Observation of Nursing Care of Patients with Acute Severe Pulmonary Embolism after General Surgery under Microscope

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Abstract: Acute pulmonary embolism (APE) is one of the common acute and critical illnesses in clinical medicine, and it is another high cause of death after heart disease, cancer and cardiovascular disease. Despite the unremitting research and exploration of many relevant experts in recent years, major progress has been made in diagnosis and treatment, but the clinical manifestations of acute pulmonary embolism are not specific, and there is a lack of effective and definite methods for diagnosis. The mortality rate of patients with acute pulmonary embolism remains high. Furthermore, the combination of multiple postoperative diseases caused by general surgery can also increase the mortality of patients. Based on this, this article uses microscope technology to study and analyze the pretreatment methods and nursing methods of patients with acute severe pulmonary embolism after general surgery to improve the condition of patients with acute pulmonary embolism and increase their recovery rate, hoping to be the domestic acute pulmonary embolism The treatment provides reference and reference. This article first summarizes the relevant theories of surgery and acute pulmonary embolism, and then uses experimental methods, data analysis methods, survey methods and comparison methods, and SPSS 22.0 statistical analysis software technology to observe the efficacy of patients after thrombolytic therapy through a microscope. It is concluded that in the sample data of 50 cases, the significant rate accounts for 58%, the effective rate accounts for 36%, and the inefficiency accounts for 6%, confirming the positive impact of early thrombolytic therapy on patients with acute pulmonary embolism. Finally, through the microscope observation and comparison of the patient's physical signs before and after nursing, it is concluded that timely and effective nursing after surgery has a great effect on improving the treatment rate of patients.

Keywords: General Microsurgery, Acute Severe Pulmonary Embolism, Thrombolytic Therapy, Nursing Methods
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Acute pulmonary embolism (APE) is a common clinical disease with high disability and lethality. Studies have shown that the fatality rate of untreated pulmonary embolism patients can reach 90%. The diagnosis of acute pulmonary embolism (APE) is very difficult, not only because its clinical manifestations are non-specific, but also the diagnostic methods lack sufficient sensitivity and specificity. The number of patients with APE each year reaches 600,000, of which the number of deaths is estimated to be 52,000, and at least 200,000 people die of acute pulmonary embolism each year in the United States. Acute pulmonary embolism often occurs in patients with pelvic and

lower extremity fractures, acute myocardial infarction, postoperative major surgery, lung cancer, and other patients with slow blood flow in bed. With the rapid development of my country's economy, the problem of population aging is becoming more and more serious. With the increase of the elderly population, the mortality and disability rate of acute pulmonary embolism will also increase greatly.

After general surgery, patients need to stay in bed for a long time due to lack of activity, or need to use hemostatic drugs to prevent and prevent bleeding, treatment of severe and soft tissue trauma, primary lower extremity vascular disease or chronic heart and lung disease, and their blood will be at a high level for a long time. The state of coagulation leads to no circulation of blood, and it is easy to form deep vein thrombosis, thereby causing pulmonary embolism. Acute pulmonary embolism often has a rapid onset and rapid onset. About 11% of deaths occur within 1 hour after the onset. If properly treated, the mortality rate will drop to 8%. Therefore, it is very important to give timely and correct treatment and careful postoperative care for patients with acute pulmonary embolism after general surgery.

Related Work

Based on the treatment and research of acute pulmonary embolism under the microscope, it has been common in recent years. Yan Lei, Li Jinling and others have published related articles discussing the nursing methods of intravenous thrombolysis in patients with acute large-area pulmonary embolism. The article pointed out that all patients were given intravenous injection of micropumps and alteplase for injection. Symptomatic care and special care of pulmonary vascular disease were carried out before, during and after thrombolysis. The vital signs of patients and the skin at the puncture site were closely observed. And carry out laboratory tests such as blood routine and coagulation time to find bleeding and other complications in time. The results showed that the symptoms of chest tightness, chest pain, shortness of breath, and dyspnea were relieved in 34 patients. Among them, 1 patient had a hematoma of 1 cm × 2 cm at the site of subcutaneous injection in the abdomen; 2 patients had 1 cm × 1 cm of radial artery puncture The hematoma was not increased after 1 hour of gauze packing, and was gradually absorbed after 7 days; 3 patients developed nose bleeding, the amount was about 30 ml, and stopped bleeding after gauze packing; 2 patients had a blood pressure of 75-80 /50~55 mmHg (1 mmHg=0.133 kPa), improved after first aid and nursing such as boosting pressure; 2 patients died. The article finally concluded that during intravenous thrombolytic therapy for patients with acute large-area pulmonary embolism, timely detection of adverse changes such as disease changes and bleeding, and active cooperation with rescue can improve the success rate of rescue [1]. Carrion Martinez A and Rivera-Caravaca JM also mentioned in their thesis that pulmonary embolism is one of the most serious venous thromboembolic diseases. Whether it is mortality or a large number of related complications will have a great impact on the quality of life. Early time is critical, and proper management during this period can determine future sequelae, so nurses' nursing work is very important in this process. They have studied the case of a 77-year-old male patient. The patient began to show symptoms compatible with pulmonary thromboembolism after being discharged from the knee replacement surgery. The hospital carried out the nursing process according to Margory Gordon's functional model and developed a nursing plan based on the NNN classification (NANDA, NOC, NIC). As the main nursing diagnosis, choose "ineffective breathing mode", and choose "pulmonary infarction" as a potential complication of pulmonary embolism. The results obtained after the final care plan were satisfactory, which greatly improved the patients' signs and symptoms [2]. It can be seen that the care of patients with acute severe pulmonary embolism after general surgery is very important, and the study of this field and problem is also of great practical significance.

Innovation in This Article

The innovations of this article are reflected in the following aspects: (1) This article selects multiple sets of survey samples, the survey data has

high credibility, and the survey results are truly credible: (2) The model experiment of acute pulmonary embolism in rabbits is successfully constructed in this article A model of acute pulmonary embolism was established, and the conclusion that early diagnosis and prevention were important for the treatment of acute pulmonary embolism was obtained; (3) This article confirmed through repeated comparative analysis that early thrombolytic therapy and nursing intervention can effectively cure acute pulmonary embolism.

MICROSCOPIC OBSERVATION OF NURSING METHODS FOR PATIENTS WITH ACUTE SEVERE PULMONARY EMBOLISM AFTER GENERAL SURGERY

The Theoretical Basis of Microsurgery

Definition of microsurgery

Microsurgery refers to the use of surgical instruments or equipment, through the operation of a surgeon or other relevant professionals, to enter the human body or other biological tissues, to use external force to exclude the disease in the human body or biological body, change the internal tissue structure or implant outside A process of things [3,4]. It is an operation that destroys the integrity of the tissue or destroys the integrity of the tissue and then restores and repairs the tissue. It is referred to as surgery and is commonly referred to as surgery.

Classification of microsurgery

Generally, microsurgery can be divided into different types according to the nature. According to the urgency, surgery is divided into emergency surgery and non-urgent surgery; according to the purpose, it is divided into exploration surgery and treatment surgery; according to the type of procedure, it is divided into amputation surgery, resection surgery, plastic surgery, reconstruction surgery, and retraction surgery And transplantation surgery; divided into lower abdominal surgery, brain surgery and cardiac surgery according to organs and tissue systems involved; divided into minimally invasive surgery and general surgery according to the degree of invasion; according to the use of instruments, divided into laser surgery, microsurgery, Endoscopic surgery and robotic surgery [5,6].

Treatment methods of microsurgery

The treatment methods of microsurgery generally include several aspects such as surgical indications, surgical position, aseptic surgery, sterilization and antibacterial methods [7]. Indications for surgery are the symptoms of the patient's adaptation to surgery, which refers to the patient's pain for a certain operation. Indications for surgery include indications and contraindications. Surgical contraindications refer to situations where the patient is not suitable for a certain operation. Surgical position refers to the placement of the patient's body during the operation. In general, the patient's position should be convenient for the operation, and the patient's tolerance should also be considered. The common surgical position is supine, and others also include lateral and prone. Sitting position, stone cutting position, etc. [8]. Aseptic technique is to prevent and protect the wound by aseptic treatment to prevent bacteria from entering the wound after the operation. Generally sterile surgical wounds will heal well. The sterilization method and antibacterial method are specific methods of aseptic surgery. The sterilization method uses a physical method to sterilize surgical equipment and instruments to completely eliminate bacteria on surgical instruments and dressings. Common methods include autoclave sterilization Method, boiling sterilization method, fire method; antibacterial method is to use chemical methods to eliminate bacteria, there are immersion disinfection method, steam fumigation method, for the air disinfection in the operating room is the use of lactic acid steam disinfection method [9].

General surgery

General surgery is the largest specialty in the surgical system, and the system of coverage and coverage is very large. General surgery is a clinical discipline that mainly treats liver, biliary tract, pancreas, gastrointestinal, anorectal, vascular diseases, thyroid and breast tumors and trauma and other diseases.

Related Theories of Acute Pulmonary Embolism

Definition of acute pulmonary embolism

Acute pulmonary embolism refers to a clinical pathophysiological syndrome caused by internal factors or external factors embolizing the main artery or branch of the pulmonary artery and causing pulmonary circulation disorders, dyspnea, severe chest pain, hemoptysis, and fever. Frequently accompanied by clinical manifestations such as dry chest, wet rales, pleural friction sounds, pleural effusion and shock, cyanosis, etc., it is a high-risk condition that can be life-threatening if not treated in time [10].

Classification of pulmonary embolism

Pulmonary embolism is often divided into the following categories from different angles:

First, according to the clinical diagnostic range of pulmonary embolism, it can be divided into clinical occult pulmonary embolism, pulmonary embolism with transient clinical symptoms, and clinical manifestation of pulmonary embolism. Clinical occult pulmonary embolism is clinically undiagnosable; pulmonary embolism with transient clinical symptoms is clinically difficult to diagnose; and clinical manifestation of pulmonary embolism is clinically diagnosable, and clinical manifestation of pulmonary embolism can be divided into Clinically dominant pulmonary embolism, acute sub-general pulmonary embolism, and chronic pulmonary embolism with pulmonary hypertension.

Second, according to the classification of thrombus size, it is divided into pulmonary embolism caused by massive thrombus and pulmonary embolism caused by microthrombus.

Third, according to the time of onset, it is divided into acute pulmonary embolism with an onset time of less than 14 days; subacute pulmonary embolism with an onset time of between 14 days and three months; and chronic pulmonary embolism with an onset time of more than three months.

Fourth, according to the classification of pulmonary infarction, it is divided into pulmonary infarction type and non-infarction type.

Fifth, a special type of pulmonary embolism is usually caused by a combination of multiple diseases.

Clinical types of pulmonary embolism

Specifically: sudden death type, acute pulmonary heart disease type, unexplained dyspnea type, pulmonary infarction type and chronic embolism pulmonary hypertension type [11].

Nursing Methods of Patients with Acute Severe Pulmonary Embolism after General Microsurgery

Pay close attention to various clinical indicators and carefully care

Acute pulmonary embolism requires urgent attention from nursing staff, because if emergency measures are not taken in time, it may lead to rapid deterioration of the condition or even death. Indicators such as heart rate, pulse, breathing, and blood oxygen saturation should be monitored, and patients should be carefully monitored for symptoms such as consciousness, cough, wheezing, and chest pain. If the patient suddenly suffers from shortness of breath, irritability, cyanosis, and decreased blood oxygen saturation, oxygen should be given immediately, and the doctor should be notified to take emergency measures.

Routine nursing

According to the specific situation of the patient, take a semi-recumbent or supine position to keep the respiratory tract clean. Patients with pulmonary embolism are most likely to develop hypoxemia, and attention should be paid to changes in respiratory rhythm, heart rhythm, blood pressure, facial color, lips and finger (toe) color. The arterial blood gas analysis should be regularly checked according to the situation, and the oxygen flow should be adjusted in time according to the blood gas result. Patients with pain symptoms should listen to their main opinions, provide care and a comfortable return environment, make them have enough rest time, and instruct patients to take deep breaths, and relax muscles if necessary. Care should be taken to instruct patients to use relaxation techniques, such as listening to music, and taking painkillers according to the doctor's instructions to reduce pain. After thrombolytic therapy, since deep

vein thrombosis is very easy to fall off, the patient should be bedridden for rehabilitation. Weekly carefully observe the patient's skin color, temperature and dorsal pulsation. Prevent pulmonary thrombosis due to blood clots.

Thrombolytic therapy

The main measures for the treatment of acute pulmonary embolism are thrombolysis and anticoagulation, and thrombolysis is currently the most widely used and the best curative treatment. During thrombolytic therapy, the patient is first given low molecular weight heparin for anticoagulation, and then injected with recombinant human tissue-type plasminogen kinase derivative and enoxaparin sodium injection. Nurses should take care of the skin and mouth during care to see if there is bleeding under the skin and bleeding gums, and occasionally ask the patient about headache, vomiting or abnormal movement of the limbs. And check whether there is bleeding in the surgical wound and puncture, observe and record the changes in color and fluid drainage, and at the same time determine the bleeding of the internal organs and check the blood coagulation [4].

Psychological nursing

When acute pulmonary embolism occurs, it is very fast and accompanied by shortness of breath, chest tightness, vomiting, hemoptysis and other symptoms. The patient's emotions will be very irritable and tense, so pay attention to strengthening psychological counseling for patients during nursing and comfort, strengthen communication with patients, encourage patients more, help them reduce fear and restlessness, and make them actively cooperate with treatment.

Rehabilitation guidance

Strengthen the postoperative rehabilitation guidance for patients and their families, tell patients what to avoid when eating, and tell them to pay attention to keeping warm and not cold in life to prevent stimulation from excessive cold or excessive heat. Eat more fruits, vegetables and fiber-rich foods, and develop a good habit of regular bowel movements. And take medication and follow up on time, instruct patients to check the bleeding tendency, if there is discomfort, see a doctor in time.

MICROSCOPIC OBSERVATION OF ANIMAL EXPERIMENTS FOR THE DIAGNOSIS OF ACUTE PULMONARY EMBOLISM

Acute pulmonary embolism due to the non-specific and uncertain clinical diagnosis, the mortality and disability rate of patients with acute pulmonary embolism is very high. In order to obtain the pathological specimens of acute pulmonary embolism and analyze its clinical diagnosis characteristics, animals are used for acute Pulmonary embolism diagnosis and treatment experiments, through the establishment of acute pulmonary embolism model, find accurate, safe, non-invasive, and wide-ranging diagnostic methods for acute pulmonary embolism in clinic.

Experimental Materials and Tools

Experimental materials

Twenty healthy and strong rabbits were selected as the experimental samples. The male and female were not limited. The age of the rabbits was controlled at 4 to 5 months and the weight was 2 to 3 kg.

Experimental equipment and tools

The main experimental equipment are: anesthesia and emboli, 5F catheter, 5F puncture trocar and 3F guide wire set, scalpel, dissecting scissors, ophthalmic scissors, forceps, hemostatic forceps, fixed plate, gauze, tape, iodine, Surgical sets and surgical gowns.

Experimental Procedure

Anesthetize the rabbit and establish a venous channel

Each rabbit is rapidly injected intramuscularly or subcutaneously at a rate of 0.1 ml/kg. After about 10 minutes, the rabbit showed shallow breathing, decreased activity, and reduced limb tension, indicating that general anesthesia was effective, and then punctured with a 22G vein in the vein at the end of the ear. And used as a black

channel to push 3% pentobarbital sodium into 1 mL/kg. After about 5 minutes, the reflexes of the eyelashes significantly reduced or disappeared, and the muscles relaxed, indicating that they were under anesthesia. Deep general anesthesia usually lasts 1-2 hours, and if the rabbit wakes up during the operation, add half of the sodium valproate to 3%.

Femoral vein puncture and indwelling cannula

After anesthesia, fix the rabbit in a supine position on a wooden frame, prepare the skin for disinfection in the groin of the rabbit, cut the wound about 3-4 cm in the direction of the thigh vein, and cut open layer by layer. The blunt separation of subcutaneous tissue and muscle tissue gradually exposes the blood vessels where it intersects the inguinal ligament. Use 5F trocar puncture and slinger technique to puncture the blood vessel. After confirming that the 5F catheter was successfully punctured into the bone vein, the 5F catheter was left in the femoral vein, and the thigh was used as the injection channel for the gelatin sponge plug.

Making emboli

Under sterile conditions, use a sterile needle to draw 1 ml of blood along the rabbit vein and add 20 U of thrombin. After 2 days at room temperature, it will become a stable blood clot. Cut the blood clot into 2X2X3 mm blood clots with sterile surgical scissors, repeatedly put into a 5 ml syringe, rinse with sterile saline, discard the serum, and make 1 ml of liquid containing about 10 small blood clots, set aside for future use.

Establishment of rabbit model of acute pulmonary thromboembolism

Muscle anesthesia of tachyplegic heart 0.2ml/kg, intravenous infusion of ketamine 5.10mg/kg, after the corneal reflex of the limbs of the rabbits with paraplegia disappeared, the position was corrected and placed on the operating table supine. Prepare the skin in the left groin, disinfect it as usual, cover it according to the rhythm of the femoral vein, cut the skin 2 cm along the vein, the vein separates the subcutaneous tissue and muscle layer, and separate the arteries. Then insert a 20G (internal diameter 1.1 mm) needle into the femoral vein. After the puncture is completed, pull out the needle and push the cannula slowly into the thigh vein for 1 to 2 cm to fix it. Immediately inject the inner cannula into the femoral vein, and add 5 mL of saline to the completed suspension to prevent blood clots in the vein and pulmonary arteries after DSA from circulating in the pulmonary artery. After that, local compression is used to stop bleeding and suture. Throughout the process, the rabbit is in a supine position. Observe the rabbit's clinical and vital signs closely. After the rabbit developed shortness of breath, the rabbit model of acute pulmonary embolism was successfully established.

Analysis of Experimental Results

20 rabbits were selected for the construction of an acute pulmonary embolism model, and 17 were successfully modeled, including 1 accidental death, 1 death due to anesthetic, and 2 deaths due to massive embolism. The specific data is shown in Table 1 and Figure 1. In the modeling process, in addition to the need to control the size, shape, and number of thrombi, gentle and skilled puncture techniques and appropriate anesthetic administration methods are also important. In this experiment, fast sleep new intramuscular injection of 0.2ml/kg, then intravenous injection of ketamine 5.10mg/kg, according to the situation to increase intravenous ketamine 2.5.5mg/kg is a safe method. The depth of reliable general anesthesia should be appropriate, and should be shallow and not deep. Intravenous ketamine should follow the principle of "less amount, better than early". Avoid adding anesthesia after embolization to prevent death from pulmonary embolism and anesthesia. In addition, when puncturing the vein in the thigh bone, the movement should be gentle to avoid bleeding or even death due to the failure of the puncture.

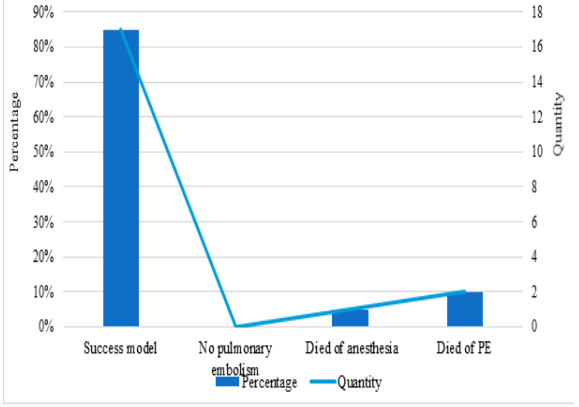
In this study, most of the pulmonary artery occlusion occurred at the level of segmental arteries, a small number of arteries occurred at the level of PTE, and were divided into angiography: 67.5% of embolism occurred in both lungs, and the occurrence of embolism in the left pulmonary

artery The rate was 17.5%, the incidence of embolism in the right pulmonary artery was 15%, and the incidence of lower pulmonary embolism was the highest. It is similar to the clinical distribution of bilateral pulmonary embolism. The PH value immediately after pulmonary embolism was 7.47 + 0.036, in which the alkalemia and PH value were significantly higher than before embolization (death <0.05), and returned to normal without rupture from the next day. Compared with before, embolism is statistically significant. After embolization, Pa02 immediately decreased to 62.60±6.53 kPa, lower than before embolization (69.47±6.00 kPa), but the difference was not statistically significant. There is no ventilation after the pulmonary embolism and no blood is supplied to the embolized site, which causes ventilation and blood flow imbalance, and some are accompanied by reflex bronchospasm, which reduces the surface tension. Ventilation formation in non-lethal areas in unmodified areas after airbag embolization is associated with increased lung division. Experimental data showed that AaD02 (43.70-a: 6.76kPa) immediately after embolization was significantly higher than before embolization (<0.05) and returned to pre-embolization on the 4th day, suggesting that the initial diagnosis of pulmonary embolism has greater clinical value.

Table 1.
Making of pulmonary embolism model

Result	Quantity	Percentage
Success model	17	85%
No pulmonary embolism	0	0%
Died of anesthesia	1	5%
Died of PE	2	10%

Figure 1.
Making of pulmonary embolism mode



CLINICAL ANALYSIS AND NURSING CARE OF ACUTE PULMONARY EMBOLISM AFTER GENERAL MICROSURGERY

Process and Efficacy of Thrombolytic Therapy for Acute Pulmonary Embolism

As mentioned earlier, the treatment of acute pulmonary embolism is mainly anticoagulation and thrombolytic therapy, and thrombolytic therapy is currently the most stable, safest and best effective treatment. In order to further explore and analyze the efficacy of thrombolytic therapy in patients with acute pulmonary embolism, 50 patients with acute severe pulmonary embolism are now selected as the research object for sample analysis. There were 25 males and 25 females, aged between 34 and 85 years old, with an average age of (52.15±3.43) years old, 11 with hypertension, 2 with history of heart disease, 7 with diabetes, and 5 There was a deep vein thrombosis in the lower extremities, and one had a history of lung cancer. In addition to the above complications, considering that old age is also an important risk factor for death, in addition, some of the patient's own conditions will also affect the treatment of the disease, so the other conditions in the sample data are counted: 8 are over 75 years old There were 9 patients with a history of general surgery and 37 patients who had been in bed for more than 5 days. Specific statistics are shown in Table 2.

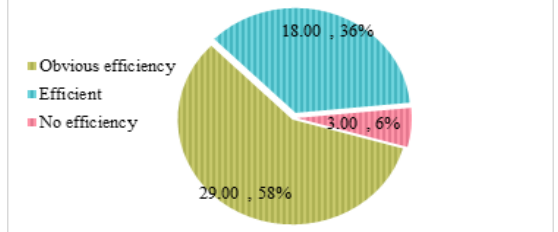
Table 2.
Risk factors and proportion of accompanying diseases

Variable	Yes	Percentage	No	Percentage
Hypertension	11	22%	39	78%
Heart disease history	2	4%	48	96%
Diabetes	7	14%	43	86%
Deep vein thrombosis	5	10%	45	90%
Lung cancer history	1	2%	49	98%
Over 75 years old	8	16%	42	84%
Have a history of general surgery	9	18%	41	82%
Bedridden for more than 5 days	37	74%	13	26%

After admission, 50 patients were examined according to normal procedures for various clinical indicators, and a venous channel was created in a short period of time to comprehensively evaluate patients' coagulation function, blood electrolyte levels, and arterial blood gas and other indicators.

The patients were then given low-molecular-weight heparin anticoagulation, norepinephrine, dopamine to maintain blood pressure and other treatments, and were given alteplase 50 mg thrombolytic therapy. The intravenous infusion was completed within 2 hours. Finally, observe the clinical efficacy and adverse reactions of patients after treatment, and observe the changes of relevant clinical indicators before and after treatment. The specific situation is shown in Figure 2 and Figure 3.

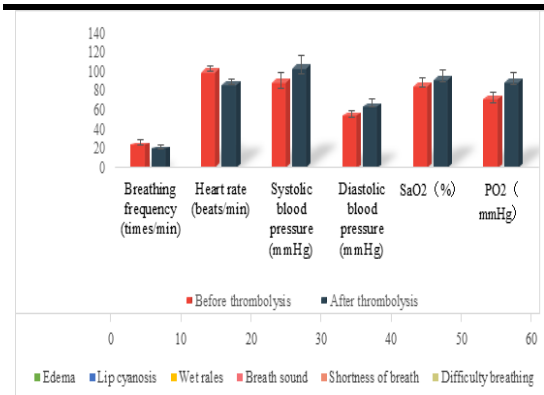
Figure 2.
Effect of thrombolytic therapy for acute pulmonary embolism



The efficacy of thrombolytic therapy in these 50 patients was judged according to the criteria for evaluating the efficacy of thrombolytic therapy for acute pulmonary embolism. As can be seen from Figure 2, 29 of the 50 patients with acute pulmonary embolism have significantly improved the treatment effect, with a significant efficiency of 58%; 18 treatment results are effective, the effective rate is 36%; 3 treatment results show ineffective, and the inefficiency accounts for 6% . There are 47 cases of total effective number above, and the total effective rate is 94%. Figure 3 shows that the patient's breathing rate and heart rate after acute pulmonary embolism thrombolysis are lower than before thrombolysis, while the values of systolic blood pressure, diastolic blood pressure, SaO2 and PaO2 after thrombolysis are higher than before thrombolysis. This shows that the patients with acute pulmonary embolism have significantly improved their condition after thrombolytic therapy, and it also shows that the thrombolytic therapy is positive and effective for the treatment of acute pulmonary embolism.

Nursing Analysis of Acute Severe Pulmonary Embolism after General Surgery

Figure 3.
Comparison of relevant clinical indicators before and after thrombolysis



In most cases, pulmonary embolism is caused by the formation of deep vein thrombosis due to poor blood circulation in the human body and a high-coagulation state for a long time, which induces pulmonary embolism. Usually, patients undergo bed rest after general surgery to rest the wound. Because the body is in a state of immobility for a long time, it is easy for patients who have undergone surgery to have acute pulmonary embolism. In addition, acute pulmonary embolism generally has a rapid onset, severe dyspnea, and cardiac arrest. At this time, postoperative care and monitoring are particularly important. In order to compare and analyze the preventive strategies and nursing methods of acute severe pulmonary embolism after general surgery, this article starts from two perspectives.

Early thrombolytic therapy to prevent

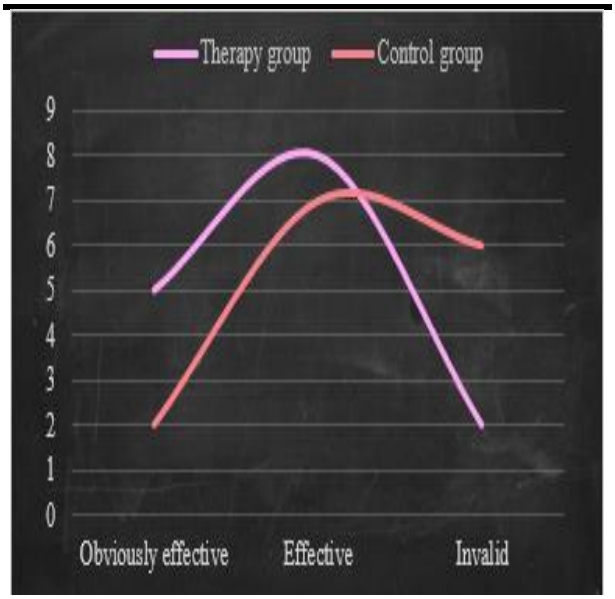
Thirty patients who had undergone general surgery were selected as the data sample of this survey and randomly divided into two groups, of which 15 were in the treatment group and 15 were in the control group. According to the thrombolytic treatment process described in 4.1, 30 patients were given intravenous injections, and then the patients were observed before and after treatment. The data obtained used SPSS 22.0 statistical analysis software, using [n (%)] to represent the count data, using chi-square test as the statistical method of difference, and P<0.05 as

the comparative difference has significant statistical significance. The specific situation is shown in Table 3 and Figure 4.

Table 3.
Comparison of efficacy between the two groups

Group	Number of cases	Obviously effective	Effective	Invalid
Therapy group	15	5	8	2
Control group	15	2	7	6

Figure 4.
Comparison of efficacy between the two groups



As can be seen from Table 3 and Figure 4, there are 5 cases with obvious effect of thrombolysis in the treatment group, 8 cases are effective, and 2 cases are ineffective; while only 2 cases with obvious effect in the control group, 7 cases are effective, six cases were ineffective, and the efficacy of the treatment group was better than that of the control group. This shows that it is very necessary to perform early thrombolytic therapy on patients after general surgery. It can effectively improve patients' symptoms, play a good preventive role in patients with concurrent acute pulmonary embolism, and help promote patient recovery. Worth promoting and promoting[12].

Intensive monitoring and careful care after operation

In order to explore the nursing methods of patients with acute severe pulmonary embolism in general surgery, 50 patients with acute severe pulmonary embolism in general surgery are now selected as nursing objects, and the effectiveness of nursing is analyzed by comparing the changes of physical symptoms before and after nursing Summarize the best nursing methods. The survey data will be divided into two groups according to pre-care and post-care. The changes in the patient's signs will be observed in terms of dyspnea, shortness of breath, breath sounds, wet rales, lip cyanosis and puffiness. The survey results are shown in Figure 5.

Figure 5.
Comparison of changes in patient signs before and after nursing

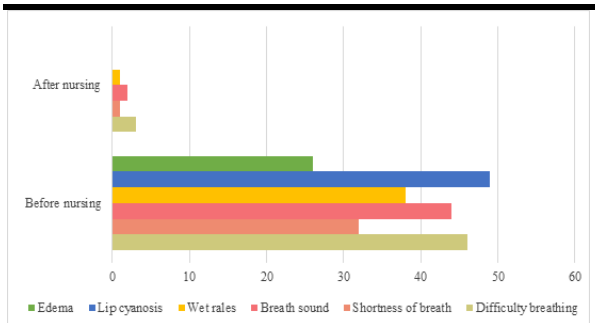


Figure 5 shows that almost all patients had symptoms such as dyspnea, shortness of breath, lung sounds, wet rasping, cyanosis, and edema, but most of the patients' symptoms had disappeared after nursing, and only some people still had breathing. Difficulties, shortness of breath, breath sounds and wet rales. It can be seen that the postoperative care process can help patients improve their physical condition to a great extent, reduce patients' pain, and promote rehabilitation.

CONCLUSIONS

Acute pulmonary embolism, due to its non-specific clinical diagnosis and treatment, results in a high rate of misdiagnosis and misdiagnosis each year, and also causes a high mortality rate every year. In order to prevent acute pulmonary embolism, early thrombolytic therapy and supplementary nursing intervention are very important. Supplementary comprehensive monitoring measures during thrombolytic therapy in patients with acute pulmonary embolism can

help patients recover and reduce the incidence of related complications. In addition, it is also very important to strengthen the psychological counseling for patients and their families, so that patients can maintain a happy mood can improve patients' confidence in medical treatment, so that they can actively cooperate with treatment.

Due to the lack of medical pathological samples of acute pulmonary embolism, this article uses animals to establish a model of acute pulmonary embolism in rabbits. Through analysis of experimental results, it is concluded that early diagnosis and treatment have a great role in the prevention and treatment of acute pulmonary embolism. Further corroborated the significant efficacy of early thrombolytic therapy.

This article selects a large number of patients as the survey object, analyzes and compares the pre-treatment and nursing methods for patients with acute severe pulmonary embolism in general surgery from different angles, and concludes that thrombolytic therapy is the best treatment for acute pulmonary embolism. The supplementary nursing intervention can help the patient to reduce the condition to a large extent, and the nursing method also involves all aspects. In addition to closely monitoring the patient's postoperative clinical indicators and signs changes, the patient must also be given psychological care and discharge. After guidance. In short, for patients with acute severe pulmonary embolism in general surgery, the primary thrombolytic therapy should be the mainstay, and the later nursing intervention should be supplemented. It is necessary to adopt correct and effective nursing methods and maintain a positive and correct nursing mentality in order to alleviate the patient's condition and promote It will recover soon.

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