

Positive Psychological Suggestion Combined with Wet Dressing Treatment on Self-Efficacy of Chronic Wound Resection

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Keywords: Psychological Suggestion, Wet Treatment, Surgical Chronic Wounds, Wound Healing

Abstract: The purpose of this article is to analyze the clinical manifestations and pathological mechanism of surgical chronic wounds, and to standardize the nursing management of wounds. The implementation of positive psychological suggestion interventions on surgical patients can alleviate the patients' unhealthy psychology such as psychological anxiety and depression, and explore how wet therapy can improve the healing rate of wounds. The method in this paper is to use a random sample control method to classify 70 eligible postoperative patients, establish a control group and an intervention group, the intervention group is given positive psychological suggestion combined with wet therapy, and the control group uses normal nursing methods. Statistical analysis of various data of chronic wound recovery was performed on the two groups of patients in the experiment to explore the actual effect of psychological suggestion combined with wet treatment. Corresponding conclusions are drawn through data comparison. The results of the study indicate that the differences in the specific pathological conditions of the wounds are not statistically significant. The cure rate of the intervention group was 71.6%, which was significantly higher than that of the control group, 35.8%. The difference between the two groups was statistically significant. The average wound healing time of the intervention group was (6.2 ± 1.9) d, which saved a lot of time compared with the control group's (13.5 ± 2.1) d. Therefore, the positive hint that combined wet therapy has the advantages of improving the cure rate, shortening the average healing time of wounds, shortening the average length of hospital stay, and reducing the pain during dressing change compared with conventional nursing methods. Improving postoperative recovery methods will not only shorten the recovery process, but also have a positive impact on the recovery of patients' self-efficacy.

1. Introduction

In most cases, after a patient undergoes a resection operation, whether it is psychological or physiological, some subtle changes will occur, which will affect the patient's physical function and mental health. The recovery of postoperative wounds will bring physical pain, and will also cause patients to have a lot of negative emotions, and there will be psychological fluctuations of anxiety and depression. With the help of wet treatment, the traditional recovery method of excision surgery can be changed, and combined with active psychological intervention treatment, the patient will maintain a good psychological state, which is of great significance to the patient's rehabilitation and improving the quality of life.

In the 1960s, wet therapy was first proposed by foreign experts and scholars. Through decades of clinical research and nursing practice, the concept and practice of wet therapy has been continuously mature and perfect, and has achieved good results in practical operation [1-2]. Many case studies have shown that the effect of wet therapy on wounds is significantly higher than that of dry therapy. In terms of wound healing rate, wound healing time, treatment time and patients' pain experience, the comprehensive evaluation of wetness effect is recognized by more and more experts [3]. Through wet dressing treatment, the indicators of chronic wounds after resection surgery have been significantly improved. In the existing research in China, according to the results of clinical trials, it is confirmed that the dressings used in wet therapy can be used in the recovery of many chronic wounds. The selection of wound dressings at various stages and the use of more effective and safe external medicine and gas therapy are the key to treatment [4]. In the treatment of chronic wounds, the method and time are equally important. In the existing research of domestic nursing medicine, not only the local condition of the patient's wound must be considered, but more scientifically, the relationship between the patient's whole body and the local wound should be combined. The attending physician Strengthen communication with the patient and the nursing staff, and convey healthy and upward natural emotions to the patient through active positive psychological hints, so that the patient's behavior and psychology are affected in a subtle way, and finally choose the psychology and behavior that is conducive to themselves[5-6].Clinical trials have shown that positive psychological cues have a positive significance in relieving patients' unhealthy mental states and behaviors. In addition, the actual condition of the patient should be comprehensively and scientifically evaluated, the wound healing of the patient should be reasonably controlled, and the correct method and topical drugs should be used in care to remove foreign bodies from the wound and accelerate the proliferation of cortical cells to promote wound healing and the patient's early Rehabilitation [7].

This article starts with the meaning and characteristics of wet treatment and psychological suggestion therapy, and explores the treatment based on improving the combination of both to deal with the recovery of chronic wounds in resection surgery, speeding up the recovery rate, and better promoting the medical research problems used in surgical operations. The main analysis is based on Compare the specific experimental results of the cases, find the problems displayed by different treatment methods, innovate the problem-solving methods, explore new methods that are consistent with self-recovery efficacy, find the balance of wet dressing treatment and the psychological characteristics of patients, and combine the two Organically combined. Provides valuable technical experience for the recovery of chronic wounds in future operations, and can also propose suggestions for the improvement of future surgical medical technology. Through comparative advantage analysis, we can draw similarities and differences in research directions, learn advanced experience, and strengthen the surgical experience. Specialization and accuracy improve the resistance to post-operative problems. Expect to provide a theoretical basis for the field of surgical medicine.

2. Psychological Suggestion Combined with Wet Dressing Treatment for Resection

2.1. Core Concepts

(1) Wet therapy

Moisture therapy is an increasingly common method of restoring surgical wounds in the field of modern surgery. It refers to the use of wet dressings to implement moisturizing and hypoxic treatment in a humid environment. In this state, It can accelerate the self-healing of wounds, make autolysis of necrotic cells after surgery, some are in an anaerobic environment, and can grow granulation tissue without scabs, which has a good effect on the recovery of body tissue function after excision [8] . The proposal and production of moisturizing therapy was originally discovered by Dr. Winter in the experiment. The wound healing speed was 50% faster than the dry wound exposed to air in a closed and humid environment, and no adverse reactions occurred. The theoretical basis for active materials to deal with wounds. Compared with dry therapy, wet therapy uses different dressings during the dressing process to keep the wound moist for a longer period of time, gradually dissolving the necrotic cell tissue, and rapidly increasing the number of newly grown young cells. Differentiation and combination [9]. At the same time, the active substances in the exudate are stored to promote the release of the active substances, and it will not cause secondary mechanical damage and will not form scabs. It will always reduce the patient's pain in a gentle way and make the wound self-healing. To reach the maximum, so that patients can achieve a good medical dressing environment during recovery. The traditional dry therapy mainly uses natural gauze as a dressing. When the medical conditions are not developed, it can effectively absorb the wound exudate quickly, accelerate the replacement with the outside air, and maintain good breathability, but at the same time, it is also extremely The earth increases the infection and invasion of bacteria and external granular materials, which increases the infection rate of wounds, and objectively wastes limited manpower, material and financial resources.

(2) Psychological suggestion

Psychological suggestion refers to the psychological characteristics of people accepting the influence of the wishes or ideas, emotions, judgments and attitudes of the outside world or others. It is a very common psychological phenomenon in people's daily life. People's psychology is the most typical and the most simple conditional reflection in humans. From the perspective of psychological mechanism, it is a hypothesis confirmed by subjective will, which is not necessarily based, but because it has been subjectively affirmed its existence, psychological I tried hard to get to this content [10]. We are always receiving hints from the outside world in our lives. Psychological cues can cause patients to unconsciously act in a prescribed manner, or accept their opinions or beliefs. The essence of psychological cues is human emotions and ideas, which are affected to varying degrees. The hints given by general doctors to patients are to rest and recuperate, so that patients are full of confidence and hope, especially for patients with suspected diseases. Therefore, it is a positive psychological suggestion, which will have twice the result with half the effort. The success of the suggestion depends on the inferiority of the implied person. If the implied person is smarter than himself, he must accept his judgment, and then accept the influence of the implied person, and replace his thinking and judgment with the wisdom of others [11-12] . Of course, these psychological processes usually occur in the subconscious mind. Therefore, the suggestive effect occurs unconsciously. Positively implying the effect on the implied person is like "finishing". Psychological cues also have negative aspects and become victims of heresy. Because some people have serious inferiority complex and insecurity, they often coincide with foreign hints and have a tacit understanding. Therefore, those who are not subjective, have a lot of dependence, are relatively dependent, naive, sick or suffer mental shocks tend to become people who accept bad cues. Bad

negative cues can prevail.

(3) Chronic wounds

Wounds can be divided into acute wounds and chronic wounds according to the length of healing time. Acute wounds can heal quickly in a short time, while chronic wounds need a longer time to heal. At present, chronic wounds are generally classified into five common types: venous ulcer, arterial ulcer, diabetic ulcer, traumatic ulcer, and pressure ulcer. Actively respond to the care of the original disease, especially to control the hyperglycemia, and provide guarantee for wound healing. In the case that oral drugs cannot reach the lesion site, the external use of ointment compound edge cream, Shengji cream, etc. to maintain the moist environment of the wound, making Granulation can grow normally, and the new epidermis gradually butts and heals. Chronic wounds are accompanied by infections and inflammations, and the dressing needs to be strengthened. With the antibacterial and disinfection effect of herbal ointment, the wound inflammation is controlled, so that the secretion of pus gradually decreases until it turns into normal wound exudate. Do not abuse antibiotic ointment here, or apply antibiotic powder to the wound, and force the wound to dry scab when the wound granulation has not been flattened, then the pus is likely to accumulate under the scab, and normal tissues will also be necrotic. The evaluation of the wound must also describe its size, depth, wound margin, basal tissue, location, etc.

2.2. Treatment of Chronic Wounds

(1) Wet therapy

The recovery of chronic wounds after wet treatment is a relatively common method at present. In the process of wet treatment, the use of dressings is indispensable, which not only affects the strength of the drug, but also affects the patient's own experience. Traditional dressing. For example, natural gauze and cotton pads are currently the most widely used dressings in clinics. With their low cost and wide sources, they have been used in general postoperative care. According to the different stages of wound healing, wet treatment has developed different types of dressings to deal with various wound conditions. In the treatment of burn wounds, the use of collagen dressings can deeply utilize the widely distributed proteins inside, promote skin tissue anabolism and cell regeneration, and promote healing. In the treatment of necrotic tissue shedding and keeping the postoperative wound clean, it is recommended to use a thin film dressing, which can keep it fresh and natural in a short time, but it is easy to cause fluid accumulation and is not suitable for long-term use. When cleaning wounds and eliminating inflammation, you can use hydrocolloid dressings. The elastic hydrogel and synthetic rubber in the dressings are the perfect materials to absorb wound exudates. The highly sealed nature of the dressings sometimes leads to excessive wetness of the wound and affects restore. Alginate dressings are not self-adhesive, suitable for chronic wounds that need to promote hemostasis and high exudation after surgery, such as pressure sores and ulcers, and are not suitable for dry scab wounds. Silver ion dressings play a bactericidal role by interfering with the production of bacterial energy and destroying the function of bacterial cell membranes, but the released silver ions are toxic to normal human cells, so it is necessary to weigh the pros and cons of antimicrobial and cytotoxicity. It is more suitable for severe pollution or Infected wound. The main component of the hydrophilic fiber dressing is methyl sodium carbide cellulose. Compared with it, it has good water absorption and does not need to be replaced frequently. It is suitable for deep wound fistula, infectious wounds with large amount of exudate and cavity wounds.

(2) Gas therapy

Gas therapy is mainly divided into hyperbaric oxygen therapy, ozone therapy, and local oxygen therapy. In recent years, more and more postoperative wound treatments have chosen this therapy.

Hyperbaric oxygen therapy regulates the capillaries inside the tissue through the medical high-pressure system, increases the rate of substance exchange of red blood cells, improves permeability, effectively prevents extravasation of exudate, reduces plasma outflow, and can accelerate epithelial cell growth and circulation. Blood supply promotes the combination of local wounds and the body, which accelerates wound healing. Hyperbaric oxygen therapy can stimulate granulation cell growth in a shorter period of time, accelerate self-growth, and heal wounds. In some cases, hyperbaric oxygen therapy can improve the recovery rate by a quarter. In general, the effect is obvious. It is suitable for severe trauma, but the cost is high and the cost is objective. With the widespread use of ozone in the field of life, it is also very common for medical treatment to use ozone characteristics to carry out research. After mature research, it has also achieved great results. The biggest feature of ozone therapy is that it greatly shortens the treatment time and reduces wound pain. Local oxygen blowing therapy is a relatively safe and economical treatment method. Inhaling high concentration of oxygen in a short period of time can correct the existing hypoxemia for wound healing in patients undergoing perioperative and outpatient treatment. The effect is obvious and the infection is effectively reduced.

(3) Drug treatment

In addition to the use of wet dressings and gas therapy, the history of drug treatment will be longer. When modern medicine was not invented, wound healing was performed with the help of herbs in nature for a long time. With the advancement of technology, people have also begun to choose a dressing that works better. Among them, the use of honey dressing to treat postoperative wounds can not only reduce local wound inflammation, improve the surrounding environment of clean wounds, but also non-invasively remove necrotic tissue and wound dirt, improve local blood circulation and tissue nutrition metabolism, and reduce wound exudate and inflammation. Edema, promote wound healing. The speed of wound healing is improved and the patient's pain can be reduced. Vitamin C wet compress treatment reduces the chance of infection and avoids the formation of scabs, which is beneficial to the formation of epidermal cells on the wound. It has obvious bacteriostatic effect and no toxic side effects. It is safer and more reliable for medical staff and patients. It is simple to make. In addition, the negative pressure assisted closure device treats chronic wound wounds, combined with drugs to increase local blood flow, reduce edema, remove factors that affect the growth of granulation tissue, stimulate cell proliferation in all directions, and heal wounds. It also increases the intensity of the inflammatory response on the wound surface, strengthens the ability to kill bacteria, and reduces the number of wound bacteria.

3. Experimental Materials and Methods

3.1. Data Source

In this experiment, 70 patients from the top three hospitals in the author's place after resection were selected as the research object, and they were randomly divided into a control group and an intervention group, 35 cases each, excluding patients with basic diseases, tumors and skin diseases. Among them, the average age of the control group was (35.8 ± 2.9) years old, 22 males and 13 females; the average age of the intervention group was (32.7 ± 2.6) years old, 23 males and 12 females. Comparing the general data of the two groups of patients, the difference was not statistically significant ($P > 0.05$). Before classification, a comprehensive assessment of pain and wound conditions should be carried out to ensure the universality of the experiment. Correctly evaluate the patient, choose the appropriate dressing and necessary gas support therapy according to the characteristics of the wound, perform routine care in the control group, and use psychological suggestion and wet treatment in the intervention group. The data was obtained from the basic situation of the case, brought into the model software for analysis, to examine the characteristics of

the variables between the two groups of experiments, to study the effect of self-efficacy on chronic wounds that were removed, and to use SPSS software for processing. Said that with the help of SAD and SDS to score, the content is shown in Table 1.

Table 1. Comparison of scores of two groups of patients

Group	SAS				SDS			
	Before Intervention	Prognosis	T Value	P Value	Before Intervention	Prognosis	T Value	P Value
Control Group	61.57 ±4.41	52.31 ±4.20	9.854	0.000	59.68 ±4.56	48.30 ±4.11	12.014	0.000
Intervention Group	62.01 ±4.39	40.11 ±3.52	25.223	0.000	61.01 ±4.55	37.65 ±6.12	19.852	0.000
T Value	0.458	14.428						
P Value	0.648	0.000						

3.2. Experimental Method

During the experiment, the patients in the intervention group will be treated with positive psychological hints, and all nurses in the department will be trained in advance on psychological related knowledge. At the same time, wet therapy and positive psychological intervention will be used. The patients in the control group will always maintain Routine qualified care, treatment with traditional wound dressings, without artificial adjustments.

In the intervention group, the first to check the actual condition of the wound, perform the necessary inspection and simple treatment before the experiment, clean up the foreign bodies during the dressing and recovery process, and start to make positive psychological hints during the treatment of the wound. Observe the patient's emotions, actively inquire about various needs, strengthen communication and exchange, enhance the patient's confidence, and develop the patient's psychology and behavior in a positive direction. Within the intervention group, arrange patients with similar physical conditions and good personality to other patients Together, not only through medical staff, but also to build a bridge of communication between patients. Subtly help patients to reduce negative emotions. The medical staff adopts empirical hints. During the process of nursing recovery, the patient has no intention to introduce the advanced technology for the treatment of the disease. The experience and qualifications of the medical staff and the skilled operation of the nursing staff enhance the patient's sense of trust and security. Conduct behavioral hints to the patient's family, including intraoperative care, health education, and routine care, etc., to give the patient a relaxed and happy environment, don't care too much about the patient, and don't ask too much about the recovery status. In the process of implementing wet therapy, the wound is first cleaned with normal saline. Under the premise of aseptic operation, the most commonly used disinfection method is used to disinfect the entire wound surface with iodophor. Subsequently, the wound surface is naturally dried to prevent excessive oxygen from entering, which destroys the hypoxic or anaerobic environment required by wet therapy. According to the evaluation results, choose the most suitable dressing, use Menorca to maintain the wet environment of the wound, and use Mepilex to further maintain the required wet environment. After the dressing is completed, pay attention to the fixation of the wound surface. The wounds that require debridement should be

uniformly covered with beauty salt dressing. The wet dressing should cover the wound and be larger than 3cm at the edge of the wound. Press and hold for 30s to strengthen the adhesion and fixation. effect.

3.3. Experimental Significance

By establishing a control group and an intervention group to carry out experiments, it is necessary to control variables to explore the factors that affect wound recovery after resection surgery, to study the positive psychological hints that combined with wet dressing treatment can achieve good results, control the patient's whole body, Strengthen nutrition, improve immunity, and eliminate the patient's dull emotions because the wound does not heal for a long time. According to the past medical practice, to promote wound healing, you cannot rely solely on the recovery of your own body functions. You need to rely on dressings. However, traditional dressings need to be replaced regularly over time. The absorption capacity of traditional dressings is poor. It will cause secondary pollution and delay the recovery period. If you are not careful, the wounds of the patient may be infected by bacterial viruses. Therefore, in the continuous technical improvement and clinical experiments, it was found that the use of wet dressing therapy for wound healing is very helpful, it can avoid the air from contact with the wound, and create a comfortable environment for postoperative wound recovery. Some wet dressings have strong absorption capacity, and also have a good sterilization and cleaning ability, reducing the number of dressing changes and reducing the damage of human factors to the wound. At present, most wet dressings use natural pectin as the main material, which can quickly absorb the exuded pus during the treatment of wounds, keep the wound clean, and can also be converted into a gel-like substance to improve the patient's health. Skin allergies are very skin-friendly. It plays a vital role in controlling wound infection, promoting wound healing, reducing the rate of wound surgery, shortening the number of hospital days, and saving treatment funds. In addition, after ensuring the patient's medication treatment, the implementation of positive psychological suggestion intervention relieves the patient's own nervous feeling, instantly relieves the anxiety mentality, improves the patient's quality of life, and helps the patient to establish treatment confidence. In addition to treatment, it is definitely a Technology worth promoting.

4. Data Analysis

Exploring the patient's postoperative experience is one of the important ways to test whether the experimental results are effective. As shown in Figure 1, in the comparison of the two groups of experiments, different nursing methods show different patient feedback, and explore the experimental variables. When it works, use the pain sensation to assess the specific effect of the wet dressing. In the intervention group, postoperative investigation data of 30 patients were valid, including 5 cases with no pain, 8 cases with mild pain, 12 cases with moderate pain, and 5 cases with severe pain; in the control group, there were The postoperative investigation data of 35 patients were valid, including 2 cases without pain, 5 cases with mild pain, 12 cases with moderate pain, and 16 cases with severe pain. In general, the number of pain in the intervention group is slightly less, and the degree of pain is lower. It can be seen that after the wet treatment dressing method, there is a certain effect on the relief of pain and wound healing, which is worthy of promotion and reference.

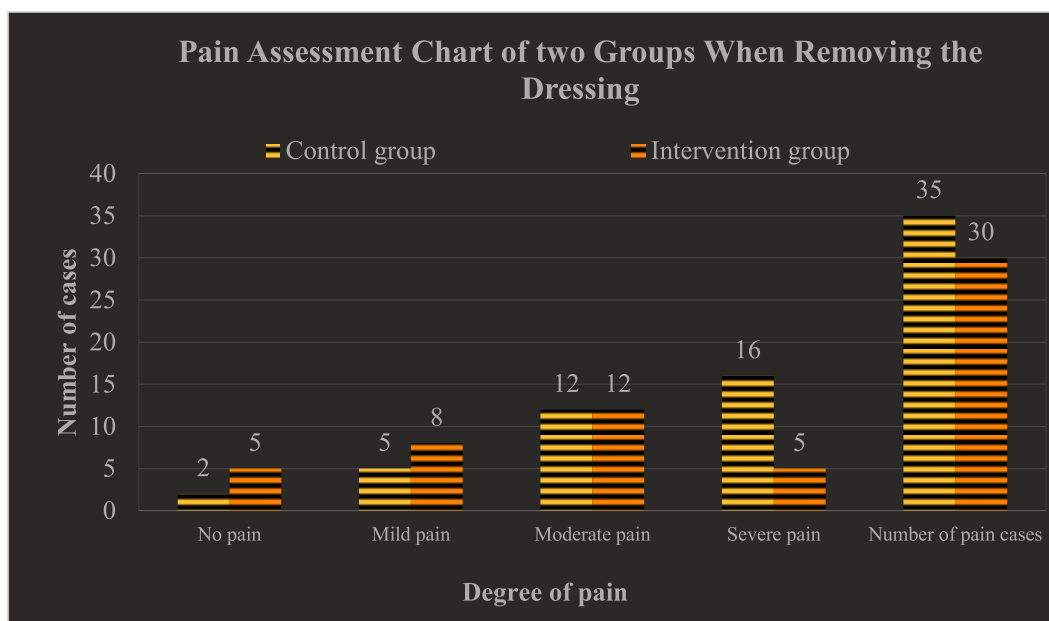


Figure 1. Pain assessment chart of two groups of patients when removing dressing

As shown in Figure 2, these are the data about the psychological changes of the patients displayed by the two experimental groups about the positive psychological cues. In the intervention group, the medical staff carried out different psychological interventions and also achieved some results. It was found in the emotions of the patients that after psychological intervention, the patients' anxiety was 43%, which was significantly lower than 78% of the control group. The patients were also more willing to communicate with family members, doctors and peers. 49% of them can be well reflected. The patients who received psychological suggestion are more confident in the prospects, so the pessimistic attitude is only 32%, which is lower than 56% of the control group. After a special and personalized psychological suggestion, Experienced more care, so the laziness of others will be slightly reduced, which is 26% lower than the 77% of the control group, and the self-management ability is twice that of the control group. More care will have a better treatment experience. The intervention group's quality of life satisfaction has reached 49%, while the control degree is only 36%. This shows that subtle psychological hints can achieve effects that medical technology cannot achieve. Promote positive recovery after surgery.

As shown in Figure 3, after follow-up and follow-up treatment, the specific situation of the patient's recovery was obtained. After 80 days after the operation, a comparative analysis of the MMP index was carried out, which can be seen from the comprehensive recovery of physical function. In the control group, the patient's recovery index continued to increase with time. It was initially 0.21 at 7 days and 0.67 at 21 days. The recovery rate accelerated after 50 days and reached 1.03, which was basically flat after 60 days. In the intervention group, the recovery rate of the patients is fast first, then slow, and finally tends to be smooth. During the recovery period of 14 days to 21 days, it has reached 1.01 from 0.36. It can be seen that the effect of the drug treatment has reached 1.99. The perfect recovery level. In general, after nearly three months of recovery, they can finally return to the preoperative level, and the speed is quite different. Therefore, the use of positive psychology suggests that combined wet treatment can accelerate the healing speed and improve the surgical experience.

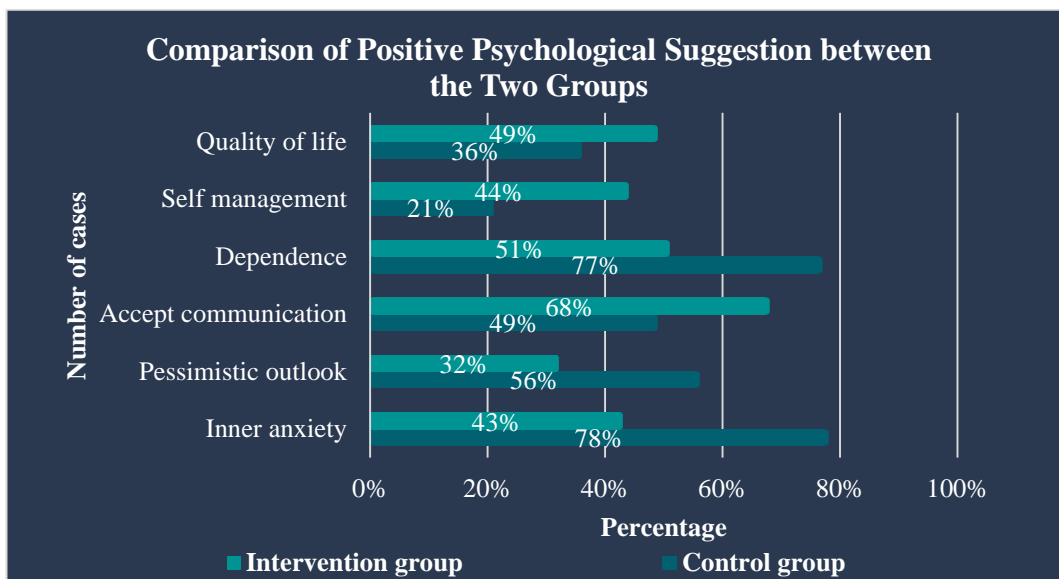


Figure 2. Comparison of positive psychological cues in two groups of patients

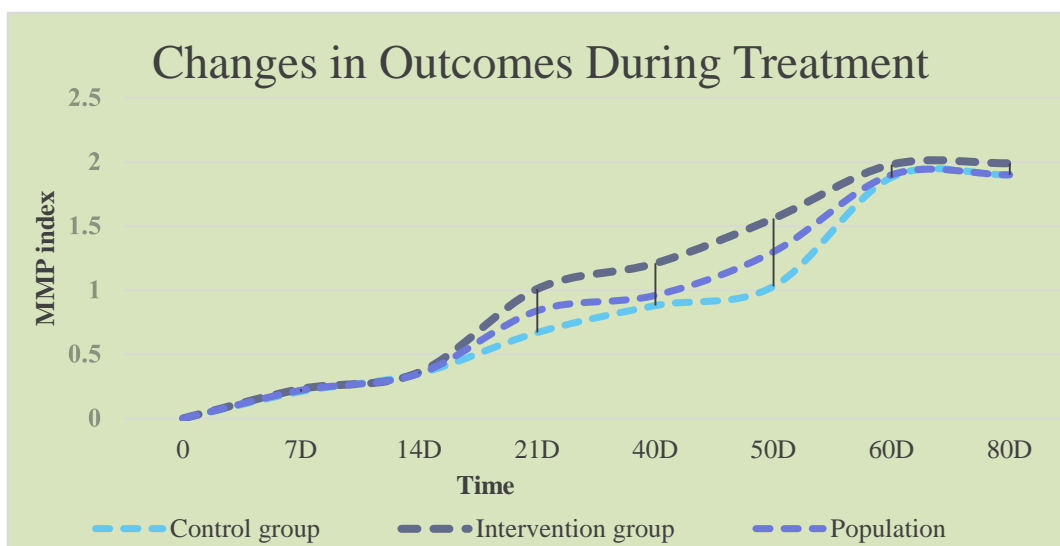


Figure 3. Changes in outcomes during treatment

After analyzing the variables, it is necessary to grasp the comprehensive factors affecting the recovery of postoperative chronic wounds from a holistic point of view, so that we can understand the pathological reasons more comprehensively and administer the medicine to different patients. As shown in Figure 4, among all the patients in the experiment, the primary factor affecting wound recovery is the patient's own physical condition, which is the basis of the treatment, accounting for 26% of all factors, and the patient's injury and injury status account for 15%, this is the premise of classification treatment according to different situations. In this experiment, the positive psychology implies that the proportion of two variables of combined wet dressing treatment reached 49%, and the influence accounted for almost half. Among them, psychological intervention accounted for 18%, and wet treatment accounted for 31%, indicating that changing and reforming the current treatment method is very effective, then the treatment of the surgical process is also very important, accounting for 8%, it will affect the sequence of postoperative recovery, there are some other reasons, such as economic, environmental, and unexpected situations, are also inevitable.

Therefore, only by fully grasping the various conditions can we fully grasp it.

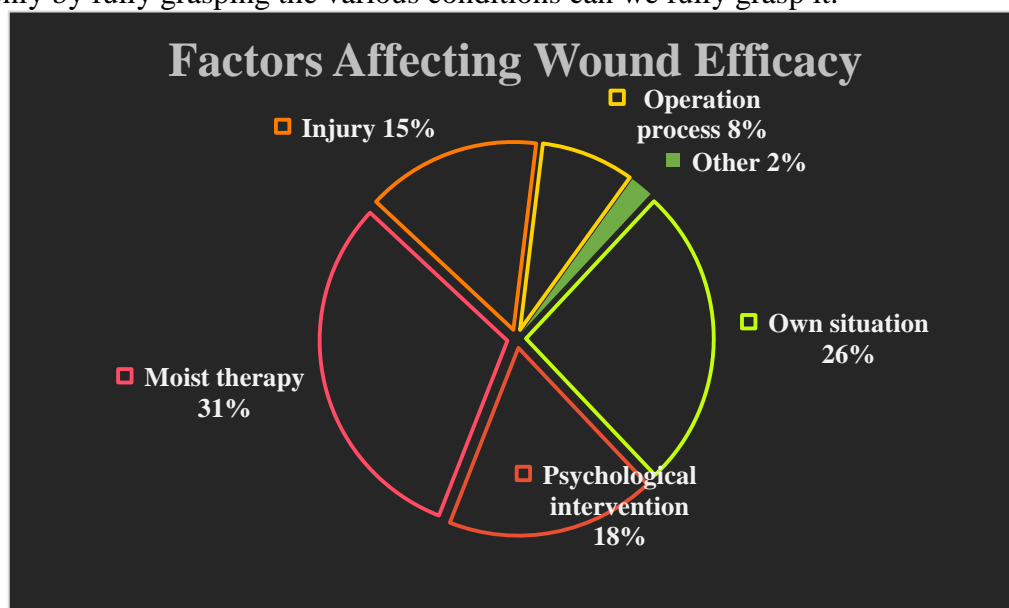


Figure 4. Factors affecting wound efficacy

5. Results Discussion

At present, it is found in most of the case studies that there are many psychological problems in the investigation of postoperative patients, most of which are anxiety and depression, and are closely related to the postoperative recovery state. However, the relationship between the two affects each other and is related to each other. If the patient is in anxiety for a long time, then the treatment process may produce psychological resistance, affect the treatment of the wound, and seriously affect the doctor-patient relationship and the patient's family life. quality. Therefore, during the treatment process, a lot of effort was put into positive hints, not only giving light music to play soothing emotions during the dressing change, but also instructing the patient to avoid noisy in the family or ward, so that the patient can get adequate rest and reduce Perception of pain, strengthen and provide favorable social support, improve patients' cognition of negative emotions such as anxiety, promote and maintain physical and mental health.

In the continuous research and communication of modern medicine, the treatment and care concepts of chronic wounds have undergone tremendous changes, from the more traditional dry healing concept to today's wet healing concept. Through comprehensive data analysis and evaluation results, continuity analysis was carried out to identify the problem, and targeted interventions were given to patients with existing problems for individualized interventions, inspiring patients to have better disease coping ability and self-management ability, and improving patients' Psychological state, effectively control blood sugar changes, speed up the healing speed of wounds, thereby reducing the patient's hospital stay, reducing economic pressure, improving the patient's overall quality of life, and laying a certain foundation for the establishment of a comprehensive assessment process of chronic wounds.

6. Conclusion

The traditional concept is that the most important thing for surgical dressing for chronic wound recovery after resection is to not see water, so that the entire wound surface is kept in a dry and

ventilated environment. However, when the wound is recovered, if it is in the long-term drying process, it may be it will cause severe dehydration of the wound tissues, worsen the local environment, prevent epithelial cells from crawling, and form scabs. In the course of dressing change, it will inevitably damage the wound surface, not only bring pain to the patient, but also cause the wound to heal slowly, so that the wound surface cannot be recovered in a stable environment, which is very unfavorable for cell division and proliferation, resulting in a large number of The loss of biologically active substances slows down the recovery rate and provides an opportunity for bacterial invasion.

Modern medicine has found that wound healing in a closed and humid environment is twice as fast as drying wounds exposed to air. Conducive to the dissolution of necrotic tissue and fibrin. In the process of wound healing, the necrotic tissue and fibrin precipitated therein must be removed first. In a wet environment, the tissue proteolytic enzymes retained in the wound exudate can promote the dissolution and absorption of necrotic tissue. Wet dressing can locally resist infection, and significantly reduce the time and number of dressing changes, alleviate the pain of patients changing dressings, and avoid serious consequences caused by persistent infection.

In general, wet dressing and dry dressing have their own advantages. For the recovery of chronic wounds after resection, wet treatment is more appropriate. At the same time, I also agree that the use of dry therapy so that the wound will not scab and infection is the best wound therapy. In addition, the combination of medical staff and active psychological therapy can enable patients to release comprehensive efficacy, improve wound status, and ensure normal healing.

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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