

Auricular Acupressure Combined with Intraoperative Psychological Care in a Patient Undergoing Breast Mass Excision Under Local Anesthesia: A Postprint

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Abstract

This article summarizes the nursing experience of one case of a breast tumor excision patient under local anesthesia managed with auricular point massage combined with psychological nursing therapy. Through analysis of the patient's psychological characteristics manifested preoperatively, intraoperatively, and postoperatively, nurses implemented corresponding psychological nursing interventions and Traditional Chinese Medicine-characteristic auricular point massage methods, which effectively reduced the patient's psychological burden throughout the perioperative period, alleviated psychological discomfort such as anxiety and fear, enhanced patient tolerance and cooperation with the surgical procedure, and facilitated smooth operation execution and postoperative recovery.

Full Text

Application of Auricular Acupoint Massage Combined with Psychological Nursing for a Patient Undergoing Breast Mass Resection Under Local Anesthesia

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ABSTRACT

This paper summarizes the nursing experience of applying auricular acupoint massage combined with psychological nursing for a patient undergoing breast mass resection under local anesthesia. By analyzing the patient's psychological characteristics before, during, and after surgery, nurses implemented corresponding psychological nursing measures and Traditional Chinese Medicine (TCM) auricular acupoint massage techniques. This approach effectively reduced the patient's psychological burden, alleviated anxiety, fear, and other psychological discomforts, improved surgical tolerance and cooperation, and facilitated smooth surgical procedures and postoperative recovery.

KEY WORDS: breast mass; local anesthesia; auricular acupoint massage; psychological nursing; Traditional Chinese Medicine nursing

INTRODUCTION

In recent years, with changing lifestyle patterns, the incidence of breast diseases has increased annually. Breast masses are a common type of breast disease [1], predominantly affecting female patients and significantly impacting women's physical and mental health. In clinical practice, surgical treatment is the primary approach for breast masses, offering advantages such as minimal bleeding, reduced trauma, and shorter operative times [2]. However, patients undergoing local anesthesia surgery, being unfamiliar with disease-related knowledge, surgical procedures, surgical risks, and the operating room environment, are prone to psychological and physiological stress responses, primarily manifested as anxiety, tension, and depression, which are detrimental to successful surgery [3]. Research has shown that implementing effective nursing interventions for patients undergoing local anesthesia surgery can not only relieve mental stress and reduce pain perception but also alleviate psychological stress responses and improve surgical efficiency [4]. Auricular acupoint massage can effectively relieve preoperative anxiety and tension in surgical patients and promote postoperative recovery [5]. This study summarizes the clinical experience of applying auricular acupoint massage combined with psychological nursing for a patient undergoing breast mass resection under local anesthesia.

CLINICAL CASE

The patient was a female who discovered a right breast mass approximately the size of a soybean during a physical examination several years prior, without receiving special treatment. The patient later noticed enlargement of the right breast mass. Breast ultrasound at an external hospital revealed: a right breast hypoechoic nodule, BI-RADS category; bilateral breast hypoechoic nodules, BI-RADS category. To seek further diagnosis and treatment, the patient visited our hospital outpatient clinic. The outpatient physician recommended surgical treatment. The patient was nervous and requested hospitalization, and was admitted with a diagnosis of "breast nodules (bilateral)." Admission physical

examination showed the patient was conscious and in good spirits, with bilateral breast tenderness before menstruation, no nausea or vomiting, no dizziness or headache, no chest tightness or breathlessness, no fever or fatigue, normal appetite and sleep, and normal bowel and bladder function. The patient denied any nipple discharge or breast trauma history. After admission, the patient was scheduled for right breast mass resection under local anesthesia. The preoperative Self-Rating Anxiety Scale (SAS) score was [score missing], and the post-intervention SAS score was [score missing].

NURSING INTERVENTIONS

Preoperative Nursing Preoperative Visit: Operating room nurses should visit the patient in the ward within hours before surgery according to the surgical notification form, reviewing medical records to understand the patient's condition, including preoperative diagnosis, surgical procedure, auxiliary examination results, overall health status, disease course records, allergy history, psychological status, education level, and occupation. Nurses should briefly introduce preoperative preparations, such as the operating room environment, surgical positioning, anesthesia methods, disinfection range of the surgical field, and precautions for surgical cooperation. Patients often lack understanding of local anesthesia surgery, believing that intraoperative pain will be too intense to tolerate. Operating room nurses should explain the characteristics of local anesthesia surgery, the action range and advantages of local anesthetic drugs, informing them that severe pain will not occur to eliminate concerns. They should also explain how to cooperate with the surgeon during the operation to help patients build confidence in surgical success. Through active communication, nurses answer patients' questions, eliminate anxiety and tension, and enable them to accept and actively cooperate with surgery in a calm psychological state.

Operating Room Preparation: When patients enter the operating room, they may experience varying degrees of psychological stress responses, manifested as limb trembling, slurred speech, rapid heartbeat, and pale complexion [6], which can affect surgery. Nurses should adjust the operating room temperature and humidity in advance, maintaining temperature at % and humidity at %, keeping the environment clean and tidy, reducing unnecessary noise, and creating a clean and comfortable environment for patients. Nurses should inquire about the patient's sleep and psychological status, assist them in assuming a comfortable position, and ensure privacy protection when positioning and disinfecting before surgery begins.

Psychological Guidance: Before surgery begins, nurses should engage in appropriate conversation with patients, such as asking about their age, workplace, and family situation, to distract their attention and reduce tension, helping them relax. Patients worry about surgical success and fear pain. Operating room nurses can use psychological intervention methods to mobilize patients' willpower, teaching them relaxation techniques and psychological suggestion

methods [7] to control negative psychological factors and reduce responses to external stimuli.

Auricular Acupoint Massage: Research has shown that auricular acupoint massage can effectively relieve preoperative anxiety and tension in surgical patients and promote postoperative recovery [8]. Nurses guide patients to lie supine while the operator stands at the head side. Trained professional nurses perform auricular acupoint massage and explain related knowledge. Before the procedure, nurses assess the condition of the auricle skin, pain tolerance level, and cooperation degree, informing patients of the methods and precautions. Nurses first clean the auricle with % alcohol, apply massage oil to their hands, and then massage the auricle to activate qi and blood. Massage techniques include pressing, rubbing, kneading, twisting, pinching, pointing, and nipping on the front and back of the auricle and auricular acupoints to stimulate essence, unblock meridians, and regulate viscera [9]. Specific methods include: pressing Ximen, Tinggong, Tinghui, lower ear root, ear root, and upper ear root in sequence with the index finger; rubbing the ear root to generate heat, using the palm root to press the auricle forward from the junction line between the ear back and skull, sliding forward for beats; rubbing both palms to generate heat, folding the auricle forward and covering the back of the auricle with the palm to massage in circles for beats; kneading Shenmen acupoint, using thumb and index finger to massage the corresponding area for beats; kneading the breast acupoint, using thumb and index finger to massage the corresponding area for beats; kneading the heart acupoint, using thumb and index finger to massage the corresponding area for beats; massaging the junction line between the earlobe and facial area, using thumb and index finger to massage from top to bottom for beats. Note: During massage, cooperate with gentle verbal guidance to help patients relax; the technique should be gentle with moderate pressure, aiming for the patient to feel slight warmth in the auricle; closely observe the patient's facial expressions and inquire about their complaints; before the procedure, nails should be trimmed to avoid injuring the patient.

Intraoperative Nursing Nurses should inform patients in advance to promptly inform the surgeon if they experience discomfort or pain and cooperate with management. During surgery, operating room nurses should stay with the patient, and while not interfering with the operation, can transfer their attention through gentle methods such as holding the patient's hand or gently stroking the patient's forehead and skin outside the surgical area, providing familial care and consideration, offering psychological support, helping patients feel secure, stabilizing emotions, relaxing muscles, improving surgical tolerance, and promoting smooth surgical procedures.

Postoperative Nursing After surgery, operating room nurses should assist the surgeon in wound dressing and inquire about patient discomfort, observing complexion and breathing status. Postoperatively, patients may have concerns about scars affecting breast aesthetics or physiological function, and worry about

the pathology results of the breast mass [10], leading to tension and anxiety. At this time, nurses should cooperate with physicians to introduce disease-related knowledge, scientific treatment plans, and their significance, encouraging patients to face the disease correctly, unload psychological burdens, eliminate fear, pessimism, and despair, establish beliefs in new life, and rebuild confidence in a better life.

DISCUSSION

Traditional Chinese Medicine believes that “the twelve meridians connect to the ear” and “the ear is the gathering place of ancestral vessels.” All human organs, limbs, and trunk are regularly distributed on the auricle surface and communicate with each other [11]. TCM auricular acupoint massage can soothe the liver, relieve depression, calm the mind, regulate the excitation and inhibition of the cerebral cortex, balance yin and yang, improve qi and blood circulation, and through stimulation of nerves near the auricle, improve microcirculation and autonomic nervous function, thereby reducing patients’ negative emotions and maintaining stable vital signs [12]. Modern medical research has also confirmed that auricular acupoint massage has certain effects on regulating the release of endorphins, neurotransmitters, norepinephrine, and 5-hydroxytryptamine, which can relieve patients’ anxiety and depression [13]. For this patient, the selected auricular acupoints—subcortex and Shenmen—can regulate the excitation and inhibition functions of the cerebral cortex and provide sedation and analgesia during surgery; the heart governs mental activity, and selecting the heart acupoint can replenish qi and calm the mind; the breast acupoint follows the principle that “where the meridian passes, there the indication lies.” The combined use of these acupoints can improve human mental state and achieve the effect of stabilizing the spirit and strengthening will.

In summary, in clinical practice, applying auricular acupoint massage combined with psychological nursing for patients undergoing breast mass resection under local anesthesia is simple and feasible, can effectively relieve patients’ tension, anxiety, and restlessness, produces ideal intervention effects, improves surgical cooperation, reduces negative psychology, helps patients successfully pass the perioperative period, meets the holistic nursing requirement of “patient-centered care,” enhances patient satisfaction and trust in nursing work, facilitates smooth nursing procedures, and is worthy of clinical promotion.

Conflict of Interest Statement: The authors declare no conflict of interest in this article.

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