

Analysis of the Application Effect of Comprehensive Nursing Intervention in Elderly Patients with Cirrhosis Ascites

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Abstracts: *Objective:* To investigate the effects of comprehensive nursing intervention on the complication rate, nursing satisfaction, and prognosis of elderly patients with cirrhotic ascites. *Methods:* 62 elderly patients with cirrhotic ascites were selected for the study, and the inclusion time was from January 2022 to January 2023. According to the random method, the patients were divided into the reference group and the observation group, and conventional nursing and comprehensive nursing were carried out to compare the nursing effect, respectively. The patient's satisfaction with care and prognosis was investigated. *Results:* The quality of life and satisfaction scores of the observation group were higher than those of the reference group, and the complication rate was lower ($P < 0.05$). *Conclusion:* Comprehensive nursing intervention in patients with cirrhosis ascites can reduce the incidence of complications, and is conducive to improving their quality of life and satisfaction.

Keywords: Comprehensive nursing intervention; Cirrhosis ascites; Effect analysis

Online publication: September 6, 2024

1. Introduction

Cirrhosis is a chronic liver disease with a high recurrence rate and a long duration of illness, which is usually manifested by portal hypertension, liver function damage, and so on, and ascites will be formed in the late stage. Elderly patients with multiple coexisting diseases have a higher chance of complications. If the treatment is not timely enough, it is likely to induce liver failure, and may even pose a threat to the patient's life safety^[1]. Therefore, it is necessary to provide patients with appropriate comprehensive nursing interventions during clinical treatment to improve the therapeutic effect and improve their prognosis^[2]. This paper mainly focuses on the impact of nursing intervention on the incidence of complications, nursing satisfaction, and prognosis of elderly cirrhotic patients with ascites.

2. Information and methods

2.1. General information

62 cases of elderly patients with cirrhosis and ascites were selected for the study, the inclusion time was from January 2022 to January 2023, and the median age of the reference group was 57.06 ± 1.22 years. The patients were divided into two groups according to the random method, with 20 males and 11 females in the reference group, and a median age of 57.06 ± 1.22 years old; and 18 males and 13 females in the observation group, with a median age of 57.42 ± 1.24 years old. The comparison of the general information between the two groups was not statistically significant ($P > 0.05$). All patients were diagnosed with cirrhotic ascites and were aware of this study. Patients with hepatocellular carcinoma and important organ damage were excluded; patients with incomplete basic clinical information were excluded.

2.2. Methods

2.2.1. Reference group

The reference group was given routine nursing care. The patient's blood pressure, pulse rate, mental state, and so on were observed. The nature and color of excreta and vomitus of the patients were observed to adjust the treatment plan. Dietary guidance is carried out according to the situation of the patients to ensure balanced nutrition.

2.2.2. Observation group

The observation group was given comprehensive intervention nursing as follows. (1) Psychological care, elderly patients with chronic diseases are prone to anxiety, guilt, self-blame, and even despair and anorexia. Patients sometimes show depression, do not talk much, and sometimes show irritability. For such patients and their families, nursing staff should emotionally move the patients with deep understanding and sincere kindness. The nursing staff should talk with the patient and help them face reality with the use of successful cases to enlighten them, enhance their psychological capacity, fully mobilize the positive factors of the patient, and take the initiative to cooperate with the treatment. (2) Skincare. Elderly patients have poor nutritional status and poor skin elasticity, so keep the skin clean. For patients with ascites, the abdominal skin is tight, and umbilical hernia incidence is high, so the patients should wear loose clothing. For patients with itchy skin, the nursing staff should tell them to trim their fingernails to prevent scratching the skin, use warm water to wipe the skin or apply glycerin lotion. (3) Dietary guidance. Provide patients with low-fat, high-protein, high-vitamin, and low-salt diets according to their conditions, avoiding stimulating, hard, and rough foods. Strictly follow the basic principle of eating small meals, avoiding overeating, and taking small bites to prevent the risk of upper gastrointestinal bleeding caused by eating rough food that cuts the varicose veins. Strictly control the intake of water and sodium, and do not consume seafood, soy sauce, sodium-containing monosodium glutamate, and so on. No smoking and alcohol, try not to eat easy flatulence food such as leeks, onions, soya beans, and so on. (4) Ascites care. Before the operation, tell the patients and their families about the process, goals, and therapeutic effects of laparotomy, improve their cooperation, and tell the patients to empty their bladders to reduce the risk of accidental injury by the puncture. After the operation, assist the doctor in extracting the ascites, and at the same time, observe the patient's vital signs, state of consciousness, and the amount, color, and condition of ascites, to find and treat any abnormality promptly. After the operation, use an abdominal bandage to bandage the abdomen to observe the oozing situation of the puncture site, and then observe the patient's body. For the oozing situation of the puncture site, if the oozing is excessive, then a gelatin sponge can be applied. The massive release of ascites will cause protein loss and electrolyte disorders to a certain extent, with a high risk of infection, and even cause hepatic encephalopathy in serious cases, so nursing staff should observe in time to

deal with it immediately. If the peritoneal tube is used to release ascites, it should be kept in a fluent state and properly fixed, and the oozing and bleeding of the dressing should be observed at the same time. (5) Postural care. When there is a large amount of ascites, it is necessary to have sufficient rest, which in turn improves hepatic blood flow. Assist the patient in keeping a lying position to achieve diuresis and promote the excretion of sodium and water. If the patient has dyspnoea or palpitation, they can be kept in a semi-recumbent position, turning over during the period of bed rest, and have periodic limb movement to reduce the risk of pulmonary embolism, pressure ulcers, and other risks. Once the patient's clinical symptoms are relieved and the ascites are reduced, they can be instructed to perform activities out of bed.

2.3. Observation indicators

The quality of life scores of psychological function, physiological function, organic health, and social function of the two groups were compared, and the complication rate and satisfaction of the patients were recorded [3].

2.4. Statistical analysis

SPSS 20.0 software was used to analyze the statistical data, (%) describes the count data, and ($\pm s$) describes the measurement data, respectively. Chi-square and *t*-tests were performed, if the value of $P < 0.05$ between the groups, there is statistical significance.

3. Results

3.1. Comparison of the quality of life scores of the two groups

The scores of the reference group were significantly lower than those of the observation group ($P < 0.05$), as shown in Table 1.

Table 1. Comparison of the quality of life scores of the two groups [n ($\pm s$)]

Group	Cases	Psychological functions	Physiological functions	Organismal health	Social functions
Reference group	31	1.22 \pm 0.85	3.21 \pm 1.01	2.31 \pm 1.50	1.07 \pm 0.93
Observation group	31	3.21 \pm 1.01	4.75 \pm 1.20	4.30 \pm 1.22	3.52 \pm 1.30
<i>t</i>		8.393	5.786	5.730	8.534
<i>P</i>		0.000	0.000	0.000	0.000

3.2. Comparison of complications and satisfaction between the two groups

Comparing the reference group, the observation group has a lower complication rate and higher satisfaction, with a significant difference ($P < 0.05$), as shown in Table 2.

Table 2. Comparing the complications and satisfaction of the two groups [n (%)]

Group	Cases	Complications	Satisfaction
Reference group	31	7 (22.58)	23 (74.19%)
Observation group	31	1 (3.23)	29 (93.55%)
χ^2		5.166	4.292
<i>P</i>		0.023	0.038

4. Discussion

Cirrhosis is a kind of diffuse liver injury, and its complication is most common in ascites, which means that cirrhosis has progressed to an advanced stage^[4]. Ascites in cirrhosis have a high recurrence rate, a long duration of disease, and a poor prognosis, which can have a serious impact on both the quality of life and the health of patients. Relevant research results have proved that for elderly patients with cirrhosis ascites, strengthening its comprehensive nursing intervention has a very important impact on reducing the occurrence of complications in patients with cirrhosis as well as relieving patients' pain, and can effectively improve the prognosis of patients^[5].

Comprehensive nursing intervention is extremely critical to promote the recovery of patients' conditions and alleviate their pain. Implementing psychological care in the care of cirrhotic patients with ascites can effectively improve the patients' bad mood, improve the degree of cooperation of the patients, and promote the smooth progress of clinical work^[6]. Due to the relatively low immunity of patients, the prevention and control of their infections in the clinic can reduce the risk of secondary infections, thus ensuring the health of the patient's organism. Complication care, by closely observing the patient's condition and increasing the frequency of rounds, can take effective measures to deal with the abnormalities when they are found promptly and can delay the deterioration of the condition^[7].

Analyzing the results of the study, it was found that the quality of life score of the observation group was higher than that of the reference group, and compared with the reference group, the observation group had a higher degree of satisfaction and a lower incidence of complications ($P < 0.05$). This indicates that comprehensive nursing intervention in patients with cirrhosis ascites can reduce the complications of patients, and is conducive to improving their quality of life and satisfaction.

In conclusion, the application of integrated nursing intervention in elderly patients with cirrhotic ascites has a very important role in reducing complications, improving patients' quality of life, and increasing their satisfaction, with obvious application effects.

Disclosure statement

The author declares no conflict of interest.

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