Effect of psychological nursing combined with medication on postoperative pain in patients with mixed hemorrhoids

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Abstract: The study analyzes the practical effect of applying psychological nursing combined with medication to relieve pain in patients with mixed sore after surgery. A total of 60 patients with mixed sores treated in our hospital from April 2017 to April 2018 were selected as research subjects. All patients were divided into observers and control groups using random number methods. The control group was treated with routine nursing and in the treatment group, the observation group was treated with psychological nursing combined with medication, and the postoperative pain scores, patient satisfaction with pain control, post-anal eczema, and psycho-emotional score were compared between the two groups. In the pain score of 24 hours after surgery and the defecation pain score of 5 days after surgery, the observation group was significantly lower than the control group (P <0.05). In terms of patient satisfaction with pain control, the observation group was significantly better than the control group (P <0.05).), The perianal eczema in the observation group was significantly lower than that in the control group (P <0.05); the psychological and emotional score of the observation group was significantly better than that in the control group (P <0.05), and the differences were statistically significant. For patients with mixed sores, the application of psychological nursing combined with drug treatment has significant effects, significantly reducing the pain of defecation after 24 hours and 5 days after surgery. Patients are more satisfied with pain control, which is worthy of promotion and application in clinical treatment and nursing.

Key words: Psychological care; Medication; Mixed sores; Satisfaction
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Mixed sore is a relatively common anorectal disease in clinical practice, accounting for about 85% of all anorectal diseases, and the incidence rate is about 75%. It is the most serious type in hemorrhoids. The main clinical symptom of patients is pain. At present, the main treatment for mixed sores is surgery [1]. However, after surgery, the patient will experience pain in the anus. Within 1 to 3 days after surgery, there will be strong pain during defecation, resulting in complications such as urinary retention and difficulty in defecation after surgery, and arrhythmia in severe cases., Pneumonia, respiratory complications and other pathological changes, have a great impact on the quality of life of patients [2]. Mixed hemorrhoids of anorectal department are a kind of common frequent diseases and the most serious pathological type of haemorrhoids in clinic. Currently the main treatment is surgery. There are many complications such as pain, bleeding, urinary retention,

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constipation, anxiety and fear in postoperative wound. The body of the elderly is prone to chronic diseases and the organs of the body are in decline. Surgery is considered one of the most effective and reliable methods. The patient is prone to local anal pain after surgery, which is one of the main symptoms. Pain after mixed hemorrhoid surgery is a difficult problem for surgeons as one of the main factors in patients' fear of operation. Such complications as defecation difficulty, urinary retention, severe pneumonia, arrhythmia, pathological changes and atelectasis, may all be closely related to postoperative pain.

There is a strong sense of pain due to the abundance of nerves in the dentate line of the anus and in the surrounding area the simultaneous innervation of the spinal cord. Combined with the injury caused by mixed hemorrhoid surgery to perianal skin, defecation and mental stress stimulation cause postoperative pain. Postoperative complications bring difficulty to nursing. The incidence of anorectal diseases in the elderly has increased significantly due to the increasing number of elderly people in China at present. According to the special physiological characteristics of the elderly body, it has serious influence on the later curative effect and the patient's recovery speed. The main causes of anal pain after mixed haemorrhoids surgery include injury and stimulation of anal tissue; stimulation of nerve of wound exposure; infection and edema in the wound after operation; excessive sphincter constriction caused by filling of anal oil yarn; fecal friction or direct wound stimulation in defecation; paroxysmal pain caused by nerve compression by surgical scar contracture; psychologic factors. The pain is relieved clinically by breathing analgesia and drug analgesia. The effect of breathing analgesia is different for different people, and the effect on the elderly is poor. There is short duration of oral and injectable analgesics. Some patients have dizziness, lethargy, nausea and vomiting, and the effect is poor. Mixed hemorrhoid operation with analgesics can greatly relieve sympathetic excitability and avoid serious consequences due to myocardial ischemia and tachycardia. It mainly acts on the central nervous system and pain-related specificity, and its analgesic time is maintained for 6 h. It can enhance analgesia with diazepam, but the drug is mildly dependent and resistant.

At present, we advocate the idea of analgesia to carry out standardized pain treatment to relieve pain, effectively control adverse drug reactions and improve the function and satisfaction of the body. Most patients are affected by the traditional concept and produce negative emotions such as shyness, fear. Coupled with mixed hemorrhoids anatomical characteristics, physiological function, postoperative patients have pain and other complications, and cause serious problems to study, work and life. Severe pain often occurs in defecation within 2 days after operation. The area of the wound and the physical and mental state of the patient affect the postoperative pain and tolerance. Complications are associated with postoperative pain in mixed haemorrhoids. Because of the special location of the disease, the failure to take the initiative to accept treatment will easily delay the disease and increase the difficulty of treatment to a certain extent. In case of no timely treatment, it may affect defecation, sitting and other functions. Patients bear great physiological and psychological pressure. The pain is sensitive because of many nerves at the end of anus. The local pain caused by the operation wound causes the anal sphincter inflammation, spasm and so on, which is unfavorable to the postoperative rehabilitation. Therefore, strengthening postoperative pain nursing of mixed hemorrhoids is one of the key points in clinical research. At the same time, we should strengthen the nursing care for postoperative pain of mixed hemorrhoids, which is beneficial to the further recovery of patients. Psychological nursing, health education, pain nursing, complications nursing and other measures can increase the sense of physical and psychological comfort and alleviate bad emotions. Psychological nursing runs throughout the perioperative period. Preoperative psychological nursing and health education can increase the awareness of the safety of surgery and relieve the concerns. Patients should make good psychological preparation, effectively relieve tension and increase

tolerance. After operation, massage, psychological suggestion, distraction, relaxation therapy and other ways are used to relieve pain, which can help to raise pain threshold and reduce complications.In this study, the actual effect of applying psychological nursing combined with medication to relieve pain in patients with mixed sores after surgery was analyzed and reported as follows.

MATERIALS AND METHODS

General Information

A total of 60 patients with mixed sores who were treated in our hospital from April 2017 to April 2018 were selected as the research objects. All patients were divided into observers and control groups using random number method, and 30 patients in observation group were male. 16 cases, 14 women, aged (13 ~ 70) years, mean age (40.63 ± 8.47) years, course of disease (April to 27 years), mean course of disease (10.3 ± 2.6) years; 30 cases in control group, 17 men, 13 females, aged (14 ~ 71) years, mean age (40.75 ± 8.50) years, duration of disease (April to 28 years), mean duration of disease (10.7 ± 2.8) years, compared with the basic data of the two groups of patients, the difference No statistical significance (P> 0.05), comparable.

Inclusion criteria

Inclusion criteria: (1) The patient's clinical diagnosis complies with the diagnostic criteria for mixed sores; (2) The patient has no malignant tumor or blood disease; (3) The patient has no mental illness and can communicate normally; (4) The patient and his family agree to this Study, sign a consent form.

Exclusion criteria: (1) Mixed sores caused by abdominal tumors and portal hypertension; (2) Patients with heart, liver, kidney and other important organ dysfunction; (3) Patients with mental illness; (4) Ppregnant women; (5) Patients with skin disease or acute abscess near the anus; (6) Patients allergic to the drug used in this study; (7) Disagree with this study.

Method

The control group applied routine nursing and treatme nt methods, and the observation group applied psychological nursing combined with drug treatment. The specific methods are as follows: (1) Patients were given pain lectures before surgery, explaining to patients that pain would occur in the anus after surgery, so that patients were prepared to a certain degree. At the same time, the first defecation after surgery will cause very severe pain. Often the patient will not deliberately defecate because of the fear of pain. The stool in the intestine will stay for too long. The intestinal mucosa will fully absorb water, and the stool will be dry and hard. The incision caused strong irritation, which led to increased pain, which made the patient more unbearable, which increased the patient's fear of defecation, and a vicious circle appeared; told the patient to eat a normal diet to ensure that sufficient feces stimulated the rectal defecation response after the operation; the patient was told about the pain The use of drugs made their patients realize the importance of drugs for rehabilitation; understood the importance of timely use of analgesics to relieve pain and promote rehabilitation in order to prevent the adverse consequences of patients refusing to use analgesics because of misunderstanding.

The purpose of communication is to make patients fully understand the examination method and actively cooperate with the treatment and nursing work. Nursing staff need to make multiple suggestions or communicate directly and amicably with patients, increase patient trust and rebuild confidence, and promote disease recovery. The patient and his anxious family were informed of the results of the operation in time. If patients were rest assured of the results of the operation, it will help to recover as soon as possible after the operation.

(2) Psychological care after surgery, patients will feel slight pain after the operation, and inform patients that the anesthetic drug is ineffective and there are many nerves near the anus. Anal sphincter spasm, compression of hemostatic gauze, and the pain caused by traumatic inflammatory exudation is very sensitive. It is a normal situation. Patients are psychologically communicated. According to the pain of different patients, they are encouraged and positively hinted to make them realize that

they are in the process of gradual recovery. Pain is only temporary, and then builds confidence in facing the pain, plays the favorite music to the patient, helps the patient to recall the good things in the past, and then improves the bad mood that the patient has, and improves the tolerance to the pain. Personality, psychological support methods for patients, including hints, language communication, and slow rhythmic breathing. Actively answer questions raised by patients, encourage patient relatives to accompany the patient, guide patients to maintain a relaxed and comfortable position, and relax the body according to the guidance of the nursing staff. When the patient has severe pain, the symptoms are blood pressure, increased pulse rate, restlessness, and sweating. Conduct psychological counseling for the patient, and inform the patient that the pain will occur after the operation. Encourage the patient to face it positively, take deep breathing, etc. Relieve the pain, and at the same time need to help patients overcome the psychological factors of fear of defecation after surgery, guide patients to appropriate defecation methods, reduce pain, for example, for constipation patients, use laxatives to relax the anal sphincter, take a warm water bath before defecation. Patients with long bowel defecation should use caesarlox appropriately; there were more nerves around the anus in psychological nursing after operation, which were sensitive to pain such as inflammatory exudation of trauma, compression of hemostatic gauze and sphincter spasm of the anus. If the patient has mild pain after operation, nurses should inform of the patients of the normal phenomenon. Wound pain nursing: pain in patients after mixed hemorrhoid surgery is intense. Pain is aggravated by postoperative defecation and movement because of abundant perianal peripheral nerves. It not only affects the normal sleep, diet, but also make the body produce stress response, increase tissue decomposition and metabolism negative emotions (restlessness, anxiety, etc.) that is adverse to the recovery of the body. Therefore, active postoperative analgesia can relieve negative emotion and promote wound healing. The specific measure is to effectively expand anus after anesthesia. Anal sphincter relaxation after anal dilatation is beneficial to postoperative urination and defecation. Take analgesic drugs according to doctor's advice. Analgesic drugs could play a role after the disappearance of anesthetic effect and effectively prolong the duration of analgesia to reduce pain in patients. Wound bleeding nursing: If bleeding occurs in the elderly after operation, timely administration of adrenobazonum, vitamin K and other drugs can effectively prevent postoperative massive bleeding. In case of haemorrhage, patients were told to rest on bed. The wound was filled with Coptis gauze. The number of diets and defecation was controlled. The Hyperlemia should be reported to the doctor immediately to facilitate the timely treatment. Prevention of urinary retention: urinary retention was easy to occur in the elderly after operation, because of sphincter spasm and weakness of bladder sphincter contraction mainly due to anesthesia, pain, etc. Therefore, nursing staff should do a good job of preventive measures in advance to reduce the occurrence of urinary retention complications. After the operation, a hot water bag was used to massage the abdomen. Gave a new phase of intramuscular injection or catheterization as directed by a doctor. Constipation nursing: The gastrointestinal peristalsis of the elderly body is weak and easy to lead to constipation after operation. After operation, the patients were instructed to eat fresh vegetables and fruits, and the intake of fiber-rich food was increased in the diet, and the patients were encouraged to get out of bed properly and increase the intestinal peristalsis. Patients with constipation should take folium sennae, Fructus Cannabis Bolus, etc. Infection prevention nursing: keep the patient's anus clean and then rinse the wound with potassium permanganate solution; guide the correct sitting bath to thoroughly remove the pollutants from the incision; prevent cross-infection by strictly executing aseptic operation in dressing change.

(3) Patients should use profenoxine sustained-release tablets (Chinese medicine standard word H20010516, produced by Southwest Pharmaceutical Co., Ltd.), 2 tablets each time, 3 times a day When the pain is unbearable, use bupropazine hydrochloride injection (Sinopec

Zhunzi H21022365, produced by Northeast Pharmaceutical Group Shenyang First Pharmaceutical Co., Ltd.), by intramuscular injection, 50 ~ 100mg each time.

Observation indicators

The postoperative pain score and patient satisfaction with pain control were compared between the two groups. Use the VAS score scale to assess patient pain. The score is between 0 and 10. The higher the score, the more intense the patient feels. When the patient is discharged, a satisfaction questionnaire is included, which includes ways to control pain, control pain education, and In the care, the score is between 0 and 10. The higher the score, the more satisfied the patient is with the effect of pain control. The psychological and emotional score includes anxiety self-score and depression self-scoring. The higher the score, the heavier the anxiety and depression.

Statistical analysis

The data obtained from this study were included in SPSS 22.0 software for statistical analysis. Measurement data were expressed as ($\bar{x} \pm s$), t test; count data were expressed as (%), chi square test, P <0.05 was statistically significant.

RESULTS

Comparison of postoperative pain scores between the two patients

Patients in the observation group had pain scores of 24 hours after surgery and defecation pain scores of 5 days after surgery. The scores were (3.74 ± 1.07) and (2.52 ± 0.54) respectively; the control group was (7.34 ± 1.16) and (4.69 ± 0.87) respectively. Points, the observation group was significantly lower than the control group (P <0.05), and the difference was statistically significant, see Table 1.

Table 1.
Comparison of pain scores within 24 hours after surgery and defecation pain scores within 5 days after surgery ($\bar{x} \pm s$)

Group	n	24-hour pain score (points)	Defecation pain score within 5 days after surgery (points)
Observation group	30	3.74±1.07	2.52±0.54
Control group	30	7.34±1.16	4.69±0.87
t	-	12.495	11.607
P	-	0.000	0.000

Comparison of patients' satisfaction with pain control in the two groups

The patients in the observation group had scores of (7.35 ± 0.82), (8.66 ± 0.69), and (8.32 ± 0.76) in the pain control, and the patients in the control group had (4.52 ± 0.60), (5.12 ± 0.52) points and (5.53 ± 0.64) points, the observation group was significantly better than the control group (P <0.05), the difference was statistically significant, see Table 2.

Table 2.
Comparison of patients' satisfaction with pain control between the two groups ($\bar{x} \pm s$)

Group	n	Ways to control pain (points)	Pain control education (points)	Care (points)
Observation group	30	7.35±0.82	8.66±0.69	8.32±0.76
Control group	30	4.52±0.60	5.12±0.52	5.53±0.64
t	-	15.255	22.441	15.380
P	-	0.000	0.000	0.000

Comparison of the incidence of perianal eczema between two groups of patients after surgery

Perianal eczema in the observation group was significantly lower than that in the control group after surgery (P <0.05), and the difference was statistically significant, as shown in Table 3.

Table 3.
Comparison of the incidence of perianal eczema after surgery between the two groups of patients [n (%)]

Group	n	Perianal eczema incidence
Observation group	30	1（3.33）
Control group	30	11（36.67）
x^2	-	10.417
P	-	0.001

Comparison of psychological and emotional scores of two patients

The psychological and emotional scores of the two groups of patients before nursing were not significantly different (P> 0.05), and the

psychological and emotional scores of the patients in the observation group were significantly better than those in the control group (P <0.05). The difference was statistically significant, as shown in Table 4.

Table 4.
Comparison of anxiety-depression self-scores between two groups of patients ($\bar{x} \pm s$)

Group	n	Anxiety self-scoring (points)		Depression self-scoring (points)	
		Before nursing	After nursing	Before nursing	After nursing
Observation group	30	61.4±4.7	12.3±4.2	16.4±2.6	7.2±1.3
Control group	30	61.7±4.6	20.5±4.6	16.3±2.5	11.5±1.6
t	-	0.250	7.210	0.152	11.424
P	-	0.804	0.000	0.880	0.000

DISCUSSIONS

Clinically, hemorrhoids are a common anorectal disease that occur in different age groups. At the same time, the higher the age, the higher the chance of hemorrhoids. The specific cause is not clear. Most clinical studies consider local varicose veins or anal pads. Hemorrhoids may be caused by anterior lacrimal gland hypertrophy, pregnancy, constipation, prolonged sitting, and pelvic tumors [3,4]. At present, there are three types of internal, external, and mixed sores according to the location of hemorrhoids. Among them, patients with internal sores have clinical manifestations of hemorrhoid prolapse and anal bleeding, and patients with external sores have itching, dampness and anal discomfort. The clinical manifestations of patients with internal and external ulcers are collected, and patients with prolonged hemorrhoid bleeding will cause anemia. The most common type is mixed sore and the most severe type [5,6].

Hemorrhoids mainly include three types: internal hemorrhoids, external haemorrhoids and mixed haemorrhoids. Internal hemorrhoids and external hemorrhoids have unique clinical manifestations, and mixed hemorrhoids have both clinical characteristics of internal and external hemorrhoids. Hemorrhoids treatment include conservative treatment and surgical treatment. If the condition is more serious, surgical treatment is adopted. If the bad living habits cannot be corrected after the surgical treatment, the disease may reoccur. Due to the lack of knowledge, the special location and the ineffective drug treatment, it may pose ideological pressure. With the anxiety, irritability and fear psychology, patients choose surgery until the body and mind cannot bear the disease torture. Nurses should patiently make explanations and psychological guidance, introduce the advantages of surgery, make patients understand the necessity of surgery and help patients relieve confusion. Patients should maintain good mental state during treatment. Nurses should actively communicate with patients, purposefully provide psychological counseling, explain the patient's etiology, development and postoperative healing. Patients after operation are often afraid of pain. The pain of the wound causes abnormal defecation. Nurses should guide patients to eat reasonably after operation and to maintain smooth defecation, guide them not to squat for a long time, in order to prevent postoperative margin edema, urinary retention and effectively relieve pain. Therefore, the pain nursing after mixed haemorrhoids operation should be strengthened and the analgetic drugs should be used in necessary cases. Most cases of hemorrhoids are caused by bad behavior in life, such as poor diet and eating habits, or long-term sedentariness. It is recommended to correct the habits and take appropriate health measures. Diet and exercise are the priorities. Currently, mixed hemorrhoidectomy is the main treatment. The surgical treatment has low traumatic effect, mild pain, quick recovery and good curative effect. However, postoperative pain is still a more prominent problem in patients. With the improvement of living level, people may eat various food, especially the spicy food. Frequent drinking or sitting or staying up late at work, squat defecation habits and less activity caused cause hemorrhoids multiple and universal. Most patients are reluctant to operate because of fear of surgery and postoperative pain. Open incision is used for hemorrhoid operation due to special anal position. Postoperative complications include sphincter spasm, tissue edema, dressing change and defecation pain. Coupled with psychological fear, it is more sensitive to pain. Therefore, postoperative

nursing work is the key. Psychological nursing not only alleviates negative emotion, but also increases the confidence of treatment; the pain nursing raises the body pain threshold, alleviates the patient pain and simultaneously reduces the body stress response. Nursing can effectively prevent urinary retention, constipation, incision infection, bleeding and other complications, effectively reduce the incidence of complications and further promote rapid recovery. The relevant medical workers should pay high attention to nursing. Nursing is a highly specialized service mode of strong theory. Nursing staff adopt various ways and means to provide patients with a relatively comfortable treatment environment, better to actively cooperate with doctors' treatment, improve their quality of life and shorten the discharge time. Psychological nursing means that in the course of nursing care, nurses assign different psychological nursing programs to different patients by various ways and means, better provide effective nursing mode for actively cooperating with doctors and improve their quality of life, and help to promote the recovery of patients' body as soon as possible. The method is worthy of further promotion. Therefore, psychological nursing plays an important role in the prevention and treatment of cancer.

Clinically, the main treatment method for mixed sores is surgery, but because most patients are affected by the traditional concepts of the past, they will have bad emotions such as fear and shyness. At the same time, the special anatomical structure and physiological functions of mixed sores in the human body are completed by the patient. After the operation, pain is very easy to occur, which greatly affects the patients' daily life [7,8]. Because the anal dentate line and the nearby area have very rich nerves, the spinal nerves innervate and are very sensitive to pain. At the same time, most of the skin near the anus will be damaged during surgery, which will cause the patient's mental stress and defecation. In the future, pain will occur after surgery. The use of related analgesics after surgery can reduce sympathetic nerve excitability, prevent patients from tachycardia and myocardial ischemia, and reduce the incidence of adverse reactions [9,10]. The current concept of clinical analgesia is to standardize pain management for patients, relieve patients 'pain, control adverse reactions caused by drugs, and improve patients' satisfaction with pain control and physical function [11,12]. L-Profenine sustained-release tablets are composed of codeine phosphate and ibuprofen. Ibuprofen inhibits cyclooxygenase in pain-induced inflammatory tissues, thereby achieving analgesic effect. It works in conjunction with codeine phosphate Has a better analgesic effect; brinzine hydrochloride is a weak opioid fast-acting analgesic, which can be effective within 10 minutes after subcutaneous injection in patients, stimulate the release of endogenous opioid peptides, and affect the opioid. At the same time, it inhibits the release of nociceptive and irritating nerve mediator p, selectively blocks the transmission of nerve impulses, alleviates pain in patients, and has the effect of eliminating fear and tension in patients [13]. Due to the misunderstanding of people's perception of pain, most patients believe that pain is a natural process in the disease, and they are not aware of the relationship between body recovery and analgesia. At the same time, some patients do not inform the medical staff after pain, Worried that after using analgesics, adverse reactions will occur on their own, which will affect the recovery of the disease, leading to the refusal of drug treatment and the effect of pain control. At the same time, the negative emotions such as tension, anxiety, and irritability of patients will also increase the pain. By communicating with patients through psychological care, preaching that pain is normal, encouraging patients with various psychological care methods, alleviating the negative emotions of patients, improving the patient's ability to tolerate pain, and helping patients to expel their internal fear. Establish confidence in fighting pain, tell patients' family members to accompany the patient, guide patients in various ways to relieve pain, such as deep breathing, meditation, etc., play the patient's favorite music, and help patients reduce pain by diverting the patient's attention at the same time, reduce the risk of complications for patients [15]. In this study, observer patients who applied psychological nursing combined with medications

had significantly lower pain scores in the 24 hours after surgery and defecation pain scores in the 5 days after surgery (P <0.05); in terms of patient satisfaction with pain control , Significantly better than the control group (P <0.05); patients with perianal eczema after surgery were significantly lower than the control group (P <0.05), the patient's psychological emotion score was significantly better than the control group (P <0.05), the differences were statistically significant significance.

CONCLUSION

For patients with mixed sores, the application of psychological nursing combined with drug treatment has significant effects, significantly reducing the pain of defecation after 24 hours and 5 days after surgery. Patients are more satisfied with pain control, which is worthy of popularization and application in clinical treatment and nursing.

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