

AB035. Renal transplant care— with TA as a friend

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Background: To introduce a disease management model named “one disease, one quality” for kidney transplant nursing.

Methods: By using the disease management model of the “one disease, one quality” to establish the nursing process for the kidney transplant patients, a whole, comprehensive and professional nursing service was provided for the patients.

Results: The satisfaction of the kidney transplant patients for the service attitude of the nurse, nursing education and the other was improved under the disease management model of the “one disease, one quality”.

Conclusions: The disease management model of the “one disease, one quality” can provide a higher quality nursing service for patients and improve their satisfaction.

Keywords: One disease; one product; kidney transplant; nursing

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AB036. Minimally invasive treatment of urinary calculi with preoperative anxiety assessment

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Background: To investigate the factors related to patients' anxiety who suffering with urinary calculi before undergoing the minimally invasive surgery and propose the psychological intervention.

Methods: Data were collected and measured with the self-made questionnaire, social support reevaluated scale (SSAS) and hospital anxiety depression scale (HADS) one day before the operation, including the gender, age, culture degree, SAS score, stone conditions and patients' conditions. And then the patients with anxiety were treated with psychological interventions.

Results: Our results indicate that the gender, age, education, and surgical costs had no effect on the HADS score ($P>0.05$). However, patients with lower preoperative SSAS score, larger stone, the bilateral stone and longer course of disease, and worried about the success rate had higher HADS score ($P<0.05$).

Conclusions: Patients with lower SSAS score, more complicated calculi conditions, and who worry about the surgery cost and prognosis are the main factors associated with the occurrence of anxiety.

Keywords: Urinary calculus; pre-operative; anxious; hospital anxiety depression scale (HADS)

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AB037. Prevention of lower extremity venous thrombosis in department of urology

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Background: We aim to investigate the prevention of venous thrombosis during preoperative period in urology department.

Methods: The full and comprehensive evaluations thrombus are carried out for preoperative patients and the nursing measures are implemented. Timely find a high-risk group of thrombosis and take steps to reduce the occurrence of venous thrombosis.

Results: The average incidence of venous thrombosis was $\leq 1\%$ during the average length of stay with 6.38 days.

Conclusions: We find that the average incidence of venous thrombosis was $\leq 1\%$ during the average length of stay with 6.38 days in department of urology.

Keywords: Lower extremity venous thrombosis; preoperative period; nursing measures

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AB038. Application and nursing of seminal vesiculoscopy

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Abstract: To discuss the current status of treatment and the key points of nursing for seminal vesiculoscopy. The indication of seminal vesiculoscopy includes relapse or refractory hemospermia, ejaculatory duct stones and ejaculatory duct obstruction while acute infection of the genitourinary tract, hemorrhagic disease, and severe organ dysfunction are primary contraindications. Key points for perioperative care are as follows, we should focus on patients' psychological disorders such as depression and anxiety, for example, intractable hemospermia may predispose patients to psychological problems. Postoperative routine care includes close observation for patients, infection prevention, and analgesia.

Keywords: Seminal vesiculoscopy; hemospermia; nursing

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AB039. Preparation and application of bladder irrigation colourimetric card after transurethral operation

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Abstract: Transurethral surgery is a kind of routine operation in urology department which mainly includes transurethral resection of the prostate (TURP) and transurethral resection of bladder tumor (TUR-BT). Because of the inevitable exudation after this type of surgery, continuous bladder irrigation is necessary. Not only can successful irrigation provide an effective blood drainage of the prostatic fossa and bladder, but preliminarily reflect patients postoperative blood loss and guide the clinical management. Thus, urethral blotting by blood clots and dysuria can be avoided. Traditional bladder irrigation speed is regulated by observing rinses color empirically. This method is strongly subjectively, caused a lot of randomness and blindness for clinical work, leaving patients in postoperative safety hidden troubles. Unfortunately, no uniform standard rinse color was set so far. Therefore, a method of quantifying the color of bladder rinse solution is urgently needed to solve the above problems. Standard bladder irrigation colourimetric card was developed and preliminarily used in clinical after the carefully summary and unremitting efforts of urologic doctors in our hospital. By this mean, the defects of traditional bladder irrigation can be made up scientifically. Nevertheless, some limitations still exist in this program such as light interference and poorly resolution capability of naked eye. Hence intelligent colorimetric device and accurate irrigation speed control system should be further developed to quantify the whole