

Effect of Group Intervention Combined with Massage Nursing on Patients with Lymphedema

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Abstract: Objective: To evaluate and analyze the clinical effect of group intervention combined with massage nursing in patients with lymphedema.

Methods: The time span of this study was selected from October 2017 to December 2020. A total of 496 patients with lymphedema after breast cancer surgery were included. They were divided into study group and control group according to the difference of nursing intervention scheme. The control group was given basic nursing, and the study group was given Satya group intervention combined with massage nursing. The indicators of the two groups were compared and analyzed. **Results:** Compared with the two groups at different time points, the study group had more advantages ($P < 0.05$). Compared with the recurrence rate of lymphedema in the two groups, the study group had more advantages ($P < 0.05$); Compared with the sads score and SES score after nursing intervention, the study group had more advantages ($P < 0.05$). **Conclusion:** The clinical effect of group intervention combined with massage nursing in patients with lymphedema is significant, which can be promoted in all levels of medical institutions.

Keywords: Satya model; Group intervention; Massage nursing; Lymphedema

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The incidence rate of breast cancer is the highest among all kinds of malignant tumors in China. The disease is a serious threat to women's health. Early diagnosis and symptomatic treatment should be taken. Radical mastectomy is an effective scheme for

clinical treatment of breast cancer. Its main defect is the high incidence of postoperative complications and poor prognosis of some patients^[1]. Lymphedema is a multiple complication after radical mastectomy, which can lead to shoulder joint dysfunction, abnormal arm movement, anxiety, depression and other psychological problems. Therefore, effective nursing intervention measures should be taken to reduce the adverse effect of lymphedema on patients^[2]. Satya model group intervention is a new traditional nursing scheme for patients with lymphedema. The comprehensive intervention of patients' self, situation and others can improve their self-esteem, and then achieve the nursing effect of physical and mental coordination. Massage nursing is a basic nursing mode for patients with lymphedema after breast cancer surgery, which can improve limb blood circulation and motor function^[3]. This study summarized and analyzed the basic clinical data of patients in our hospital, evaluated and analyzed the related problems of group intervention and massage nursing combined with Satya model.

1 Material and methods

1.1 General information

The time span of this study was selected from October 2017 to December 2020. A total of 496 patients with lymphedema after breast cancer surgery were included. They were divided into study group and control group according to the difference of nursing intervention scheme. The baseline clinical data of the two groups were collected and evaluated. The age span of the study group was 35-57 years old, with an average of (46.68 ± 2.75) years old, including

124 cases in stage I, 276 cases in stage II and 96 cases in stage III. The age span of the control group was 38-58 years old, with an average of (46.73 ± 2.89) years old, including 121 cases of stage I, 277 cases of stage II and 100 cases of stage III. There was no significant difference in the baseline data ($P > 0.05$).

Inclusion criteria: They met the diagnostic criteria of breast cancer, underwent radical mastectomy, and agreed to participate in this study.

Exclusion criteria: Combined with liver and kidney dysfunction, coagulation dysfunction and other patients can not cooperate with this study.

1.2 Method

In the control group, the nursing scheme was basic nursing. The nursing staff closely monitored the changes of physiological indexes of the patients, took symptomatic nursing intervention measures according to the situation of lymphedema, guided the patients to raise the affected limb, and implemented routine limb massage nursing intervention.

The nursing plan of the study group was group intervention combined with massage nursing of Satya model, and the nursing staff formulated specific nursing measures according to the concept of Satya model and TCM Massage related knowledge.

1.2.1 Group intervention of Satya model

The group intervention group of Satya model was set up in the hospital. The members of the group included psychotherapists and responsible nurses. The group held regular meetings to study the knowledge related to Satya model, analyze and evaluate the disease characteristics of patients with lymphedema, and formulate reasonable nursing intervention plan. The group intervention of Satya model was completed in the activity room of our hospital, once a week for 6 weeks. (1) You know, I know. The game mode of serial names is adopted to guide group members to introduce themselves and make them understand each other. The nursing staff introduced the requirements of Satya model group intervention for patients, and explained the correlation between lymphedema and negative emotion and anxiety after breast cancer surgery. (2) Trust. The intervention mode of trust blindness is adopted to make the members of the group understand and accept each other. To create a good communication atmosphere for group members, encourage them to express their views on the disease and life attitude, and promote the change of

psychological state of all patients through effective sharing of members. (3) Re cognition of self. To guide group members to share the collective changes after radical mastectomy and analyze the impact of surgery on quality of life. (4) Communication attitude. Guide group members to communicate with each other in different communication posture, guide them to fully feel themselves in the process of communication, and learn to communicate with each other in a consistent way, so as to establish a benign communication between members. And establish a harmonious relationship among others, self and situation. (5) Iceberg metaphor. Guide group members to regard their own heart as an iceberg, make them discover their own expectations through various external actions in daily life, recognize their deep self, and then enhance their sense of value. (6) Landscape reconstruction: In the process of group communication, we set up a link to look forward to the future, encourage group members to actively share their expectations for future physical and mental health, and share ways to deal with challenges, so that group members can encourage each other and form the effect of empathic support. In the final stage, group members share the positive impact of group intervention on themselves, and say goodbye to each other after completing the group intervention of Satya model.

1.2.2 Massage care

The specific operations were as follows.

(1) Basic massage. The nurses should exercise the elbow joint, wrist joint, fingers and other parts of the patient, limit the shoulder joint activity, and assist the patient to complete the elbow joint and wrist joint adduction and abduction exercises, so as to promote the healing of the surgical incision. Four times a day is enough. (2) Manual massage. According to the meridian theory of traditional Chinese medicine, Yunmen, Jianjing, Waiguan, chize, Shangyang, Feishu and other acupoints were selected for massage. The finger pinching method was used to massage Shangyang acupoint for 1 minute, and the thumb pressing method was used to massage other acupoints under the inner part to make the local skin tissue of the patients feel acid swelling and fever. The massage was carried out at a constant speed, twice a day, with a single massage time of 15 minutes.

1.3 Evaluation criteria

The volume increment of the affected upper limb and the recurrence rate of lymphedema at different time points after operation were compared between the two groups. The SADS score (social avoidance and distress scale) and SES score (self-esteem scale) before and after nursing intervention were compared between the two groups.

1.4 Statistical methods

SPSS 23.0 software was used to calculate all kinds of data, the measurement data was ($\bar{x} \pm s$), the test

method was t, the count data was (%), the test method was χ^2 , if $P < 0.05$, there were differences between groups.

2 Results

2.1 The volume increment of the affected upper limb at different time points after operation were compared between the two groups

Compared with the two groups at different time points, the study group had more advantages ($P < 0.05$) (Table 1).

Table 1. The volume increment of the affected upper limb and the recurrence rate of lymphedema were compared between the two groups at different time points after operation

| Group | Volume increment of affected upper limb (cm ³) | | Recurrence rate of lymphedema |
|--------------------------|--|--------------------------|-------------------------------|
| | One month after operation | Six months after surgery | |
| Research group (n = 248) | 355.38±10.29 | 392.77±15.49 | 35(14.1%) |
| Control group (n = 248) | 431.27±15.46 | 526.63±17.71 | 61(24.6%) |
| T value | 64.352 | 89.595 | 8.731 |
| P value | 0.000 | 0.000 | 0.003 |

2.2 Compare the scores of SADS and SES before and after nursing intervention between the two groups

There was no significant difference in sads score and

SES score between the two groups before nursing intervention ($P > 0.05$), but the study group had more advantages after nursing intervention ($P < 0.05$) (Table 2).

Table 2. C($\bar{x} \pm s$)

| Group | SADS score | | SES score | |
|--------------------------|----------------|------------|----------------|------------|
| | Before nursing | After care | Before nursing | After care |
| Research group (n = 248) | 15.98±1.26 | 9.31±1.15 | 21.52±2.09 | 28.59±3.74 |
| Control group (n = 248) | 15.94±1.17 | 13.38±2.47 | 21.48±2.13 | 24.66±3.05 |
| T value | 0.366 | 23.524 | 0.211 | 12.824 |
| P value | 0.714 | 0.000 | 0.832 | 0.0 |

3 Discussion

Statistics show that there are more than 1.3 million new breast cancer patients in the world every year, and the mortality rate is high. With the improvement of people's health awareness and the progress of medical technology, the early diagnosis rate of breast cancer is increasing year by year. Through radical mastectomy and other surgical treatment modes, the survival time of patients can be significantly prolonged, and the quality of life can be significantly improved^[4]. Clinical edema is a multiple complication of breast cancer patients after operation, which can affect the limb motor function and induce a variety of complications. Therefore, effective intervention measures should be taken.

Satya model is a psychological intervention model,

which can improve the mental health of patients, improve self-esteem and achieve the consistency between the outside and the inside through self loop, iceberg metaphor, meditation, different posture communication and other ways^[5]. The group intervention of Satya model in relieving the symptoms related to lymphedema is fundamental, which can help patients to understand their internal state, improve their self-identity, and then realize the comprehensive improvement of communication ability and emotion control ability. At the same time, Satya group intervention model can create a relaxed and pleasant environment for patients, alleviate their inferiority complex, reduce the attention to physical defects, find their own advantages, and then improve anxiety and other negative emotions, gradually establish self-confidence and improve

social function^[6]. Massage nursing belongs to the basic nursing scheme of lymphedema. In this study, traditional Chinese medicine massage is added on the basis of conventional massage, which can improve limb motor function, promote blood circulation, and then control the progress of the disease. The combination of group intervention of Satya model and massage nursing can realize synchronous nursing of body and mind, which is helpful to improve the treatment effect and mental health of patients^[7-8].

Summarizing and analyzing the data of this study, the volume increment of the affected upper limb and the recurrence rate of lymphedema in the study group at different time points after operation were better than those in the control group, and the SADS score and SES score after nursing intervention were better than those in the control group. It can be considered that group intervention combined with massage nursing can improve the physiological and psychological state of patients, improve the treatment effect of lymphedema, and prevent recurrence.

In conclusion, the clinical effect of group intervention combined with massage nursing in patients with lymphedema is significant, which can be promoted in all levels of medical institutions.

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