Chapter 21 Nursing Care of Clients Having Surgery

INTERVENTIONS

1. Show the client ways to turn in bed and to get out of bed.
   - Instruct a client who will have a right abdominal incision or a right-sided chest incision to turn to the left side of the bed and sit up as follows:
     a. Flex the knees.
     b. Splint the wound by holding the left arm and hand or a small pillow against the incision. This minimizes pressure against the incision and reduces pain.
     c. Turn to the left while pushing with the right foot and grasping a partial side rail on the left side of the bed with the right hand. This puts least pressure on the side with the incision.
     d. Come to a sitting position on the side of the bed by using the right arm and hand to push down against the mattress and swinging the feet over the edge of the bed.
   - Teach a client with left abdominal or left-sided chest incision to perform the same procedure but splint with the right arm and turn to the right.
   - For clients with orthopedic surgery (e.g., hip surgery), use special aids, such as a trapeze, to assist with movement.

2. Teach the client the following three leg exercises.
   - Alternate dorsiflexion and plantar flexion of the feet (see Figure 21-16). This exercise is sometimes referred to as calf pumping, because it alternately contracts and relaxes the calf muscles, including the gastrocnemius muscles (see also Figures 15-12 and 15-28 in Chapter 15, Activity, Rest, and Sleep).
   - Flex and extend the knees, and press the backs of the knees into the bed while dorsiflexing the feet. Instruct clients who cannot raise their legs to do isometric exercises that contract and relax the muscles.
   - Raise and lower the legs alternately from the surface of the bed. Flex the knee of the stable leg and extend the knee of the moving leg (see Figure 21-17). This exercise contracts and relaxes the quadriceps muscles.

3. Demonstrate deep-breathing (diaphragmatic) exercises as follows.
   - Place your hands palms down on the border of your rib cage, and inhale slowly and evenly through the nose.

PURPOSES

- To maintain blood circulation.
- To stimulate respiratory function and lung aeration, preventing atelectasis and pneumonia.
- To decrease stasis of gas in the intestines.
- To facilitate early ambulation.

To stimulate blood circulation, thereby preventing thrombophlebitis and thrombus formation.

EQUIPMENT

- Pillow

PROCEDURE 21-2 Teaching Moving, Leg Exercises, Deep Breathing, and Coughing

![Figure 21-16](image1.png) Flexing and extending the knees; flexing and extending the ankles.

![Figure 21-17](image2.png) Raising and lowering the legs.
until the greatest chest expansion is achieved (Figure 21-18 ■).

- Hold your breath for 2 to 3 seconds.
- Then exhale slowly through the mouth.
- Continue exhalation until maximum chest contraction has been achieved.

4. Help the client perform deep-breathing exercises.
   - Ask the client to assume a sitting position.
   - Place the palms of your hands on the border of the client’s rib cage to assess respiratory depth.
   - Ask the client to perform deep breathing, as described in Step 3.

5. Instruct the client to cough voluntarily after a few deep inhalations.
   - Ask the client to inhale deeply, hold the breath for a few seconds, and then cough once or twice.
   - Ensure that the client coughs deeply and does not just clear the throat.

6. Demonstrate ways to splint the abdomen when coughing, if the incision will be painful when the client coughs.
   - Show the client how to support the incision by placing the palms of the hands on either side of the incision site or directly over the incision site, holding the palm of one hand over the other. Coughing uses the abdominal and other accessory respiratory muscles. Splinting the incision may reduce pain while coughing if the incision is near any of these muscles.

   - Show the client how to splint the abdomen with clasped hands and a firmly rolled pillow held against the client’s abdomen (Figure 21-19 ■).

7. Inform the client about the expected frequency of these exercises. This prepares the client mentally to perform them in the recovery period.
   - Instruct the client to start the exercises as soon after surgery as possible. This promotes good oxygenation.
   - Encourage clients with abdominal or chest surgery to carry out deep breathing and coughing at least every 2 hours, taking a minimum of five breaths at each session. Note, however, that the number of breaths and frequency of deep breathing vary with the client’s condition. People who are susceptible to pulmonary problems may need deep-breathing exercises every hour. People with chronic respiratory disease may need special breathing exercises (e.g., pursed-lip breathing), abdominal breathing, exercises using various kinds of incentive spirometers). See Chapter 15.

8. Document the teaching and all assessments.

**SAMPLE DOCUMENTATION**

[date]  Client coughing and deep breathing q 2 hours. Splinting abdomen while coughing. Lungs clear. _________

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