

The Experience of Nursing Intervention for Cesarean Section Pregnancy

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ABSTRACT Objective: To explore the effects of nursing care on the patients subjected to cesarean and during perioperative of uterine incision. **Method:** A total of 98 cases of early pregnancy after cesarean in our hospital, from December 2013 to December 2014, were analyzed retrospectively. Nursing care was provided throughout the perioperative period of patients, who subjected to uterine arterial chemotherapy, perfusion and embolization. **Result:** Early recoveries of patients were promoted through psychological care before and after the operation, diet adjustment, nursing care and health guidance. **Conclusion:** Nursing care is important for patients with early pregnancy, in term of interventional therapy as it enhances treatment effect and reduces complications. Based on the result, the success rate of operation is improved and the risk is reduced. Thus, it is worth for clinical application.

KEYWORDS

Interventional therapy
Cesarean section pregnancy
Nursing experience

1. Introduction

The cesarean section pregnancy (CSP) is due to poor healing of cesarean section and semi-circular scar. Ectopic pregnancy is one of the rare and serious complications of pregnancy. The incidence of ectopic pregnancy is 0.5%, accounting for 0.134% of the cesarean section. The symptoms of early stage of CSP include uterine perforation and serious rupture as well as bleeding of uterus. There will be a risk of death if immediate treatment is not taken. Also, throughout the gestation, vaginal bleeding, rupture and removal of uterus could be resulted, which could cause death [1].

2. Materials and methods

2.1. The clinical data

Data of 98 patients with uterine incision pregnancy interventional treatment in our hospital from December 2013 to December 2014 were collected. The average age is 26–39 years old. The pregnancy time is 2–5 years after the caesarean section. All patients are in the second pregnancy. The

clinical manifestations were irregularly bleeding and post-menopausal vaginal. The urine HCG is positive and the ultrasound showed CSP.

2.2. Method

The Seldinger technique was used to puncture the right femoral artery, and the 5Fu vascular sheath was placed. The 5F-Yashiro catheter was placed in the bilateral uterine arteryangiography with successful embolization [2]. Value of HCG was tested after operation. 50 mg MTX was injected per day (maximum 200 mg), if the level of HCG did not decrease distinctly.

3. Nursing

3.1. The nursing care before the operation

3.1.1. The psychological nursing

Most of the patients are unfamiliar with the interventional treatment and they do not understand the effect of the treatment. So we have to be patient in listening patient's concerns, encourage communication and provide detail answer. Thus, patients understand the way and the superiority of the operation. Besides, we are supposed to gain their trust, cooperating with the skilled operation technique to eliminate their tension and anxiety. The patients in this group manifest positive attitude after the psychological nursing.

3.1.2. The general nursing

There was no food supplied within 12 hours and no

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drink supplied within 6 hours before the surgery. Preparation was done for genital and bilateral inguinal skin perfectly. The bilateral arterial pulse of the patients was marked on skin. 1 kg sandbag and 50 mg MTX were prepared.

3.1.3. Observation of the patient's condition

Patients might have abdominal pain, vaginal bleeding or any other conditions before the surgery. The vital signs should be strictly observed if it changed to become faster. These elements need to be given attention by the care staff, especially in the inspection unit. During the process of uterine incision, the potential safety risk is increased. Furthermore, rupture and bleeding of uterus can be readily caused by the adhesion between villi and uterus, implantation and penetration of the muscle wall. Hence, nursing staff should closely observe the patients and ensure them resting well and not moving around to avoid increase of abdominal pressure, which would impede the wound healing. Other factors that contribute to abdominal pressure encompass forced defecation, squatting, forced cough and etc.

3.1.4. Actively improve the preparation before surgery

During operation, staff nurse should assist doctor in inspection to ensure the operation is preceded well. For example, inspection on the indexes of ECG function test, shooting chest X-ray as well as blood analysis, which determine liver and kidney function, blood coagulation function, hepatitis C and B and others are performed. Patients were perfused in preoperative. Skin was prepared, iodine allergy test was performed, position of dorsalis pedis artery was marked and oral laxatives was provided to empty their bowel. During preoperative, nursing staff should advise patients to fast for 12 hours and ban water for 6 hours before the operation. Muscle injection of pentobarbital 0.21 g was applied and catheter was placed.

3.2. The nursing care after the operation

3.2.1. The posture after the operation

The patients should lie on bed for 12 hours and keep straight of their puncture side body. Joints should not be bending, particularly, the hip joint should not be buckle. After 24 hours of surgery, patient should have bed rest. After pulling out the catheter, they can do a little activity, but need to avoid strenuous activity within 72 hours. Also, severe cough and squat should be prevented to avoid the bleeding of puncture point and uterine bleeding which was caused by the abortion of the embryo. These precautions should be explained to the patients and their families.

3.2.2. The nursing of the puncture point

Puncture point was wrapped up with an elastic bandage and pressed with both hands. After 2 hours, 1 kg sandbag was used to apply pressure for 6 hours. Patients were ob-

served every 15 minutes, every 30 minutes after 2 hours and lastly every hour after 6 hours. Puncture site is observed to determine the occurrence of hematoma and wound is maintained in dry condition. No bleeding at the puncture point was observed.

3.2.3. The nursing of the diet

The diet must be digestible, rich in protein and dietary fiber such as eggs, milk, fish, lean meat, vegetables and fruits to ensure the patient's stool smooth and to avoid constipation.

3.2.4. The observation of the disease

After the operation, the pulse of the artery and the color, temperature and muscle strength of the skin were observed. Observation of pain, numbness, movement disorders or pale was determined every 30 minutes for 6 times. If the artery of the foot back was disappeared or weakened, the skin was pale, temperature of the skin was low and so on, doctor should be promptly informed to give immediate treatment.

3.2.5. The nursing of the pain

After the embolization surgery, the patients will have pain at the lower abdominal. This is caused by the lack of blood supply at artery embolism. The pain can be stopped by using analgesic drugs and symptomatic treatment of local hot that compress for 3 days.

3.2.6. Infection the prevention

After the application of MTX that cause body's immune system weakens and after the uterine artery embolization that leads to inefficiency of blood supply of at uterus, infection of genital tract was increased. Hence, antibiotic intravenous drip was given. Catheter was remained for 24 hours after operation. Urine color and the components were determined. Patient is encouraged to drink plenty of water, frequently change underwear, regularly clean the vulva and keep vulva clean and dry.

3.2.7. Health education

The nursing staff needs to explain the relevant knowledge and the reason of operation to the patients. The nurse should inform the patients about the various surgical procedures such as non-smoking before the surgery, timing of surgery, preoperative with a variety of examination, cleanliness of the skin, effective cough, the important role of the cough and wound production. The nurse should also guide the patients about contraception when discharge from the hospital.

3.2.8. The statistical treatment

The data were analyzed with SPSS 13.0 statistical software for data processing, using a relative number of descriptions.

4. Results

Targeted care was used to treat the patients. The patients showed effective homeostasis, no obvious nausea or vomiting symptoms, and no other complications. For the analysis and summary of the data, safety factors that influence the intervention on patients with uterine incision pregnancy are determined and are bring forward the effective measures for these factors. The recovery of patients after the treatment were compared in Table 1.

Table 1. The recovery of patients after treatment.

Project	Remission	Partial remission	No change	Progress
Case	69	19	7	3
Proportion	70.41%	19.39%	7.14%	3.06%

5. The experience of the nursing

There was an obvious effect for uterine artery interventional therapy after uterine incision as it can effectively plant the pregnancy and effectively control the bleeding, decreased the curettage of the amount of bleeding. Nursing care treatment provides reasonable and effective guidance that reduce the pain as well as improve the total satisfaction on nursing staff. Based on this study, the intervention of patients with uterine incision pregnancy care has a certain experience [3].

In the recent years, application of targeted nursing facilitates intervention of patients with uterine incision pregnancy care. Based on this study, recovery of patients with uterine incision pregnancy could be affected by: (1) Nurse factors: some nurses could not judge timely for certain minor changes and thus treatment was delayed. In some cases, patients are subjected to additional injuries due to irresponsibility of nurses. In fact, nurse is the core of nursing care, and its responsibility is to work in the most important. If nurse does not give a clear guidance, problem could be occurred and consequently affect the recovery. (2) Specialist factors: Patients have to undergo a lot of physical examinations before the treatment. However, patients might be subjected to additional infections if those medical equipment or medical utensils are not disinfected or sterilized. (3) Patients and their families are lack of knowledge and unable to cooperate during the treatment, which

results in prolonged illness. In view of these factors, we put forward the nursing measures above [4-7].

After the treatment of the patients in this group, we have put forward the effective counter measures to the problems, which were faced in the process of nursing intervention [8]. Thus, the positive measures can improve the safety awareness of nursing staff of the patients and their families, and can effectively reduce the harm which is caused by CSP.

6. Conclusion

The application of interventional therapy in the treatment of patients with CSP could enhance patient recovery after the surgery and could effectively reduce the patients' pain. This could help in reducing economic burden of patients and their families. Also, it is beneficial to improve the level of nursing staff and it is worth to be popularized in the clinical medicine.

Reference

1. Wen H, Chen X, Zhu LR, et al. The application of uterine artery embolization and curettage to suspend the observation and nursing care of uterine scar pregnancy. *Chin J Obstet Gynecol.* 2008;3(7):770-771.
2. Wang Y. The nursing care of scar pregnancy after cesarean section. *Mod Med Health.* 2009;22(1):88.
3. Chen C, Tan D. The experience of the 70 cases of uterine incision pregnancy care. *Chin J Gynecol.* 2009;11(3):298-301.
4. Rexiti R. The nursing experience of the 47 cases of cesarean section incision pregnancy interventional therapy. *Chin Med Guide.* 2015;05(4):24-25.
5. Cheng D, Gao S, Zuo Y, et al. The nursing of the uterine scar pregnancy interventional therapy. *China Med Guidel.* 2013;2(24):362-363.
6. Li Y. The nursing care of patients with uterine incision pregnancy intervention. *Chin Urban Rural Enterp Health.* 2013;3(6):66-67.
7. Dong H. The application of the behavioral psychological nursing intervention model in patients with uterine incision pregnancy. *J South China Med Sci.* 2014;5(5):529-540.
8. Gu Y, Dai D, Lei T. The clinical nursing care of the uterine scar pregnancy interventional therapy. *Mod Med Hyg.* 2014;2(19):3002-3003.