

# Reducing the Burden of the Thyroid Cancer Patients for Treatment with Intervention of Technology

James V Corner\*

Department of Medicine, University of Michigan, Michigan, USA

## DESCRIPTION

Approximately 0.2% to 1.0% of systemic malignant tumors and 5.1% of head and neck malignant tumors are thyroid cancer, which is a common malignant tumor of the endocrine system and the head and neck. According to data, the prevalence of thyroid cancer is increasing globally by 4% each year, with more cases affecting women than males (3.3:1). Types of differentiated and undifferentiated thyroid carcinoma can be distinguished. Differentiated thyroid cancer is often less aggressive and patients have an excellent prognosis, with a 1,3 and 5-year survival rate of > 90% after surgery, respectively.

On the other hand, undifferentiated thyroid cancer typically has a bad prognosis and a short survival period. Surgery, radioactive iodine therapy, and thyroid hormone therapy are possible treatments for thyroid cancer [1].

The most typical type is differentiated. Patients, on the other hand, know nothing about the pathophysiology and are unaware of the type they have. Therefore, carcinophobia may emerge, which can cause patient drug resistance and have a negative impact on therapy and prognosis. Surgery can be extremely traumatic because of the thyroid gland's unique position, walking nerve, and abundant blood supply.

Patients are also more likely to experience anxiety, despair, and other negative feelings during the perioperative period. It has been discovered that people with cancer have a 10-26% risk of developing anxiety. Depression and anxiety are more common among head and neck thyroid cancer patients [2].

It was discovered that roughly 82% of them display signs of anxiety. This will worsen the patient's condition if left untreated. Self-management habits, with self-management efficacy at their core, have a favorable impact on cancer patients' prognoses. High self-management efficacy can enhance patients' capacity to self-manage their illnesses, lower risk events and unfavorable treatment side effects, speed up recovery, and benefit patients' mental health [3].

We-Chat is an instant messaging service with advantages including low cost, quick dissemination, and dynamic imagery. It

can transfer text, language, photographs, and videos. Perioperative nursing on the We-Chat APP can improve patient interaction so that people can support one another and gain the self-assurance they need to beat their illness [4].

The Doctor-patient connection and patient satisfaction can both be enhanced by perioperative nursing based on the We-Chat APP at the same time as it helps to increase communication between doctors, nurses, and patients. There are, however, limited research on the impact of perioperative nursing based on the We-Chat APP on the occurrence of risk events and thyroid cancer patients' ability to effectively manage their condition. Our previous study investigated the impact of perioperative nursing interventions based on the We-Chat APP in thyroid cancer patients in order to address this issue [5].

Since thyroid cancer is a malignant tumour, patients who are diagnosed with it experience on-going worry, fear, anxiety, and despair, which are detrimental to their prognosis and prognosis for recovery. Providing thyroid cancer patients with more comprehensive perioperative health information as well as better emotional and mental nursing might lessen distress and hasten recovery. The majority of hospitals use We-Chat based medical services. We-Chat is an immediate social platform. This Commentary improved outcomes by using nurse interventions based on the We-Chat app during the perioperative period for thyroid cancer patients. Anesthetic medications and surgical trauma have an impact on thyroid cancer patients, who may have physiologic dysfunction. Some thyroid cancer patients also experience fever symptoms during postoperative radiation [6]. The severe trauma of thyroid cancer surgery causes the body to release stress hormones, which decrease the sensitivity of the tissue to insulin. This leads to Insulin Resistance (IR), and severe IR causes the body to switch to using fat as its primary energy source instead of glucose, which causes blood sugar levels to continuously rise.

## CONCLUSION

In conclusion, perioperative nursing interventions based on the We-Chat app help patients establish self-confidence in overcoming the disease and can effectively improve self-efficacy,

**Correspondence to:** James V Corner, Department of Medicine, University of Michigan, Michigan, USA, E-mail: cornerjamesv0525@hotmail.com

**Received:** 05-May-2022; **Manuscript No. JTDT-22-18291;** **Editor assigned:** 09-May-2022; **PreQc No. JTDT-22-18291 (PQ);** **Reviewed:** 27-May-2022; **QC No. JTDT-22-18291;** **Revised:** 03-Jun-2022, **Manuscript No. JTDT-22-18291 (R);** **Published:** 13-Jun-2022, **DOI: 10.35248/2167-7948.22.11.270.**

**Citation:** Corner JV (2022) Reducing the Burden of the Thyroid Cancer Patients for Treatment with Intervention of Technology. *Thyroid Disorders Ther.* 11: 270.

**Copyright:** © 2022 Corner JV. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

reducing the occurrence of risk events and adverse reactions like nausea and vomiting as well as patients' negative psychological emotions. These interventions create We-Chat groups with patients, nurses, and doctors and push disease-related contents and examples of overcoming cancer.

## REFERENCES

1. Cho YY, Kang MJ, Kim SK, Jung JH, Hahm JR, Kim TH, et al. Protective effect of metformin against thyroid cancer development: A Population-based study in Korea. *Thyroid*. 28(7):864-870.
2. Rooney KP, Miah AB, Bhide SA, Guerrero-Urbano MT, Sharabiani MT, Newbold KL, et al. Intensity modulated radiotherapy in locally advanced thyroid cancer: Outcomes of a sequential phase I dose-escalation study. *Radiother Oncol*. 2018;127(1):43-48.
3. Liu J, Zheng X, Chai S, Lei M, Feng Z, Zhang X. Effects of using WeChat-assisted perioperative care instructions for parents of pediatric patients undergoing day surgery for herniorrhaphy. *Patient Educ Couns*. 2018;101(8):1433-1438.
4. Garmpis N, Damaskos C, Garmpi A, Liakea A, Mantas D. Anaplastic thyroid cancer: A Rare entity presented clinically only with fever and elevated CRP. *Chirurgia (Bucur)* 2019;114:659-663.
5. Yin DT, He H, Yu K, Xie J, Lei M, Ma R, et al. The association between thyroid cancer and insulin resistance, metabolic syndrome and its components: A Systematic review and meta-analysis. *Int J Surg*. 2018;57:66-75.
6. Abd El-Rahman AM, El Sherif FA. Efficacy of postoperative analgesia of local ketamine wound instillation following total thyroidectomy: A randomized, double-blind, controlled clinical trial. *Clin J Pain*. 2018;34(1):53-58.