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Nursing Experience with Manual Lactation Massage Combined with Auricular Acupressure for Initial Pain in a Case of Acute Mastitis: Post-print

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Abstract

This paper summarizes the therapeutic effects and nursing experience of manual lactation massage combined with auricular acupressure in treating the initial pain of one case of acute lactation mastitis. Nursing staff first conducted scientific nursing assessment, and under the guidance of Traditional Chinese Medicine syndrome differentiation-based nursing theory, implemented the combined intervention of manual lactation massage and auricular acupressure, in conjunction with routine nursing interventions including dietary, emotional, and lifestyle care. The patient's pain symptoms were markedly relieved, with resolution of redness and swelling.

Full Text

Manual Massage for Milk Drainage Combined with Auricular Point Plastering in the Treatment of Initial Pain in Acute Mastitis: A Nursing Experience Report

Introduction

From a Traditional Chinese Medicine (TCM) perspective, acute mastitis results from impaired transportation and transformation functions, leading to internal retention of water-dampness that transforms into heat, creating damp-heat accumulation. Manual massage for milk drainage is one of the characteristic TCM methods for treating initial-stage acute mastitis. Clinical practice has demonstrated that combining manual massage for milk drainage with auricular point plastering yields significant therapeutic effects for patients with acute mastitis in the initial stage presenting with qi stagnation and heat congestion pattern.

This article reports the observation of treatment outcomes and nursing experience in a lactating patient with initial-stage acute mastitis pain treated with this combined approach.

1. Clinical Data

The patient was a female, aged [] years, [] months postpartum and breastfeeding. She presented with left breast pain and swelling that began the previous day, with localized redness in the outer region of the left breast and a self-palpable pigeon-egg-sized mass that caused severe pain upon pressure. She exhibited anxiety, and her temperature was measured at []°C. Mass size assessment was conducted using a scoring system where no mass scored 0 points; maximum diameter < [] cm scored [] points; maximum diameter [] cm scored [] points; and maximum diameter > [] cm scored [] points. The patient's left breast mass measured [] cm, scoring [] points. Redness assessment was based on the area of breast erythema: no redness scored 0 points; redness area < [] cm scored [] points; redness area > [] cm scored [] points. The patient exhibited localized skin redness with elevated skin temperature in the affected area. Using a standardized medical measuring ruler, the redness area measured approximately [] cm, scoring [] points.

Upon admission to the breast clinic, visual examination revealed a red tongue with greasy, slightly yellow coating, and mild redness in the left upper outer quadrant of the breast. Pulse diagnosis showed a wiry and slippery pulse. Palpation revealed slightly warm skin in the left upper outer quadrant, measuring approximately [] cm, with a palpable painful mass approximately [] cm in size, well-defined, firm in texture, and without fluctuation. Auditory examination revealed low voice and anxious affect. Inquiry revealed poor appetite, poor sleep, constipation, and dark urine. The patient's temperature was []°C. TCM diagnosis: Breast abscess (乳痈) with pattern differentiation of qi stagnation and heat congestion. Western medicine diagnosis: Left acute mastitis.

After admission, the patient received manual massage for milk drainage combined with auricular point plastering as prescribed. Before treatment, the Visual Analogue Scale (VAS) pain score was [] points, and the Self-Rating Anxiety Scale (SAS) score was [] points. After [] days of treatment, the pain score decreased to [] points, SAS score decreased to [] points, the skin in the left upper outer quadrant showed slight redness with the erythematous area reduced to [] cm. On day [] of treatment, skin color returned to normal, palpation of the left upper outer quadrant revealed a [] cm mass with clear boundaries, and SAS score decreased to [].

2. Treatment Methods

2.1 Manual Massage for Milk Drainage Technique

The patient was instructed to lie supine, expose both breasts, relax as much as possible, and maintain warmth to prevent external pathogenic invasion. Local skin was cleaned with warm towels. Acupoints including Tanzhong (CV17), Yingchuang (ST16), Ruzhong (ST17), Rugen (ST18), and Qimen (LR14) were massaged for approximately [] minutes total. The manual drainage technique began by stimulating the nipple: the thumb and index finger were placed approximately [] cm from the nipple base, around the edge of the areola, gently pressed toward the chest wall onto the lactiferous sinuses beneath the areola, then gently pulled upward on the nipple to express some milk for lubrication. The skin near the areola was gently pressed to first empty accumulated milk around the areola, then the thenar eminences of both hands were used to push milk along the ductal direction from the breast base toward the nipple. Pressure was applied at the areola to prevent milk backflow. After milk expression, fingers were released to reduce pressure. The drainage session lasted [] minutes. During treatment, the breast was lubricated continuously, the patient's responses and local skin condition were closely monitored, and the patient was asked about any discomfort. After accumulated milk was expelled, the glands became uniformly soft, and local skin was wiped with warm towels.

2.2 Auricular Point Plastering Technique

Auricular point plastering can relieve pain, reduce inflammation, and increase milk secretion in patients with breast abscess, optimizing therapeutic effects. Before the procedure, the patient's ear skin was assessed for any history of allergies, particularly to adhesive tape. The ear skin was disinfected with []% alcohol, and the ear auricle was massaged to mobilize qi and blood, focusing on breast-related areas. Selected auricular points included Liver, Chest, Breast, Kidney, Adrenal Gland, Endocrine, and Occiput—totaling [] points, with Breast being the specific effective point for this condition. After point selection, []% ethanol solution was used to disinfect the ear, and Vaccaria seeds were plastered on the points using adhesive tape. Patients were instructed to press each point [] times daily for [] minutes per session using the index finger and thumb in a point-pressing manner. The technique should be gentle initially, gradually increasing pressure to the patient's tolerance level.

3. Assessment

3.1 Pain Assessment

The Visual Analogue Scale (VAS) uses [] numbers to represent pain intensity, where patients self-mark on a scale to indicate their pain level, with [] representing no pain and [] representing worst pain. Higher scores indicate greater pain severity. In this case, the patient's pain score was [] points, indicating

moderate pain.

3.2 Psychological Status Assessment

The Self-Rating Anxiety Scale (SAS) was used to assess the patient. A total score below [] indicates normal, [] points indicate mild anxiety, [] points indicate moderate anxiety, and [] points indicate severe anxiety. Due to pain symptoms, the patient experienced tension and anxiety, lacked confidence in breastfeeding, and scored [] points on the SAS assessment, indicating moderate anxiety.

4. Nursing Care

4.1 Dietary Nursing

Patients were instructed to consume light, easily digestible foods, avoid spicy, irritating, greasy, and seafood products, encouraged to drink plenty of water, eat fresh vegetables and fruits, and appropriately consume foods that unblock the milk channels, such as loofah and egg soup.

4.2 Emotional Nursing

Family members were encouraged to communicate with and accompany the patient, providing psychological support and distraction through activities such as listening to soothing music and reading. Patients were encouraged to interact with other patients, with successful cases explained to enhance confidence in overcoming the disease.

4.3 Lifestyle Nursing

Patients were assisted in establishing good breastfeeding habits, including timely breast emptying after feeding to prevent milk stasis; strengthening infant monitoring to prevent sleeping with the nipple in mouth; emphasizing sleep position management to avoid pressure on the affected breast; mastering correct latching positions to ensure adequate milk removal while preventing nipple trauma; instructing patients to clean nipples promptly after feeding, and applying sesame oil, egg yolk oil, or olive oil for nipple fissures; using triangular bandages or loose nursing bras to support the affected breast and reduce discomfort.

5. Discussion

Acute mastitis is a common disease in lactating women, characterized by breast nodules, poor milk flow, and local redness, swelling, heat, and pain. It has an acute onset, rapid progression and transformation, and tendency to suppurate. With timely and appropriate treatment, acute mastitis can resolve quickly; however, improper or delayed treatment may lead to abscess formation, persistent fistulas, or pocketed pus that is difficult to heal. Western medicine primarily

uses antibiotics for acute mastitis, with incision and drainage for abscess formation, but these approaches affect breastfeeding. TCM advocates pattern-based treatment, improving milk stasis and pain symptoms through single or combined internal and external therapies without affecting breastfeeding.

Studies have shown that regular nipple cleaning, healthy infant sucking, healthy lifestyle, and positive mental state can effectively prevent mastitis. Bao found that integrated TCM therapy is effective for treating milk stasis. Xiong et al. reported that manual massage for milk drainage improved pain, mass size, duct obstruction, and body temperature in acute mastitis patients. Li et al. demonstrated that manual massage relieves breast pain, reduces swelling, and prevents duct obstruction, achieving the therapeutic effect of unblocking channels and activating blood circulation. Sun et al. showed that the six-step milk stasis dredging method helps reduce postpartum acute mastitis incidence, increase breastfeeding rates, and alleviate negative emotions. Zhang et al. concluded through controlled experiments that “three lactation points” cupping combined with auricular point plastering has heat-clearing, detoxifying, blood-activating, stasis-removing, and channel-unblocking effects for early mastitis. Qiu et al. found that auricular point plastering promotes early milk secretion, and accurate application by nurses can unblock ducts, improve breast fullness, increase milk production, and promote successful breastfeeding.

However, some challenges remain in clinical practice. For instance, imprecise mastery of key acupoints by nursing staff may compromise optimal therapeutic effects; unskilled massage techniques may cause skin health issues; and patients’ misconceptions about TCM being ineffective may lead to refusal of TCM nursing care. To address these issues, nursing staff should enhance their TCM nursing operation skills, and nursing leaders should actively organize academic activities on TCM nursing to motivate staff to learn these techniques.

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