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Evaluation of Nursing Effect of Intradermal Acupuncture for Postoperative Flatulence

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Abstract: *Objective: To study the nursing effect of intradermal acupuncture on postoperative flatulence. Methods: 60 cases of cesarean section parturient in our hospital from January, 2018 to January, 2022 were randomly divided into two groups. The control group was given routine nursing intervention, and the observation group was given intradermal acupuncture care. The psychological status scores (anxiety score and depression score) of the two groups were compared. Recovery time of gastrointestinal function and VAS score; Nursing satisfaction; Quality of life score. Results: Before nursing, the scores of psychological status of patients in the two groups were compared (P > 0.05). After nursing, the scores of psychological status of patients in the observation group were lower than those in the control group (P < 0.05). The recovery time of gastrointestinal function and VAS score in the observation group were shorter than those in the control group (P < 0.05). The nursing satisfaction of the observation group was higher than that of the control group (P < 0.05). Before nursing, the quality of life scores of patients in the two groups were compared (P > 0.05), and after nursing, the quality of life scores of patients in the observation group were higher than those in the control group (P < 0.05). Conclusion: Intradermal needle nursing can improve the nursing effect and is worth popularizing after cesarean section.*

Keywords: *intradermal acupuncture, cesarean section, flatulence, nursing effect*

1. Introduction

Cesarean section is another delivery method in modern clinical obstetrics, which can help women who are difficult to give birth and are not suitable for delivery to correct the bad pregnancy outcome. However, cesarean section is traumatic to some extent, and the influence of narcotic drugs on the parturient will lead to adverse events, and the incidence of complications is high, which will have an impact on the recovery effect of the parturient. Flatulence is a common complication after cesarean section. The occurrence of flatulence is closely related to trauma in cesarean section, stress response to anesthesia, and the need for continuous analgesia after cesarean section. After the parturient has flatulence after cesarean section, it will make the parturient have abdominal distension; The increase of abdominal pressure will affect the healing effect of surgical incision, which will have a certain impact on the recovery effect of patients after delivery, and even have a certain probability to destroy the balance of gastrointestinal function of patients, which will lead to malnutrition and then affect the postpartum lactation efficiency of patients. Therefore, it is necessary to effectively prevent postoperative flatulence in clinic, so it is necessary to take effective measures to prevent flatulence for cesarean section women [1]. On the basis of routine nursing intervention measures, intradermal needle nursing can effectively prevent postoperative flatulence. In this paper, the author selected 60 cases of cesarean section parturient in our hospital from January 2018 to January 2022, aiming at analyzing the preventive effect of intradermal therapy on flatulence after cesarean section, and now makes the following statement [2].

2. Data and Methods

2.1. General Information

60 cases of cesarean section parturient admitted to our hospital from January 2018 to January 2022 were randomly divided into two groups. The control group was given routine nursing intervention, and the observation group was given intradermal needle nursing on this basis. See Table 1 for general

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information.

Table 1: Comparison of general information ($\bar{x}$ ±s) [n (%)]

Group	Number of cases	Gestational week(week)	Average gestational age(week)	Average gestational age(week)	average age(week)	BMI (kg/m^2)	Average BMI (kg/m^2)
Observation group	30	35-39	37.99±1.06	22-35	29.26±2.28	25.81-31.86	28.73±0.72
control group	30	35-40	37.82±1.02	22-36	29.31±2.31	25.59-32.06	28.63±0.76
X^2/t	-	0.633		0.084		0.523	
P	-	0.529		0.933		0.603	

Inclusion criteria: ① patients who meet the indications of cesarean section; ② Patients with various nursing indexes in perinatal period can be accurately evaluated; ③ Patients who can actively cooperate with medical staff; Exclusion criteria: ① Patients with abnormal coagulation function; ② Patients with severe abnormal organ function; ③ Patients with mental diseases [3].

2.2. Methods

Control group: routine nursing intervention: ① preoperative psychological intervention: it is necessary to observe patients' emotions and actively communicate with patients to help them understand the health care content after cesarean section. Through active communication, the negative emotions such as fear of the parturient can be effectively transferred. If the parturient has a strong anxiety reaction before operation, it is necessary to carry out psychological intervention through one-on-one patients. For example, playing music in the ward, and guiding patients to keep their eyes closed and take a deep breath to improve the emotional stability of patients, and then combining the mode of health education to introduce the health knowledge of cesarean section to patients and alleviate their negative emotions; ② Active cooperation during the operation: strengthen the detection of patients' vital signs during the operation, actively cooperate with doctors, minimize the delivery time and the dosage of anesthetic drugs, and avoid patients from excessive surgical trauma. At the same time, it is necessary to keep warm during the operation, including adjusting the temperature of the operating room, heating the fluids to be infused during the operation, and giving patients a warm blanket after the operation to keep warm, so as to avoid postoperative hypothermia and other reactions; ③ Postoperative pain care: Assess the pain at different stages to relieve the patients' psychological stress reaction and reduce the degree of pain. If the patients will have strong incision pain, they need to be given epidural analgesia in strict accordance with the doctor's advice to ensure that the patients can be more comfortable after operation; ④ Post-operative health education: after cesarean section, do a good job in self-care and prevention and intervention of complications, and give bedside education to patients from the perspectives of diet and the occurrence of postoperative flatulence, and introduce relevant matters of health education to patients, so as to divert postoperative pain of patients and improve their nursing compliance; ⑤ Postoperative activity intervention: encourage the lying-in women to do early activities properly, help the patients turn over in bed and exercise their limbs. After their physical indicators gradually recover, guide the patients to do early under-bed activities, and gradually increase the exercise according to the postoperative rehabilitation effect of the patients to improve the early recovery speed [4]. In addition, massage, hot compress and other methods are used to help the patients stay relaxed and exercise properly to avoid pulling the incision; ⑥ Postoperative dietary intervention: The patient is required to drink a small amount of water two hours after operation, and liquid food should be given to the patient six hours after operation, and it is confirmed whether the patient has abnormal gastrointestinal reaction. If not, it can be turned into semi-liquid food. From the perspective of diet structure, patients are required to ban gas-producing foods and control their diet, requiring patients to eat less and eat more meals.

The observation group needs to be combined with intradermal needle care: the needle tip should be aimed at the acupoint, gently pricked and fixed with small square adhesive tape. The length of needle burying should be determined according to the actual condition of the patient, usually only one or two days, and no more than six to seven days. If the needle is buried in summer, it should not be more than two days to avoid infection [5].

2.3. Observation Indicators

① Psychological status score (anxiety score, depression score): According to the self-rating anxiety scale, the score is 50, with < 50 indicating that the patient has no depression and anxiety

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response, and ≥50 indicating that the patient has depression and anxiety response, and the higher the score, the stronger the response;

② Recovery time of gastrointestinal function and VAS score: VAS score is used to evaluate pain with visual analogue scale, with a full score of 10, and the higher the score, the stronger the pain;

③ Nursing satisfaction: according to the self-made nursing satisfaction scale, it was divided into very satisfied, satisfied and dissatisfied, and nursing satisfaction = (very satisfied+satisfied)/total number of cases between groups;

④ Quality of life score: According to SF-36 scale, the score is 100, and the higher the score, the higher the quality of life.

2.4. Statistical Treatment

Statistical software SPSS20.0 was used for analysis. The mean+standard deviation ($\overline{x}$ ±S) indicated the measurement data, t value was checked, rate (%) indicated the counting data, and X2 was checked. When $P < 0.05$, the difference between the two groups was statistically significant [6].

3. Results

3.1. Psychological Status Score Comparison

Before nursing, the psychological status scores of the two groups were compared ($P > 0.05$). After nursing, the psychological status scores of the patients in the observation group were lower than those in the control group ($P < 0.05$), as shown in Table 2 [7].

Table 2: Psychological status score ($\overline{x}$ ±s) (minutes)

Group	Number of cases	Anxiety score		Depression score	
		Before nursing	After nursing	Before nursing	After nursing
Observation group	30	56.89±3.51	40.41±1.35	58.35±4.62	43.79±1.82
control group	30	56.93±3.68	47.65±2.68	58.46±4.65	49.78±3.51
t	-	0.043	13.215	0.092	8.298
P	-	0.966	0.000	0.927	0.000

3.2. Comparison of Recovery Time and VAS Score of Gastrointestinal Function

The recovery time of gastrointestinal function and VAS score in the observation group were shorter than those in the control group ($P < 0.05$), as shown in Table 3.

Table 3: Comparison of gastrointestinal function recovery time and VAS score

Group	Number of cases	recovery time of gastrointestinal function (h)			VAS score (points)		
		First exhaust	First defecation	Recovery of bowel sounds	6 hours after operation	12 hours after operation	24 hours after operation
Observation group	30	6.80±1.43	10.46±2.01	15.02±2.64	4.01±0.62	3.49±0.51	3.01±0.49
Control group	30	8.43±1.89	14.81±2.76	20.76±3.69	4.62±0.80	3.97±0.63	3.43±0.66
t	-	3.767	6.978	6.929	3.301	3.244	2.799
P	-	0.000	0.000	0.000	0.002	0.002	0.007

3.3. Comparison of Nursing Satisfaction

The nursing satisfaction of the observation group was higher than that of the control group ($P < 0.05$), as shown in Table 4.

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Table 4: Comparison of nursing satisfaction [n(%)]

group	Number of cases	Very satisfied	satisfied	satisfied	Total satisfaction
Observation group	30	21	8	1	29 (96.7)
control group	30	16	6	8	22 (73.3)
X^2	-	-	-	-	6.405
P	-	-	-	-	0.011

3.4. Quality of Life Score Comparison

Before nursing, the quality of life scores of patients in the two groups were compared (P > 0.05), and after nursing, the quality of life scores of patients in the observation group were higher than those in the control group (P < 0.05), as shown in Table 5.

Table 5: Comparison of Quality of Life Score ($\overline{x}$ ±s) (score)

Group	Number of cases	Social competence		Physiological function	
		Before nursing	After nursing	Before nursing	After nursing
Observation group	30	67.53±3.84	86.32±4.79	73.56±4.25	87.68±6.89
control group	30	67.94±3.96	71.52±4.36	72.98±4.16	80.13±6.23
t	-	0.407	12.515	0.534	4.452
P	-	0.685	0.000	0.595	0.000
Observation group	30	69.82±4.53	89.82±5.03	71.56±3.98	92.65±4.18
control group	30	69.13±4.58	79.68±4.98	71.03±4.16	83.35±4.12
t	-	0.587	7.846	0.504	8.679
P	-	0.560	0.000	0.616	0.000

4. Discuission

There are many factors that cause flatulence after cesarean section, including the following: negative emotions, postoperative trauma response, anesthesia stress response, continuous analgesia, long-term bed rest, etc. The influence of many factors will inhibit the postoperative nerve reflex function and reduce the physiological function of gastrointestinal tract, thus causing flatulence. Flatulence will affect the recovery effect of parturient after operation, and effective measures in perinatal period can effectively reduce the incidence of flatulence [8].

Preoperative psychological intervention can improve patients' negative emotions and help parturient to know more about cesarean section and prognosis. Intraoperative nursing cooperation can avoid hypothermia stress reaction, reduce the degree of surgical trauma and guide patients to do activities under the bed after operation; Postoperative pain care, health education, activity intervention and other modes can help patients understand their self-care attempts, reduce their psychological burden, improve their compliance with nursing cooperation, and make the nurse-patient relationship more harmonious.

Intradermal acupuncture belongs to the ancient method of needle retention. This method is to puncture the needle into the patient's skin and leave it for a period of time after successful fixation. By using the continuous stimulation of the needle, repeated acupuncture can be avoided, thus effectively preventing postoperative flatulence. In the application of intradermal acupuncture, we should also pay attention to the following points: before acupuncture, we need to disinfect acupuncture points and needles regularly; Don't soak the needle in water. If it is in summer, you need to check whether the needle is soaked in sweat and the skin is red. If it is red and painful, you need to check it in time. If there is infection, you need to pull out the needle immediately. If there is pain, it is necessary to adjust the direction and depth of needle insertion. If it is ineffective after adjustment, it is considered that there is an inflammatory reaction and it is necessary to take the needle immediately. Patients can appropriately press the needle handle intermittently with their fingers to improve the stimulation amount and effect, but they need to pay attention to hand hygiene; If there is infection at the buried needle, it is necessary to do a good job of surgical dressing and then give the patient antibiotic treatment [9,10].

The results show that the nursing effect of the observation group is better than that of the control

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group.

To sum up, the application of intradermal acupuncture nursing can effectively improve the gastrointestinal function, negative emotions and quality of life of patients, which is worth popularizing.

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