

anesthesia. The patient will have a good understanding of the patient's condition, and the patient will have a better understanding of the patient's condition and health. The patient will better understand the patient's health. Establish two or more venous channels, connect the extension tubes, replenish fluids appropriately 20~30 min before the induction of anesthesia, 5~10 mL/kg of crystalloid is appropriate, ensure the fluids are smooth, and assist the anesthesiologist in tracheal intubation.

Proper Placement of Patients

Instruct and encourage the patient to adjust the position on the operating bed; the patient should be lying down, legs apart in a zigzag shape, forming an angle of $<90^\circ$, with the head high and feet low position of about $10\sim 15^\circ$, fix the patient appropriately to ensure the comfort and stability, pay attention to the patient's warmth, and put jelly pads on the pressurized parts of the body to avoid pressure ulcers. Return to the lying position promptly after the operation, and return the patient to the awakening room [9].

Installation of Instruments

Please turn on the power supply of each part, connect the laparoscopic system and graphic workstation, check the performance of each laparoscopic instrument, and make sure that the CO_2 gas source is sufficient; place the negative electrode plate of the electrosurgical knife at the gastrocnemius muscle of the patient's calf, away from the metal objects, to prevent electric burns; connect the fiber-optic cable, ultrasonic knife cable, pneumoperitoneum tube, monopole cable, and irrigation and suction tubes to the corresponding instruments after sterilizing the sheet, turn on the power supply to make it in the standby state, avoiding the formation of corners and knots; according to the need of surgery, connect the fiber-optic cable, ultrasound knife cable, pneumoperitoneum tube, monopole cable and rinse and suction tube to the corresponding instruments; turn on the power supply to make them in the standby state, avoiding the formation of corners and knots [10,11]. Knotting: according to the operation, need to control the power switch, debugging ultrasonic knife standby; maintain the initial pneumoperitoneum pressure at $13\sim 15$ mmHg, flow rate moderate, coagulation power at $50\sim 60$ W, according to the patient's specific situation for appropriate adjustment; with hand-washing nurses to count the instruments and auxiliary materials and record in detail; intraoperative monitoring of the patient's condition promptly.

Observation of the Patient's Condition

After anesthesia, the patient's intra-abdominal pressure increases, and carbon dioxide pneumoperitoneum causes hemodynamic changes, which increases the heart rate, peripheral resistance, and central venous pressure and decreases the cardiac output [12,13]. During the operation, we should closely observe the vital signs, blood gas analysis, and the changes in central venous pressure. The effect of the pneumoperitoneum on the hemodynamics of the body circulation and the hemodynamics of the local organs increases as the pressure of the pneumoperitoneum increases. Therefore, we should closely observe the pneumoperitoneum when adjusting the pressure and the flow rate. Changes in intra-abdominal pressure should be closely observed so that the pneumoperitoneum pressure is maintained at $10\sim 15$ mmHg (1 mmHg= 0.133 kPa). If it is impossible to shorten the duration of pneumoperitoneum and not affect the surgical field of view, reduce the carbon dioxide pneumoperitoneum as much as possible to reduce the incidence of nausea and vomiting after surgery. At the end of the surgery, the residual abdominal gas should be

discharged as much as possible to minimize the absorption of carbon dioxide in the abdominal cavity after the operation.

Postoperative Instrumentation

After the end of the operation, disassemble the cavity mirror instrumentation of each joint with 1:400 multi-enzyme soak 3~5 min ultrasonic cleaning 5 min after high-pressure water gun rinsing endoscopic cavity running water washing and drying the mirror cavity with a high-pressure air gun blowing packing-ethylene oxide or plasma disinfection standby [14].

With the increasing maturity of minimally invasive surgery, weight loss surgery under the laparoscope will become the focus of the future development of this type of surgery. Surgical nurses should also have the corresponding surgical knowledge and constantly update the concept of skilled mastery of all kinds of operating instruments under the laparoscope, familiar with the surgical steps to understand the continuous development of new surgical techniques and new knowledge, to facilitate the development of the work of the increasingly improved medical needs. Pre-operative tour nurses should be aware that with the increasingly perfect minimally invasive technology, laparoscopy is the most important and effective way to improve the quality of life [15,16]. As minimally invasive technology becomes more and more perfect, laparoscopic weight loss and metabolic surgery will become the center of gravity of the development of this type of surgery. At the same time, the application of advanced laparoscopic equipment puts forward higher requirements for operating room nurses. Scientific, safe, timely, effective, and tacit cooperation can guarantee the smooth progress of the surgery, which is an essential guarantee of weight loss and metabolic surgery for treating obesity and metabolic syndrome [17,18].

Nurses need to learn the relevant theoretical knowledge and carry out the corresponding operation training, familiar with the relevant parts of laparoscopic dissection of the surgery. Nurses need to learn the relevant theoretical knowledge and conduct corresponding operation training, familiarize themselves with the relevant parts of the laparoscopic anatomy, surgical steps, and the essentials of cooperation, master the performance of instruments and apparatus, accurately adjust the patient's position, keep the everyday work of the instrument, grasp the surgical process, timely provision of intraoperative supplies, and actively control complications, standardize the operation of the surgical instruments, clean and maintain the instruments on time to ensure that the equipment is in the best condition.

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