

Curative Effect of Tumor Resection under Microscope for Brain Glioma based on Humanized Nursing Model

Lifeng Huang

Haiyan Xiang

Weiming Qian

Lifeng Huang, Haiyan Xiang, Weiming Qian, The Second Affiliated Hospital of Zhejiang University School of Medicine, Hangzhou 310009, PR China, *Corresponding Author: Lifeng Huang, The Second Affiliated Hospital of Zhejiang University School of Medicine, 88#, Jiefang Road, Hangzhou City, Zhejiang Province, China, email: zjuwild@zju.edu.cn

Previous studies have shown that microsurgery has two main roles in glioma resection, that is, the nerve function is well protected and the degree of tumor resection is improved. On the basis of this experiment, the curative effect of tumor resection under microscope for glioma was studied based on humanized nursing model. By randomly dividing 64 patients into two steps and comparing them in many aspects, the study mainly obtained two inspirations: microglioma resection has good effect, and humanized nursing mode has good effect on postoperative recovery. Finally, some Suggestions and principles for microglioma resection were put forward: the principle of timely operation after diagnosis, the principle of complete resection for nonfunctional areas, the principle of protection for important functional areas, and the principle of recovery plan confirmed by disease examination after surgery. In addition, in terms of the influence of humanized nursing mode on the treatment of glioma under the microscope, the data statistics and SPSS tests show that humanized nursing mode can effectively improve the satisfaction of patients and their families. Relieve anxiety and depression and help patients recover; Lower scores in pain rating statistics, etc. In addition, this experiment has a good basis for development, and all the 64 patients successfully completed the operation without serious complications, which further verified the above conclusions, namely, the maturity and reliability of the technique of microscopic tumor resection for glioma. The technique of tumor resection under microscope can be used in combination with humanized nursing mode, which has good promotion value.

Keywords: Brain Glioma, Microsurgical Operation, Humanized Care, Tumor Resection

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As a neurosurgical disease, glioma is one of the most common intracranial malignant tumors. Among all intracranial tumors, the incidence is much higher than other tumor diseases, accounting for about 45%, and even about 50% in relevant statistical reports, with an annual incidence of about 6.4/100,000. Glioma is characterized by "three high and one low" with "high incidence, recurrence rate, high mortality and low cure rate". The tumor is often not confined to one lobe of the brain and presents a fingerlike shape, which cannot be distinguished from normal brain tissue, showing infiltration and growth, and is extremely destructive to brain tissue.

As far as the current medical technology is concerned, surgical treatment is still the most ideal method for the treatment of glioma, which can reduce and prevent its further spread by removing the tumor^{1,2}. However, high postoperative tumor recurrence rate and poor postoperative quality of life of patients are difficult problems for surgical treatment of glioma³. The normal function of the patient's brain tissue is impaired, which is still a problem to be solved⁴. In addition, in the studies of scholars, the recovery effect of patients is positively correlated with the degree of resection, that is, the more complete the resection, the better the effect is, and whether the resection is complete

is proportional to the survival time of patients, and total surgical resection of tumors can reduce the recurrence rate of tumors ⁵. However, how to completely remove the tumor, retain the brain function to the maximum extent and achieve the best therapeutic effect is still an important research object for doctors and scholars ⁶. Previous studies and clinical cases have shown that the effectiveness of surgical methods is the key to success ⁷. In recent years, with the improvement of medical instruments and the application of microscopy in surgical operations, the success rate of total resection of brain glioma has been significantly increased, greatly improving the clinical efficacy ⁸. Existing studies have shown that humanized nursing can significantly improve the postoperative recovery effect of patients ⁹. To put it simply, the humanized nursing model refers to the nursing process in which patients are regarded as complete social persons with emotion and thoughts, and their demands are taken care of psychologically, spiritually and emotionally to meet as far as possible. Patients have a variety of basic rights, including the right to choose, the right to know, the right to enjoy and the right to keep confidential ^{10,11}.

Although microscopic tumor resection as a form of microneurosurgery requires the application of a microscope. However, microneurosurgery is more than just the use of a surgical microscope for surgery. It requires modern imaging as the basis for diagnosis and a set of matching surgical equipment and professional surgical instruments as the guarantee ¹². In this study, 64 patients with glioma admitted to a hospital in the past 5 years were selected as the research objects. All of them underwent brain glioma resection under the microscope to treat the glioma. On the basis of retrospective analysis of the clinical data of 64 patients with glioma, they were randomly divided into two groups with 32 people in each group. The control group received routine nursing care, while the experimental group received humanized nursing care. The postoperative recovery effect of the two groups of patients after treatment was evaluated and compared using the self-evaluation table of symptoms (SCL-90) as the standard.

RESEARCH OVERVIEW

Importance of Total Resection of Glioma

Scholars conducted an experimental study on 565 patients with glioma, and through analysis, their team believed that in addition to age, malignant degree, detection time and Cargill score, the excision part of glioma also had an important influence. An increasing number of willing and scientific institutions have realized that the degree of resection can greatly affect the survival time and quality of patients. According to the tumor cell dynamics theory and clinical manifestations, if the tumor was removed more thoroughly, the survival time of patients would be longer and the quality of life of patients would be better in the future, which can be considered as a simple positive correlation. Therefore, many experts believe that the principle of similar patients is to remove as many tumors as possible on the premise of ensuring the safety of life and normal brain function, and it is best to achieve total tumor resection to ensure the quality of life of patients as far as possible. Especially when the tumor grade is relatively low, the degree of tumor resection is closely related to the prognosis. Therefore, in order to achieve a good therapeutic effect, the tumor should be removed as far as possible. When more than 98 percent of the tumor is removed surgically, the survival of patients can be significantly improved. Although it is envisaged that gliomas may affect vital organs such as nerves, with the improvement of modern surgical and microsurgical techniques, a total resection of the tumor can be achieved in a safe manner.

Determination of Tumor and Boundary

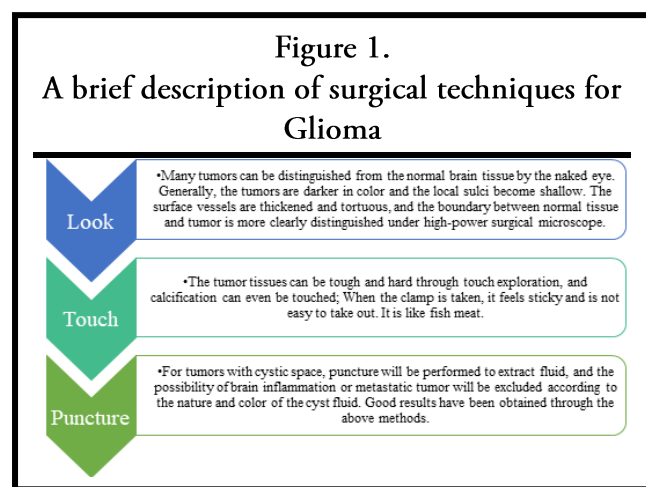
Although medical imaging technology has been greatly improved with the help of professional medical devices. However, determining the boundary between tumor and normal brain tissue is still a difficult problem for brain surgery. Only when the normal and diseased tissues are clearly identified, can the operation be carried out smoothly. Existing high-end positioning technology mainly include: neural navigation system, functional magnetic resonance imaging (FMXI), magnetoencephalography (MEG) and direct cortical electrical stimulation (DCES) stereotactic volumetric resection, neural electrophysiological

detection technology, tumor staining techniques, etc. However, due to the expensive and scarce equipment, only a few hospitals in China use it, and most hospitals still use microscopes to perform routine operations. Therefore, surgeons must master the surgical technical characteristics of glioma. The main observation steps are shown in Figure 1: First, the tumors can be seen through the observation of human eyes, which are usually dark in color, thickened and tortuous in surface vessels, and can be more obvious with the help of high-power surgical microscope and other

normal sulci approach, so as to be more fully exposed and obtain a good surgical field. Microsurgery can remove as much visible tumor tissue as possible more thoroughly with a large enough surgical field and sufficient light. Moreover, it can also have a better surgical effect on the next total resection of the mirror, which not only significantly reduces the number of tumor cells, but also ensures further active chemotherapy and treatment after the operation.

The role of microsurgery in glioma resection

Microsurgery has two main roles in glioma resection, that is, the nerve function is well protected and the degree of tumor resection is improved. First of all, in terms of good neuroprotective function, many scholars and clinical medical data have shown that postoperative neurological dysfunction can significantly affect the prognosis of glioma in addition to age, Cargill score, degree of resection and other reasons. Microinvasive operation in microsurgery can minimize tissue damage and reduce surgical damage, which is beneficial to patients' postoperative recovery. Secondly, the effect of microsurgery on glioma resection is to improve the degree of tumor resection. Previous clinical experience has shown that patients with extensive resection have a significantly higher survival than patients without extensive resection. Empirical studies have shown that there are four important factors affecting the survival of glioma patients, namely age, Cargill score and pathological grade, and the degree of glioma resection. To sum up, microsurgery is widely used and has a very good effect because of its two main roles in glioma resection.



professional technical equipment. The second is to touch: the tissues are tough and hard, and can even touch calcification and viscous feeling, which is not easy to take fish samples. The third step is puncture: for tumors with lumen, part of the possibility is excluded according to the nature and color of the extracted cyst fluid. In general, good results can be achieved by following these steps strictly.

Microsurgery

Introduction to microsurgery

In the present medical treatment and operation, microsurgery has been relatively mature. Imaging data should be collected before the operation, and the data should be used to design the surgical incision. In order to expose the tumor, effective bone Windows should be used. Meanwhile, the principle of reducing the exposure of useless brain tissue should be followed to carry out the operation without damaging and protecting the nerve function. In the course of microsurgery, the arachnoid on the surface of the brain should be released by releasing cerebrospinal fluid through the

Advantages of microresection

In microsurgical operation based on the role of glioma surgery, a more detailed introduction to the advantages of microscopic surgery in the removal of the glioma, at six specific summarized as: the first is beneficial to tumor separation, because after only a few magnified microscopic resection surgery field of vision, and can obtain good light, makes doctors can more accurately identify the tumor tissue, such as edema zone and normal brain tissue. It is not

only conducive to separation, but also can achieve complete excision, and the preservation of nerve function. The second is to protect blood vessels. Microexcision can distinguish and protect the important veins, divide the supplying arteries from the normal arteries, greatly protect the important blood vessels and nerves, reduce the iogenic blood vessel damage during the operation, and is beneficial to the patient's recovery. The third is to stop the bleeding quickly. The speed of bleeding will affect the effect of surgery and the safety of patients. When the speed of hemostasis is accelerated, the operation time can be greatly shortened. The fourth is to reduce mortality. Microsurgery reduces or even does not need to pull the brain tissue. Compared with other surgical methods, it only slightly damages the peripheral normal brain tissue, and generally does not appear serious brain edema after surgery, which effectively reduces the rate of cerebral contusion and cerebral infarction. The fifth is conducive to the implementation of important regional surgery. Microsurgery can operate on important functional areas, such as basal ganglia and brainstem, etc., and previous glioma surgery cases have achieved good results and good postoperative recovery. Finally, better recovery can help patients build confidence. Because of the advantages of microsurgery, such as small trauma, conducive to separation, so that the operation process can be relatively smooth. Then form a good reflection of postoperative recovery, which greatly enhance the patient's confidence in treatment. When the patient's state of mind is good, better cooperation with treatment, more recovery, and then form a virtuous circle, conducive to early recovery.

MATERIALS AND METHODS

Overview of Information

Study experimental patients A total of 64 glioma patients admitted to a neurosurgery department from 2015-2019 were selected and all underwent brain glioma resection under the microscope for the treatment of glioma. The age of the patients ranged from 28 to 70 years, with an average age of (51.2 ± 3.1) years. According to the randomness principle of statistics, all the experimental subjects were divided into two groups. In the experimental

group, there were 32 patients in the humanistic care group, including 14 males and 18 females. The control group also included 32 patients, including 14 males and 18 females. In order to ensure the reliability of the experiment, the two groups of patients were tested for significance in terms of gender, age, severity of disease, etc., and the difference in the experimental results was not significant ($P > 0.05$), so it was considered to be comparable and the premise of the experiment was established.

Nursing Methods

To ensure the accuracy of the experiment, the control group was given general nursing and postoperative rehabilitation care. On the basis of the control group, the experimental group was given humanized nursing care. The specific nursing measures included but were not limited to the following aspects:

Eliminate fear and strangeness

In order to leave a good first impression on patients, nurses should keep smiling in the service process, take the initiative to approach patients, and establish a good doctor-patient, medical relationship. By shortening the relationship establishment time, it can get twice the result with half the effort. When a patient is just admitted to the hospital, the medical staff should take the initiative to introduce the attending doctor, the hospital environment, the head nurse, and fellow patients in the ward, etc., so as to reduce loneliness and strangeness through cordial conversations with the patient and his/her family members.

Laboratory and physical examination assistance

Before and after the operation of some physical examination and laboratory work, according to the humanized nursing mode should be equipped with a special staff accompanying to assist patients and their families to complete, as far as possible to reduce the fatigue and pressure caused by unfamiliar and troublesome procedures.

Emotional stability before operation

Preoperative 1-2 d by the head nurse and head nurses to patients to extend "" his letter to surgery patients (detailed preoperative, intraoperative and

postoperative cooperate considerations), by means of oral interpretation and written to introduce the way of combining the patients better and faster master health knowledge, in patients with stable emotion, to enhance their confidence in surgery and to the attending physician.

Experience talk

In order to eliminate anxiety and fear, get some psychological preparation and experience, and help patients to cooperate with treatment, under the condition of gaining recognition, nurses lead patients to visit similar patients who are about to be recovered and discharged, guide and encourage each other.

Introduction of surgical procedures

2-3 days before the formal implementation of the operation, professional nursing staff should visit the patients in the ward, introduce the necessary knowledge of science popularization for inexperienced patients and their families, introduce the operating room, surgical facilities, anesthesia methods and the whole process, eliminate patients' worries on the basis of communication, and help patients cooperate with hands.

Approach to comfort

1-2 hours before the operation, the nurse in charge, professional staff and family members accompany the patient to the door of the operating room, and soothe the patient through movements and words.

Preoperative preparation for invasive operation

In order to alleviate the patient's discomfort,

after anesthesia, the operating room nurse performs preoperative preparation for invasive procedures, such as indwelling catheter.

Program notification

Patients can choose whether to use the corresponding notification procedures (such as indwelling catheter intravenous injection and other notification procedures). If the patient is unified, it can better cooperate with the surgeon when the patient is clear about its purpose and matters needing attention.

Postoperative invasive operation

Some postoperative invasive operations, such as venous blood collection and intravenous infusion, are performed by skilled nurses;

Strengthening patrol and protection

In order to grasp the disease in time and find the psychological changes of patients, more attention should be paid to the frequency of patrol, especially night patrol.

Judgment Criteria for Results

The therapeutic effect of this experiment was evaluated by self-rating symptom checklist 90 (SCL-90), Likert scale and Changhai Pain scale (0-10). The specific criteria were as follows:

Symptom Checklist (SCL-90)

The symptom checklist 90 (SCL-90) is used to determine the anxiety and depression of patients during surgery. Some items are shown in Table 1 below:

Table 1.
Part of symptom Checklist (SCL - 90)

Number	Project	None	Light	Moderate	heavy	serious
1	Feel shy and uncomfortable around the opposite sex	1	2	3	4	5
2	Feel cheated, trapped, or someone trying to catch you	1	2	3	4	5
3	There are unnecessary thoughts or words hovering in your mind	1	2	3	4	5
4	Fainting or fainting	1	2	3	4	5
5	Interest in the opposite sex wanes	1	2	3	4	5
6	Blame others for their mistakes	1	2	3	4	5
7	Feel that someone else has control over your thoughts	1	2	3	4	5
8	Blame others for causing trouble	1	2	3	4	5
9	Forget sex big	1	2	3	4	5
10	Worry about being well-groomed and well-groomed	1	2	3	4	5
11	Easily upset and excited	1	2	3	4	5
12	To avoid something, an occasion, or an activity because of fear	1	2	3	4	5

13	Fear of open Spaces or streets	1	2	3	4	5
14	You feel your energy drop and your activities slow down	1	2	3	4	5
15	He wanted to end his life	1	2	3	4	5
16	Hear voices that no one else can hear	1	2	3	4	5
17	Feel that others do not understand you, do not sympathize with you	1	2	3	4	5
18	Feel that people are unfriendly and dislike you	1	2	3	4	5
19	You have to do things slowly to get them right	1	2	3	4	5
20	Easy to cry	1	2	3	4	5

Likert scale

Likert scale was used to evaluate the satisfaction, that is, the 5 levels of attitude "very satisfied, satisfied, generally satisfied, dissatisfied, very dissatisfied" were respectively assessed, and the satisfaction was calculated as follows:

Satisfaction = (very satisfied + satisfied) / (very dissatisfied + not satisfied + generally satisfied + satisfied + very satisfied) × 100%;

Assessment of changhai pain scale 0-10 points method

The pain degree index was evaluated by the Changhai pain scale (0-10 points), in which 0 points indicated no pain. A score of 1-2 indicates tolerable mild pain; A score of 3-4 indicates moderate pain, which slightly affects sleep and requires appropriate painkillers; A score of 5-6 indicates severe pain, which affects sleep, and narcotic analgesics are needed; A score of 7 to 8 indicates severe pain, severe sleep disturbance, and other symptoms. A score of 9 to 10 indicates intolerance, seriously affecting sleep, and associated with passive posture.

Research Methods and Pre-research Data Processing

The main methods used in this experiment are action research, case analysis and mathematical statistics. Firstly, action research method refers to timely feedback of treatment results and adjustment of nursing plan based on humanized nursing model in experiments, and timely rectification of inappropriate places. In the process of rectification, qualitative and quantitative data are collected for analysis and synthesis, so as to extract the general rules that are more conducive to patients' recovery. Secondly, the case study method is to select some patients with significant characteristics who have undergone the resection of brain gliomas under the microscope for in-depth

study. In this study, the selected patients in a hospital who successfully performed this operation participated in the case study. The research focuses on observing their pain, depression and anxiety, and analyzing the physical and psychological effects of humanized nursing mode on patients. In the later stage, the results of the case study should be analyzed and summarized in order to better extract the concept, principles and implementation approaches of humanized nursing model. Finally, the mathematical statistical method is to process the recovered questionnaire data on SPSS, Excel and other logical analysis software to obtain the operation mode of quantitative values. The mathematical statistics method is beneficial to the clear presentation of experimental results, and also makes the research more scientific and accurate. In addition, in order to ensure accuracy and comparability, all experimental data in this experiment were statistically processed by SPSS software, and quantitative analysis was performed by T test, which was expressed in the form of "mean ± standard deviation". In addition, chi-square test was used to process the counting data, and $P < 0.05$ was used as the evaluation criterion for the final significance of the results.

DESCRIPTION AND ANALYSIS OF EXPERIMENTAL RESULTS

Clinical Manifestations of Glioma Patients

The main clinical manifestations of patients with glioma include but are not limited to headaches, dizziness, vomiting and limb weakness, epilepsy, varying degrees of seizure loss of consciousness, some patients with reduced vision or blurred vision, and severe patients with motor and sensory dysfunction. Specific clinical symptoms mainly include: high cranial pressure symptoms (headache and dizziness), speech and motor and sensory disorders, cerebral neurological dysfunction, and epilepsy, etc. Statistics of the main symptoms

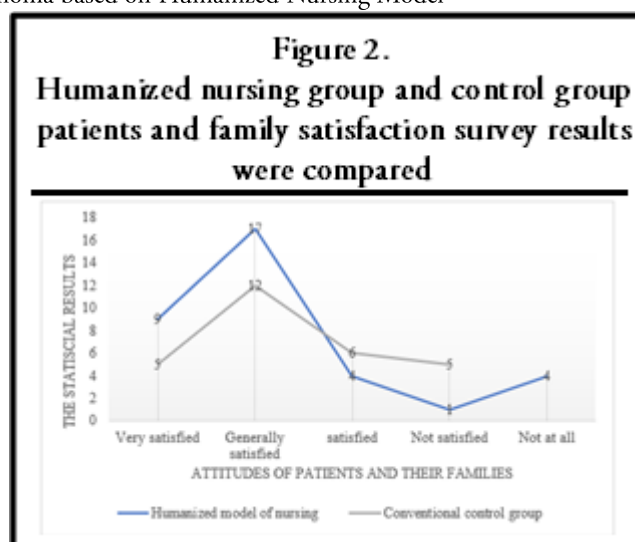
of the patients in this study are shown in Table 2.

Table 2. Clinical symptoms (N, %)		
clinical signs and symptoms	Number of patients	The percentage
Symptoms of high cranial pressure(headache,dizziness)	43	67.1875%
Speech,motor,and sensory impairments	31	48.4375%
Cerebral nerve dysfunction	28	43.7500%
Epilepsy	22	34.3750%

Comparison Results of Patients' and Family Members' Satisfaction

Table 3 and Figure 2 show the comparison results and data of satisfaction of patients and their families. It can be seen that in the humanistic nursing model based on tumor resection under the microscope for glioma treatment, the proportion of very satisfied and relatively satisfied patients is relatively high. They were 28.13% and 53.13%, respectively. Family members and patients who were satisfied, dissatisfied and not at all satisfied were 12.50%, 3.13% and 12.50%, respectively. In the conventional experimental group, 37.50% and 15.63% of the patients and their families were very satisfied and relatively satisfied, and 18.75% and 15.63% of the patients and their families were satisfied and dissatisfied. Meanwhile, four family members chose not to be satisfied at all. In contrast, the dissatisfaction of the control group was relatively high, and the P value of SPSS analysis was less than 0.05, indicating a significant difference in the comparison.

Table 3. Humanized Nursing Group and control group patients and family satisfaction Survey results were compared							
Group	Number	Very satisfied	Generally satisfied	satisfied	Not satisfied	No satisfied at all	Percent
Humanized model of nursing	32	9	17	4	1	1	100%
Conventional control group	32	5	12	6	5	4	100%



Comparison of Pain Grade Scores

Such as Table 4 and Figure 3 shows the tumor resection under microscope based on the pattern of the humanized nursing treatment for glioma in the study of pain rating score comparison, because has certain invasive glioma growth pattern, will not only affect patients with visual and auditory, damage and movement as well as the system, and is accompanied by intracranial hemorrhage, etc., with a strong pain. Moreover, because of the severity of the illness, some patients' anxiety may affect their recovery and aggravate their pain. In the study on the treatment of glioma under the microscope by tumor resection based on humanized nursing model, the statistical scores of pain levels of the experimental group and the control group were shown in Table 4 and Figure 3. Moreover, the difference test P value of the two groups was less than 0.01, indicating a significant difference. As can be seen in the figure, in the experimental group,

10 patients chose 0 points and 14 patients chose 0-1 points, which can draw a preliminary conclusion that the implementation of human care nursing mode is helpful for the relief of pain after tumor resection under the microscope. Further analysis of the data showed that 7 patients in the routine care group scored 5-10 points, while only 3 patients in the human care mode. Therefore, it can be considered that in the treatment of glioma under the microscope tumor resection based on humanized nursing model, the pain of the experimental group can be alleviated. This helps patients recover when their emotions are soothed.

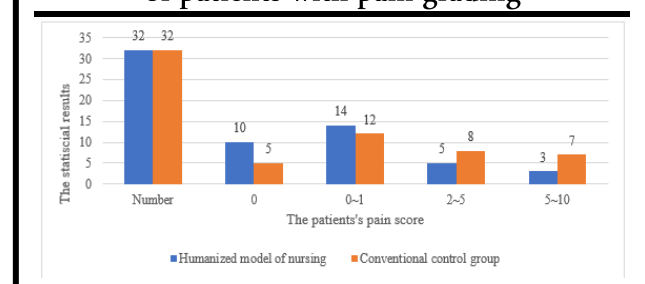
Table 4.

Humanized Nursing Group and Control group of patients with pain grading

Group	Number	0	1-2	3-4	5-10	Percent
Humanized model of nursing	32	10	14	5	3	100%
Conventional control group	32	5	12	8	7	100%

Figure 3.

Humanized nursing group and control group of patients with pain grading



Comparison of Scores of Anxiety and Fear

Table 5 and Figure 6 show the comparison of anxiety and terror scores between the experimental group and the control group in the study of tumor resection for glioma under the microscope based on humanized nursing model. It can be seen that the average anxiety and depression emotions of the patients in the experimental group under the humanized nursing mode were 36.37 ± 3.6 and 35.45 ± 5.0 respectively. The average value of anxiety and depression in the conventional control group was 51.96 ± 4.8 and 44.77 ± 6.1 respectively. The values of the two groups in the experimental group under the humanized nursing mode were significantly lower than those in the control group without the implementation of the humanistic nursing mode. Undeniably, in the current clinical, routine nursing can effectively help the recovery of patients with common diseases, and play a better effect. However, due to its limited nursing function, the nursing effect is not so ideal for the patients undergoing tumor resection under the microscope, which is not only bad for the treatment, but also fails to promote the prognosis in many cases. In this study, the humanized model of nursing, significantly reduced the degree of depression of patients, on the basis of helping patients to shape a good state of mind, improve the effect of treatment, conduci

ve to the recovery of the disease. At the same time, it needs to be made clear that humanized services adhere to the patient-centered principle and serve as numerous effects to protect doctors, nurses, psychotherapists and so on. First of all, by popularizing the knowledge of diseases and treatments, patients can clearly understand their own conditions in detail and have a certain understanding of the treatment process. Secondly, in the process of improving the environment and relieving anxiety, the anxiety about the illness and the degree of external influence should be reduced as much as possible. Furthermore, in addition to psychological therapy, some necessary rehabilitation and physical training are added, and research also shows that appropriate training contributes to physical recovery. Finally, compared with conventional nursing, humanized nursing model emphasizes psychological counseling and emotional stability. This experiment also further verified the effectiveness of microscopic tumor resection for glioma based on humanized nursing model. Therefore, it can be considered that the humanized model of nursing effect is significant, effectively relieve the anxiety and depression of patients, has a certain clinical promotion value.

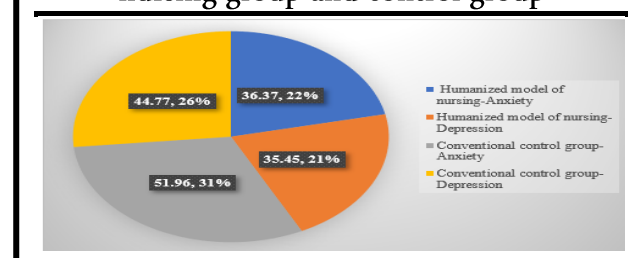
Table 5.

Fear and depression in patients of humanized nursing group and control group

Group	Number	Anxiety	Depression	Percent
Humanized model of nursing	32	36.37 ± 3.6	35.45 ± 5.0	100%
Conventional control group	32	51.96 ± 4.8	44.77 ± 6.1	100%

Figure 4.

Fear and depression in patients of humanized nursing group and control group



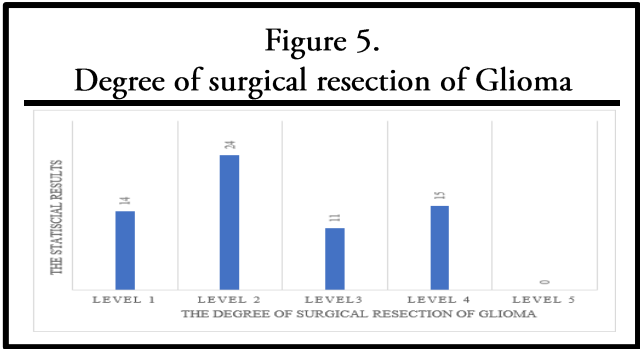
Statistics of Glioma Resection Status in Patients

As shown in Table 6 and Figure 5, statistics were made on the degree of glioma resection in the study on the treatment of glioma under the microscope

based on the humanized nursing model. According to the professional efficacy evaluation criteria, all the 64 patients successfully completed the operation without serious complications or vascular injury, which indicated the maturity and reliability of the microscopic tumor resection for glioma, and also laid a foundation for the comparison experiment of humanized nursing model.

Table 6.
Degree of surgical resection of Glioma

Degree of Glioma resection in the patient	Number	Percentage
Level 1	14	21.875%
Level 2	24	37.500%
Level3	11	17.188%
Level 4	15	23.438%
Level 5	0	0.000%



CONCLUSION

This study mainly obtained the following two aspects of enlightenment: the effectiveness of microglioma resection and the positive influence of humanized nursing mode on postoperative recovery. First of all, microglioma resection can attract attention and attention in the following aspects: patients should follow the principle of timely surgery after diagnosis; In order to reduce the recurrence rate and improve the recovery rate, doctors follow the principle of complete excision of the nonfunctional areas when performing the operation. Based on microsurgical techniques, tumor and non-pathological brain tissue can be clearly distinguished. Moreover, the presence of edema area between the two widens the surgical field, so the operation is easier and the probability of total resection is improved, which helps the treatment and recovery of patients. The important functional areas follow the protection principle and operate strictly at the edge; The postoperative recovery plan was confirmed according to the disease test. So far, there is a consensus that good preoper

ative and postoperative coordination can effectively treat glioma. Secondly, in terms of the influence of humanized nursing model on the treatment of glioma under the microscope, humanized nursing model can effectively improve the satisfaction of patients and their families, and improve the doctor-patient relationship; Humanized model of nursing in the emotional management of the significant effect, effectively alleviate the anxiety and depression of patients, help patients to recover; Humanized model of nursing reduces the score of pain grade statistics, and also effectively relieves the pain of patients. In addition, this experiment has a good basis for development, and all the 64 patients successfully completed the surgery without serious complications, which further verified the above conclusions, namely, the maturity and reliability of microscopic tumor resection for glioma. In conclusion, the technique of microscopic tumor resection for glioma under the humanized nursing model can be combined and has good promotion value.

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