selected to analyze the prognostic effect after nursing and compare the psychological status of patients before the otolaryngology and after pain treatment. Results: After pain nursing, patients can basically control the pain, psychological tension and fear has been greatly improved. Conclusion: Selection of good nursing methods can make a good control of the patient's condition, alleviate the patient's pain, and improve the patient's quality of life and speed of recovery.

Keywords: Otolaryngology; Pain; Nursing


After surgery, patients will suffer from different degrees of pain, which is a common problem in all surgical departments. The degree of pain depends on the nature of the surgery, the body site of the surgery, the patient's own body condition and their sensitivity to pain. In a variety of clinical conditions, diseases in otolaryngology are relatively common. There are many clinical treatment methods, of which the best treatment is surgery. Affected by a variety of external factors, otolaryngology surgery usually leads to pain or infection, which further affects patients' mood, sleep, postoperative recovery, and increases patients' pressure and burden [1]. Therefore, this paper analyzes and observes the nursing of pain after otolaryngology surgery, which is shown as follows.

1 Materials and Methods

1.1 General Materials

From November 2013 to June 2014, a total of 100 patients are treated through otolaryngology surgery in our hospital. In these 100 patients, there are 53 males and 47 females. The patients are aged 16-70 years old, with an average age of 32.7±5.4 years. All the 100 patients are consistent with relevant diagnostic criteria. All have laryngitis, pharyngitis, suppurative otitis media, non-suppurative otitis media, otitis externa, suppurative tonsillitis, etc. There is no significant difference between the two groups in nutritional status, basic disease, disease degree, etc. P > 0.05 for both groups. They are not statistically significant with good comparability.

1.2 Nursing Methods [2]

For postoperative patients, a local intermittent cold compress is used. The duration of the cold compress is determined by the patient's response to the cold stimulus. After the surgery, there are various catheters inserted in the body of the patients. During the nursing process, attention should be paid to changing the position of the patient. Meanwhile, it should be considered that whether the catheter is pulled or detached during coughing. Patients are placed in
relatively quiet wards to prevent noise and other external infections from affecting their rest and recovery. Distract the patients’ attention. Fluid diet is given after the patient is allowed to eat, thereby reducing the patient's sense of pain.

1.3 Therapeutic Evaluation Standard

By observing patients' preoperative and postoperative mood and pain, emotional scale (ES) and visual analogue scale (VAS) are used to evaluate patients before and after surgery [3]. The best mood score is 0, and the worst mood score is 10. 0 ~ 2 points mean Superior, which represents that the patient's mood is relatively good, he can answer freely, and the facial expression is quiet. The score of 3 ~ 5 is Good, which means the patient is in general mood, the facial expression is indifferent, and he can only answer questions through the instruction. The score of 5 ~ 8 is OK. The patient shows anxiety and depression, looks distressed, and barely responds to the questions. 8 or more points mean Bad. The patient has a painful expression on the face and cannot answer questions. Among them, superior, good, and OK cases are counted into the total valid cases.

1.4 Statistical Method

SPSS software is used to calculate t according to the psychological survey indicators of patients. When P<0.05, the results are statistically significant. The chi-square software is used to calculate the patient's pain score, and \( x^2 \) is calculated. P<0.05 is used as the standard with statistical significance.

2 Results

Through the careful nursing of the medical staff in our hospital, 100 patients have recovered well. The wound are healed completely, and the postoperative symptoms are well controlled. After investigation and recording, the psychological records of patients through analgesic nursing are shown in table 1, and the pain scores of patients after postoperative nursing are shown in table 2.

<table>
<thead>
<tr>
<th>Table 1 Comparison of Mood Records of 100 Patients before Surgery and after Postoperative Pain Nursing</th>
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<td>Before Surgery and Nursing</td>
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Note: The data are processed though SPSS software to calculate t to obtain P<0.05, which have statistical significance.

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<th>Table 2 Conditions of Postoperative Pain of 100 Patients after Pain Nursing</th>
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<td>Number of People and Ratio</td>
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<td>Number of People</td>
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Note: The data are processed though SPSS software to calculate t to obtain P<0.05, which have statistical significance.

3 Discussion

After otolaryngology surgery [11], patients generally have the characteristics such as sensitive to light, impatient emotion, sensitive to pain and other behaviors. Therefore, nursing staff need to provide patients with a quiet rest environment and try to reduce the external noise and light which may bring adverse effects on them. When the patients are able to take food, try to give them liquid food from avoiding
eating hard food to stimulate the surgical site which may cause more pain. The patient has all kinds of catheters in his body after the surgery, and these catheters can't be moved at will. Nursing staff should pay attention to the situations in which a catheter is accidentally moved or even pulled out when the patients change posture, cough or do other activities. According to the psychological status of patients, medical staff should establish a good doctor-patient relationship with patients, gently and patiently ask patients about their mood and pain status [6-10], try to appease patients, and let them rest quietly and recover from the surgery. And patiently guide them to face the disease with a positive attitude and actively cooperate with treatment [11-17].

Because pain after otolaryngology surgery has a great impact on patients' physiology and psychology, patients may be reluctant to reveal real pain information to doctors without understanding the pain mechanism [18-24]. The communication between medical staff and patients in the process of nursing is very important. Most patients can strengthen their fighting will to overcome the disease and face life positively after the guidance of the pain knowledge of medical staff and doctors. Patients actively cooperate with the treatment can greatly alleviate the ultimate pain, and also improve the patient's quality of life and recovery rate. The methods of pain assessment in our hospital can be easily accepted by patients, and facilitate the communication between doctors and patients, which enables the patients to receive scientific pain treatment.

References


