

围术期心理干预对行TURP治疗的老年晚期前列腺癌患者心理状态、术后恢复的影响

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Title: Effect of perioperative psychological intervention on psychological status and postoperative recovery of prostate cancer patients treated with TURP

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摘要: 目的:探讨心理干预对行经尿道前列腺电切术(transurethral resection of prostate,TURP)治疗的老年晚期前列腺癌患者抑郁焦虑状态、术后恢复的影响。方法:选取2015年2月至2017年5月驻马店市第一人民医院收治的行TURP治疗的124例老年晚期前列腺癌患者为研究对象。按照入院时间将患者分为干预组与对照组,对照组60例患者采用常规护理。干预组64例患者在常规护理基础上进行围术期心理干预,并在出院前做出院指导并鼓励患者做出院后咨询,比较两种干预模式的差异。结果:在入院后24 h,两组患者的SAS评分、SDS评分无明显差异($P > 0.05$)。在术前12 h、出院前24 h两个时间点,对照组的SAS评分、SDS评分均显著高于干预组($P < 0.05$)。在入院后24 h,大部分患者均出现了轻中度的焦虑和抑郁,两组患者存在心理障碍的人数构成比无明显差异($P > 0.05$)。术前12 h,两组患者处于焦虑、抑郁状态的人数显著增多,对照组中重度焦虑抑郁的患者比例显著高于干预组($P < 0.05$)。出院前24 h,两组患者心理障碍均得到明显缓解,但对照组的中重度焦虑、抑郁的患者比例仍然高于干预组($P < 0.05$)。两组患者的手术时间、膀胱冲洗时间、术后并发症类型无明显差异($P > 0.05$)。但干预组患者的术后尿管留置时间、住院时间明显较短,并发症发生率更低,满意度评分明显较高($P < 0.05$)。随着康复时间的延长,两组患者的康复知识得分、生活质量的疾病纬度得分明显升高($P < 0.05$),但对对照组生活质量的其他指标均无明显改善($P > 0.05$),而干预组的IPSS评分、生活质量总分、生理纬度得分、社会纬度得分、心理纬度得分、生活满意度均显著改善。这表明,干预组患者的生活质量改善显著好于对照组。结论:围术期心理干预可有效改善TURP患者围术期心理状态,降低并发症发生率,促进术后康复,值得临床推广。

Abstract: Objective:To explore the effect of psychological intervention on the psychological state and postoperative recovery of prostate cancer patients treated with TURP.Methods:124 patients with prostate cancer were selected as the research subjects.They were divided into the intervention group and the control group,and the control group (60 cases) received routine nursing.The patients in the intervention group were given psychological intervention on the basis of routine nursing,and the patients were discharged from hospital before discharge and encouraged the patients to consult after discharge.The difference of the two intervention models was compared.Results:In the preoperative 12 h and 24 h before discharge,the SAS score and SDS score in the control group were higher than those in the intervention group ($P < 0.05$).After 24 h,most of the patients developed mild to moderate anxiety and depression.Preoperative 12 h and 24 h before discharge were higher in the control group than those in the intervention group ($P < 0.05$).There was no significant difference in operative time,bladder irrigation time and postoperative complications between the two groups ($P > 0.05$).However,patients in the intervention group had shorter postoperative catheter retention time,shorter

hospital stay, lower complication rate and higher satisfaction score ($P < 0.05$). With the prolongation of rehabilitation time, the scores of rehabilitation knowledge and disease latitude of quality of life in the two groups were significantly higher ($P < 0.05$), but other indexes of quality of life in the control group were not significantly improved ($P > 0.05$), while all indexes in the intervention group were significantly improved. Conclusion: Perioperative psychological intervention can effectively improve the perioperative psychological state of TURP patients, reduce the incidence of complications, and promote postoperative rehabilitation, which is worthy of clinical promotion.

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