

when the medication should be taken. (5) Standardize and pay attention to the combination with other drugs and food. Physicians should tell patients about the interactions between medications and specific foods, as well as the interactions of medications with other medications, to avoid interfering with each other, thus reducing the risk of medication errors for patients. (6) There are a variety of specific ways to implement pharmacy guidance, for example, physicians can organize medication safety seminars, add detailed drug information to drug package inserts, set up a medication hotline or experiential exhibitions, and guide patients to learn and understand medication usage guidelines by watching videos and 3D animations, and so on. In addition, in practice, the family doctor team can also use a variety of ways to provide patients with pharmacy guidance according to the actual situation and needs of the patients, and improve the patients' medication compliance^[6].

4.2 Analyze the Influence and Mechanism of Pharmacy Guidance on Medication Adherence of Diabetic Patients

Pharmacy guidance can greatly improve the medication adherence of diabetic patients. Its main mechanisms of action are as follows: (1) Promote patients' understanding of medication. During the process of pharmacological guidance, doctors will provide detailed explanations and descriptions of the characteristics, usage and precautions of the drugs to help patients better understand the drugs and improve their knowledge of the drugs, so as to enhance their confidence and ability to use the drugs correctly. (2) Standardize patients' medication behavior and habits. Pharmacological guidance will make patients realize that medication should not be changed arbitrarily, drug dosage should not be increased or decreased on their own, and drugs should not be paired with other medications or specific foods, and many other contraindicated matters, so as to avoid wrong behaviors of patients in the process of medication. (3) Enhance patients' initiative and self-management ability. Pharmacy guidance will make patients more proactive in understanding various knowledge and ways related to treatment and in maintaining health in their daily life in order to control diabetes^[1]. At the same time, pharmacy guidance can also increase the

patients' awareness of self-monitoring, so that they can better control their blood glucose. (4) Enhance communication and trust between doctors and patients. Pharmacy guidance becomes a window for patients to communicate and interact with doctors, to better understand patients' needs and problems, to solve patients' doubts and confusion in a timely manner, and to establish a more favorable doctor-patient relationship.

5. Data and Methods

5.1 General Information

Fifty patients who received diabetes treatment in our hospital were randomly included in the study, and all patients met the relevant diagnostic criteria. The patients were divided into two groups with equal numbers, 13 females and 12 males in the observation group and 11 females and 14 males in the control group, and the general information of the two groups did not have significant differences ($P > 0.05$).

5.2 Methods

Conventional medication was administered to all patients, mainly including insulin injection and oral administration of diabetes medication. Before the treatment of the patients, it is necessary to observe and record the time and method of medication, as well as the dosage and number of times of medication. On this basis, patients in the observation group were given pharmacological guidance by professional pharmacists, so that the patients were clear about the time of drug application, dosage, number of times of medication and drug contraindications, to ensure the rationality and scientific nature of medication, and regular telephone guidance.

5.3 Observation Indexes

The medication compliance and quality of survival of the two groups of patients were investigated and analyzed, and the quality of survival mainly included vitality, social function, somatic function and mental health, and the higher the score of the patients, the higher their quality of survival^[2].

5.4 Evaluation Standards

Good adherence: patients have a more comprehensive understanding of diabetes knowledge and hazards, can seriously comply with the doctor's instructions to take medication at regular intervals, there is no

arbitrary adjustment of the amount of medication, medication time and other undesirable phenomena, the patient's condition has been significantly controlled; poor adherence: the patient does not have enough knowledge about diabetes, does not follow the doctor's instructions to take the medication, and there is no significant change in the patient's condition.

5.5 Statistical Methods

In this study, SPSS13.0 was used to carry out data statistics and analysis, χ^2 was used to test the count data, and t was used to detect the measurement data, and if the difference was statistically significant, $P < 0.05$.

6. Results

6.1 Comparison of Adherence of Patients in Two Groups

In the control group, 17 patients had better adherence to medication, accounting for 72%, 8 patients had poor adherence to medication, accounting for 28%, in the observation group, 23 patients had better adherence to medication, accounting for 92%, 2 patients had poor adherence to medication, accounting for 8%, and there was a significant difference in adherence to medication between the two groups ($P < 0.05$).

6.2 Comparison of Survival Quality of Patients in Two Groups

The quality of survival score of patients in the observation group was significantly higher than that of the control group, and there was a significant difference between the two groups ($P < 0.05$).

7. Discussion

Currently, there is no clinical cure for diabetes mellitus, and once a patient develops diabetes mellitus, he or she needs to take lifelong glycemic control measures, and in order to improve the patient's quality of life, it is necessary to ensure that the patient's medication is effective. Pharmacological guidance for patients can improve the patients' understanding and mastery of drug-related knowledge, clarify the specific application

of drug dosage and application frequency, master the contraindications of various drugs, so that the efficacy of the drug can be maximized, thus effectively inhibiting the development of the disease^[3].

Conclusion

In conclusion, pharmacy guidance, as an important medical tool, has an important influence on the medication compliance of diabetic patients. Pharmacological guidance can improve patients' medication compliance, reduce the adverse reactions brought about by medication, and enhance patients' control over their lives. Therefore, the implementation of pharmacological guidance should be emphasized in clinical treatment to achieve better therapeutic effects.

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Current Status and Research Progress of Surgical Treatment of Thyroid Tumors

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Abstract: With the progress of modern medicine, the level of clinical diagnostic technology in China has been promoted. Thyroid tumor is one of the more common lesions in general surgery, but in recent years, the incidence of thyroid tumor is also getting higher and higher, endangering the health of the general public. The diagnostic means of thyroid tumors are also diversified, and at present, modern medicine mostly carries out diagnosis for patients through surgical diagnosis and treatment, but at present, bipolar electrocoagulation is used for postoperative diagnosis with the advantages of good curative effect, less incidence of postoperative complications in patients, and little difficulty in postoperative operation.

Keywords: Thyroid tumor; General surgery; Therapeutic effect

Introduction

It has been reported that most of the thyroid tumors are malignant tumors, and due to the special location of the patients, it is necessary to choose the symptomatic treatment plan according to the actual situation of the patients during the clinical treatment. General surgery is one of the widely used treatment modes, which can effectively remove thyroid tumor foci, improve the quality of patient's recovery, prolong the patient's survival cycle, reduce the number of recurrence of the disease, and ensure the prognosis of the disease.

1. Thyroid Tumor

Thyroid tumor is also a very common malignant tumor in clinic. Due to the complexity between the types of malignant tumors occurring in the thyroid gland

and their tumor-like and lesion types, there are quite different histological classifications, including benign and malignant. Thyroid tumor is a chronic lesion, which mainly occurs in head and neck, and usually occurs in the population of young and middle-aged women. The process of thyroid tumor is generally longer, while the speed of spreading the disease is relatively slower. In the early stage of the disease, its performance is not prominent, so it is not easy to be observed by the patients, and therefore it is easy to be neglected by the patients. Most of the lesions of this disease appear on the side of the neck, and the external appearance of the thyroid tumor is mainly round or oval in shape, and has the characteristics of complete envelope, with the advantages of firmness and clear appearance. Medical data show that, although thyroid tumors are relatively small and can usually enlarge to several centimeters,



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they do not cause damage to the structures adjacent to the thyroid gland, as they only move on their own following the patient's swallowing movements. In addition, thyroid tumors do not usually cause any discomfort to the patient. If the patient is treated in a state where a mass occurs in the neck, the patient is at greater risk of a single occurrence, therefore, in medicine, the mortality rate of malignant tumors of the thyroid gland is relatively high its malignant type also varies greatly, and its clinical manifestations are mainly thicker cervical lymph nodes. The formation of thyroid tumors will also bring different degrees of damage to the physical and mental development of the patient, and some patients will also have respiratory difficulties, as well as endocrine dysfunction, dysphagia and other manifestations, which will affect the quality of life of the patient ^[1]. In addition, enlarged neck tumors can also damage the patient's image, bring certain physical and mental pressure to the patient, and interfere with the patient's normal activities. Currently, most of the minimally invasive surgical methods are used to operate on patients with thyroid malignant tumors, and the technology of bipolar electrocoagulation makes the surgical diagnosis and treatment not only able to reasonably and effectively reduce the number of hospitalizations of patients and improve the recovery of patients, but also able to increase the confidence of the patients in the diagnosis of the hospital.

2. Surgical Treatment Methods

Thyroid tumor exists a certain specificity, before the surgical cure of the patient, the medical personnel must do a good job of checking all the physical signs of the patient to ensure the smooth progress of the surgical cure. In the treatment, the medical staff must also constantly do the intraoperative preparation work, such as: giving the patient's blood routine, coagulation ability, liver and kidney function, X-ray, electrocardiogram, ABO blood type and other comprehensive tests during the operation, to improve the understanding of the patient's body, which is conducive to ensuring the safety of postoperative treatment and reducing the emergence of adverse conditions. In addition, medical staff need to give patients thyroid nodule color ultrasound test to improve the understanding of the patient's disease, so that doctors can treat good technical methods and enhance the effectiveness of

technical treatment. In the treatment, medical and nursing technicians need to carry out preoperative training for the patient, help the patient's head tilted back, enhance the patient's adaptability, and ensure the smooth completion of postoperative treatment.

In the postoperative process, medical personnel need to do a good job in the detection of vital signs, medical personnel need to assist the patient to tilt his head back, and the patient's shoulder pad pillow, can fully expose the patient's surgical site, to facilitate the medical personnel to carry out postoperative operation, and then enhance the effect of postoperative. Medical personnel should carry out local anesthesia for the patient according to the specific conditions of the patient, and local infiltration anesthesia is often used in clinical practice. Firstly, the surgeon makes a small curved incision in the middle of the patient's anterior cervical region, and the width of the incision should be limited to one point five centimeters, and then the surgeon should incise the skin around the incision layer by layer, and carefully and cautiously free the patient's thyroid, and then, finally, completely resect the patient's thyroid gland partially ^[2]. In the process of surgical diagnosis, if the patient is a malignant tumor of the thyroid gland, the medical staff should remove the thyroid gland at the same time to do a good job of cleaning up the patient's lymph nodes, to enhance the effectiveness of postoperative medical treatment, and to reduce the chances of recurrence of the disease. After the surgical operation, the physician needs to give the patient a good negative pressure drainage management, and accurately suture the patient's skin, as far as possible to minimize the postoperative time, reduce the risk of patient infection.

After the postoperative treatment, the physician needs to instruct the nursing staff to give the patient meticulous care, and do a good job of monitoring the patient's wound healing, drainage and other conditions, such as the discovery of anomalies need to be disposed of in a timely manner, to reduce the emergence of patient complications.

Surgery is a common medical treatment in modern medicine, which can rapidly grasp the progress of the patient's disease, change the patient's clinical manifestation, relieve the patient's pain, and has great value in medicine. In the process of treating thyroid tumor disease, the use of minimally invasive therapy

can reduce the time of drug treatment and increase the safety factor of surgical treatment, thus reducing the incidence of infection and complications in patients, thus improving the health of patients.

3. Factors Affecting the Effectiveness of Surgical Treatment of Thyroid Tumor

The causes of thyroid tumor are complicated, and its triggering causes are also diversified. In real life, such as taking too much anti-thyroid drugs, taking too much iodine and so on, all of them can cause serious thyroid tumor. In medicine, the clinical manifestations of thyroid tumor patients are generally divided into: dyslipidemia, electrolyte imbalance, etc. However, some of the patients also need to accept the diagnosis and treatment of patients with dry eye, autoimmune hepatitis, and bone disorders, etc. Therefore, physicians need to formulate a more appropriate treatment method for patients according to their specific conditions to enhance the effectiveness of the treatment. In the clinical minimally invasive surgical treatment, there is a diversity of reasons affecting the outcome of postoperative treatment, such as: psychological factors, thyroid patients due to unfamiliarity with the condition, in the unfamiliar conditions of treatment, there will be a negative mentality, which reduces the efficiency of the patient's cure; and postoperative complications, after the treatment, the emergence of complications will increase the physical and psychological pressure on the patient and thus detrimental to the recovery of the patient, which affects the efficacy of clinical postoperative cure. Clinical efficacy of postoperative treatment; the recurrence of thyroid tumor patients' disease type and its complexity of typing; in the period of surgery to the patient, if the doctor tastes or care is not strict, it will increase the risk of patient's infection, which in turn will reduce the effectiveness of the treatment; the patient's poor adherence to the doctor's instructions for the correct treatment, and so on.

4. Research on Surgical Treatment of Thyroid Tumors

4.1 Clinical Appearance and Differential Diagnosis

General thyroid adenoma has a slow onset, some of them are more than a few years, most of them are single onset, oblong to oval, smooth appearance, obvious boundary, tough and solid texture, non-adhesion to the

surrounding tissues, no obvious pain, and can move up and down with swallowing. The length of the tumor is usually several centimeters, and large ones are rare. Large tumors may also have compression symptoms in other organs, but they do not damage these organs. There are individual cases of sudden increase in the size of the tumor due to massive bleeding within the tumor. Generally speaking, goiter is often universally enlarged, often with multiple nodules, showing epidemic phenomenon, with uneven appearance and unclear boundary, and obviously enlarged lymph nodes in the neck, which may also be accompanied by hoarseness, etc. If diagnosed, it can be surgically removed at an early stage.

4.2 Avoid Recurrent Laryngeal Nerve Injury

Currently, Chinese domestic experts have different views on the treatment of thyroid tumors and how to dissect the recurrent laryngeal nerve normally. Some experts suggest that normal dissection of the recurrent laryngeal nerve has the possibility of damage during the separation process; other experts suggest that in order to prevent serious recurrent laryngeal nerve damage, the recurrent laryngeal nerve monitor must be applied during the operation. We believe that the application of bipolar electrocoagulation significantly prevents and mitigates damage to the recurrent laryngeal nerve, and that the procedure should be performed by looking straight up and down to familiarize with the local anatomy and to visualize the recurrent laryngeal nerve^[3]. In the following patients, routine dissection of the recurrent laryngeal nerve is required to preserve the recurrent laryngeal nerve: patients who have undergone unilateral subcomplete resection or complete resection of the thyroid gland and bilateral subcomplete resection of giant nodular goiter and thyroid tumors; patients who have heard a change in tone during the operation; patients who have had a thyroidectomy; patients who have had a cervical lymph node examination for thyroid cancer.

4.3 Comprehensive Consideration of Anesthesia for Surgery

Thyroidectomy can choose various anesthesia such as general anesthesia, local anesthesia and acupuncture. However, the specific choice of which anesthesia method, the physician must be based on the patient's condition, the patient's requirements, the

family's financial situation and other comprehensive consideration. Local cervical plexus abdominal perfusion anesthesia benefits: the patient can be in an awake state, through the patient's voice hoarseness and other signs to determine whether there is nerve damage, to prevent the continuation of the injury, and timely repair measures (loose forceps, loose knots); and the disadvantage is: thyroid nodules after surgery in a special position can not let the patient awake state to withstand for a long period of time. The advantages of general anesthesia drugs: The patient maintains a quiet mental state, which is conducive to the smooth progress of the dissection and reduces the injury of the laryngeal recurrent nerve; it is suitable for thyroid tumor surgery that requires routine exposure of the laryngeal recurrent nerve^[4]; if the intraoperative pathology or clinical determination of malignancy, it can be convenient for immediate additional surgery to do tracheo-esophageal groove and clavicular lymph node dissection or to do a one-side of the cervical lymph node dissection.

4.4 Avoidance of Parathyroid Injury

Permanent parathyroid decline has been reported to result from accidental removal of the parathyroid glands during surgery and disruption of the blood supply to the parathyroid glands. In order to prevent rupture of the parathyroid ducts, it is important to protect the blood vessels of the parathyroid nodule after performing thyroidectomy to maintain normal blood circulation to the parathyroid gland, so coagulation of the tertiary vascular branches of the thyroid gland in this location maximizes the preservation of the parathyroid structure. The parathyroid glands on each side should be preserved as much as possible when performing total thyroid nodule resection and subtotal resection, especially when performing total resection of multiple nodular goiters of large size bilaterally, subperitoneal lobectomy is feasible to preserve the glandular lobes and the upper and lower end of the peritoneal fovea and loose connective tissues, in order to reduce the incidence of injury to the parathyroid glands^[4]. During total thyroid nodal dissection and one-stage bilateral cervical lymph node removal, the parathyroid gland on the side with small lesions or small lymph node metastases is preserved whenever possible. Therefore, in the treatment of thyroid tumors, it is crucial to keep the artery of the thyroid nodule and

to operate gently in order to maintain an adequate blood supply to the parathyroid glands. The normal function of the parathyroid gland can be repaired after insertion of the parathyroid gland into the sternocleidomastoid muscle, which was inadvertently removed during surgery.

Discussion

With the progress and development of society, the treatment of diseases has begun to gradually transition from the traditional biomedical model to the biopsychological model. Medical practitioners and patients are paying increasing attention to the comprehensive trauma during treatment, treatment time, physiological and psychological feelings, and physiological function after treatment. Over the years, surgical treatment of thyroid tumor patients with intraoperative use of bipolar electrocoagulation has proven to be a safe and effective treatment modality. High-frequency bipolar electrocoagulation system can carry out refined surgery, its bipolar electrocoagulation forceps are thin and pointed, the tip aperture is only 0.7mm, not only has the efficacy of ordinary forceps, but also can be coagulated on small blood vessels, and close to the true peritoneal portion of the thyroid nodule, it can be coagulated without destroying the structure of the other tissues^[5]; bipolar electrocoagulation is widely used, and it can significantly reduce the intraoperative bleeding facilitates the doctor to It can significantly reduce intraoperative bleeding to facilitate the surgeon's postoperative work, prevent intraoperative current damage to the parathyroid glands and the recurrent laryngeal nerve, and is safer than the traditional high-frequency electrosurgical knife, which accelerates the surgical process, shortens the operative time, and reduces the chance of intraoperative infection.

Round to long oval nodules in the thyroid gland can expand dramatically in a short period of time due to intracapsular hemorrhage caused by destruction of capillaries in the wall of the adenoma capsule, and then there will be localized severe pain. If it enlarges progressively in a short period of time and becomes hard, with restricted movement or hoarseness, then malignant changes should be considered. The larger the volume of the mass, the more frequent the infiltration, there are more debates on the scope of

resection, and the current standardized surgical method is lobectomy. Thyroid cancer is mainly composed of several carcinomas with different biological behavioral characteristics and disease types, which have significant differences in age of onset, rate of reproduction, migratory pathways, and prognosis. For example, papillary carcinoma has a survival rate of more than 88 % at 10 years after resection, whereas the majority of undifferentiated carcinomas almost always die within one year. Therefore, all types of thyroid cancer are treated differently. The management includes various disciplines such as surgery, radiotherapy and chemotherapy, with postoperative management being the mainstay of treatment. A few residual foci of differentiated carcinoma can also be treated with radiotherapy ^[1]. However, there are some differences in the opinions on the scope of surgical resection of primary foci of differentiated thyroid cancer and on cervical lymphadenectomy, etc. It has been suggested that postoperative treatment with nuclearization can reduce residual parathyroid and subtherapeutic clinical cancer foci. The diagnosis of carcinoma affecting the contralateral recurrent laryngeal nerve and trachea has been an urgent challenge in contemporary surgery.

Isolated thyroid nodules are also relatively common in the clinic, but if they are nodules that produce too much thyroid hormone, when examined by the scanning method after the T3 suppression test, if the "Hot" thyroid nodules have been effectively suppressed, they can also be treated with thyroxine; conversely, if the nodules have not been effectively controlled, only when the surgical rechecking scans appear to show warm nodules, or if the nodules have disappeared after the T4 suppression test, they can be treated with internal medicine. If the thyroid nodule is still retained, treatment can be considered. If the scan is cold nodule then do ultrasound test; if the test is cystic then use needle suction to puncture the test several times, if the cystic fluid is pure and clear and does not recur after suctioning the oil then it may be a simple goiter and can be followed up closely; if the cystic fluid is bloody and there is still a mass appearing after suctioning out

the fluid and recurring soon after suctioning the fluid then it should be resected. Ultrasonography should be considered malignant if there is no solid tumor and resection is also required. Conclusion In conclusion, thyroid tumors belong to the most common types of clinical lesions, which can jeopardize the quality of life of patients. In recent years, with the progress of modern medicine also promotes the improvement of medical science and technology, in the clinic, at present, most of them adopt the form of bipolar electrocoagulation surgical therapy in the operation for the patients to implement the diagnosis and treatment, and its prevention and treatment effectiveness is relatively significant, and the patients' evaluation of the therapeutic effect is also higher. Increasing the research on the surgical treatment of thyroid tumors can further enhance the effectiveness of surgical treatment and promote the sustainable development of modern medicine.

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