ORIGINAL RESEARCH

Application Experience of Medical Network Platform in the Continuing Care of Patients Undergoing Day Surgery in the Plastic and Aesthetic Department of Outpatient

Yuan Zhong, MM

ABSTRACT

Objective • To research the benefits of using a medical network platform for patients receiving day surgery in the outpatient plastic and cosmetic department.

Methods • During the study period, 86 patients (day surgery in the plastic and aesthetic Department) were selected as the observation objects, and the treatment period was from August 2021 to August 2022. A retrospective analysis was conducted on the relevant customer data of the aforementioned patients. The patients were divided into two groups using the random number table method, with 43 individuals in each group. The controlling group consisted of the patients who got traditional nursing care, while the observational group consisted of the patients who engaged in continual nursing based on the medical network platform. The differences in patient quality of life, changes in psychological and emotional condition, and awareness of knowledge, contentment, and compliance with postoperative nursing between the two groups were also contrasted.

Results • Patients in the observational group reported more nursing contentment than those in the control group (P < .001). Compared to the control group, the observational group's patient compliance was higher

Yuan Zhong, MM, Department of Plastic and Aesthetic Surgery, The First Affiliated Hospital of Harbin Medical University, Nangang District, Harbin City, Heilongjiang Province, China.

Corresponding author: Yuan Zhong, MM E-mail: zxmrzx5988@163.com

Some large hospitals in China are increasingly implementing the management of day surgeries according to the medical model in order to increase the effectiveness of medical treatment and modify the structure of medical resources. The day surgery mode has relatively high reliability and safety. It refers to the arrangement of patients with certain indications for surgery within 1-2 working days, (P = .019). The awareness of nursing knowledge was analyzed. The awareness rates of dressing and stitching time, wound self-observation nursing, follow-up time and process, rest and signs, pain nursing, and diet nursing of patients in the observational group were higher than those in the control group (P = .001, .009, .001, .001, .017, .001). Following nursing, patients in the observational group had lower Self-rating Anxiety Scale (SAS) and Self-rating Depression Scale (SDS) grades than patients in the controlling group (P < .001). Those in the observational group had greater grades for physical function, physical pain, social function, vitality, general health, psychological health, physical wellbeing, and psychological function than patients in the control group (P < .001).

Conclusion • The effects of continuing nursing based on the medical network platform among patients with day surgery in the plastic and aesthetic department of outpatient are significant, and the effects are ideal in improving patients' psychological and emotional state, compliance, and quality of life, with reference application value. (*Altern Ther Health Med.* 2024;30(4):198-203)

during which the operation, postoperative observation, recovery and discharge, and other processes are completed. Patients do not need to spend the night in the hospital, which is the biggest benefit. This mode can not only improve the utilization rate and rationality of hospital beds but also reduce the occurrence risk of nosocomial infection, which can also reduce the economic burden caused by disease treatment.¹ However, the duration of hospital treatment is relatively short, and the perioperative observation time is relatively less, which makes it difficult to obtain the ideal effects in the process of carrying out the routine nursing mode, influencing patient postoperative recovery to some extent and even the effectiveness and safety of medical care.² With the continuous introduction of relevant policies by the Chinese government and relevant regulatory authorities regarding information consumption, health services, and the

	Gender (n)				Marital status (n)		Education level (n)		Occupation (n)			Operation type (n)			
								Junior	Bachelor's					Trauma	Liposuction
								college	degree or				Facial	repair	and filling
group	n	male	female	Age (years)	Weight (kg)	married	unmarried	or below	above	salary	Unemployment	student	surgery	surgery	operation
Control group	43	5	38	33.70 ± 2.25	59.43 ± 1.06	25	18	17	26	20	15	8	19	5	10
Observation group	43	3	40	33.53 ± 2.33	59.35 ± 1.12	29	14	15	28	18	13	12	21	3	8
χ^2/t		0.	551	0.321	0.340	0.796		0.199		0.189	0.212	1.042	0.187	0.551	0.281
P value		4	158	749	735		372		555	664	645	307	665	458	596

Table 1. Contrast of two groups of data

informatization of population health, concepts such as internet healthcare, smart healthcare, and mobile health are rapidly developing and accelerating implementation domestically. Medical network platforms have achieved significant results in some large and medium-sized hospitals in China. Various types of medical network platforms, such as online nursing, telemedicine, electronic medical records, medication management, and mobile offices, are gradually popularizing and have been applied in many healthcaredeficient rural and remote areas.3 With the expansion and advancement of the medical system in recent decades, clinical nursing services have been gradually improved, coupled with the support of Internet technology, so that patients can use network services to obtain relevant information needed for physical rehabilitation, which can provide a platform for timely and effective communication between doctors, nurses, and patients at the same time.³ With the popularization and application of smartphones, the integrity and effectiveness of clinical nursing services have been significantly improved. After patients are discharged from the hospital, medical staff can still use the Internet platform to provide systematic services for the patients, which can promote the improvement of surgical effects, reducing the anxiety and fear caused by the unknown and improving their quality of life at the same time.⁴ This study's objective was to evaluate the outcomes of postoperative treatment for patients who had day surgeries in the plastic and aesthetic department using a medical network platform.

DATA AND METHODS

Data

The study samples were selected from August 2021 to August 2022. The research comprised 86 patients who underwent day surgery at the hospital's plastic and cosmetic department. The medical records of the above patients were retrospectively analyzed. According to the random number table method, they were separated into two groups (43 patients in each group). The control group consisted of patients who received standard nursing care, and the observational group consisted of patients who received ongoing nursing care based on the medical network platform. Data between the two groups were statistically insignificant (P > .05). As shown in Table 1.

Inclusion criteria: Those who were evaluated by clinicians and met the conditions of day surgery; Those who can independently operate smartphones and Internet information platform-related tools; Those with good coagulation function and no systemic infectious disease; Those with normal mental state and mental health state.



Prosthesis

implantation

surgery 9

0.261

Figure 1. Contrast of data between groups

Exclusion criteria⁵: Patients with severe diabetes, hypertension, and other chronic diseases; Those with abnormal function of important organs; Those with relatively poor compliance or loss to follow-up.

Methods

Control group: Before the patients in this group were discharged from the hospital; the clinical medical personnel conducted a face-to-face propaganda and education effort and explained the timing of dressing changes and suture removal to the patients. The patients in this group received routine nursing care. The clinical medical staff also informed the common symptoms, identification methods, and countermeasures of adverse reactions at the incision site, introduced in detail the pain management methods, medication precautions, etc., and implemented the dietary guidance work and others at the same time. Before the patients left the hospital, health education manuals were distributed to them. Following the patients' hospital release, the nursing staff carried out telephone follow-up services for the patients on the first day, the first week, and the second week respectively to master their rehabilitation and nursing needs.

Observation group: Patients in this group received ongoing nursing care based on a medical network platform, with an intervention time of two weeks, primarily consisting of the following components:

The nursing group was composed of nursing staff (2) and doctors (1). Following the patients' hospital discharge, the members of the group carried out health education services, question-answering services, follow-up reminder services, consultation services, and others for the patients. The

classification of patients was completed according to the types of day surgery. Members of the group could establish relevant WeChat official accounts, WeChat groups, APP classification groups, etc., and could post the introduction of the use methods of the network information platform in the patient waiting area. At the same time, they could record it as a short video, which could be repeated on the TV in the waiting area. For example, the WeChat group could be divided into "communication group of patients with facial surgery", "communication group of patients with traumatic scar repair", "communication group of patients with prosthesis implantation", "communication group of patients with liposuction, and filling surgery" according to the types of surgery of patients. The staff in the group should regularly push the relevant knowledge of daytime surgery and perioperative precautions to patients in the group, and the contents were mainly presented in the form such as graphics, text, voice, and video.

On the night at the end of the surgery or the first day after discharge from the hospital, the patients were instructed to take photos of the operation area and upload the photos to the network platform for medical staff to carry out follow-up. This is beneficial for medical staff to observe the recovery of the surgical area in patients. It also prevents patients from having to travel back and forth, ensures the quality of postoperative rest, and prevents issues such as bleeding and wound dehiscence in the surgical area. Affected by pain and other factors, patients were very prone to anxiety. In addition, the fear of the rehabilitation effects caused anxiety, tension, and even depression and other emotions in patients. With the help of the medical network platform, medical staff could transmit relevant images and pictures and others to promptly communicate with patients, which can relieve patients' doubts at the first time and solve some postoperative problems without patients receiving outpatient treatment activities again so patients might receive medical services that are handy. Before and following the operation, medical staff conducted in-depth exchanges with patients on the medical network platform to provide convenient medical services, which can meet the needs of patients for medical services.

The patients' pain degree and psychological and emotional state were comprehensively evaluated by a digitalanalog scale and psychological and emotional state assessment scale. The relevant medical staff sorted out the relevant medical science popularization manuscripts after plastic and aesthetic surgery every day and encouraged patients to carry out medical consultation services by means such as platform interaction and private chat. The relevant medical staff should pay attention to the reading volume of daily push articles on the platform, and guide patients to exchange postoperative recovery and share experiences within the WeChat group.

After the completion of nursing interventions, both groups were surveyed using questionnaires to assess and compare indicators such as patient compliance, nursing satisfaction, awareness of nursing knowledge, changes in psychological response, and life quality.

Observation indicators

The clinical application outcomes of two different nursing interference models were compared using the assessment markers of compliance, nursing contentment, awareness of nursing knowledge, changes in psychological response, and life quality. (1) Compliance: during the follow-up, the compliance of patients was evaluated by clinical medical staff according to the incision protection, medication, timely follow-up, and scientific diet, with an overall grade of 100. The grade was 85 or more, and the patients could fully comply with the medical advice, which was considered good compliance. The score ranged from 60 to 84 points, and the patients could partially comply with the doctor's advice, which was considered general compliance. If the score was less than 60, and the patients rarely followed the doctor's advice in daily life, which was considered as poor compliance. The compliance rate was the sum of the good compliance rate and general compliance rate. (2) Nursing satisfaction: on the day of the patient's follow-up visit, the selfdeveloped nursing satisfaction questionnaires were issued to the patients, with a full score of 100. A score of 90 or above meant very satisfied; a score from 70 to 89 points meant relatively satisfied; a grade of under 70 indicated unhappiness. The highly satisfied and reasonably satisfied rates were added to get the nursing contentment rate. (3) Awareness of nursing knowledge: the self-care self-developed knowledge questionnaires were issued to patients during their follow-up visit, including the time of dressing and stitching removal, self-observation nursing of wounds, time and process of follow-up visit, rest and signs, pain and diet nursing and other contents. The patients checked the relevant content according to their actual situation, and the awareness rates of each item were counted. (4) Emotional state: the self-rating anxiety and depression scales (SAS, SDS) were utilized for evaluation before and after nursing management. The patient's emotional and psychological condition improved with a lower grade. The SDS and SAS are both self-report scales used to assess the severity of depressive and anxiety symptoms in adults. Each scale consists of 20 items, scored on a 4-point scale, assessing the frequency of symptom occurrence: "1" indicates none or little of the time, "2" indicates some of the time, "3" indicates a good part of the time, and "4" indicating most or all of the time. The cutoff score for the SDS is a total score of \geq 53 indicating the presence of depressive symptoms, and a score of <53 indicating the absence of depressive symptoms. For the SAS, a cutoff score of \geq 50 indicates the presence of anxiety symptoms, while a score of <50 indicates the absence of anxiety symptoms. The Cronbach's a coefficient for both scales is 0.931.6 (5) Quality of life: the evaluation tool of choice was the quality-of-life scale. The scale considers several factors, such as physical health, physical function, bodily discomfort, social function, vitality, overall health, mental health, psychological function, and other factors. Each item has a grade range of 0 to 100. And 85 and above: Excellent quality of life; 70-84: Good quality of life; 55-69: Average quality of life; 40-54: Poor quality of life; 39 and below: Very poor quality of life. The Cronbach's a coefficient for this scale ranges from 0.70 to 0.91.7

Table 2. Contrast of the two groups' compliance [n (%)]

		Good	General	Poor	
group	n	compliance	Compliance	compliance	Compliance
Control group	43	10 (23.26)	22 (51.16)	11 (25.58)	32 (74.42)
Observation group	43	15 (34.88)	25 (58.14)	3 (6.98)	40 (93.02)
χ^2					5.460
P value					.019

Figure 2. Contrast of the groups' compliance



Table 3. Nursing contentment between the two client groups undergoing day surgery in the plastic and aesthetic department is compared [n (%)]

group	n	Very satisfied	Relatively satisfied	Dissatisfied	Nursing satisfaction
Control group	43	11 (25.58)	17 (39.54)	15 (34.88)	28 (65.12)
Observation group	43	16 (37.21)	24 (55.81)	3 (6.98)	40 (93.02)
χ^2					10.118
P value					0.001





Statistical treatment

The relevant index data in this paper were statistically processed by SPSS version 20.0, and the measurement data were presented between groups, a *t* test was used to determine the results. The results of the chi-square test were determined using the count data, which were reported as a percentage. If the data were statistically different, P < .05 was used as the expression.

RESULTS

Compliance analysis

Data in Table 2 show that patients in the observational group had considerably higher compliance than those in the control group (P = .019).

Analysis of nursing satisfaction

93.02% of patients in the observational group reported being satisfied with their nursing care, compared to 65.12% in the control group (P< .001). See Table 3 for details:

Table 4. The contrast in the awareness of nursing knowledge of patients in the plastic and aesthetic department during day surgery between the two groups [n (%)]

group	n	Awareness rate of dressing change and stitching removal	Awareness rate of wound self- observation nursing	Awareness rate of follow-up time and process	Awareness rate of rest and signs	Awareness rate of pain care	Awareness rate of diet nursing
Control group	43	14 (32.56)	17 (39.53)	16 (37.21)	15 (34.88)	19 (44.19)	18 (41.86)
Observation group	43	35 (81.40)	29 (67.44)	33 (76.74)	34 (79.07)	30 (69.77)	35 (81.40)
χ^2		20.919	6.730	13.709	17.124	5.740	14.210
P value		0.001	0.009	0.001	0.001	0.017	0.001

Figure 4. Awareness of nursing knowledge between comparison groups



Analysis of nursing knowledge awareness

The awareness rates of dressing and stitching removal, wound self-observation and nursing, follow-up, and process, rest and signs, pain nursing, and diet nursing of patients in the observational group were considerably higher than those of the controlling group (P = .001, .009, .001, .001, .017, .001). As shown in Table 4:

Analysis of psychological and emotional state

Before the implementation of various nursing management work, the difference in SAS score and SDS score between the groups was insignificant (P > .05). Patients in the observational group performed considerably worse than those in the controlling group in terms of grades after the implementation of various nursing management tasks (P < .001). As displayed in Table 5:

Analysis of life quality grade between groups

Before nursing, there was no statistical significance disparity between the observational group and the control group's grades for each aspect of patients' life quality (P > .05). The grades of each dimension for patients in the observational group following nursing were considerably higher than those of the control group (P< .001). As shown in Table 6:

Table 5. The contrast of the two groups of patients having day surgeries in the plastic and aesthetic department in terms of their mental and emotional health (n = 43, points)

	SAS g	rade	SDS grade				
group	Before nursing	After nursing	Before nursing	After nursing			
Control group	49.72 ± 3.53	40.09 ± 2.31	38.30 ± 1.57	33.74 ± 0.85			
Observation group	49.79 ± 3.68	31.09 ± 2.18	38.30 ± 1.60	26.60 ± 0.49			
t	0.077	18.872	0.144	50.474			
Р	0.939	0.001	0.886	0.001			

Figure 5. The contrast of psychological and emotional states between groups



Figure 6. Contrast of life quality between groups



Table 6. The contrast of the two groups of patients having day surgery in the plastic and aesthetic department about changes in life quality (n=43, points)

	Somatic function		Somatic function Somatic pain		Social function		Vitality		General Health		mental health		Emotional function		physical health	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
group	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing	nursing
Control group	78.49 ± 5.61	85.47 ± 3.69	76.95 ± 4.86	81.91 ± 3.33	71.58 ± 2.26	82.16 ± 3.38	77.47 ± 2.15	81.49 ± 3.94	75.60 ± 3.44	82.98 ± 4.04	76.09 ± 3.54	82.60 ± 1.20	71.56 ± 3.95	82.72 ± 2.60	75.16 ± 4.08	83.40 ± 3.76
Observation group	78.28 ± 5.42	91.56 ± 2.06	76.81 ± 4.97	92.67 ± 3.58	71.40 ± 2.44	94.58 ± 2.79	77.16 ± 2.07	92.60 ± 3.67	75.58 ± 3.29	90.07 ± 4.48	76.28 ± 3.42	93.81 ± 1.74	71.23 ± 3.78	93.16 ± 2.84	75.23 ± 4.02	94.60 ± 3.14
t	0.118	9.405	0.123	14.317	0.293	18.685	0.723	13.549	0.041	7.701	0.160	34.723	0.408	17.995	0.057	15.074
P value	.906	.001	.903	.001	.770	.001	.472	0.001	0.967	0.001	0.874	0.001	0.685	0.001	0.954	0.001

DISCUSSION

Day surgery in the plastic and aesthetic Department refers to a process in which clinical medical staff formulate plastic surgery plans in combination with the relevant conditions of patients admitted to the plastic and aesthetic department and complete the plan of hospitalization matters within a relatively short time, actively implement the post-operative signs monitoring, wound recovery, and help patients with discharge procedures.8 The promotion and application of the day surgery mode can reduce the medical burden caused by the hospitalization of patients and reduce their hospitalization time. However, due to the relatively short contact time between patients and medical staff, it is difficult to obtain the ideal effects of the routine nursing mode in the clinical application process.9 In addition, due to the short hospitalization time of patients, medical risk events are likely to occur if there are insufficient pre-operative evaluation and untimely postoperative observation and other situations, which can affect the rehabilitation effects after surgery.¹⁰

Continuous nursing refers to the implementation of a series of nursing intervention actions by clinical medical staff to ensure that patients can receive scientific and reasonable care in different departments of the hospital family and the same medical institution. Its nursing work has characteristics such as coordination and continuity.¹¹ Implementing continuous nursing for patients who have day surgery is crucial. Through reasonable nursing intervention and guidance, continuing nursing can help patients establish positive and healthy behavior habits, which can promote the improvement of postoperative rehabilitation.¹² Clinical-related research has shown that,¹³ traditional continuing care only carries out a series of work through telephone follow-up, door-to-door follow-up, and cooperation with community medical staff and other ways, which has certain limitations and makes it difficult to obtain ideal intervention effects.

Taking the medical network platform as the basis, carrying out continuing nursing work is a major change in the day surgery nursing mode of the plastic and aesthetic department, which can optimize the patient's medical treatment process, and can build an important bridge for the communication between doctors and patients. It can also help patients correctly understand the relevant nursing knowledge¹⁴ so that they can observe their symptoms and rehabilitation after discharge strictly according to the doctor's advice. In the meantime, uploading the photos of the operation area to the network platform after surgery is convenient for medical staff to grasp the rehabilitation of patients, find problems in time, and give targeted guidance according to the specific situations of patients, which plays an important role in postoperative body rehabilitation.¹⁵

Patients with day surgery in the Department of Plastic and Aesthetic Surgery have a relatively short hospitalization time, and they have relatively high expectations for the surgical effects, which aggravates their anxiety, tension, and other emotions. In addition, patients worry about the risks of surgical operation, which further aggravates negative emotions.¹⁶ The findings revealed that patients in the observational group had considerably lower SAS and SDS scores following nursing than the controlling group did, indicating that carrying out continuing nursing activities based on the medical network platform in patients with day surgery in plastic and aesthetic departments can effectively reduce their negative emotions. The reasons may be the fact that clinical medical staff implement rehabilitation guidance activities and surgical effect tracking and others after surgery with the help of this platform, so that patients can still obtain perfect and accurate nursing services in the process of family life, effectively reducing their anxiety.¹⁷ In the research, the observational group's patients' compliance, contentment, and awareness of nursing expertise were all noticeably higher than those in the controlling group, indicating that the application of continuous nursing on the medical network platform can improve the patient's awareness level of relevant nursing knowledge, and can improve their compliance, and promote the establishment of a harmonious medical environment. The use of the medical network platform by medical staff to perform postoperative follow-up, health counseling, and other activities for patients may be one of the causes. This can improve communication between medical staff and patients and can establish a relationship of mutual understanding and trust between medical staff and patients. While medical staff help patients understand relevant knowledge, patients can also feel the attention of medical staff, which can improve their compliance during rehabilitation, and improve the nurse-patient relationship.¹⁸ In addition, using the platform for the medical network, medical staff can contact patients at any time and share relevant information with them, which can reduce the sense of distance between doctors and patients, and make patients feel the care and respect from medical staff.^{19,20}

In the study, those in the observational group scored considerably better on each quality-of-life component than patients in the controlling group, demonstrating that the use of continuous nursing on the platform of the medical network can greatly enhance the quality of life of patients undergoing day surgery in the plastic and aesthetic department. The study conducted by Dai Huifang on the impact of a medical network platform on initial insulin therapy adherence in patients showed that the application of a medical network platform resulted in better improvement in patient's quality of life. This finding is consistent with the results of the current study.²¹ The application of a medical network platform can reduce the cost of information exchange, and patients can obtain the resources they need at the lowest cost after discharge, which can promote the efficiency of resource allocation.^{22,23} This nursing model realizes the continuity and accuracy of medical nursing services, guarantees medical safety, reduces medical costs, and optimizes patients' medical experience.24

In a word, the application of continuing nursing based on the medical network platform to patients undergoing day surgery in the plastic and aesthetic department can promote the change of the traditional working mode and can play the role of constant reminders, repeated notifications, online communication, science popularization, and others to ensure that more professional and personalized continuing nursing services can be carried out for patients. This study offers a novel approach by applying new nursing strategies and technologies to provide patients with more comprehensive and continuous nursing services, thereby improving their postoperative outcomes. It provides a new direction for outpatient day surgery patients. However, this study did not include long-term follow-up of the patients. Therefore, further research with longer follow-up periods and comprehensive outcome measures is needed to address this limitation.

DATA AVAILABILITY

The experimental data used to support the findings of this study are available from the corresponding author upon request.

CONFLICTS OF INTEREST

The authors declared that they have no conflicts of interest regarding this work.

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