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Clinical Observation on the Postoperative Rehabilitation Effect of Combining Traditional Chinese Medicine Techniques with Psychological Counseling in Patients with Mixed Hemorrhoids

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Abstract: *Objective:* To explore the clinical effect of combining traditional Chinese medicine techniques with psychological counseling on the postoperative rehabilitation of patients with mixed hemorrhoids. *Methods:* A total of 100 patients with mixed hemorrhoids who underwent surgical treatment at our hospital from January 2024 to December 2024 were randomly selected. According to a random number table, they were divided into two groups: 45 patients receiving routine care (control group), and 45 patients receiving routine care combined with traditional Chinese medicine techniques and psychological counseling (observation group). The nursing interventions included herbal hot compresses, herbal sitz baths, acupoint application, auricular acupuncture, and psychological counseling. The rehabilitation indicators, VAS (Visual Analog Scale) scores, anal heaviness scores, anal edema scores, bowel movement conditions, and complication rates were compared between the two groups. *Results:* The wound healing time in the observation group was (12.97 ± 3.15) days, the recovery time for wound edema was (4.62 ± 1.15) days, and the time of postoperative bleeding after defecation was (5.92 ± 0.86) days. In the control group, the corresponding times were (15.52 ± 3.96) days, (5.45 ± 1.59) days, and (7.12 ± 1.24) days. The observation group showed significantly shorter times ($P < 0.05$). The VAS scores, anal heaviness scores, anal edema scores, difficulty in defecation, stool frequency, sensation of incomplete defecation, and stool characteristics at 3 days and 7 days postoperative were lower in the observation group compared to the control group ($P < 0.05$). The total complication rate in the observation group was lower than that in the control group ($P < 0.05$). *Conclusion:* The combination of traditional Chinese medicine techniques and psychological counseling helps promote early recovery and health restoration in patients with mixed hemorrhoids postoperatively, reduces wound healing time and edema recovery time, alleviates postoperative pain, and lowers the incidence of complications. This approach is worth adopting.
Keywords: Traditional Chinese Medicine techniques; Psychological counseling; Mixed hemorrhoids

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1. Introduction

Mixed hemorrhoids are a common high-incidence anorectal disease. Typically, patients present with symptoms such as prolapse of anal masses and rectal bleeding, and some may experience anal itching, anal heaviness, and pain,

significantly reducing the quality of life for patients. In clinical practice, surgical treatment is the primary method for treating mixed hemorrhoids, and as a key therapeutic intervention, it offers a curative effect [1]. However, complications such as urinary retention and rectal bleeding are common after surgery, which not only increases the patient's suffering but also extends the treatment duration and reduces the overall rehabilitation effect. Routine care mainly involves symptomatic monitoring, disease observation, and routine medication intervention. However, due to abnormal defecation and pain post-surgery, patients experience increasing psychological pressure, leading to negative emotions that hinder rapid recovery from the disease [2]. In recent years, research related to traditional Chinese medicine (TCM) has increased, and the combination of TCM techniques with psychological counseling has gradually been applied in clinical settings. Among these, acupoint application, based on the theory of meridians, involves applying herbal patches to corresponding acupoints, which not only facilitates patient care but also ensures high safety and maximizes the therapeutic effects of the medicine. Auricular acupuncture, which involves acupoint needling, effectively adjusts the functions of the internal organs and promotes the circulation of blood, thereby alleviating postoperative pain [3]. Furthermore, integrating psychological counseling addresses the emotional and mental needs of patients, aiming to eliminate negative emotions and accelerate recovery. Based on this, the study analyzes the application effects of combining TCM techniques with psychological counseling, as detailed below.

2. Materials and methods

2.1. Materials

Selected 100 patients with mixed hemorrhoids who underwent surgical treatment at our hospital from January 2024 to December 2024. They were randomly divided into two groups using a random number table, with 50 patients in each group. Control group: 26 male patients, 24 female patients; age: 25–67 years old, mean (42.56 ± 3.14) years old. Observation group: 28 male patients, 22 female patients; age: 23–69 years old, mean (43.15 ± 3.26) years old. In terms of general data, there was little difference between the two groups ($P > 0.05$).

2.2. Methods

The control group received routine nursing interventions. Postoperatively, vital signs such as body temperature, blood pressure, respiration, and pulse were closely monitored to ensure stability of these indicators. Wound changes were carefully observed to maintain a dry and clean wound to prevent infection. Additionally, the patients' dietary preferences were taken into account to ensure a light and easily digestible diet, reducing the incidence of diarrhea, rectal bleeding, and other complications.

The observation group received routine nursing interventions along with the addition of traditional Chinese medicine (TCM) techniques and psychological counseling, as follows:

(1) Herbal hot compress: Wu Zhu Yu (*Evodia rutaecarpa*) was used for herbal hot compress treatment. The combination of heat therapy and herbal permeation accelerated local blood circulation and alleviated spasms and symptoms of anorectal diseases.

(2) Red and blue light therapy: On postoperative day 1, red and blue light therapy was used to promote tissue healing.

(3) Herbal sitz bath: On postoperative day 2, patients were guided to use an anorectal sitz bath device combined with nanomist technology, utilizing the permeation of the medicine to accelerate blood circulation around the anus. The anal medication was changed and the skin and anal area were monitored to prevent infection.

(4) Acupoint application: Acupoint application was performed at bilateral Tian Shu (ST25) and Shen Que (CV8) points. By stimulating these meridian points, the treatment regulated Qi stagnation and the bowel, preventing constipation and bloating.

(5) Auricular acupuncture: Chinese medicine seeds (Wang Bu Liu Xing) were placed at the anal and Shen Men (HT7) points in the ear. Ear acupoint pressure therapy was applied, and the procedure was stopped once the patient

experienced a sensation of soreness, numbness, distension, or pain.

(6) Psychological counseling: When patients experienced anxiety or pain, the nursing staff provided successful case examples and explained the effects of surgery and prognosis. Through psychological suggestions and non-verbal communication, such as touch and eye contact, patients were encouraged to trust the nursing staff, increasing their sense of security.

(7) Music therapy: Based on the patient's condition, soft and relaxing music was played to guide patients to patiently listen, thereby releasing tension and anxiety and alleviating postoperative pain.

(8) Cognitive-behavioral intervention: The rehabilitation process after mixed hemorrhoid surgery, possible complications, and prevention and treatment strategies were explained in a patient-friendly manner.

(9) Personalized psychological care: Active care and comfort were provided to patients, understanding their psychological needs. Based on individual circumstances, communication with patients was increased to guide them in expressing their feelings, helping them feel the care and affection from medical staff and family members, and boosting their confidence in fighting the disease.

2.3. Observation indicators

(1) Record postoperative rehabilitation indicators, including wound healing time, wound edema recovery time, and time of bleeding after defecation.

(2) Assess pain score (VAS), anal heaviness score, and anal edema score. Higher scores indicate more severe pain, anal heaviness, and anal edema.

(3) Observe defecation conditions, including difficulty in defecation, stool frequency, sensation of incomplete defecation, and stool characteristics. Higher scores indicate more difficulty in defecation.

(4) Count the occurrence of complications, including urinary retention, postoperative bleeding, and defecation difficulty.

2.4. Statistical methods

Data in this study were processed using the statistical software SPSS 20.0. The measurement data and count data were expressed as mean ± standard deviation (SD) and rate (%), respectively, and analyzed using *t*-test and χ^2 test. For comparisons between the two groups, a significant difference was considered when $P < 0.05$.

3. Results

3.1. Postoperative rehabilitation indicators

The observation group showed better postoperative rehabilitation indicators compared to the control group ($P < 0.05$), as shown in **Table 1**.

Table 1. Comparison of postoperative rehabilitation indicators between the two groups (mean ± SD, days)

Group	Number of cases	Wound healing time	Wound edema recovery time	Bleeding after defecation time
Control group	50	15.52 ± 3.96	5.45 ± 1.59	7.12 ± 1.24
Observation group	50	12.97 ± 3.15	4.62 ± 1.15	5.92 ± 0.86
t		3.563	2.991	5.623
P		0.000	0.004	0.000

3.2. VAS score, anal heaviness score, and anal edema score

Compared with the control group, the observation group had lower VAS scores, anal heaviness scores, and anal edema scores at 3 days and 7 days postoperatively ($P < 0.05$), as shown in **Table 2**.

Table 2. Comparison of VAS scores, anal heaviness scores, and anal edema scores between the two groups (mean ± SD, points)

Group	Number of cases	VAS score		Anal heaviness score		Anal edema score	
		Postoperative3d	Postoperative7d	Postoperative3d	Postoperative7d	Postoperative3d	Postoperative7d
Control group	50	2.41 ± 0.59	1.89 ± 0.54	2.32 ± 0.71	1.47 ± 0.31	2.32 ± 0.74	2.16 ± 0.53
Observation group	50	1.69 ± 0.41	1.12 ± 0.35	1.54 ± 0.42	0.59 ± 0.12	1.58 ± 0.47	0.69 ± 0.15
t		7.086	8.461	6.686	18.719	5.969	18.871
P		0.000	0.000	0.000	0.000	0.000	0.000

3.3. Bowel movement conditions

The observation group had lower bowel movement scores compared to the control group ($P < 0.05$), as shown in **Table 3**.

Table 3. Comparison of bowel movement conditions between the two groups (mean ± SD, points)

Group	Number of cases	Difficulty in defecation		Stool frequency		Sensation of incomplete defecation		Stool Characteristics	
		Postoperative 3d	Postoperative 7d	Postoperative 3d	Postoperative 7d	Postoperative 3d	Postoperative 7d	Postoperative 3d	Postoperative 7d
Control group	50	2.41 ± 0.65	1.46 ± 0.34	2.32 ± 0.68	1.83 ± 0.39	2.43 ± 0.74	1.94 ± 0.52	2.23 ± 0.69	1.74 ± 0.38
Observation group	50	1.67 ± 0.32	0.69 ± 0.12	1.59 ± 0.31	0.94 ± 0.12	1.69 ± 0.36	1.19 ± 0.27	1.57 ± 0.31	0.79 ± 0.15
t		7.222	15.101	6.907	15.423	6.359	9.051	6.169	16.443
P		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

3.4. Complication occurrence

The overall complication rate was lower in the observation group compared to the control group ($P < 0.05$), as shown in **Table 4**.

Table 4. Comparison of complication occurrence rates between the two groups [*n*(%)]

Group	Number of cases	Urinary retention	Postoperative bleeding	Defecation difficulty	Total incidence
Control group	50	5	2	3	10 (20.00)
Observation group	50	1	1	1	3 (6.00)
χ^2					4.332
P					0.037

4. Discussion

In anorectal surgery, mixed hemorrhoids are a common condition characterized by the connection of internal and external

hemorrhoidal nodules with varicose veins forming lumps. The typical symptoms include anal pain, rectal bleeding, and prolapse. Factors such as irregular diet, prolonged sitting, and poor defecation management contribute to the complex development of mixed hemorrhoids. During the postoperative recovery process, patients often experience severe pain, and complications such as infections and edema may arise, severely affecting the patient's postoperative recovery and quality of life [4].

Under conventional medical models, methods such as wound cleaning, pain management, and dietary interventions are typically used. While these can improve the patient's condition, they do not alleviate postoperative pain, reduce psychological stress, or accelerate the recovery process. Acupoint application is a traditional therapy that continuously stimulates specific acupoints to adjust blood circulation, thereby reducing swelling and pain and promoting the smooth flow of meridians. Auricular acupuncture, based on the close relationship between the ear and various organs and meridians of the body, stimulates ear acupoints to regulate organ functions and alleviate postoperative discomfort. Due to their unique theoretical frameworks and significant effects, both therapies play an important role in accelerating the postoperative recovery of mixed hemorrhoid patients. Furthermore, as most patients experience anxiety, tension, and depression post-surgery, the addition of psychological counseling alongside TCM techniques helps patients gain a correct understanding of their condition and treatment methods. Techniques like relaxation training and cognitive-behavioral therapy reduce mental tension, increase disease-fighting confidence, and ultimately create a rehabilitation plan that addresses both physical and psychological aspects [5]. The results showed that the observation group had shorter wound healing time, wound edema recovery time, and bleeding after defecation compared to the control group. This suggests that combining TCM techniques and psychological counseling aids in early wound healing and alleviates symptoms like bleeding after defecation and wound edema.

The reasons are as follows: TCM techniques (such as acupoint application, auricular acupuncture, and herbal hot compresses) use herbal hot compresses to apply heated herbal packs externally. The combined effect of thermal therapy and herbal permeation accelerates local blood circulation and reduces muscle spasms and anorectal symptoms. Acupoint application uses herbal essence patches that directly penetrate the skin to activate acupoints, preventing constipation after surgery. Auricular acupuncture, with Wang Bu Liu Xing seeds applied to ear acupoints (such as the anal and Shen Men points), regulates the neuroendocrine system and alleviates anal sphincter spasms. On top of this, psychological counseling helps relieve and release patients' negative emotions, such as anxiety and tension, playing a crucial role in reducing postoperative pain and anxiety. The results indicated that the observation group had lower VAS scores, anal heaviness scores, and anal edema scores, and also showed lower defecation difficulty, stool frequency, sensation of incomplete defecation, and stool characteristics scores compared to the control group. This result suggests that the combination of TCM techniques and psychological counseling significantly alleviates postoperative pain, anal heaviness, and anal edema, and improves defecation outcomes. The reasons are as follows: Auricular acupuncture and acupoint application directly intervene in postoperative pain. Acupoint application significantly improves blood circulation, while auricular acupuncture uses ear acupoints associated with various organs to regulate the whole body, thereby reducing pain. Most mixed hemorrhoid patients suffer from negative emotions like tension and anxiety. With professional and systematic psychological counseling, patients can better understand their condition, release negative emotions, increase their confidence in treatment, and accelerate the recovery of physiological functions [6].

5. Conclusion

In conclusion, the combination of traditional Chinese medicine techniques and psychological counseling plays a significant role in the postoperative rehabilitation of mixed hemorrhoid patients. It not only accelerates the recovery of the patients' physiological functions but also helps reduce the incidence of complications.

Disclosure statement

The author declares no conflict of interest.

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