Postprint of a Nursing Care Report on a Patient with Malignant Ascites Treated with Traditional Chinese Medicine Compress Therapy

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Abstract

Malignant tumor-induced ascites represents one of the serious complications in advanced-stage cancer patients, not only posing new challenges to clinical treatment but also severely impacting patients' quality of life, and constitutes one of the primary causes of mortality in this population. However, the therapeutic efficacy of modern medicine for this condition remains unsatisfactory. This article presents the nursing process of a case treated with traditional Chinese medicine bandaging therapy, a modality within tumor green nursing care, administered under traditional medical guidance for a patient with malignant ascites. The treatment course documented progression from initial abdominal distension as taut as a drum to gradual softening of the abdomen, culminating in the appearance of skin wrinkles upon abdominal palpation. This method is simple to operate and warrants clinical reference and broader application.

Full Text

Preamble

A Nursing Report on Traditional Chinese Medicine Compress Therapy for Malignant Ascites: A Case Study

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Abstract

Malignant ascites caused by tumors represents one of the most severe complications in advanced-stage cancer patients. It not only presents new challenges for clinical treatment but also significantly compromises patient quality of life, serving as a major cause of mortality among cancer patients. Unfortunately, modern medical treatments have demonstrated limited efficacy for this condition. This article presents the nursing process of a patient with malignant ascites treated with traditional Chinese medicine (TCM) compress therapy, a component of "green tumor care" guided by traditional medical principles. The treatment progression was observed from initial abdominal distension resembling a drum, to softening of the abdomen, and ultimately to the appearance of skin folds upon palpation. This method is simple to perform and warrants clinical reference and broader application.

Keywords: malignant tumor; malignant ascites; traditional Chinese medicine compress therapy; nursing care

Introduction

Malignant ascites is a common complication in gastrointestinal and gynecological malignancies, often signaling advanced tumor progression and an extremely poor prognosis. Statistical analyses reveal that approximately % of cancer patients actually die from complications, with malignant ascites being a primary culprit responsible for substantially diminishing quality of life in advanced-stage patients. Patients typically present with abdominal distension, pain, anorexia, fatigue, limited mobility, dyspnea, and may even develop peripheral circulatory failure and multi-organ dysfunction. Laboratory examinations frequently reveal electrolyte disturbances, hypoalbuminemia, and infections. Current treatment approaches primarily consist of systemic supportive therapy, including nutritional support, correction of electrolyte imbalances and hypoalbuminemia, and anti-infection measures. However, these fundamental treatments offer only temporary relief, with chemotherapy remaining the main therapeutic modality. While patients with good physical condition may tolerate systemic chemotherapy, those with constitutional weakness experience further deterioration. Alternative approaches such as molecular targeted therapy, immunotherapy, and abdominal paracentesis are not only costly but also carry increased risks of infection and bleeding with frequent drainage procedures, while long-term catheter placement exacerbates psychological burdens including anxiety and depression.

According to TCM theory, malignant ascites falls under the categories of "tympanites disease" (臌胀病) and "water distension disease" (水胀病). The *Huangdi Neijing* describes: "What is tympanites like? Qi Bo replied: abdominal distension with generalized enlargement, similar to skin distension, with bluish-yellow coloration and prominent abdominal vessels—these are its signs." The *Zhubing Yuanhou Lun* describes the pathogenesis: "When meridians are obstructed and

stagnant, water qi accumulates and stagnates within the abdomen." This condition is considered to involve "internal binding of water toxins." The *Jinkui Yaolue* states: "When blood flow is impaired, water [pathology] ensues." Subsequent physicians have posited that cancer patients suffer from carcinogenic toxin invasion, compounded by damage from chemotherapy, radiotherapy, and surgery, leading to insufficient generation of qi and blood, spleen-stomach weakness, failure of transportation and transformation, internal retention of phlegm-dampness, invasion of blood vessels, and mutual binding of phlegm and blood stasis, which eventually transforms into cancerous masses and even ascites. The disease commonly involves the liver, spleen, and kidneys, typically manifesting as spleen-kidney yang deficiency with rampant water-dampness. Treatment should follow the principle of "warming yang to transform qi and move water, eliminating dampness to reduce swelling and detoxify."

Case Presentation

Patient Li, female, years old, presented to our hospital after discovering abdominal masses. Abdominal CT revealed bilateral adnexal cystic-solid masses, predominantly on the right side, suggestive of malignant lesions with abnormal enhancement signals in the cecal region. Gastrointestinal endoscopy with pathology indicated gastric body and rectal masses: gastric body adenocarcinoma. Contrast-enhanced abdominal-pelvic CT showed gastric cancer with peritoneal, retroperitoneal lymph node, ovarian, rectal, and peritoneal metastases. The patient received one cycle of fluorouracil combined with oxaliplatin chemotherapy, later switched to tegafur combined with epirubicin and cisplatin due to severe adverse reactions. Chest-abdominal CT showed reduction in ovarian metastatic lesions and decreased tumor markers, but chemotherapy was discontinued due to frequent adverse reactions including nausea and vomiting.

The patient presented to our hospital days later. Admission symptoms included: clear consciousness, dull complexion, emaciated physique, fatigue, dry mouth with preference for cold drinks, no nausea or vomiting, abdominal distension, poor appetite, restless sleep, and normal bowel movements and urination. Tongue was red with white coating; pulse was deep and thready. Auxiliary examination revealed abdominal distension, positive shifting dullness, abdominal circumference cm, and abdominal ultrasound showing free fluid in the peritoneal cavity with a maximum depth of cm in supine position. Bilateral lower extremities showed pitting edema.

TCM diagnosis: Gastric cancer, tympanites disease. **Pattern differentiation:** Spleen-stomach deficiency, kidney yang deficiency. **Western medicine diagnosis:** Gastric adenocarcinoma with ascites. **Treatment principle:** Warm yang and disinhibit water. Abdominal warming and qi-transforming water-moving herbal compress therapy was administered.

2. Conventional Nursing

Maintain a clean and tidy ward environment with appropriate temperature and humidity. Guide patients to rest regularly, eat meals on schedule, and wear loose clothing and socks for comfort. Instruct patients to elevate both lower limbs when in bed and may wear an abdominal binder before activity to reduce the sensation of weight bearing. Provide dietary guidance emphasizing high-nutrition foods such as chicken soup, fish soup, meat, and eggs to supplement protein. Provide pattern-based dietary guidance: for spleen-kidney yang deficiency, recommend warming and supplementing foods such as mutton, longan, and ginger; for qi supplementation and kidney nourishment, recommend goji berries, beef and mutton, and black sesame. Guide patients to perform ankle dorsiflexion exercises when in bed. Implement psychological nursing by promptly understanding patients' internal needs, establishing targeted nursing plans based on actual conditions, maintaining communication with patients, informing them about the disease and causes of pain, related treatment measures and precautions to alleviate tension and anxiety. Guide patients in five-element music therapy: based on the theory of the five tones (jue, zhi, gong, shang, yu) corresponding to the five viscera, select appropriate music according to TCM pattern differentiation. Spleen—Gong mode: strengthens spleen and harmonizes stomach, promotes digestion and removes stagnation (*Ambush from All Sides*, *Moon on High*). Kidney—Yu mode: benefits marrow and replenishes essence, calms spirit and stabilizes will (*Three Variations of the Plum Blossom*, *Pastoral Song*).

3. TCM Characteristic Nursing: Herbal Compress Therapy

3.1 External Prescription for Herbal Compress Therapy

The formula consisted of: Sichuan pepper 15g, Lepidium seed g, wine-processed rhubarb g, areca peel g, Poria g, Solanum nigrum g, Scutellaria barbata g, red adzuki bean g, Alisma g, corn silk g, Plantago seed g, Plantago herb g, Imperata rhizome g, Polyporus umbellatus g. The prescription follows the principle of using herbs that disinhibit water and reduce swelling, purge water and expel fluid retention, and warm the middle and transform fluid retention, with water disinhibition as the core, while also addressing yang warming, qi supplementation, qi moving, bland seeping, and vigorous purgation. The combined herbs achieve the effects of activating blood to disinhibit water and reduce swelling, and anti-cancer detoxification to dissipate masses.

3.2 Procedure

Pour herbal granules into a treatment bowl, add boiling water and Vaseline, and stir evenly into a paste. The ratio of herbs, water, and Vaseline is . Soak the bandage in the prepared paste, then roll the bandage from the end in reverse, applying the paste while rolling. After rolling, gently wring out the bandage until

no liquid drips. Assist the patient into a suitable position, expose the compress area, apply drapes, maintain warmth and privacy, and clean the skin. Apply the medicated bandage in circular wraps around the affected area: the first circle should be slightly oblique, the second and third circles circular, pressing the angled corner from the first circle into the circular wraps for secure fixation, then continue with circular wrapping. The tightness should be sufficient to avoid constriction while preventing slippage, with the compress range exceeding the affected area. Wrap with plastic wrap externally for hours. After treatment, remove the bandage, wipe the skin clean, assist the patient with dressing, position them comfortably, and tidy the bed unit. The tightness should be appropriate to avoid constriction while preventing slippage, with the compress range exceeding the affected area by cm. During treatment, observe local skin reactions; if blisters, itching, pain, or ulceration occur, immediately stop treatment and report to the physician. The duration and frequency of herbal compress therapy may be adjusted according to actual conditions.

4. Efficacy Evaluation

Comprehensive efficacy evaluation was conducted based on two aspects: abdominal circumference measurement and clinical symptom scoring in ascites patients.

Abdominal circumference measurement: Using a tape measure, measure the abdominal circumference (cm) centered around the navel. Measurements should be taken in the early morning on an empty stomach after urination.

Clinical symptom comprehensive scoring criteria for ascites patients are shown in Table 1 .

Table 1 Comprehensive Scoring Criteria for Clinical Symptoms in Ascites Patients

Symptom	Level I (1 point)	Level II (2 points)	Level III (3 points)
Abdominal distension	No obvious distension	Occasional or postprandial distension	Severe distension, daily episodes or drum-like distension
Abdominal pain	No obvious pain	Mild, occasional pain	Dull or distending pain, daily episodes; severe or colicky pain, recurrent
Food intake	Reduced by <	Reduced by	Reduced by >
Fatigue	Slight fatigue, can perform light physical work	Limb fatigue, can barely maintain daily activities	Generalized fatigue, unwilling to move all day

Symptom	Level I (1 point)	Level II (2 points)	Level III (3 points)
Urine output	Normal	Slightly reduced, > ml	Reduced, < ml; significantly reduced, 24-hour urine < ml

Treatment Course and Outcomes

Day 1: The patient presented with drum-like abdominal distension, abdominal circumference cm, accompanied by fatigue, chest tightness and breathlessness, reduced food intake by ml, watery stools with frequent episodes. Examination revealed bilateral lower extremity edema. Malignant tumor with ascites was considered, and abdominal herbal compress therapy was administered.

Day 7: The patient continued to have drum-like abdominal distension, abdominal circumference cm, accompanied by dry mouth and bitter taste, relieved chest tightness and breathlessness, ml food intake reduction, and normal urine output and bowel movements. Examination showed reduced lower extremity edema. Considering the alleviation of abdominal distension symptoms, herbal compress therapy was continued for diuresis and edema reduction.

Day 14: The patient reported no dry mouth or bitter taste, occasional postprandial distension, abdominal circumference cm, with skin folds appearing upon palpation (Figure), and abdominal skin . Bilateral lower extremity edema markedly subsided, with normal appetite and normal bowel and urine output. Tongue was red with white coating; pulse was thready and rapid. Considering the improvement in abdominal distension and ascites stagnation, herbal compress therapy was continued for detoxification and edema reduction. **Auxiliary examination:** Abdominal ultrasound showed free fluid in the peritoneal cavity with a maximum depth of cm in supine position.

Discussion

The *Lilun Pianwen* states: "Internal and external treatment methods differ in approach but share the same principle, achieving equally wonderful results." From a holistic pattern differentiation perspective, TCM recognizes that oral medication for malignant ascites patients yields poor efficacy with limited therapeutic scope. Therefore, the "treating internal disease externally" concept was adopted, using herbal compress therapy for abdominal distension. The compress method delivers medication directly to the skin, reaching the disease site. External plastic wrap reduces moisture evaporation, while warmth opens pores, allowing the herbs to penetrate the interstitial spaces and visceral organs, thereby promoting drug absorption, increasing patient comfort, and prolonging absorption time. This effectively avoids the drawbacks of poor oral treatment efficacy, malabsorption, and cold nature damaging the stomach. Additionally, the compress facilitates dressing fixation and allows patient mobility. Due to

its advantages of minimal invasiveness, low cost, simple operation, high safety profile, and few adverse reactions, this method is highly esteemed.

Reviewing this patient' s treatment course, the specific effects of herbal compress therapy for ascites were demonstrated. Professional nursing staff provided comprehensive and scientific care, effectively alleviating physical pain and psychological barriers, transforming the traditional passive nursing model into an active, humanistic approach, which enhances nursing quality. Benefiting from modern medical humanistic care and the "survival with tumor" concept, seeking humane and rational clinical strategies for treating cancer patients with malignant ascites is imperative, and traditional medicine represents the most suitable alternative. In our department' s "green tumor care" protocol, following the principle of "treating internal disease externally," the external application of herbal compress therapy for malignant ascites has achieved favorable therapeutic effects.

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Note: Figure translations are in progress. See original paper for figures.