Lecture (3)

Assist. L zainab Hassan 4th Stage Nursing

Preoperative nursing mangement

Introduction

Nursing care provided for the patient before, during, and after surgery is called **perioperative nursing.** The perioperative continuum encompasses the preoperative, intraoperative, and postoperative phases for the patient.

Classification of Surgeries

Surgical procedures are commonly classified according to :

(A) purpose:

Surgical procedures may be categorized according to their purpose

1. **Diagnostic:**
   - To verify diagnosis, e.g.: biopsy
2. **Exploratory:**
   - To estimate the extent of the disease, e.g. : laparotomy
3. **Cosmetic:**
   - To improve appearance, e.g. septoplasty
4. **Transplant:**
   - Implantation of new organs, e.g. Kidney transplant
5. **Curative Surgery:**

To treat disease, can be classified into four categories

curative surgery can be classified into

1.Ablative:

- Remove of diseased organs. (ectomy) e.g. appendectomy, hysterectomy.

2. **Reconstructive:**

- Partial or complete restoration of damaged organ, e.g. plastic surgery after burns.

3. **Constructive:**

- Repair of congenitally defective organ, e.g. Orchidopexy تصليح الخصيتين الغير نازله عند الاطفال

4. **Palliative:**

- To relieve pain, relieve distressing(vagotomy)

Classification of Surgeries According to Urgency:

1. Emergency surgery

- Must be performed immediately without delay.
- e.g. gunshot wound, sever bleeding or repair a fracture.

2. Imperative or Urgent:

- Must be performed as soon as possible within 24-48 hours, e.g. appendectomy.

3. Required:

- Necessary for the well-being of the client, usually within weeks to months, e.g. cholecystectomy, , thyroidectomy.

4. Elective surgery

- Should be performed for the client well-being but it is not imminently life threatening, e.g. simple hernia, repair of scar.

5. Optional: Surgery that a client request.

- E.g., mammoplasty.

Factors affecting surgical risk

1. Physical and mental condition of the client:

- **Age:**

premature babies and elderly persons are at higher risk.

- **Nutrition status:**

malnourished and obese are at risk.

- **State of fluid and electrolyte balance:**

dehydration and hypovolemia predispose a person to complication.

- **General health:**

infectious process increase operative risk.

- **Mental health:**
- Economic and occupational status

2. Type of drugs taken regularly:

- Steroids
- Antibiotics
- Anti-hypertension
- Diuretics
- Alcohol
- Insulin

Preoperative phase

- The period of time from the decision of surgery until the patient is transferred into the operating room.

Physiological preparation prior to surgery

Obtain history of past medical condition

1- Allergy to medications, chemicals, and other environment product such as latex.

- If allergy exist, an allergy band must be placed in the clients arm immediately.

2- Bleeding tendencies or the use of medications that determine clotting, such as aspirin, heparin, and warfarin sodium.

- Herbal medications may also increase bleeding time or mask potential blood- related problems.

3- Drug and alcohol abuse (cortisone and steroid)

4- Diabetes mellitus, a condition that not only requires strict control of blood glucose levels but also known to delay wound healing.

5- Emboli, previous embolic events (such as lower leg , blood clots) may recur because of prolonged immobility.

6- Malnutrition, smoking, obesity, low Hb and RBC, pregnancy.

7- Extreme in age

8.Respiratory preparation: chest x-ray

Physical preparation

On the night of the surgery:

Prepare the client's skin: shave against the grain of the hair shaft to ensure clean and close shave.

Preparing the GIT:

1. NPO after midnight.
2. Administration of enema may be necessary
3. Insertion of gastric or intestinal tube .

- Preparing for anesthesia

Promoting rest and sleep: use of drugs

On the Day of Operation

Early morning care: about 1 hour before the pre-operative medication schedule:

- Vital signs taken and recorded promptly.
- Patient changes into hospital gown that is left untied and open at the back.

- Braid long hair and remove hair pin.
- Provide oral hygiene.
- Prosthetic devices, eyeglasses, dentures removed.
- Remove jewelries and polish.
- Patient should void immediately before going to the OR.
- Make sure that the patient has not taken food for the last 10 hours by asking the client.
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Pre- Operative Medications

Generally administered 60-90 min before induction of anesthesia surgery

Types of Pre-Operative medications:

1. Sedative:

- Promote sleep and decrease anxiety e.g. midazolam

2. Anticholinergic:

- Decrease respiratory secretion e.g. glycopyrrolate.

3. Antianxiety:

- Reduce anxiety e.g. lorazepam.

4. Narcotics:

- Decrease the amount of anesthesia needed in OR e.g. Demerol.

5. Antibiotic:

- Destroy enteric microorganism e.g. levofloxacin

Pre-operative teaching

1.Deep breathing and coughing

2. exercises To prevent pneumonia

3. Incentive spirometer

5. Turning & moving, leg exercise to prevent DVT

6 .Pain management.

Good luck