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Study on optimized patient position and nursing coordination for 3d laparoscopic assisted total colectomy based on membrane anatomy

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Objectives: With the concept of complete mesorectal excision, people began to recognize the importance of surgical anatomical level, and then developed it into the "membrane anatomy". Membrane anatomy is a surgery operation between the gross anatomy and microanatomy. It is precise because that membrane anatomy has provided an essentially anatomical basis for the surgeon for "Membrane separation", which has changed the regularly surgical bleeding into today's "micro-bleeding". This article is to compare and assess the operative impact of different patient care coordination on 3D laparoscopic-assisted total colectomy based on membrane anatomy and open surgery.

Methods: Forty-eight patients registered for total colectomy between January 1, 2016, and December 31, 2017, were enrolled to this study and assigned into two groups: 24 patients for the 3D laparoscopic-assisted total colonic resection as the test group and the other 24 for the open surgery as the control group. Operative bleeding volume, operation time, time of hospitalization, and postoperative complications were recorded for all the patients and compared between the two operation procedures.

Results: Compared to the patients with an open surgery procedure, patients of the test group were detected with a slightly prolonged operation time ($P > 0.05$). However, the surgery with 3D laparoscopy showed to be much more beneficial to the test group patients including significantly reduced operative blood loss, postoperative complications, and shorten the length of hospitalization ($P < 0.05$).

Conclusion: 3D laparoscopic-assisted total colectomy under the membrane anatomy shows several advantages as compared to open surgery. It facilitates a much clearer vision of surgery field, distinct view of the anatomic structure and localized anatomic space, and relative surgery safety. Nurses play an important role through close cooperation with the surgeon and improving the quality of operative coordination from room layout, instrument set up and use to the position adjustment during surgery.

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