Scholar Publishing Group
International Journal of Public Health and Preventive Medicine
https://doi.org/10.38007/IJPHPM.2021.020404
ISSN 2789-8377 Vol. 2, Issue 4: 46-57

Nursing Care of Patients with Peripheral Arterial Embolization and Interventional Thrombolysis under Electron Microscope

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Keywords: Electron Microscope, Arterial Embolism, Thrombolytic Therapy, Efficacy Analysis

Abstract: At present, arterial embolism is a common disease, the cure rate is always lower, but the amputation rate is higher, the main reason is atherosclerosis, arteritis, atherosclerotic plaque or rheumatic heart disease, in recent years, the development of minimally invasive treatment technology is more and more rapid. In order to investigate the clinical effect of interventional therapy on arterial embolism, 20 cases of arterial thrombolysis were performed every week. Before thrombolysis, low molecular dextran was infused intravenously and observed with electron microscope. Abdominal aorta or brachiocephalic artery angiography was performed first, and then selective lesion angiography was performed, so as to understand the relevant parts of the lesion .The results showed that the scores of patients in the fields of psychology, physiology, society and environment after nursing were higher than those before nursing. Among the 10 patients in the study group, 7 patients had very significant effect, and 2 patients had effective effect, there is no significant change in the effect of one case, 5 cases in the control group have significant effect, 3 cases are effective, and 2 cases have no significant change in the effect. The number of patients in the study group is more, the total effective rate is 97%, while the total effective rate in the control group is 73%. Peripheral arterial embolization and thrombolysis is an effective treatment.

1. Introduction

At present, acute peripheral arterial embolism is a common clinical disease. If it can not be effectively treated, to a large extent, it will lead to amputation or even death. The patients with acute arterial embolism have abnormal pulse and obvious pain in the affected limb. The main cause of

arterial embolism is the abnormal blood flow speed or coagulation, dehydration and other factors. Most of the lower limbs participate in arterial embolism. Its clinical manifestations are as follows: The physical signs are not the same, the incidence of the disease is very rapid, in the treatment process, if the patient does not get careful care, it is easy to cause related complications, therefore, we should give careful care to patients with acute peripheral arterial embolism.

Percutaneous interventional thrombolysis is a kind of local thrombolysis technology that infuses thrombolytic agents into thrombus through catheter. It is a scientific and effective treatment method. Its advantages are as follows: it can reduce the risk related to treatment. For some severe cases, such as patients with heart, brain, lung and other organ dysfunction, it can be used for thrombolysis, with good treatment effect and less related complications. Therefore, this kind of prescription Method is an important method for the treatment of acute peripheral arterial embolism and arterial thrombosis. In order to reduce and find complications in early prevention, in addition to strict and regular operation, postoperative care is also very important.

As a first-line treatment, XCOILTM can restore the safety and effectiveness of thrombus dialysis graft and fistula patency. In order to evaluate the catheter-based mechanical thrombectomy device, Monsky once treated 18 patients with arteriovenous graft occlusion or fistula without using auxiliary thrombolytic drugs. XCOILTM was treated continuously by XCOILTM at the distal end and arterial flow of thrombus in outflow vein the thrombus clearance rate, primary patency rate, operation time and XCOILTM performance were recorded by 4f angiography catheter at the distal end of thrombin thrombus. Although this method has certain effectiveness, it still lacks certain practicability [1]. Demir et al used quantitative CAG analysis to investigate the stenosis degree of infarct related artery (IRA) in STEMI patients who received coronary angiography (CAG) after successful reperfusion after thrombolytic therapy (TT). Significant stenosis was defined as coronary lumen stenosis greater than 50%. A total of 267 patients successfully performed TT reperfusion within 8 (1-17) days after myocardial infarction, among which, during hospitalization, TT reperfusion was performed after CAG, most patients have obvious IRA stenosis after TT success. Although the quantitative CAG analysis method has certain effectiveness, it still lacks certain stability [2]. In order to observe the nursing effect of thrombolytic therapy of acute lower extremity arterial thromboembolism (ATE), Kilic et al divided 67 cases of ate into two groups: control group (32 cases) and experimental group (35 cases). Patients in the two groups received relevant thrombolytic therapy, interventional thrombolytic therapy and postoperative routine nursing intervention. Patients in the experimental group received comprehensive nursing intervention. The coagulation function, thrombolysis time, thrombolysis effect, bad mood, self rating Anxiety Scale (SAS) and inhibition effect were observed after treatment. Although the method is effective, it still lacks certain reliability [3].

In recent years, minimally invasive treatment technology has developed rapidly, aiming to explore the clinical effect of interventional treatment of arterial embolism. In this study, interventional thrombolysis was used to treat 20 cases of peripheral arterial embolism. Before thrombolysis, Low molecular dextran was infused into the lateral femoral artery vein by seldinge method, and abdominal aorta or brachiocephalic artery angiography was advanced And then select the location and shape of the angiographic lesions, and then carry out the related thrombolytic therapy. At the same time, this study also divided 20 patients into the researcher (10 cases) and the control group (10 cases) for the related comparative analysis.

2. Nursing Before and After Operation

2.1. Preoperative Care

(1) Health education

To provide patients and their families with scientific and effective disease treatment, rehabilitation related knowledge and related professional nursing guidance, and according to certain nursing problems to guide patients to carry out self-care, help them to establish a scientific and effective knowledge system, master self-care skills.

(2) Preoperative preparation

1) To evaluate the related functional activities of the embolic site and limbs, reduce the related concerns of the patients, so as to obtain the understanding and cooperation of the patients to a large extent [4].

2) According to the different stress levels before operation, through the explanation and dissemination of materials, we can understand the necessity, methods and relevant matters needing attention of operation.

3) It is suggested that patients who have smoked before should quit smoking in order to avoid the vasoconstriction caused by nicotine, which will lead to the aggravation of local ischemia and pain.

4) Physiological preparation: check the related functions of liver and kidney, coagulation time and platelet aggregation, so as to know the specific physical condition and detailed history of the patient to a large extent, so as to guide the correct drug treatment.

5) Prepare the affected limb: remove the skin and hair from the relevant parts of the operation, clean the relevant parts of the operation, check the pulsation of the distal artery at the relevant puncture site, and make relevant marks on the skin of the arterial pulsation point for postoperative control.

2.2. Intraoperative Care

(1) Prepare necessary first-aid drugs and materials, such as protamine, adrenaline, oxygen, sputum aspirator and other materials, and formulate relevant first-aid preparations [5].

(2) In the process of operation, if the patient has abnormal changes of pulse, breath and blood pressure, he should report to the relevant doctor immediately, and carry out corresponding symptomatic treatment, and observe the changes of muscle strength, language function and mental state of the patient at any time, as the evaluation of thrombolytic effect, because angiography cannot be used to determine the blood vessels during thrombolysis Whether to reopen or not, so the above observation can only be used to determine the thrombolysis and repeat the angiography.

(3) Bleeding is the most dangerous complication of thrombolysis. In the process of thrombolysis, we should strengthen the biochemical monitoring. If there is any abnormality in prothrombin time, we should stop the injection of drugs once every half an hour, and then repeat the detection half an hour later. If there is existing bleeding, we need to stop thrombolysis and intravenous injection of caproic acid to neutralize urokinase.

(4) Anaphylaxis may occur during the operation, which may be related to the contrast medium used. If the anaphylaxis of the urethral catheter is rare, the allergen should be distinguished immediately to stop the use of anaphylactic drugs, instead, the anti anaphylactic drugs such as kallikrein should be used. If necessary, oxygen inhalation and subcutaneous injection of adrenocortical hormone can be carried out [6].

2.3. Postoperative Care

(1) Body position nursing

After the operation, the patient should go to bed for rest. When lying down, the height of the head of the bed should be raised moderately, so that the patient can naturally straighten the body, brake the affected limbs, and keep the position of the arterial sheath unchanged. After 24 hours, the head of the bed can be raised by 30-45 ℃ to allow the patient to move the bed moderately, but the

occurrence of sheath slippage and local bleeding should be prevented.

(2) Limb care

When the head of the bed is at the height of 15-30 ℃, the degree of pain, skin temperature, muscle strength and arterial pulsation of the patient's affected limb should be observed at all times, and compared with that before operation, at the same time, the thrombosis at the puncture point should be avoided, so as to avoid arterial embolism. It is strictly forbidden to apply cold and hot compress the affected limb, so as to avoid vasoconstriction, local ischemia and so on Hypoxia aggravates, or increases local oxygen consumption and skin scald.

(3) Nursing of thrombolysis and anticoagulation

1) Using urokinase, first urokinase was injected through Cobra catheter, then 300000 to 600000 U of impact volume was used, and then the injection pump maintained a constant speed within one hour.

2) Heparinization treatment, intravenous injection of heparin 500U / h injection pump, lasting for 3 days, to prevent excessive use [7].

3) Observe the related bleeding of the patient, whether there is hematoma at the puncture site and whether there is exudation of the dressing. If the exuded blood shows bright red and the amount of exudation is relatively large, the relevant doctor should be informed immediately for effective treatment.

4) Observe the color of urine. If the color of urine is darker, and hematuria can be seen, or there is bleeding at the urethral orifice, please check the routine urine immediately and inform the doctor immediately.

5) Observe blood pressure. Hypotension may occur when recombinant streptokinase is infused intravenously. Blood pressure monitoring shall be carried out for patients during the use. If the blood pressure of patients is lower than the normal blood pressure, find out the specific reasons as soon as possible after eliminating the above reasons, such as bleeding, insufficient volume, etc., which shall be caused by drugs. At the same time, observe whether the patients have anemia Phenomenon and subcutaneous ecchymosis.

6) Observe the temperature of the patient. After using streptokinase for 1 to 2 hours, the patient will suffer from shivering and high fever to a large extent. Therefore, the temperature test must be carried out every 1-2 hours. The person with high fever can be given ice compress or alcohol bath first. If the temperature does not drop significantly 30 minutes later, the doctor should be informed for treatment.

7) Observe the circulation of limbs, observe the signs of limb ischemia, measure the pulse intensity of brachial artery, posterior tibial artery and dorsal foot artery, including skin color and skin temperature, and judge the blood circulation of limbs [8-9].

(4) Nursing of artery sheath

After the operation, sandbag should be used immediately to compress the puncture site of sheath, so as to keep the sheath unobstructed to a large extent. After the use of urokinase, heparin diluent should be used for relevant sealing work. Arterial embolism can be secondary to interventional treatment. The common reasons are:

1) Injury of vessel wall during intubation

2) The catheter remains in the blood vessel for a long time, which makes the platelet deposit locally and forms thrombus. Pulling out the catheter will cause embolism

3) After the operation, the puncture site was pressed too tightly, blocking the blood flow and causing thrombosis.

Therefore, under normal circumstances, the indwelling catheter should not be more than 3 days, the artery sheath should be taken 2 hours after the stop of urokinase, after the catheter is pulled out, the puncture site of the patient should be pressurized, the pressure should not be too large, it is

better to touch the artery pulse, the pressing time should not be too long (20-30 minutes), the puncture site and its surrounding environment should be closely monitored, and attention should be paid to whether there is hematoma, local fever, pain and other conditions At the same time, the hardness of soft tissue was observed.

(5) Nursing of complications

1) After the operation, the ECG, blood pressure, blood sugar, in and out volume should be monitored. At the same time, the related mental state and other neurological symptoms and signs of the patient should be carefully observed, and the respiratory movement of the patient should be observed to see if the patient has chest tightness and dyspnea. If there is any, timely treatment should be carried out, and the relevant doctors should also be observed The nurses should guide the patients to aspirate sputum correctly, so as to prevent lung infection and respiratory dysfunction to a large extent, strengthen the relevant skin care, and prevent bedsore.

2) Correct posture: after thrombolysis, the patient should lie on his back for 241 days, press local bandages, and press sandbags to stop bleeding. After 2 weeks, the patient should move appropriately according to the severity of the disease to avoid strenuous exercise. At the same time, the patient can walk slowly with the help of crutches or other people. When the patient is sweating a lot, he should bathe in the bed and turn over regularly to prevent bedsore.

(6) Psychological nursing

In addition to the work caused by hospitalization and other related problems such as family, society and economy, the biggest psychological problem of patients is to worry about whether the treatment effect is good, whether the affected limb can be preserved, whether the function can be restored to normal. Secondly, patients often stay in ICU after operation, and their special monitoring and treatment environment will also have a negative impact on patients' psychology.

1) To meet the needs of patients, reduce the loneliness and psychological burden of patients.

2) Relieve the related pain degree of patients, pain is a kind of physiological and psychological feeling, mental factors will aggravate the pain, pain will also produce a sense of melancholy, the relevant medical staff should give patients some explanation, comfort and care, so as to reduce the related psychological burden of patients to a large extent, distract their attention, take appropriate posture, and timely use of the town Painkillers and sedatives to relieve pain [10].

3) In the process of contact with patients, patients should be given certain respect and care, with friendly attitude and friendly language, to understand the sufferings of patients, explain the operation content, obtain the consent and cooperation of patients, make patients feel accepted, respected and valued, timely explain the condition, carry out monitoring, treatment and nursing related measures, so that patients can get enough to a large extent The information of can strengthen the patient's trust to the medical staff.

4) Pay close attention to the change of consciousness. If the patient has headache, nausea, vomiting, disturbance of consciousness and other related symptoms, it is necessary to consider the possibility of cerebral hemorrhage. At the same time, stop taking medicine immediately, do not move the patient, let the patient rest in bed, and assist the relevant medical staff to carry out active rescue.

5) Observe the change of the relevant frequency and amplitude of the patient's respiration, measure the blood gas of the patient regularly, understand the partial pressure of oxygen and carbon dioxide, and adjust the concentration, flow and oxygen absorption method of the patient in time [11].

(7) Functional exercise

Early exercise can prevent the formation of limb venous thrombosis to a great extent. After 24 hours of operation, patients should strengthen the exercise of body related functions. When patients start light weight exercise, relevant medical staff should help patients to change the relevant

position of the affected limb appropriately until the patients can independently carry out relevant activities in bed, but attention should be paid to prevent the arterial sheath When the blood flow of the affected limb is improved, appropriate bedside activities can be carried out. When medical staff help patients with related activities, they should explain the purpose of exercise to patients, eliminate patients' concerns, and gradually control the amount of exercise from small to large.

2.4. Pre Hospital Publicity and Education

Introduce the common causes of the disease to the patients, for example, high blood fat, high blood pressure, smoking and lack of exercise are very dangerous factors. In order to prevent the occurrence of the disease, the patients must develop good habits of life and work and rest, eat light food, avoid eating food containing animal fat and high cholesterol, carry out appropriate physical labor or exercise, vigorous exercise and easy to make Traumatic activities should be avoided.

During the continuous treatment of warfarin, patients should be followed up every two weeks in the outpatient department, so as to monitor the related coagulation function, and report the related symptoms and signs of early bleeding again, so as to monitor the related conditions of the disease, rather than eat more food that has adverse effects on the efficacy, such as cabbage, radish, coffee, etc., drinking more water can greatly reduce the blood viscosity, Increase blood flow [12].

3. Experimental Design and Discussion of Experimental Results

3.1. Experiment Design

(1) Research object

In this study, 20 patients with acute arterial embolism were selected, and the relevant data were relatively complete, including 12 males and 8 females. The age distribution was 30-75 years old, with an average of 40 years old. The duration of the course of the disease was 2~350 hours, with an average of 94.5 hours. The lesions were 20, involving 23 arteries, including 3 segments of the brachial artery, 3 segments of the ulnar artery, 4 segments of the femoral artery, 3 segments of the artery, 4 segments of the tibial artery, and 4 segments of the lower extremity There are 2 segments of artery, 1 segment of subclavian artery, the length of lesion is 4-40cm, with an average of 25.5cm. The causes are: rheumatic heart disease (mostly mitral stenosis + dysfunction) in 3 cases, coronary heart disease in 3 cases, hypertensive heart disease in 1 case, hyperthyroidism in 1 case, nephrotic syndrome in 1 case, congee like sclerosis in limb artery in 5 cases, occlusive vasculitis in 3 cases, unexplained cause in 3 cases, with obvious symptoms of arterial ischemia And characteristics, such as numbness, pain, pulse disappearance of affected limb artery, abnormal limb function and so on.

(2) Experimental method

Before thrombolytic therapy, low-molecular-weight dextran or low-molecular-weight heparin sodium were infused intravenously, seldinge method was used through the lateral femoral artery, and the related angiography of abdominal aorta or brachiocephalic artery was performed first, then the specific location of the lesion was selected, and then the occlusive artery thrombolysis was used.

In this study, "thrombolytic method" was used, i.e. catheter was used to guide part of catheter into the proximal end of thrombus, urokinase was infused to dissolve thrombus with pulse method, then side hole thrombolytic catheter was introduced into thrombus, occluded guide wire was used to block the catheter head, 250000 IU urokinase was added into 50ml normal saline, three pulses were pushed every 30 seconds, and 3000 IU urokinase was added IU heparin and thrombolytic agent were administered intravenously with 1000IU heparin.

After more than 2 hours, 1600IU heparin was added every hour, and the thrombolysis rate was gradually slowed down. Angiography was performed every 30-60 minutes. When there was no

significant change in the test sample, and the accumulation of urokinase reached 1 million IU, urokinase was infused continuously, and constant speed arterial pump was used for slow infusion every day, 240000 IU / h, lasting for 2 hours, 120000 IU / h, lasting for 2 hours, 60000 IU / h The patients were sent back to intensive care unit or intensive care unit for observation and hypodermic injection of low molecular weight heparin sodium 5000IU / 12h.

Regular color ultrasound or X-ray reexamination shall be carried out. After the blood vessel is completely recanalized, the catheter shall be pulled out to monitor the prothrombin retention time. If it is more than twice the normal time, the use of urokinase shall be reduced or stopped. The dosage of urokinase shall be 9-2.5 million IU. For patients who have not completely opened the blood vessel after the treatment of suppository, percutaneous angioplasty (PTA) shall be carried out as appropriate. All patients shall take anticoagulant drugs orally within 2-6 months after the treatment (e.g. enteric aspirin tablets).

(3) Comparison method

In this study, 20 patients were divided into study group (10 cases) and control group (10 cases). Both the study group and the control group were treated with interventional thrombolysis. In the relevant process of treatment, the control group used conventional nursing methods, the study group used high-quality nursing mode, and began to implement high-quality nursing before the patients received interventional thrombolysis.

(4) Efficacy evaluation criteria

Significant effect: after treatment, use color Doppler ultrasound to check the patients' vascular smooth muscle, clinical symptoms disappear; effective: after relevant treatment, the patients still have paralysis, whitening and other symptoms, and some substances are found in the blood vessels during the examination; ineffective: after treatment, the patients' condition worsens, requiring amputation.

(5) Observation index

Develop a scientific and effective satisfaction questionnaire, which mainly includes the service attitude of doctors and nurses, the related surgical techniques of doctors, and the ward environment of patients. Meanwhile, it is distributed to 20 patients, of which the total score of the questionnaire is 100 points, the satisfaction is 80-100 points, the satisfaction is 60-79 points, the dissatisfaction is below 60 points, the total satisfaction rate is (very satisfactory and satisfactory), the total case is. Number × 100%.

(6) Statistical methods

In this study, spss19.0 statistical software was used to analyze the relevant research data. The relevant data of measurement was displayed by mean ± standard deviation ($\bar{x}$ ± s). T was used to conduct the relevant test. Count x^2 was used to test the relevant data. Rank sum test was used to rank the relevant data. $P < 0.05$ was statistically significant.

3.2. Analysis of Experimental Results

(1) A comparative analysis of quality of life scores of patients before and after nursing

The comparison of psychological and physiological quality scores of patients before and after nursing is shown in Table 1, and the comparison of social and environmental quality scores of patients before and after nursing is shown in Table 2.

It can be seen from Table 1 and Table 2 that before nursing, the scores of patients' psychological and physiological fields are 56 ± 7.0 and 51.3 ± 5.0 respectively; after nursing, the scores of patients' psychological and physiological fields are 68 ± 5.9 and 63.2 ± 6.5 respectively; before nursing, the scores of patients' Social and environmental fields are 56.2 ± 6.5 and 55.6 ± 4.6 respectively; after nursing, the scores of patients' social and environmental fields are 66.5 ± 5.0 and

65.2 ±4.6 respectively. It can be seen from this that,after the relevant nursing, the scores of patients in psychological, physiological, social, environmental and other aspects were higher than before the nursing, and the p value was less than 0.05.

Table 1. Comparison of psychological and physiological quality scores of patients before and after nursing($\bar{x}$ ±s)

Time	Number of case	Psychological field	Physiological field
Before nursing	20	56±7.0	51.3±5.0
After nursing	20	68±5.9	63.2±6.5
T		3.51	4.62
P		0.002	0.001

Table 2. Comparison of social and environmental quality scores before and after nursing($\bar{x}$ ±s)

Time	Number of case	Social field	Environmental field
Before nursing	20	56.2±6.5	55.6±4.6
After nursing	20	66.5±5.0	65.2±4.6
T		4.66	6.32
P		0.001	0.001

(2) Comparative analysis of the clinical effect between the study group and the control group

The comparative analysis of the clinical efficacy between the study group and the control group is shown in Figure 1, and the comparative analysis of the total clinical efficiency between the study group and the control group is shown in Figure 2.

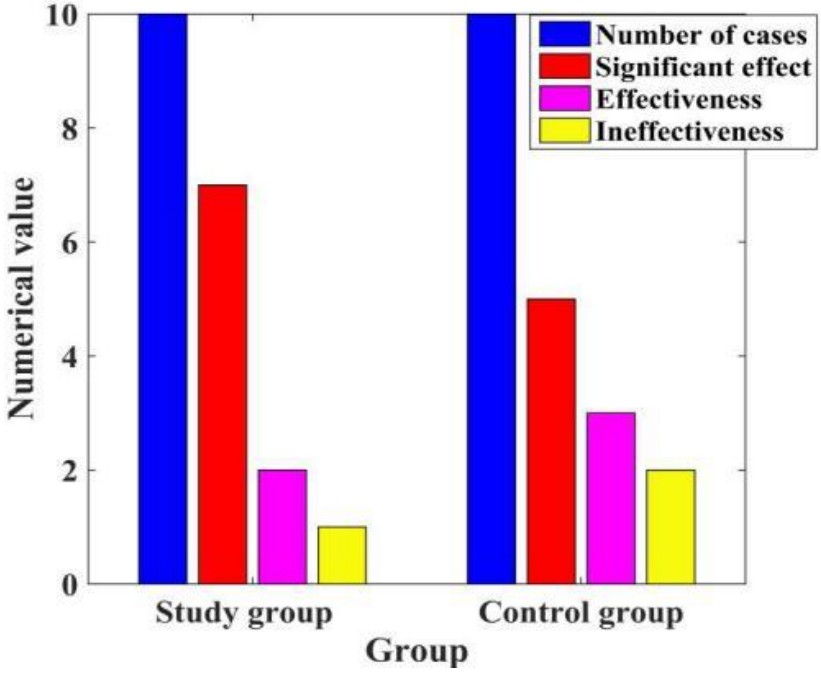

Figure 1. Comparison of clinical efficacy between the two groups

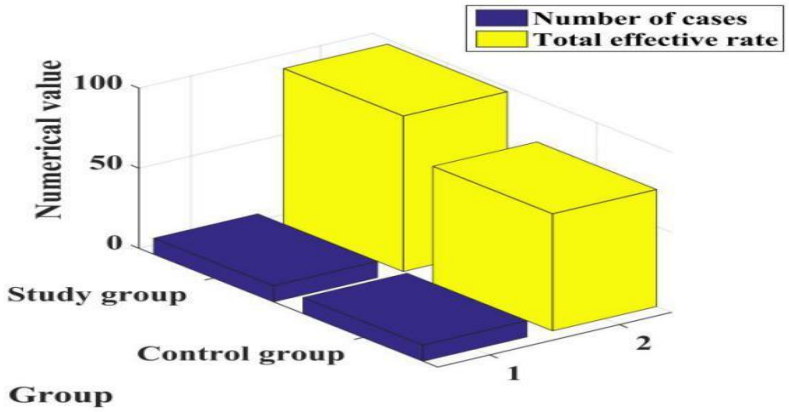

Figure 2. Comparison of total clinical effective rates between the two groups

It can be seen from Figure 1 and Figure 2 that under the careful care of medical staff, the patients in the study group and the control group have improved to a certain extent. In the study group, there are 7 cases with significant effect, 2 cases with effective effect, 1 case with ineffective effect, 5 cases with significant effect, 3 cases with effective effect and 2 cases with ineffective effect in the control group, so it can be seen that the patients in the study group have improved more, the total effective rate is 97%, and the total effective rate in the control group is 73%.

Acute pulmonary embolism (APE) is one of the acute and serious cardiovascular diseases. The pathological basis of ape is the abnormal pulmonary circulation caused by endogenous or exogenous embolism blocking the main or branch of pulmonary artery. Because its clinical manifestations are not single and lack of certain specificity, it is easy to cause misdiagnosis or missed diagnosis. Thrombolysis and anticoagulation therapy and early treatment can be effective to a large extent It is very important to monitor and care during and after thrombolytic therapy. Arterial embolism usually leads to distal arterial thromboembolism, especially femoral artery and pop artery embolism. Traditional Fogarty catheter thrombectomy has obvious limitations, such as severe trauma, incomplete thrombectomy for secondary thrombosis and large reperfusion response. With the development of intravascular treatment, thrombolysis with lower extremity artery catheter has been shown in the treatment of acute lower extremity arterial embolism Good efficacy and safety.

(3) Comparative analysis of nursing satisfaction between the study group and the control group

The comparative analysis of nursing satisfaction between the study group and the control group is shown in Figure 3.

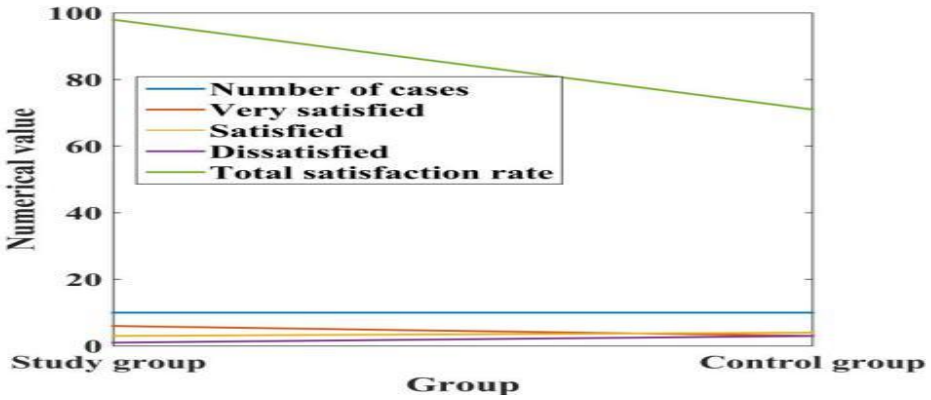

Figure 3. Comparison of nursing satisfaction between the two groups

It can be seen from Figure 3 that in terms of nursing satisfaction, 6 patients in the study group were very satisfied with nursing quality, 3 patients were satisfied with nursing quality, 1 patient was not satisfied with nursing quality, the total satisfaction rate of the study group was 98%, 3 patients in the control group were very satisfied with nursing quality, 4 patients were satisfied with nursing quality, 3 patients were not satisfied with nursing quality, and the total satisfaction rate of the control group was 71%, it can be seen that the overall satisfaction of the study group is higher than that of the control group.

Interventional thrombolysis is an ideal method for the treatment of acute limb arterial embolism. In order to reduce the complications of patients after operation, the medical staff should start to carry out relevant treatment before operation. In order to make patients face the operation with a positive attitude, the nursing staff need to give certain psychological support to patients, eliminate the tension and anxiety of patients, so as to be able to To ensure the effect of treatment to a large extent, before the operation, it is necessary to do a good job of related pain care, at the same time, according to the specific situation of the patient, give analgesics to relieve the pain, handle the relationship with the patient, so that the patient can actively cooperate with the relevant nursing work. After the operation, the relevant medical staff should closely observe the ECG of the patient, and regularly check the patient's life Physical signs, skin and mucous membrane, gingival bleeding, guide the patients to use the method and strictly control the drug dosage. When the patients reach the discharge standard, discharge guidance should be done before discharge, so that the patients can adjust themselves at home, carry out rehabilitation training, eat less high-fat food, and promote rehabilitation.

(4) Vascular recanalization analysis

The related vascular recanalization of patients with improved condition is shown in Figure 4.

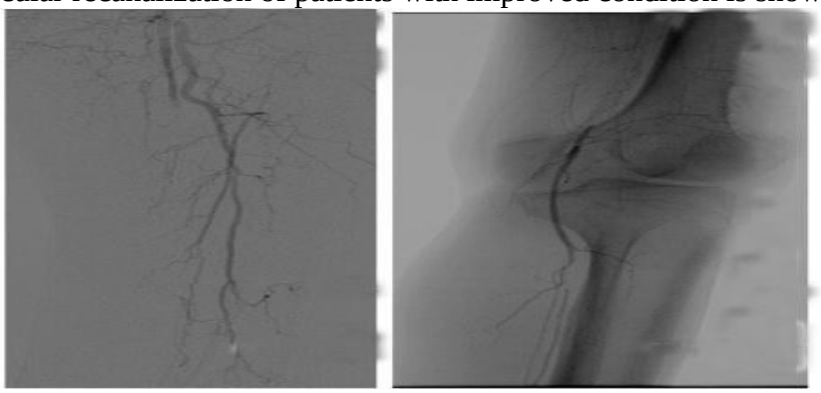

Figure 4. Related recanalization of blood vessels

It can be seen from Figure 4 that under the electron microscope, angiography confirmed that the vessel was completely opened, the wall of the tube is smooth and flat, and there is no stenosis or filling defect in the lumen. Arterial embolism is a serious acute pathophysiological change of limb ischemia and hypoxia caused by thrombosis and other emboli remaining in the blood vessel. It is a common emergency in peripheral vascular diseases, which starts from The patient's limbs, organs and even lives can be saved only by emergency and effective treatment, opening blood vessels and restoring blood circulation as soon as possible. At present, the advantages of local arterial thrombolysis are mainly to increase the relevant concentration of local thrombolytic drugs to a large extent, improve the relevant effect of thrombolysis, reduce the relevant dosage of systemic thrombolytic drugs, reduce the occurrence of side effects and complications such as bleeding; to a large extent, it can use the related mechanical effects of the guide wire and catheter to help dissolve thrombus; it can also observe the blood at any time It can adjust the specific position of catheter and the dosage of drugs in time, maintain the normal structure of blood vessels, maintain the normal

physiological channel of blood flow, and receive intravascular stent treatment with PTA at any time. Acute limb artery occlusion is an effective, safe and simple method of choice.

4. Conclusion

Interventional thrombolysis is a relatively effective method for the treatment of peripheral arterial embolism, which has a significant effect. To a large extent, it avoids the occurrence of severe complications such as amputation, and is a treatment method with definite effect and quick effect. However, this action should be closely observed in the process of treatment. Therefore, we should actively cooperate with the intervention of peripheral arterial embolism At the same time of treatment, we should carefully observe the patient's condition, reduce the occurrence of complications, improve the relevant cure rate, and explore the clinical effect of interventional treatment of arterial embolism. This paper mentioned the nursing research of patients with peripheral arterial embolization and thrombolysis.

In this study, 20 patients with peripheral arterial embolism were treated with interventional thrombolysis. Low molecular dextran was used before thrombolysis. Electron microscope was used for observation. Seldinge method was used for angiography of lateral femoral artery, abdominal aorta or brachial artery, and then selective lesion angiography, so as to understand the relevant parts and shapes of lesions to a large extent, and then thrombolysis of occluded artery was performed, At the same time, 20 patients were divided into study group (10 cases) and control group (10 cases). The patients in the control group used the routine nursing method in the treatment process, that is, observing the patient's condition change, helping the patients to turn over regularly, providing relevant services according to the relevant needs of the patients. The patients in the study group used the high-quality nursing mode, and before the patients received the interventional thrombolysis treatment Start the relevant quality care.

The results showed that before nursing, the scores of patients' psychology and physiology were 56 ± 7.0 and 51.3 ± 5.0 respectively, after nursing, the scores of patients' psychology and physiology were 68 ± 5.9 and 63.2 ± 6.5 respectively; before nursing, the scores of patients' society and environment were 56.2 ± 6.5 and 55.6 ± 4.6 respectively, after nursing, the scores of patients' society and environment were 66.5 ± 5.0 and 65.2 ± 4.6 respectively It can be seen that the psychological, physiological, social and environmental scores of the patients after the relevant nursing are higher than those before the nursing. Therefore, the nursing staff should actively communicate with the patients before the operation, so as to establish a good doctor-patient relationship, and inform the importance and necessity of the patients' treatment, so that the patients can cooperate with the treatment and nursing related work to achieve good expected results. After the operation, the medical staff should guide the patients to drink more water, which is conducive to the discharge of contrast media. At the same time, it is necessary to strengthen the monitoring of patients' blood pressure, carry out health-related education for their families, inform them of the importance and safety of quitting smoking, let the patients develop good eating habits, carry out appropriate moral exercises, and improve the quality of life.

Funding

This article is not supported by any foundation.

Data Availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Conflict of Interest

The author states that this article has no conflict of interest.

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