

Research Article

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Nursing Care During Sleeve Gastrectomy

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ABSTRACT

Currently, the International Body Mass Index defines obesity; morbid obesity refers to BMI>40 obesity or BMI>35 severe obesity and has been combined with obesity-related diseases. With the vigorous development of bariatric surgery at home and abroad, more and more patients with morbid obesity received bariatric surgery and achieved good weight loss [1]. laparoscopic gastric sleeve resection is a new weight loss surgery style that has appeared on the international scene in recent years, its trauma is a small, simple surgical operation, with fewer complications, can maintain the essential structural normal function of the gastrointestinal tract after operation, without any complications [2,3]. Laparoscopic gastric sleeve resection is a new type of weight loss surgery that has emerged internationally in recent years. Which is characterized by minor trauma, simple surgical operation, fewer complications, and the ability to maintain the basic standard structure and function of the gastrointestinal tract after the operation [4,5].

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Introduction

Laparoscopic gastric sleeve resection can maintain the basic standard structure and function of the gastrointestinal tract after the operation without changing the type of diet and has a good effect on weight reduction. It can also significantly reduce the plasma growth hormone-releasing peptide level and has an improved or cured effect on type 2 diabetes [6].

Weight Loss Methods

Internal weight loss methods generally refer to diet control, diet, exercise, drug weight loss, acupuncture weight loss, and other integrated methods to achieve weight loss [7,8]. However, for severe obesity, the weight loss effect is not apparent or even rebound, often ending in weight loss failure. Surgical weight loss surgery includes local weight loss surgery and total body weight loss surgery.

Local weight loss surgery refers to liposuction plastic surgery, etc.; the initial effect is noticeable but easy to rebound, but it also cannot reduce the various complications caused by obesity, so it is not advocated [9]. Systemic weight loss surgery, including sleeve gastrectomy, by removing a small portion of the stomach, reducing the volume of the stomach, controlling the patient's food intake, adjusting the microbiota in the intestinal tract, down-regulate leptin secretion, reducing the patient's desire to eat, and ultimately reduce body weight [10,11]. Gastric bypass surgery through the transformation of the gastrointestinal tract, let a section

of the stomach and the small intestine does not work so that the gastrointestinal tract to reduce the volume of the capacity of the gastrointestinal tract and the ability of digestion and absorption in order to achieve systemic weight loss effect [12].

Instrumentation Nurse Coordination

Lumpectomy mainly relies on the ultrasonic knife for tissue separation. The separation time is long, so the performance of the ultrasonic knife is required to be high. It is straightforward to produce a scorch when tissue separation is performed with the ultrasonic knife [13,14]. The scorch is cleaned up promptly with the use of the ultrasonic knife, which is put into sterile, cold saline for excitation and cleaning so that it can be cooled down and kept clean, and the head of the knife is spread out when excitation is performed so that it does not touch the metal.

The Correct Installation and Use of Linear Cutting Anastomosis

According to the different thicknesses of the stomach wall, choose the appropriate nail warehouse; the cardia and pylorus part of the tissue is thicker, usually choose the green nail warehouse foot height of 4.1mm, the gastric body choose the blue nail warehouse foot height of 3.5mm, each time to use the nail warehouse according to the cutting site to the surgeon to confirm, and with the roving nurse to review, to avoid unnecessary waste of valuables, disassembly and replacement of new nails warehouse must comply with the principle of aseptic operation, and the use of the nails warehouse should be following the principle of aseptic operation [15,16]. The use of the nail warehouse should be by the principle of aseptic operation. When unloading the nail compartment that

has cut the gastric tissue, use sterile gauze to wrap it, and rinse and wipe the nail groove clean to avoid residual anastomosis [17]. Nails should not be used for excitation, and the surgeon in charge should remove the protective cover after loading.

Keep the Operating Table Tidy

Laparoscopic gastric sleeve resection surgical instruments many kinds; the handle is long and sharp at the front end and electrically operated use the unique instrument storage bag for laparoscopic surgery on the operating table to be placed on the right-hand side of the surgeon, classified and neat, to avoid slipping off and mis-excitation, and convenient to access all kinds of connecting wires and catheters of the laparoscopic system, and the roving nurses will organize them and then fix them to the side of the surgical bed with hooks, to avoid them from falling to the ground being stepped on by mistake or extruded to be damaged [18,19].

The implementation of the legs abducted supine position catheterization for obese patients has the feasibility of improving the success rate of a catheterization, reducing the time required for catheterization while improving the comfort of the patient [20]. The operator stands on the patient's right side for routine catheterization. There is also the prone position for indwelling urinary catheter [21]. After turning the patient over, both lower limbs will naturally outwardly forward knee flexion of 90 degrees, the feet inwardly facing each other so that the calf forms an isosceles triangle, and then carry out routine catheterization operations.

DVT Occurs Mainly in Patients During and After Surgical Procedures

Compression stockings from the day before or on the day of surgery until the patient is discharged from the hospital or is ambulatory significantly reduce the incidence of DVT. Bariatric surgery plays a perfect role in treating obese patients but puts high demands on intraoperative care [22]. Nurses in the operating room can use non-human equipment to complete the placement of the surgical position and improve the material and thickness of the surgical mattress according to the patient's weight to maximize the prevention of complications and ensure the safety of surgical patients.

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