

Study on the Effect of Pain Nursing Intervention in ENT Wards

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Abstract: To explore the effectiveness of pain nursing interventions for patients in ENT. **Methods:** The 200 ENT patients admitted from March 2018 to March 2020 were divided into observation group ($n=100$) and control group ($n=100$). The control group was used conventional clinical nursing methods, and the observation group received pain nursing intervention as a comparison with the control group. **Results:** The observation group had 83 cases, 14 cases and 3 cases of mild, moderate and severe pain, respectively, while the control group are of 43 cases, 43 cases and 14 cases. Nursing intervention can significantly reduce the pain of patients after otolaryngology surgery, improve the quality of life of patients, and has high clinical value for application.

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1 Introduction

Pain is a complex physical and psychological activity that is caused by existing or potential tissue damage. Studies have shown that a positive and optimistic mental state has a certain effect on reducing and inhibiting the pain caused by tissue damage. Otherwise, the intensity of pain will increase. For example, patients undergoing nasal cavity surgery may need gauze to fill the nasal cavity after surgery, which may cause headaches and dizziness. This symptom will be more noticeable for patients after undergoing throat surgery, thereby radially expanding the pain range. Meanwhile, if the patient suffers from

long-term pain, the condition can easily affect the patient's mood during the treatment process, and may also extend the hospital stay^[1]. Therefore, this study provides postoperative pain nursing intervention for patients with postoperative pain in otolaryngology. Compared with conventional nursing patients, the patient's pain has been greatly relieved with satisfactory results.

2 Data and methods

2.1 Data

From March 2018 to March 2020, 200 patients undergoing otolaryngology surgery were selected as the research objects. The patients are or over 18 years old and have a complete medical history. According to the random grouping by computer, the selected cases were divided into experimental group and control group, with 100 cases in each group. There were 57 males and 43 females in the experimental group, with an average age of 44.26 years (18-70 years). There were 56 males and 44 females in the control group, with an average age of 44.54 years (19-70 years).

2.2 Methods

The control group was given an appropriate dose of analgesics, and the nursing staff introduced the causes of postoperative pain to the patients and paid attention to the changes in the postoperative state of the patients. The experimental group carried out scientific nursing intervention based on conventional drugs to relieve pain. First, you need to create a good hospital environment for patients. Patients who have

undergone ENT surgery are usually susceptible to light and noise stimulation. Moreover, the noisy environment can easily affect the mood after the operation, so the nursing staff should pay attention to keeping the ward quiet, strictly control the room temperature and minimize the indoor illumination. That way, the patient can feel comfortable in the ward. Secondly, if the painful symptoms emerge, the patient will easily become irritable, so nursing staff can take appropriate steps to distract the patients, such as playing light music, and other active entertainment activities for the patients^[2]. Third, psychotherapy must be given to patients after surgery. Patients who have undergone ENT surgery are often unsure of the effectiveness of the surgery themselves, hence they usually have a certain degree of fear. If pain occurs after surgery, they will under higher pressure. At that time, nursing staff should conduct effective psychotherapy for patients with poor mental status, communicate more with patients, understand the patients' internal worries, reduce the patients' psychological pressure, and establish cooperation in treatment. Fourth, if the patient's pain is obvious, a cold towel can be wiped on the forehead or neck early after the operation to promote vasoconstriction, eliminate local edema symptoms and reduce the patient's pain. Fifth, scientific health education can improve the treatment process of patients. Therefore, nursing staff should analyze the specific causes of postoperative pain, introduce

relevant disease knowledge, and introduce relevant preventive measures to patients. That is how patients can fully understand and prevent the occurrence of various pain^[3]. At the same time, patients should be instructed to insist to a healthy diet, eat more light and easy-to-digest nutritious foods, develop a good lifestyle, and take painkillers in accordance with the doctor's instructions.

2.3 Observation indicators

The pain status, mental state and patient satisfaction of the two groups were observed and compared. The visual analog scale was used to evaluate the patient's pain degree. Among them, 1 to 3 cases of mild pain, 4 to 6 cases of moderate pain, and ≥ 7 cases of severe pain. SAS and SDS were used to assess the mental state of patients.

2.4 Statistical methods

The data of the two groups of patients were calculated by using SPSS20.0 statistical software, and nursing satisfaction rate and other the count data were tested by X², expressed as a percentage (%). If $P < 0.05$, it indicates that the difference is statistically significant.

3 Results

The number of patients with mild, moderate, and severe pain in the observation group were 83, 14 and 3, respectively, while the control group was 43, 43, and 14 respectively.

Table 1. The comparison of pain degree of VAS between two groups

Group	Mild pain	Moderate pain	Severe pain
Observation group (n=100)	83	14	3
Control group (n=100)	43	43	14
<i>P</i>	0.00	0.00	0.02

Table 2. The comparison of Scores of SAS and SDS between two groups

Group	Cases	SAS		SDS	
		Before Intervention	After intervention	Before intervention	After intervention
Observation group	100	45.63±3.13	36.24±4.12	48.41±7.35	38.63±5.32
Control group	100	45.17±3.01	43.51±3.52	48.58±6.83	46.31±6.01

After pain nursing intervention, the reduction and improvement of SAS and SDS scores of the study group were greater than those of the control group, and the difference between the groups was statistically significant.

4 Discussion

Pain is the fifth vital sign which is an unpleasant

and emotional sensation, accompanied by existing or potential tissue damage. Severe pain can cause shock (neuropathic shock) and a series of changes in body functions. Medication is the most basic and most commonly used method of pain treatment and the premium choice for pain control. The pain management model is to set the patient's treatment goals, applying comprehensive pain management

interventions to relieve anxiety, relieve pain and improve the patient's quality of life. Pain nursing intervention can reduce the pain symptoms of patients. That way, it will make patients full of confidence in life, ensure the effectiveness of pain treatment, and may be more conducive to disease recovery^[4].

The degree and location of surgery are closely related to postoperative pain. The scope of ENT surgery is very small, but the surgical structure is very special. In addition, under the influence of physiological activities such as breathing and eating, the degree of pain may increase to some extent. Patients after ear surgery are prone to side effects such as dizziness and nausea. Throat surgery will aggravate the pain through swallowing, and the pain will affect the patient's mental activities to some extent, thereby increasing the possibility of negative emotions (such as depression, irritability, and anxiety). Meanwhile, increased pain will also affect the recovery of the disease. Therefore, in ENT surgery, not only doctors are required to have rich clinical experience, but the requirements for nursing are also high.

Some studies have shown that scientific pain treatment and active nursing measures are very important for reducing the pain of patients undergoing ENT surgery. There is a strong connotation, including holistic care and humanized care, which allows patients to receive treatment with a comfortable attitude and lays a good foundation for postoperative recovery. The purpose of nursing intervention is to reduce the clinical symptoms of pain in patients after otolaryngology surgery, promote health education, and improve patients' perception of pain. We should help patients cultivate a good mental state, and cooperate with the postoperative treatment process with a positive attitude to speed up the recovery^[5]. Relevant studies have shown that targeted nursing intervention reflects that it is very patient-friendly for patients with pain after ENT surgery. After scientific nursing intervention, targeted nursing measures are taken for postoperative pain, to create a quiet atmosphere for patients, to explain disease-related knowledge to patients and their families, to provide patients with psychological counseling. We should concern about the emotion and distraction of the patients so as to minimize the pain and anxiety. It can help patients have confidence to tackle the problem of

pain and actively and happily cooperate in treatment, and allow them to spend their postoperative recovery safely and peacefully. That is how the patient will be able to maintain a relatively good physical and mental state, and the subsequent physical recovery will be sooner.

Therefore, nurses should take patience and responsibility as the standard of clinical care, establish a harmonious relationship with patients, make patients feel stable and trusted, and lay a good foundation for smooth nursing work. Nursing staff should provide patients with pain-related psychological treatment before surgery to improve their pain perception and reduce psychological fear of pain. In addition, in order to reduce the burden of patients and surgical fears, nursing staff will conduct psychological assessments according to the specific conditions of patients, provide timely and positive comfort for patients' anxiety and fear, and take corresponding nursing measures^[6]. The second is to inform patients' family members of relevant health knowledge, such as introducing diseases and related knowledge in relatively easy-to-understand language, and informing patients of prevention and cooperation in detail. By disseminating systematic health knowledge, we provide patients and their families with corresponding disease and nursing knowledge, which can improve the level of patients and care, and consolidate a harmonious relationship between care and patients. At the same time, the data results also show that the observation group had less pain than the control group. After the intervention, the SAS and SDS scores of the observation group were lower than those of the control group, and the overall satisfaction was higher than that of the control group. In other words, targeted nursing intervention can significantly reduce the suffering of patients, promote the physical and mental recovery of patients, and improve the quality of life.

All in all, targeted nursing treatment is implemented in the entire nursing work of patients with postoperative pain in the Department of Otolaryngology. By encouraging and comforting the patients, they relieve the pressure of the patients after the operation and provide pain relief treatment. It can minimize the patient's pain and make their body and mind healthier, and it is worthy of promotion and application in nursing work.

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