

Analysis of the Feasibility of Comfort Nursing Model in Perioperative Care of Patients Undergoing Uterine Myomectomy

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Abstract: *Objective:* To analyze the core content and application value of perioperative comfort nursing model in patients undergoing uterine myomectomy. *Methods:* 70 patients were studied. All were diagnosed with uterine fibroids after admission to the hospital and underwent resection. After odd-even number grouping, 35 cases in each group were selected from February 2025 to February 2026. Among them, routine nursing was used in the control group, and comfort nursing mode was used in the experimental group to compare the effects. *Results:* (1) After counting the amount of intraoperative blood loss, the number of patients with uterine fibroids in the experimental group was lower than that of the control group, $P < 0.05$. The time to first postoperative exhaust gas and hospitalization time were shorter in the experimental group, $P < 0.05$. (2) Comparison of the VAS scores of patients with uterine myomectomy, the experimental group (2.19 ± 0.68 points) was lower, $P < 0.05$; in terms of the incidence of complications, the statistical data of the two groups were: 22.86% (8/35), 5.71% (2/35). The comparison results show that: (3) After perioperative routine care and comfort nursing intervention, the satisfaction rate of uterine fibroid patients in the control group was 77.14% (27/35), and that in the experimental group was 97.14% (34/35). In the comparison results, the experimental group was higher, $P < 0.05$. *Conclusion:* During the surgical treatment stage, the application of the comfort nursing model has significant advantages in many aspects. For patients with uterine fibroids, it can significantly reduce the amount of intraoperative bleeding, shorten the first postoperative exhaust time and hospitalization time, and reduce the incidence of complications. At the same time, this nursing program can also better reduce the patient's pain and improve the level of satisfaction, and is worthy of widespread implementation.

Keywords: Patients undergoing myomectomy; Perioperative care; Comfort nursing model; Complications; Satisfaction

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1. Introduction

Among gynecological diseases, uterine fibroids are relatively common and are benign masses. When analyzing such patients, the typical symptoms they face include abnormal menstruation, abnormal vaginal secretions, lower abdominal discomfort, bloating, difficulty urinating, etc. If they continue to progress, they will have a serious negative impact on the patient's quality of life and physical health^[1]. In the field of treatment, with the continuous development of national medical technology, surgical resection plans have become relatively complete. In specific practice, this operation is an

invasive intervention, which will cause patients to experience varying degrees of pain, which will affect their own medical experience and lead to slow recovery. Therefore, clinical analysis requires a comprehensive analysis and is supplemented by an effective nursing model [2]. In this study, we mainly analyze routine nursing and comfort nursing, and explore the application effects of myomectomy patients admitted to the hospital from February 2025 to February 2026. The details are as follows.

2. Clinical data and methods

2.1. Basic information

After approval by the hospital ethics committee, this research activity was launched. After investigation, the admission time of the reference subjects was between February 2025 and February 2026. All patients ($n = 70$ cases) were diagnosed with uterine fibroids. During surgical resection and treatment, they need to be grouped according to the odd-even number method. The details are as follows. Control group: 35 cases. In terms of age, the range ranges from 26 to 54 years old, with an average value of 40.08 ± 1.77 years. In terms of disease duration, the range ranges from 1 year to 3 years, with an average time of 2.01 ± 0.48 years; Experimental group: 35 cases. In terms of age, the range ranges from 28 to 53 years old, with an average value of 40.43 ± 1.21 years. In terms of disease duration, the range ranges from 1 year to 2 years, with an average time of 1.59 ± 0.77 years. After the above information (age, disease course) was sorted and calculated by SPSS 25.0 software, there was no difference in the final results, $P > 0.05$.

Inclusion criteria: (1) Uterine fibroids have been diagnosed, and after analysis of the patient's imaging examination results and other examination results, they are highly consistent with the clinical diagnosis guidelines of the disease, and the patient's personal information is complete; (2) Patients with uterine fibroids are eligible for surgical resection and have no relevant contraindications, such as anesthesia contraindications, coagulation dysfunction, etc.; (3) Patients and family members of uterine myomectomy patients have high recognition of the internal regulations of this study and voluntarily sign their names in the relevant agreement.

Exclusion criteria: (1) Cancer patients; (2) Female patients at special stages, such as pregnancy and lactation; (3) Patients with uterine myomectomy combined with serious diseases after liver and kidney examination.

2.2. Methods

Control group: Implement routine nursing. After patients with uterine fibroids go through hospitalization procedures, they need to provide basic clinical guidance, continuous observation, and other services, including disease symptoms and changes in vital signs such as blood pressure, body temperature, heart rate, etc., which will be recorded in detail before symptomatic intervention.

Experimental group: Implement comfort nursing, the main contents are: (1) Before surgery. (a) Basic guidance: After the relevant procedures are completed, in order to more comprehensively understand the condition of the patient with uterine fibroids, the nursing staff needs to instruct the patient to complete corresponding examinations, such as ultrasound scan, blood routine, coagulation function, etc. During the process, the nursing staff needs to accompany the patient throughout the process and patiently inform the patient about the purpose and process of the different examinations; and 1 day before the operation, the nursing staff also needs to prepare the patient's skin and instruct the patient to fast and drink within the corresponding period (8 hours before the operation). (b) Psychological nursing: take the initiative to care for the patient and communicate with the patient. During this process, the nursing staff should maintain a warm and friendly attitude, and then encourage the patient to express his inner thoughts bravely, analyze the root causes of the patient's negative emotions and implement targeted counseling. Secondly, play soothing music for the patient and urge the patient to carry out meditation training; in the ward, the nursing staff can make timely adjustments temperature and humidity, and work with family members to decorate the ward to increase the sense of warmth; in addition, after establishing a good trusting relationship, nursing staff need to promptly educate the patient on the causes, symptoms, and surgical procedures

of uterine fibroids, and use electronic products to directly present relevant information in a combination of graphics and text. During this process, nursing staff also need to carefully answer all the patients' questions and correct misconceptions. (2) During surgery. Nursing staff can adjust the temperature and humidity in the operating room in advance. The reference standards are: 22–25°C, 50–60%, and then preheat the relevant liquid medicines and operating table to create good external conditions for the patient. After the patient with uterine fibroids enters the operating room, the nursing staff needs to repeatedly check the relevant information. Secondly, assist the patient in adjusting the surgical position. During this process, soft pads can be placed on the patient's bony protrusions to avoid skin damage. After the anesthesia is satisfactory, the nursing staff can cover the non-surgical parts of the patient with uterine fibroids in a timely manner to fully respect the patient's privacy. (3) After surgery. (a) Specialist guidance: After surgical resection, it is clinically necessary to continuously monitor the various reactions, vital signs, and bleeding conditions of uterine fibroid patients. During this process, the patient can also be assisted to change positions at a frequency of 2 hours/time to reduce local pressure; for personal hygiene, nursing staff also need to instruct patients to clean the perineum every day and change underwear frequently. (b) Pain management: Analyze with reference to the evaluation results of the VAS scale, and then carry out targeted management. Generally, for patients with mild pain, non-pharmacological therapies are mainly used, such as local ice application, listening to music, mindful breathing, etc.; for patients with moderate or severe pain, drug intervention is the main method, and the patients are supervised to take them correctly. (c) Scientific diet: In the early stage after the operation, the nursing staff recommends that patients with uterine fibroids mainly eat a liquid diet. During this process, the family members must be clearly informed: Do not provide the patient with gas-producing foods to avoid abdominal distension and constipation. As the condition improves, 48 hours after the operation, the patient can gradually return to a semi-liquid and normal diet. However, the intake of greasy and spicy foods still needs to be avoided. When matching three meals, the family members can give priority to high-protein and vitamin foods to ensure balanced nutrition.

2.3. Evaluation indicators

Among patients undergoing myomectomy, the surgical indicators, prognosis, and nursing satisfaction of the two groups were analyzed.

In terms of surgical indicators, they specifically include: intraoperative blood loss, time to first postoperative flatus, and length of stay; prognosis includes: VAS score (visual analog scale for pain), incidence of complications (bleeding, incision infection, abdominal distension). In terms of satisfaction, the specific levels set are: very satisfied, basically satisfied, and dissatisfied.

2.4. Statistical analysis

After the data obtained in this study were sorted, they were all entered into Excel for analysis on patients undergoing myomectomy. All observation indicators were processed with SPSS 25.0 software. Among them, the measurement data used *t*-test, and the counting data used Chi-square test. When clinically represented, the specific forms are mean ± standard deviation (SD), (%), and $P < 0.05$ indicates a significant difference in comparison between groups.

3. Results

3.1. Surgical indicators

The intraoperative bleeding volume of patients with uterine fibroids was less in the experimental group, $P < 0.05$; the time to first postoperative flatulence and hospital stay were shorter in the experimental group than in the control group, $P < 0.05$. **Table 1.**

Table 1. Comparison of surgical indicators between the control group and the experimental group (mean \pm SD)

Group	Intraoperative blood loss (mL)	Time to first postoperative flatus (h)	Length of stay (d)
Control group ($n = 35$ cases)	68.44 \pm 8.13	28.53 \pm 3.21	7.33 \pm 1.28
Experimental group ($n = 35$ cases)	45.21 \pm 7.69	20.09 \pm 2.76	5.04 \pm 1.06
<i>t</i>	12.281	11.795	8.152
<i>P</i>	0.000	0.000	0.000

3.2. Prognosis

Compared with the VAS score and postoperative complication rate, the experimental group was lower, $P < 0.05$. **Table 2.**

Table 2. Comparison of the prognosis of the control group and experimental group (mean \pm SD, %)

Group	VAS score (points)	Complication rate (%)			
		Bleeding	Incision infection	Abdominal bloating	Total
Control group ($n = 35$ cases)	5.31 \pm 1.12	2 (5.71)	3 (8.57)	3 (8.57)	8 (22.86)
Experimental group ($n = 35$ cases)	2.19 \pm 0.68	1 (2.86)	1 (2.86)	0 (0.00)	2 (5.71)
<i>t/\chi²</i>	14.087	-	-	-	4.200
<i>P</i>	0.000	-	-	-	0.040

3.3. Nursing satisfaction

After statistics of patient satisfaction with uterine fibroids, the experimental group was higher than the control group, $P < 0.05$. **Table 3.**

Table 3. Comparison of nursing satisfaction between control group and experimental group (%)

Group	Very satisfied	Basically satisfied	Not satisfied	Total satisfaction (%)
Control group ($n = 35$ cases)	15 (42.86)	12 (34.29)	8 (22.86)	27 (77.14)
Experimental group ($n = 35$ cases)	19 (54.29)	15 (42.86)	1 (2.86)	34 (97.14)
χ^2	-	-	-	6.248
<i>P</i>	-	-	-	0.012

4. Discussion

Uterine fibroids have a high clinical incidence and can cause great trouble to the normal lives of female patients. From the core cause of the investigation, the related indicators of uterine fibroids include: family inheritance, changes in sex hormone levels, and stem cell mutations. At the same time, other triggers include: polycystic ovary syndrome, excessive body mass index, age, etc. Once the disease occurs, the degree of harm is high^[3].

The results of this study show: (1) After the investigation of patients with uterine fibroids, the experimental group had less intraoperative bleeding, shorter postoperative first flatus time, and shorter hospitalization time, $P < 0.05$; (2) VAS score statistics showed that the experimental group (2.19 \pm 0.68 points) vs the control group (5.31 \pm 1.12 points) was lower, $P < 0.05$; In terms of the incidence of complications, the experimental group (5.71%, 2/35) was lower, $P < 0.05$; (3) When analyzing satisfaction, the statistical data of uterine fibroid patients in the two groups were: 77.14% (27/35), 97.14% (34/35). In the comparison results, the experimental group was higher, $P < 0.05$. The specific analysis is as follows: The comfort nursing model is comprehensive and can analyze the different needs of uterine fibroid patients, and then provide them with multi-faceted services to optimize the patient's sense of self-experience and ensure the best prognosis and curative

effect^[4]. Before surgery, this nursing care can intervene from the perspective of basic examination, with the purpose of: better understanding the condition of patients with uterine fibroids and formulating more targeted surgical strategies; at the same time, communication between nurses and patients, environmental construction, and knowledge education can not only reduce the psychological burden of patients with uterine fibroids and improve their negative status, but also effectively expand the patient's medical knowledge, rebuild the patient's confidence in defeating the disease, and improve surgical cooperation^[5]. Adjustment of the intraoperative environment can increase self-comfort for patients with uterine fibroids, while postural guidance and measures to cover non-surgical parts can also make patients feel fully respected, which can effectively reduce the patient's tension and discomfort during treatment, thereby maintaining the stability of vital signs. After the operation, patient condition observation and hygienic management measures can avoid various complications and improve the safety of treatment; dynamic assessment and targeted management of VAS scores can effectively reduce the patient's pain^[6]; in addition, during the recovery stage, the personal diet of uterine fibroid patients is also very important, and nursing staff need to determine the recipe mix at different stages based on the actual situation, so as to better supplement the nutrients needed by the patient, improve the patient's physical fitness, enhance immunity, and better shorten the patient's recovery process^[7].

5. Conclusion

All in all, during myomectomy treatment, the implementation of the comfort nursing model is more effective. It is conducive to reducing the patient's intraoperative bleeding, shortening the first postoperative exhaust time and hospitalization time, and ensuring satisfaction. At the same time, this care can also significantly relieve the patient's pain, avoid various complications, and reduce the incidence. It is safe and has significant promotional value.

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Disclosure statement

The author declares no conflict of interest.

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