

# Experience of Comprehensive Nursing Intervention in Perioperative Period of total Endoscopic Radical Thyroidectomy

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**Abstract:** Objective To summarize the perioperative nursing experience of comprehensive nursing intervention in 53 patients who underwent radical thyroidectomy under complete endoscopy in our department. Methods A retrospective analysis was made of the perioperative nursing points of 53 patients with total endoscopic radical thyroidectomy. Including preoperative psychological care, neck back position training, postoperative observation of changes in the condition, neck and shoulder function exercise, local cold compress, keep drainage tube unobstructed, complications prevention, observation and nursing. Results All the 53 patients were cured and discharged without hyperthyroidism crisis and parathyroid injury. Conclusion Perioperative implementation of comprehensive nursing intervention measures, close observation of the condition changes, patient guidance, seriously answer the doubts of patients so that patients actively cooperate with nursing treatment, can effectively reduce complications, reduce patient pain, improve patient satisfaction.

**Keywords:** Radical Operation of Thyroid Carcinoma; Perioperative Nursing; Comprehensive Nursing Intervention; Nursing Effect

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## Introduction

Thyroid cancer is one of the most common clinical tumor diseases. According to the statistics of relevant data, the number of patients with thyroid cancer in China is increasing year by year, and the incidence of thyroid cancer in women is higher than that in men. Surgical treatment is usually used in the treatment of thyroid cancer. Endoscopic thyroid surgery in our department includes three approaches through the oral vestibule, behind the ear and armpit. Compared with open surgery, the perioperative nursing of laparoscopic radical thyroidectomy requires medical staff to observe the changes in the appearance of the skin in the surgical area more closely, and timely treatment should be done when relevant symptoms are found, which can effectively improve the effectiveness of disease treatment. The perioperative nursing experience of 53 cases of radical laparoscopic thyroidectomy carried out in our hospital from March 2020 to March 2023 is reported as follows.

## 1. General Information

Among the 53 patients, 12 were males and 41 were females, aged 16-55 years old, including 5 through the mouth, 45 through the armpit, and 3 behind the ear. The patient was generally in good condition, could tolerate general anesthesia, and had no history of thyroiditis, neck surgery or radiotherapy. No cervical lymph node metastasis was found in preoperative physical examination, color ultrasound examination and intensive CT examination. Preoperative fibrolaryngoscopy showed that vocal cord function was normal. Thyroid function tests were in the normal range. The enrolled patients voluntarily chose to undergo complete endoscopic radical surgery and signed informed consent. All patients had no serious complications and were discharged from hospital on 4 ~ 7 days after surgery.

## **2. Perioperative nursing**

### **2.1 Preoperative nursing**

Nursing staff shall take care of the environment of the ward, strictly control the temperature, ventilation and humidity of the ward, and regularly disinfect the ward as a whole to provide a comfortable environment for the recovery of patients' conditions.

Preoperative assessment the patient's health, physical condition and psychosocial support were assessed. Cooperate with doctors to improve various preoperative examinations, such as heart, lung, liver, kidney, biochemical examination and coagulation mechanism, and carry out some important imaging examinations, such as thyroid B-ultrasound and neck CT.

Psychological nursing nursing staff need to carry out timely psychological intervention on patients, patients do not know enough about the disease, worry about postoperative recovery, manifested as anxiety, the department set up multimedia TV education and paper education sheet, responsible nurses to patients preoperative education, explain preoperative and postoperative preparation and precautions, and play neck function exercise education video, so that patients have full psychological preparation, eliminate concerns, Boost your confidence. For mental over stress, according to the doctor's advice to give sedatives or sleeping drugs, so that patients in the best state of surgery.

Postural training 2 days before the operation, the neck backward position training must be implemented and strengthened, and the patient should be instructed to do the surgical position training with pillow under the shoulder and overextension of the head for 3-5 times, 10 to 20 minutes each time, in order to adapt to and cooperate with the intraoperative position, reduce and avoid postoperative discomfort, and improve the quality and efficiency of surgical treatment.

Dietary guidance fasting and water prohibition 8 h after general anesthesia operation. For patients undergoing surgery under general anesthesia in the morning, dinner should be given semi-liquid one day before the operation, and fasting and drinking water should be forbidden after 0:00. For afternoon operation, 250-500ml glucose water should be given orally on the morning of the operation day according to the doctor's advice.

Skin preparation the skin is prepared to remove hair and dirt from the operative area before surgery to avoid damage. Range of skin preparation: upper to lower lip, lower to umbilical level, left and right to posterior axillary line, including armpit hair, male patients shave beard, chest hair.

### **2.2 Postoperative Care**

General Nursing at the end of the operation, the nursing staff should inform the patient about the precautions after the operation. Avoid talking for six hours after surgery. Before postoperative anesthesia, patients should be placed in the supine position with the head tilted to one side, temporarily given fasting water to prevent postoperative vomit aspiration leading to asphyxia. After anesthesia and consciousness, patients should be changed to the semi-decubitus position in time to facilitate breathing and drainage. For patients who are already awake, the news of successful operation should be informed so that they can rest at ease and cooperate with treatment; Continuous oxygen inhalation of 1-2L/min and electrocardiogram monitoring were given, all drainage tubes were properly fixed and continuous negative pressure drainage was maintained. Regular bedside tracheotomy kit.

Condition monitoring after the operation, the nursing staff strictly and comprehensively monitored the patient's heart rate, blood pressure, breathing and other indicators, such as hoarseness or reduced tone when communicating with the patient, closely observed breathing, wound blood leakage and edema, and observed whether the neck and chest area swelling and congestion, such as subcutaneous hematoma due to poor endoscopic wound drainage. Therefore, it is necessary to

actively understand the situation of neck incision and drainage fluid after surgery. If various complications such as dyspnea are found in patients, immediate measures should be taken for treatment.

Drainage tube nursing after surgery, a drainage tube was placed at the endoscopic wound, and a drainage bag containing 50mL negative pressure drainage ball or a 500ml negative pressure drainage bottle was connected. Nursing staff in the drainage tube care must closely observe the nature of the color and flow of the patient's drainage fluid, and guide the patients and their families to observe the main points of self-observation, accurate fixation of the drainage tube, prevent obstruction and pressure, such as neck hematoma, fluid drainage is not smooth, can directly compress the trachea caused by breathing difficulties and even asphyxia death. The normal drainage rate is less than 15mL/h, and not more than 100mL within 24h. Postoperative bleeding should be considered in case of sudden discharge of bright red fluid. Endoscopic thyroidectomy has smaller wounds and less postoperative bleeding complications than traditional surgery<sup>[1]</sup>. When the drainage rate is less than 20ml, the drainage tube should be removed.

Shoulder and neck functional training early post-operative neck and shoulder exercises, specifically as follows: ① Sitting or standing position, neck and shoulder filling. When lowering the head, the lower jaw should be close to the chest wall as far as possible. When raising the head, the head should be slightly backward. The backward amplitude is small in the early stage and gradually increases in the late stage. (2) Rotate the neck, the left and right rotation is not obvious pain limit, late can be close to 90°. (3) Bend the neck around and gradually increase the amplitude to the ear as close to the shoulder as possible. (4) Hands naturally hang down, shrug and turn the shoulders. (5) One side of the elbow joint flexion at a right Angle, rotate the shoulder and arm, forward and then back, gradually increase the rotation amplitude, and raise to the height as comfortable as possible. Switch to the opposite side. Exercise for at least 10min each time, 3 times a day, starting from the first day after surgery. Inform the patient that exercise will not affect wound healing and will not cause bleeding. During the exercise, ask the patient if there is any discomfort such as obvious pain. If the patient has neck discomfort during the exercise, the nurse and doctor should carefully examine the neck wound together to reassure the patient.<sup>[2]</sup>

Observation and treatment of complications compared with other operations, radical resection of thyroid cancer has higher risk. Therefore, patients are very likely to have complications after surgical treatment, which will cause serious impact on their life and health. If the patient coughs while drinking water within a day of surgery, the nursing staff should inject the patient with the appropriate medicine. If the patient has suffocation two days after the surgery, the nursing staff need to treat the patient with oxygen, so as to avoid these problems from adversely affecting the recovery effect of the patient.

Discharge guidance the nursing staff need to carry out health publicity and education before the patient is discharged, inform the patient of various matters requiring attention after discharge in detail, such as diet and so on, and inform the patient of the correct method and time of medication to ensure the effectiveness of medication and help the patient recover quickly. At the same time, the nursing staff also need to inform the patient of regular return visit<sup>[3]</sup>.

### 3. Discussion

Perioperative nursing is a commonly used nursing mode at present. Through the application of this nursing mode in the nursing of patients undergoing endoscopic radical resection of thyroid cancer, the adverse mood of patients can be relieved, the effect of surgical treatment can be improved, and the probability of various complications can be reduced at the same time, so that the quality of life of patients after surgery can be significantly improved and the recovery of patients can be helped at an early date.

In conclusion, the application of comprehensive nursing intervention in perioperative nursing of total endoscopic radical thyroidectomy has a very good nursing effect.

## References

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