



ISQua's 39th International Conference

27th- 30th August | COEX Seoul



Take care of one oral cancer patients ICU care experience Redo skin flap Reconstruction

Luo Ke-Pei 1,Huang Hsin-Yi 2

- 1.Central Taiwan University of Science and Technology
- 2.Hospital, Yunlin County,Taiwan

P416

INTRODUCTION

This article describes the intensive care experience of a 65-year-old male who underwent a second extensive resection and flap reconstruction surgery for recurrent oral cancer within a period of three years. During the care process, the patient experienced acute pain due to the large wound from the flap reconstruction surgery and the presence of multiple lines and tubes attached to his body. Furthermore, the patient had a tracheostomy in place, which hindered his ability to express urgent needs in a timely manner. Additionally, he faced the psychological impact and pressure of disease recurrence, leading to feelings of restlessness, fear of death, and other negative emotions. These factors have prompted the author's desire to delve deeper into writing about this topic.

AIM

According to the statistics of the Ministry of Health and Welfare in 2020, the top ten causes of death of Chinese people ranked first with malignant tumors, and among the top ten cancer deaths, oral cancer ranked sixth, while the second primary tumor was mostly caused by carcinogenesis or distant metastasis, which was prone to local recurrence and poor prognosis. This article describes the postoperative care experience of a 65-year-old man who underwent extensive resection of a second oral tumor and flap reconstruction within 3 years due to recurrence of oral cancer.

RESULTS

This article presents the nursing experience of caring for a stage IV oral cancer patient who had a recurrence and underwent a second flap reconstruction surgery, leading to readmission to the intensive care unit. The author employed a holistic assessment approach, considering physiological, psychological, social, and spiritual aspects, to identify the patient's health issues, which included compromised tissue integrity, acute pain, and anxiety. During the care period, specific attention was given to postoperative care following the flap reconstruction surgery. This involved closely monitoring the color and blood flow velocity of the flap, implementing proper oral care to promote wound healing and prevent infection, administering timely sedative analgesics, and utilizing 3C (Comfort, Calm, Connect) products. The author played the patient's preferred Taiwanese songs and news programs at the bedside to redirect attention and effectively alleviate pain. Proactive care was provided, establishing a strong trust relationship with the patient, guiding them towards positive emotions, and assisting their participation in a self-care plan. The patient actively faced and adapted to the challenges, despite the psychological impact and stress caused by the recurrence of oral cancer and their limited communication due to tracheostomy. However, the inability to effectively express true feelings through written communication and unclear handwriting during written exchanges, compounded by the inability of family visits during the COVID-19 pandemic, led to increased anxiety, frustration, and resistance towards treatment when acute pain caused by the extensive postoperative flap reconstruction wound was not immediately relieved. This, in turn, affected the wound healing process. Therefore, comprehensive and independent care should be provided to improve acute pain and anxiety, promote wound healing, and facilitate a smooth transition of the patient to general ward care.



METHOD

- Period of care: Since August 6 to August 13, 2021.
- Holistic assessment using physical, psychological, social and spiritual aspects, through written interviews, observations, physical assessments, direct care and medical record review.
- Health problems: Acute pain, impaired tissue integrity, and anxiety. Through the care of the medical team, a complete nursing plan is formulated. During the nursing process, self-made fixed pillows are placed on both sides of the head and neck to reduce hyperextension of the head and neck and stretch joint blood vessels. Patients plug the mouth with dry gauze to absorb excess saliva and blood, reduce saliva inhalation, and avoid pain. During the epidemic period, visits were restricted, mobile phones were actively provided to assist cases in making video calls with their families, and psychological support channels were established.use a computer cart to divert attention in the ward, arrange the patient's favorite news station at the bedside, assess the recovery of the patient's flap with a wound care specialist, provide wound care consultation and nursing health education to the patient and his wife, and facilitate discharge from the hospital Afterwards self-care preparation.

CONCLUSIONS

Through the formulation of individual nursing plans, the cases were guided to face the treatment positively, alleviating the symptoms of physical and psychological discomfort, and promoting the early recovery of the cases into society.

REFERENCES

Chiu, W. K., Chou, C. Y., Chen, S. G., Chen, C., Wang, H. J., & Yang, T. F. (2020). Is sequential free flap safe in oral cancer reconstruction in the same patient? An outcome and complication analysis. Japanese journal of clinical oncology, 50(2), 152-158

ACKNOWLEDGEMENT

Nurse Supervise,Head Nurse and Department of Nursing.

CONTACT INFORMATION

National Taiwan University Hospital Yunlin Branch
No. 579, Section 2, Yunlin Road, Douliu City, Yunlin County, Taiwan