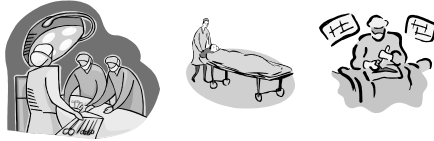


The Surgical Client



SURGERY

- Surgery is considered a major life experience for the client and his family, even if considered minor by healthcare personnel.
- Pre and post op care should be directed toward a reduction in the client's stress and trauma and prevention of complications.

Classification of Surgeries

- According to degree of risk (major, minor)
- According to degree of urgency (Elective, urgent, emergent)
- According to purpose (diagnostic, palliative, reconstructive, constructive)
- According to specialty (neurosurgery, orthopedics, general surgery, vascular surgery)

Purposes of Surgical Procedures

- Diagnostic
- Palliative
- Ablative
- Constructive
- Transplant



The Surgical Process

- Preoperative – begins when the decision is made for the client to have surgery until transfer to the OR suite
- Intraoperative – begins when client enter the OR and ends when transferred to recovery room
- Postoperative – begins upon admission to PACU and ends with final follow up by physician (Healing is complete)

INFORMED CONSENT

- Name and intention of surgery
- Name and qualifications of surgeon
- All risks
- Chances of success
- Possible alternatives
- The right to refuse or to change mind later

LEGAL CONSIDERATIONS

- Informed Consent
- Who should obtain consent?
- Who can sign for consent?
- Who can be a witness?
- What is an emancipated minor?
- What happens during an emergency?
- What is the nurse's role?

PREOPERATIVE

- Need to establish a baseline assessment of the client utilizing interview and examination
- Need to prepare the client for anesthesia administration and actual surgery

Preoperative Assessment

- Medical history
- Physical examination
- Nursing history
- Diagnostic data from studies

Stressors to Surgery

- Age
- Nutritional status
- Anxiety
- Chronic disease
- General health status
- Addictions
- Previous experiences
- Radiation therapy
- Use of therapeutic drugs

Systems Review

- Respiratory status
- Cardiovascular status
- Hepatic and renal function
- Fluid and electrolyte status

Presence of Chronic Disease

- Diabetes Mellitus
- Heart disease
- COPD
- Liver disease
- Renal disease
- Bleeding Disorder

Risk Identification

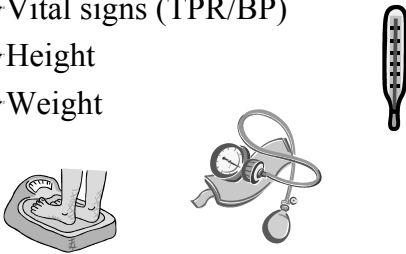


NURSING HISTORY

- Current health status
- Allergies
- Medications
- Previous surgeries
- Mental status, coping skills
- Understanding
- Smoking, alcohol use
- Social and cultural considerations

Physical Exam

- Vital signs (TPR/BP)
- Height
- Weight



Health Problems Increasing Risk

- Malnutrition
- Obesity
- Cardiac conditions
- Blood coagulation disorders
- Upper respiratory disease or COPD
- Renal disease
- Diabetes
- Liver disease
- Uncontrolled neurological disease

Diagnostic Data

- Chest X-ray
- EKG
- CBC
- Urinalysis
- PT/PTT
- General metabolic screen
- Type and crossmatch

Nursing Diagnosis

- Knowledge deficit (pre operative and postoperative care) related to lack of experience with surgery
- Fear related to effects of surgery
- Anxiety related to anticipation of pain
- Risk for infection related to resident and transient skin bacteria

Goals

- Client will verbalize the correct method to cough and deep, the correct use of a spirometry unit, and the importance of early ambulation by 12 noon on 11-10-02.
- Client will verbalize three methods to promote relaxation and decrease anxiety by 12 noon on 11- 10-02.
- Also p. 861

Implementations

- Focus on the physical and psychological preparation for surgery



PLANNING

- Surgical preparation
- Teaching – preoperative, procedures, treatments, post operative
- Anxiety reduction
- Coping enhancement
- Family support
- Decision making support

Physical Safety Implementations

- Bathing and use of germicidal soap
- Skin scrub and prep
- Skin shave
- Long hair –no hair pins
- Short gown, no clothes
- Don't forget name bands
- May need to mark OR site

Physical Safety Implementations

- Remove any false parts, contacts
- Remove jewelry, may tape wedding band
- Care of valuables



Oxygenation

- Risk for ineffective airway clearance or impaired gas exchange related to administration of anesthesia
- Assess for fever or cough, pulmonary congestion
- Circulation – anti-ems, venous compression boots
- Remove dentures, prosthesis

OXYGENATION

- Assess for loose teeth, check braces and rubber bands
- Remove make-up and nail polish (OK to have artificial nails)

Nutrition Concerns

- Keep NPO 6 to 8 hours pre-op (NPO/12)
- Remove water pitcher from bedside
- Explain fasting to client
- Frequent oral care
- Hold oral drugs unless ordered to be given with a sip of water
- Hold insulin unless directed by md to give half dose or provide coverage

Nutrition Concerns

- Report to anesthesia if client did not remain NPO
- Usually IV therapy ordered
- May have N/G inserted



Elimination Concerns

- If colon or gyn surgery may need enemas
- May have NG inserted
- Must void prior to surgery
- May have foley cath inserted

Activity, Rest, Sleep

- May have taken a hypnotic or anti-anxiety drug the night before surgery
- May have pre-op medication ordered
- Safety precautions must be implemented if medicated



Psychosocial Preparation

- Assess for anxiety/fear
- Evaluate non-verbal communication
- Provide spiritual support
- Spend time with client
- Provide diversional activities
- Allow family to visit

Client Educational Needs

- Review what has been previously taught
- Deep breathing and coughing
- Leg exercises
- Incentive Spirometry
- Turning from side to side
- Early ambulation
- Obtain feedback of understanding by verbalization or demonstration

PREOPERATIVE INSTRUCTIONS

- See Text P. 855



Pre-medication

- Sedatives and tranquilizers
- Narcotic analgesics
- Anticholinergics
- Histamine-receptor antagonists
- Neuroleptanalgesics

ANESTHESIA

- GENERAL
- REGIONAL
- CONSCIOUS SEDATION

GENERAL ANESTHESIA

- Loss of sensation **AND consciousness**
- Acts by blocking awareness center in the brain to cause amnesia, analgesia, hypnosis, and relaxation
- Route IV or inhalation
- ***BE SURE CLIENT WEIGHT IS ON THE CHART!!!!!!***

GENERAL ANESTHESIA

- Advantages – readily able to regulate respiratory and cardiac function
can be adjusted to length of operation
can be adjusted to age and physical status
- Disadvantages – can depress respiratory and cardiac function
Clients fear loss of control!!!!

REGIONAL ANESTHESIA

- Temporary interruption of transmission of nerve impulses to and from specific areas of the body. **REMAINS CONSCIOUS!!**
- Can be topical, local, nerve block, IV block, spinal, or epidural.

TOPICAL ANESTHESIA

- Medication applied to skin or mucous membranes or to open areas of wounds. (surface anesthesia)
- Most common medication is lidocaine (xylocaine) 4 – 10% or benzocaine
- Readily absorbed and act rapidly.

LOCAL ANESTHESIA

- Infiltration of medication
- Injected into specific areas
- Used for minor surgery, such as suturing
- Lidocaine 0.1% with or without epinephrine

NERVE BLOCK

- Inject anesthetic into and around specific nerves or groups of nerves that supply sensation to a small area of the body.
- Major blocks – plexus
- Minor blocks – single nerve

Intravenous Block

- Known as a Bier block
- Used for arm, wrist, hand procedures
- Tourniquet used to prevent infiltration and absorption beyond the involved extremity

SPINAL ANESTHESIA

- SAB (subarachnoid block)-lumbar puncture between lumbar disc 2 and sacrum 1
- Med injected into subarachnoid space
- Can be low, mid, or high
- Must lay flat for 8 –12 hours
- Increase caffeine and fluids to prevent spinal HA

EPIDURAL

- Injection of anesthetic into the epidural space
- Med is inside the spinal column but outside the dura mater

Conscious Sedation

- Minimal depression of the level of consciousness in which client retains ability to consciously maintain an airway and respond to verbal and physical stimulation.
- Increases pain threshold and induces some amnesia.
- Rapid return to activities of daily living.
- No driving for 24 hours.

Nursing Diagnoses

- Risk for aspiration
- Altered protection
- Impaired skin integrity
- Risk for perioperative positioning injury
- Risk for altered body temperature
- Altered tissue perfusion
- Risk for fluid volume deficit or overload

Goals

- Directed at client safety and maintaining homeostasis during the procedure.



INTRAOPERATIVE PERIOD

- Client assessment and identification
- Review diagnostic tests
- Position client for surgery
- Perform surgical prep
- Prepare sterile field and monitor environment
- Open and dispense surgical supplies
- Manage catheters, tubes, specimens

INTRAOPERATIVE PERIOD

- Perform sharps and dressing counts
- Provide drugs and IV's
- Document nursing care provided
- The role of the nurse anesthetist
- The role of the scrub nurse
- The role of the circulating nurse

SKIN PREP

- ✦ Reduce the risk of postoperative wound infection
- ✦ Cleanse, assess, prepare, document.
- ✦ IS SHAVING OF THE AREA NECESSARY????

POSITIONING

- ✦ Optimal visualization of site
- ✦ Optimal access for assessment and maintaining anesthesia and vital functions
- ✦ Protect the client from harm
- ✦ Good body alignment, padding, grounding devices

