

# Application of interactive nursing in colostomy nursing of colon cancer patients

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**Abstract:** Objective: To analyze the application of interactive nursing in colostomy nursing of colon cancer patients Methods: From January 2022 to January 2023, 60 hospitalized patients with colon cancer were selected as participants in this study, and were evenly assigned to the observation group and the control group by random number table method, with 30 patients in each group. The control group was treated with routine nursing, the observation group was treated with interactive nursing, and the nursing effect was compared. Results: After treatment, it was found that the ESCA and GSES scores of the observation group were better than those of the control group, while the anxiety and depression scores of the observation group were lower than those of the control group,  $P < 0.05$ , and the difference was statistically significant. Conclusion: Interactive nursing for colostomy nursing can effectively improve the nursing effect, and it is worth promoting.

**Keywords:** Interactive Nursing; Colon Cancer Patients; Colostomy; Nursing Application Effect

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Colorectal cancer is a common malignant lesion of digestive system, which is usually surgically resected in clinical treatment. After surgery, patients are often unable to control their bowel excreta on their own, so a colostomy must be performed to collect the excreta <sup>[1]</sup>. In view of the lack of knowledge about colostomy surgery and postoperative self-care, most patients often suffer from greater psychological pressure <sup>[2]</sup>. Therefore, it is particularly critical to provide efficient nursing support for patients. Based on the principles of respect and equality, the interactive care model provides an in-depth understanding of patients' care needs and helps them enhance their self-care skills and quality of life <sup>[3]</sup>. The purpose of this study was to explore the practical effects of interactive care in post-colostomy care for colorectal cancer patients. The following is a report of the study.

## 1. Data and methods

### 1.1 Clinical data

From January 2022 to January 2023, 60 hospitalized patients with colon cancer were selected as participants in this study, and were evenly assigned to the observation group and the control group by random number table method, with 30 patients in each group. In the observation group, male and female patients were equally divided, ranging in age from 32 to 68 years, with a mean age of 55.23 years and a standard deviation of 3.33 years. The course of disease ranged from 1 to 3 years with a mean course of 2.12 years and a standard deviation of 0.11 years. In the control group, there were 16 men and 14 women. The age range was also 32 to 68 years old, with a mean age of 55.78 years and a standard deviation of 3.02 years. The course of disease was between 1 and 3 years, with a mean course of disease of 2.06 years and a standard deviation of 0.28 years. When comparing the baseline data of the two groups, no statistically significant difference was found ( $P$  value greater than 0.05), indicating good comparability between the two groups.

### 1.2 Methods

In the control group, standardized nursing measures were adopted. The patient's vital indicators were continuously tracked, and the nursing team made ward rounds on time to pay close attention to the patient's health status; Instruct patients to take medication on time, and record the reaction after medication in detail; Patients are advised to maintain a simple diet and improve protein intake; Patients are regularly followed up on their recovery after discharge, either by phone or through home visits. In the experimental group, a participatory nursing program was implemented.

1. Preoperative comprehensive evaluation: The medical team collaborates to conduct a comprehensive evaluation of the patient's

overall condition, including understanding, physical condition, emotional response, self-management ability, etc., establish a harmonious doctor-patient relationship with the patient, win their trust, provide encouragement and comfort, grasp the patient's nursing requirements and strive to achieve them, and ensure that the patient enjoys targeted, all-round and tailored nursing services. Maintain patient peace of mind.

2. Preoperative communication: Improve patients' understanding of their own disease by distributing health guides and holding health lectures, and explain surgical procedures and matters needing attention to patients to guide them to establish accurate disease cognition; Insight into the patient's inner thoughts, through the analysis of healing examples to enhance the patient's belief against the disease, dispel their negative emotions.

3. Postoperative rehabilitation guidance: Assist patients to establish normal eating and excretion habits, and teach patients and their families the correct use and replacement of ostomy bags; Guide patients to review important moments in their lives in order to stimulate a new understanding of the value of life and alleviate feelings of helplessness and despair after surgery; Take the initiative to communicate with the family members of the patient, emphasizing that the family members should give more companionship and support to the patient, so that the patient can feel the care of the family; After discharge, regular family visits or telephone visits should be conducted to understand the actual needs of patients; We use wechat and other communication tools to provide consultation services for patients and help patients solve various problems during home rehabilitation.

### 1.3 Observation Indicators

The self-care ability of the two groups of patients was evaluated: ESCA (ESCA) was used to evaluate the patients, the total score was 84, and the patients with higher score had higher self-care level. The emotional status of the two groups of patients was compared: SAS and SDS were used to evaluate the standard score of 50 points and 53 points, the total score was 100 points, the higher the score, the higher the anxiety and depression.

### 1.4 Statistical Methods

The data were substituted into SPSS21.0 software for processing and analysis, and the measurement data were represented by ( $\bar{x}\pm s$ ), and T-test was performed. The count data were expressed as % and tested by  $\chi^2$ .  $P < 0.05$ , the difference was statistically significant.

## 2. Results

### 2.1 ESCA and GSES scores of the two groups were compared

The ESCA and GSES scores of the two groups were compared, and the observation group was better than the control group ( $P < 0.05$ ), the difference was statistically significant. The specific results are shown in Table 1.

Table 1 Comparison of ESCA and GSES scores ( $\bar{x}\pm s$ ) between the two groups

group	quantity	ESCA		GSES	
		Before	later	Before	later
Observation group	30	30.32±3.21	57.75±2.91	15.24±2.81	24.38±2.91
Control group	30	30.65±73.54	48.43±2.02	15.41±2.12	20.53±2.32
t		0.0246	14.4106	0.2645	5.6662
P		0.9805	0.0000	0.7923	0.0000

### 2.2 The anxiety and depression scores of the two groups were compared

By comparing the scores of anxiety and depression between the two groups, the observation group was better than the control group ( $P < 0.05$ ), and the difference was statistically significant. The specific results are shown in Table 2.

Table 2 Comparison of anxiety and depression scores between the two groups (x±s)

group	quantity	SAS		SDS	
		Before	later	Before	later
Observation group	30	50.43±2.43	24.12±0.43	53.46±1.53	24.26±0.91
Control group	30	50.54±1.52	32.53±0.32	53.36±1.23	33.08±0.32
t		0.2102	85.9387	0.2790	50.0808
P		0.8342	0.0000	0.7812	0.0000

### 3. Discussion

With the enhancement of health awareness, the field of clinical nursing pays more attention to the interaction and communication between patients, and high-quality nursing services can effectively improve patients' treatment effectiveness and self-care skills. For colon cancer patients undergoing colostomy, due to changes in the physiological structure of the digestive tract, they often face problems such as inflammation and edema of the skin around the stomy. These problems not only increase the psychological pressure of patients, but also may cause anxiety, depression and other adverse emotions, which seriously interfere with the daily life of patients. Therefore, it is necessary to implement appropriate nursing interventions for patients<sup>[4]</sup>. The survey found that after nursing intervention, For example, nursing staff should keep the ward clean, quiet and comfortable, adjust the appropriate temperature and humidity, create an environment conducive to physical and mental recovery for patients, and gradually encourage patients to communicate with fellow patients, share each other's experience and feelings, enhance the sense of social support, reduce loneliness. Listen patiently to the emotional expression of the patient in life and understand the reasons behind their negative emotions, such as pain, fear, worry about the future, etc. Use psychological counseling techniques, such as cognitive behavioral therapy, relaxation training, etc., to help patients adjust their mindset, relieve anxiety, depression and other emotions, the experimental group significantly surpassed the control group in self-care skills and self-confidence. The reason for this is that in the nursing interaction, the medical team jointly evaluates the patient's condition, which helps to develop more accurate care plans, thus enhancing the effectiveness of care<sup>[5]</sup>.

In summary, interactive nursing has significant effects in postoperative nursing of colon cancer patients receiving colostomy, which can effectively improve patients' self-care ability and confidence and reduce patients' negative emotions, and has high clinical promotion value.

### References

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