

Nursing Experience of Abdominal Massage Combined with Auricular Acupressure for Postoperative Constipation in Hemorrhagic Stroke: A Case Report

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Abstract

This article observes the efficacy of abdominal massage combined with auricular point acupressure with seeds in one case of postoperative constipation following hemorrhagic stroke and summarizes nursing care experiences. Guided by the theory of Traditional Chinese Medicine syndrome differentiation and nursing care, abdominal massage combined with auricular point acupressure with seeds was implemented, while concurrently enhancing dietary guidance, emotional guidance, and other interventions. Abdominal massage combined with auricular point acupressure with seeds is safe and effective for treating postoperative constipation following hemorrhagic stroke; guided by the fundamental theories of Traditional Chinese Medicine and meridian theory, it stimulates relevant local acupoints to achieve the therapeutic effect of external treatment for internal diseases.

Full Text

Nursing Experience of Abdominal Massage Combined with Auricular Point Acupressure for Postoperative Constipation in Hemorrhagic Stroke: A Case Report

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Abstract

This article reports a single-case observation of abdominal massage combined with auricular point acupressure for treating postoperative constipation follow-

ing hemorrhagic stroke, summarizing the associated nursing experience. Guided by the principles of Traditional Chinese Medicine (TCM) syndrome differentiation and holistic nursing care, we implemented abdominal massage combined with auricular point acupressure, supplemented by comprehensive dietary and emotional guidance. This integrated approach proved safe and effective for managing postoperative constipation in hemorrhagic stroke patients. Grounded in fundamental TCM theory and meridian doctrine, the treatment stimulates relevant local acupoints to achieve the therapeutic effect of treating internal disease through external manipulation.

Keywords: abdominal massage; auricular point acupressure; hemorrhagic stroke; postoperative; constipation; Traditional Chinese Medicine nursing

Introduction

Stroke is an acute cerebrovascular event resulting from various causes, leading to stenosis or occlusion of cerebral supply arteries or non-traumatic intraparenchymal hemorrhage, with corresponding clinical symptoms and signs. Stroke includes both ischemic and hemorrhagic types, with the former having a higher incidence than the latter [1]. Some stroke patients require surgical intervention. The incidence of constipation after stroke is approximately 48%, while among stroke patients requiring prolonged bed rest, the rate of constipation complications reaches as high as 90% [2]. Post-stroke constipation not only causes gastrointestinal dysfunction but also increases the risk of recurrent stroke and negatively impacts patient prognosis [3]. Our hospital has actively integrated characteristic TCM techniques with clinical syndrome differentiation. To improve symptoms of postoperative constipation in hemorrhagic stroke patients, we employed abdominal massage combined with auricular point acupressure, achieving favorable clinical outcomes. We now report our nursing experience.

1 Clinical Data

The patient was a 54-year-old male admitted with a diagnosis of “right basal ganglia hemorrhage” due to “sudden left hemiplegia and dysarthria for 1 hour.” Emergency cranial and chest CT revealed: hemorrhage in the right basal ganglia and corona radiata with approximately 17 ml of blood, a few fibrotic lesions in the lingular segment of the left upper lobe, and mild bilateral pleural thickening. Admission symptoms included: altered consciousness, restlessness, dysarthria, left hemiplegia, left facial numbness, dizziness, headache, choking while drinking water, and occasional lower back pain. Physical examination findings: bilateral pupils equal and round, approximately 2.0 mm in diameter, sluggish light reflex, left eye nystagmus, right eye without nystagmus, shallow nasolabial fold, tongue deviation to the right, left upper limb muscle strength grade 0 with decreased tone, left lower limb muscle strength grade 1 with decreased tone, diminished superficial and deep sensation in left limbs, positive left Oppenheim’s, Babinski’s, and Gordon’s signs, right upper and lower limb muscle strength grade 5 with

normal tone, Glasgow Coma Scale (GCS) score of 10. TCM manifestations: altered consciousness, dull complexion, fatigue with reluctance to speak, left limb dysfunction, red tongue with yellow greasy coating, wiry pulse. Past medical history: hypertension without regular medication. TCM diagnosis: hemorrhagic stroke (liver yang hyperactivity pattern). Western medicine diagnosis: right basal ganglia hemorrhage, grade 3 hypertension (very high-risk group). Following syndrome differentiation, abdominal massage combined with auricular point acupressure was administered in addition to conventional treatment, and the patient's constipation symptoms resolved by the third postoperative day.

2 Nursing Interventions

2.1 Nursing Assessment

On the second day after admission, the patient underwent right stereotactic hematoma aspiration under general anesthesia. Postoperatively, he received sedation and analgesia with ventilator assistance. On the second postoperative day, the endotracheal tube was removed and the patient was switched to oxygen therapy mode with continuous dexmedetomidine sedation. The patient remained calm and awake, occasionally showing restlessness.

Inspection: The patient exhibited altered consciousness, flushed complexion, painful facial expression, occasional restlessness, red tongue with yellow greasy coating, normal sublingual veins, and had not had a bowel movement since admission. The patient reported his usual bowel pattern was once every two days with dry, hard stools and difficult defecation, and his urine was dark yellow.

Auscultation and Olfaction: The patient could respond when called, with rapid speech. Occasional coughing with thick yellow sputum was noted, and bowel sounds were 4 times per minute.

Inquiry: The patient reported heat intolerance, sweating, headache, dizziness, abdominal distension, poor appetite, and a typically irritable temperament.

Palpation: Wiry pulse.

Syndrome Differentiation: The flushed complexion, painful expression, occasional restlessness, irritability, headache, dizziness, red tongue with yellow greasy coating, and wiry pulse indicate excess in the upper body and deficiency in the lower body, causing liver yang to ascend counterflow and resulting in liver yang hyperactivity. Bowel movements once every two days with dry, hard stools, difficult defecation, abdominal distension, and dark yellow urine indicate internal organ heat pattern. Comprehensive analysis revealed the disease location in the liver with a root deficiency and branch excess pattern. The root cause is liver yang counterflow and brain marrow malnourishment, while the branch manifestation is liver yang hyperactivity. Therefore, treatment should focus on calming liver yang, nourishing yin and liver-kidney, and regulating qi movement.

2.2 Abdominal Massage

After assisting the patient to empty his bladder, we placed him in a comfortable supine position. The practitioner stood on the patient's right side, repeatedly rubbing hands together before the procedure to ensure they were warm, with feet naturally positioned shoulder-width apart. Lubricant oil was applied to the abdomen to maintain warm palms. The procedure consisted of: (1) gently touching the abdomen clockwise for one cycle to detect any hard masses; (2) placing overlapped hands on the right lower abdomen with the palm as the contact point, massaging the abdomen clockwise using the Bagua palm technique for approximately 8 minutes until the abdomen felt slightly warm, with frequency gradually increasing from slow to moderate and steady at 100-120 cycles per minute; (3) selecting Zhongwan (CV12), Tianshu (ST25), Daheng (SP15), and Qihai (CV6) acupoints, using the thumb tip to apply pressure with the finger-pressing technique, gradually increasing force from light to heavy and from superficial to deep, slowly applying pressure until the patient experienced a sore and distended sensation, holding for 3-10 seconds at each point before slowly releasing, repeating this manipulation for 1-2 minutes per acupoint in a top-to-bottom sequence; (4) applying the Dai Mai (girdling vessel) collecting technique; and (5) finally rubbing hands together again and placing them over the patient's navel several times. Treatment was administered once daily for 7 days as one course.

2.3 Auricular Point Acupressure

Based on syndrome differentiation, the patient presented with an excess pattern of intestinal qi stagnation. The auricular skin was intact with no history of alcohol or drug allergies. Vaccaria seeds were applied to auricular acupoints. Main points selected were: Large Intestine, Rectum, Constipation Point, Lung, Sympathetic, and Triple Burner. Supplementary points included Liver, Abdomen, and Spleen.

Point Selection Rationale: Large Intestine and Rectum points provide symptomatic treatment to enhance intestinal peristalsis and descend qi to promote bowel movements. Constipation Point is an empirical point for moistening intestines and relieving constipation. Lung corresponds to the Large Intestine in interior-exterior relationship, governs descending and dispersing functions, and enhances Large Intestine qi movement to facilitate waste elimination. Sympathetic promotes excitability of the defecation reflex and strengthens the reflex arc. Triple Burner regulates qi movement, facilitates water pathways, and transforms and transports essence to promote digestion and transportation.

During application, the practitioner maintained focused attention and mental calmness. The point selection principles followed the sequence of: corresponding body part selection, zang-fu pattern differentiation selection, meridian theory selection, modern medical theory selection, and clinical experience selection [6]. The pressing technique involved gentle yet penetrating pressure applied with

the thumb and index finger pads until the patient felt stimulation and the ear became slightly warm, avoiding excessive force. The patient was instructed to self-press each point 3-5 times daily for 0.5-2 minutes per point, using one ear each time and alternating ears every three days.

2.4 Dietary Guidance

2.4.1 Fluid Intake: Nurses assessed daily fluid intake using the Kubota Water Swallowing Test and assisted the patient in maintaining fluid intake above 1500 ml daily, including one cup of plain water before sleep and upon waking.

2.4.2 Dietary Principles: Treating post-hemorrhagic stroke constipation should prioritize protecting body fluids, nourishing yin, and moistening intestines. The diet should emphasize high-fiber foods and items that facilitate bowel movements, such as black sesame seeds, vegetables, and fruits. Adequate hydration was encouraged, while smoking and alcohol were prohibited. Gas-producing and irritating foods such as sweets, soy products, and onions/garlic were avoided, and rich, greasy foods were limited. Additionally, medicinal foods with homology of medicine and food were incorporated, including walnut kernels, Chinese yam, honey, goji berries, mulberries, white peony root, and ophiopogon tuber, which have effects of tonifying kidney and moistening intestines, augmenting qi and nourishing yin. These were prepared into medicinal porridge for the patient.

2.5 Emotional Guidance

2.5.1 Verbal Guidance: Early intervention measures were implemented based on identified factors. Psychological nursing care was provided by explaining in detail to the patient and family the causes of constipation and potential hazards of straining during defecation, thereby altering the patient's anxious and fearful psychological state during bowel movements. Family members were encouraged to accompany the patient frequently.

2.5.2 Five-Element Restraint Method: Following the five-element restraint principles for emotional treatment from the *Inner Canon*—"Anger damages liver, grief overcomes anger; joy damages heart, fear overcomes joy; contemplation damages spleen, anger overcomes contemplation; sorrow damages lung, joy overcomes sorrow; fear damages kidney, contemplation overcomes fear"—the patient was played classical Chinese music. Based on syndrome differentiation of liver yang hyperactivity pattern, shang-mode music such as "River Water" and "Autumn Moon over Han Palace" was administered to effectively restrain anger and stabilize blood pressure.

2.6 Evaluation of Nursing Outcomes

Evaluation of nursing intervention effectiveness was based on the following criteria: (1) Pain assessment using the Adult Pain Scale for patients unable to cooperate: 0 = no pain; 1-3 = mild pain; 4-6 = moderate pain; 7-10 = severe

pain. (2) Defecation frequency scoring: 0 points for defecation every 1-2 days; 1 point for every 3 days; 2 points for every 4-5 days; 3 points for >5 days. (3) Bristol Stool Scale and scoring: Seven types were defined—Type I (separate hard lumps), Type II (sausage-shaped but hard), Type III (sausage-shaped with cracks), Type IV (smooth, soft sausage), Type V (soft blobs), Type VI (mushy), and Type VII (watery). Types IV-VII scored 0 points; Type III scored 1 point; Type II scored 2 points; Type I scored 3 points.

Following treatment, the patient's pain scores, defecation frequency, and stool characteristics all showed significant improvement (see Table 1). Therapeutic efficacy was calculated using the Nimodipine method: Efficacy Index = (Pre-treatment score - Post-treatment score) / Pre-treatment score \times 100.00%. This patient achieved an efficacy index of 100.00%.

Discussion

In TCM theory, stroke affects the brain and involves pathological changes in the zang-fu organs including the heart, liver, spleen, and kidneys. The fundamental pathogenesis involves imbalance of yin-yang in zang-fu organs, reversal of qi and blood, disturbance of the clear orifices, closure of orifices with mental confusion, and failure of spirit to guide qi. Bed rest, dietary changes, and altered bowel habits after stroke all contribute to post-stroke constipation, which in turn increases risks of recurrent cerebral hemorrhage, gastrointestinal bleeding, urinary tract infection, and prolonged hospitalization [3].

Liang Binglian et al. [4] reported that techniques such as lifting abdominal muscles, separating and pushing the abdomen, and pressing abdominal acupoints can significantly improve constipation symptoms in post-stroke patients. Abdominal massage for post-stroke constipation involves manual intervention on the Stomach Meridian, Conception Vessel, and Spleen Meridian. The spleen and stomach are closely related to zang-fu transportation and transformation functions, and the Conception Vessel contains numerous mu points and intersection points. Stimulating these three meridians can facilitate descent of large intestine qi and enhance gastrointestinal peristalsis [5]. From the TCM perspective, massage can stimulate the body's righteous qi—"when righteous qi exists within, evil cannot invade"—to restore yin-yang balance. Stimulation of body surface acupoints through massage reflects onto meridians and zang-fu organs to regulate their functions. Moreover, abdominal massage offers flexible intensity adjustment, prominent effects, no side effects, and low cost, making it an effective method for preventing and treating acute constipation in stroke patients.

The *Inner Canon* states: "The ear is where all the vessels converge." Auricular point acupressure, a holographic therapy, involves applying medicinal seeds to auricular projection points corresponding to body parts and using auxiliary techniques of pressing, kneading, and pinching to treat disease externally. This method offers advantages of safety, low cost, good efficacy, wide indications,

strong practicality, and freedom from pain or side effects [6]. Lian Jiahong et al. [7] demonstrated that auricular point acupressure for constipation can achieve an effective rate as high as 81.25%. Chen Jinbo et al. [8] treated 100 post-stroke constipation patients using auricular point acupressure on Large Intestine, Lung, Spleen, Stomach, and Lower Rectum points, pressing 20-30 times daily for 2 minutes each time, achieving favorable laxative effects.

This case observation of abdominal massage combined with auricular point acupressure for post-hemorrhagic stroke constipation demonstrates the distinctive advantages of appropriate TCM nursing techniques. Combined with dietary and emotional guidance, this approach effectively improved constipation symptoms in our post-hemorrhagic stroke patient.

Conflict of Interest Statement

The authors declare no conflicts of interest. Informed consent was obtained from the patient and family for publication of this case report.

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