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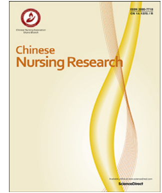

Original article

Clinical nursing path after endoscopic submucosal dissection reduces the risk of postoperative complications☆

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ABSTRACT

Objective: To investigate the effect of the nursing path on postoperative complications after endoscopic submucosal dissection (ESD).

Method: Patients' nursing paths for ESD were established based on a systematic analysis of relevant literature, previous clinical procedures and consultation with chief physicians from a gastroenterology department. Forty patients were divided into the observation or control group and were assigned to follow the nursing path or the conventional path after an ESD, respectively. Next, the incidence of postoperative complications of these two groups was measured, primarily assessing the occurrences of bleeding, perforation, infection, and anxiety.

Results: The incidence of complications after ESD in the observation group was remarkably lower than that of the control group ($P < 0.05$).

Conclusion: The nursing path for ESD has a positive role in reducing certain frequent complications that occur after ESD, particularly infection and anxiety; in addition, the nursing path optimizes nursing care in patients with gastrointestinal stromal tumor.

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1. Introduction

Early diagnosis of a gastrointestinal abnormality within the mucosa or submucosa is considered to be associated with the advancement of endoscopic skills, including endoscopic mucosal resection (endoscopic mucosal resection, EMR) and endoscopic submucosal dissection (ESD), and treatment with conventional surgery has gradually been replaced by minimally invasive operations under endoscopy, especially for early cancerous alterations buried in the gastrointestinal mucosa or submucosa.[1]

An early-identified gastrointestinal neoplasia within mucosal lesions with a diameter of less than 2 cm is considered eligible for EMR under gastric endoscopy; however, an EMR performed on lesions of more than 2 cm is more likely to result in a deviation of pathological valuation and local recurrence. First appearing in Japan for early-diagnosed gastric carcinoma, endoscopic submucosal dissection (ESD), a derivative of EMR, has been demonstrated as beneficial for removing mucosal lesions larger than 2 cm with a higher cure rate.[2] In addition, the applicable scope of ESD has extended to the complete resection of non-invasive lesions in the esophagus, stomach and intestinal tract, which demonstrates the advantages of less trauma, significant curative effect and a fast recovery; however, patients after ESD could bear a higher potential risk for post-operative complications, including bleeding, perforation, or infection without a standardized nursing process, ultimately leading to a poor prognosis, longer hospitalization and more expenses.[3,4]

Thus, a standard clinical nursing path has long been urgently required to optimize the service quality of nursing for hospitalized patients. In recent years, the presence of King's theory has been clarified to increase the effectiveness of nursing.[5] Therefore, we formulated a suitable nursing path after ESD based on King's theory, showing the benefits related to nursing efficiency and clinical practice in our department. Accessing this creative nursing path makes the work of nurses more efficient and structural; concomitantly, patients who realize the nursing plan or goals scheduled in a standard nursing path are more willing to actively participate in the recovery process, which could not only strengthen their self-care consciousness and ability but also achieve better nursing

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Table 1
The nursing path form.

Date	Project	Nursing content
The day of admission	Assessments	1 Average rating: patient complaints, state of consciousness, mental status, urine volume daily, self-care ability, high-risk medical history, allergies, smoking, alcohol use history, with or without a drain tube, the situation of taking medicine, and so forth; 2 Specialist assessment: gastrointestinal reactions (nausea, emesis, abdominal distension, acid reflux, heartburn, and so forth), frequency and characters of defecation, with or without emesis, bloody diarrhea, pain, skin mucous membranes and sclera, with or without fever, fatigue, hoarse voice, hernia and stoma.
	Treatments	According to the physical condition of patients and the doctor's advice, the symptomatic treatment is implemented; at the same time, a close observation of the disease changes is conducted.
	Inspection	1 Explain the inspection note, such as blood and abdominal ultrasounds, CT, and so on, which require fasting; 2 Conventional ECG.
	Activities	Pay attention to bed rest; disposing properly waste from the body and appropriate bed activities with no sense of fatigue is advisable.
	Diet	Eat foods that are high in nutrition and protein and that are easy to digest; avoid cold and spicy food.
	Nursing	1 Provide a spare bed in case of an extra assistance from the patient; 2 Follow the directions when taking medications, and then observe the reactions; 3 Carry out the gastroenterology routine care.
	Health education	1 Introduce the patients and their families to the ward environment, the director of the division, the head nurse, the doctors and nurses on duty, and so forth; 2 Provide pamphlets for health education and to introduce hospital rules and regulations, for instance, the escort system, and prohibition of illegal electrical equipment in ward; 3 Introduce relevant knowledge of the disease.
Before surgery	Assessments	Conduct the specialist assessment to ensure the patients to have preoperative indications.
	Treatments	The patients should follow the doctor's advice to take the indicated medicines for intestinal clearance 12 h before surgery.
	Inspection	1 Check the routine blood tests values, clotting function, kidney function, electrolytes, infectious diseases, and tumor markers; 2 Rule out the contraindications for surgery or ultrasonic gastroscopy.
	Activities	The contents are the same as the former.
	Diet	The contents are the same as the former.
	Nursing	1 Carry out routine gastroenterology care; 2 Follow the instructions when taking medications, and then observe the reactions; 3 Apply the HIS system to query the patients and check the results; when the nurses noticed something abnormal, they should report at once; meanwhile, follow the directions to take medications and corresponding nursing measurements; 4 Query the medication history of the patients. According to the results of the PT, if anticoagulant therapy has been applied, the indicated medicine should be avoided 3–5 days before surgery; 5 Guide the patients to take medications properly and observe the stool; perform an enema when it is necessary to guarantee the effects of clearing the bowels; drinking is forbidden 6 h before the surgery.
	Health education	1 Explain to the patients ESD-related knowledge and introduce them to successful cases to offer psychological support to help the patients maintain an optimal mood and have close cooperation with other patients and their families; 2 Invite the patients with a successful recovery after an ESD to convey their confidence to other patients who will undergo ESD in order to eliminate their stress; 3 Instruct the patients to give up smoking and drinking alcohol; inform them of the 8-h preoperative fasting; guide them to practice using the urinal on the bed.
The day of surgery	Nursing	1 Right upper extremity venous indwelling needle; 2 Escort the patients to the digestive endoscopy center and hand over to the endoscopic center nurse; 3 Carry out psychological nursing practices, guiding the patients to avoid emotional tension and actively cooperate with the treatment.
1–5 days after surgery	Nursing	1 Closely monitor the vital signs, ECG and oxygen inhalation to maintain airway patency; 2 Perform nasogastric decompression; fix the tube properly, record the exposed catheter calibration; paste the catheter identification; 3 Hang the catheter slippage mark on the head of a bed and observe the color, nature and volume of drainage fluid; 4 Drug treatments: follow the doctor's advice to take the medicines for hemostasis, anti-acid, nutrition, and anti-inflammation; meanwhile, observe whether the patients had any adverse reactions after treatment.
	The observation of complications	1 Bleeding: it usually occurs within 2 weeks after the surgery; during this stage, it is necessary to observe the vital signs of the patients and the color and quantity of the drained gastric juice in the gastrointestinal decompression tube; at the same time, observe whether or not the patients have symptoms of hematemesis, black stool; in accordance with the doctor's advice, carry out routine blood tests; 2 Perforation: include the perforation in surgery and the delayed perforation. (1) The perforation in surgery: the perforation caused by ESD is usually small and can be found in time and treated during the operation. (2) Delayed perforation: keep the gastrointestinal decompression drainage tube free; observe the color and quantity of the drainage gastric juice; observe the changes in each vital sign; check whether the patients have abdominal pain, abdominal muscle tension, tenderness or rebound tenderness; if there is a drop in blood pressure, fast pulse or paleness, carry out the X-ray abdominal plain film examination according to the directions when necessary. For a

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