Chapter 21 Nursing Care of Clients having Surgery

Surgery
- Phases – preoperative, intraoperative, postoperative
- Grouped
  - By purpose [corresponds to Box 21-1]
  - By degree of urgency
  - By degree of risk [corresponds to Box 21-2]

Types of Wounds
- Described by degree of contamination: clean, contaminated, dirty/infected
- Described by depth: partial or full-thickness

Wound healing
- Primary intention – approximated
- Secondary intention

Phases of wound healing
- Inflammatory phases – surgery to 3 to 6 days postsurgery
  - Terms: hemostasis, phagocytosis
- Proliferative phase
  - Terms: granulation tissue, eschar, serosanguineous
- Maturation phase
  - Term: keloids

Wound drainage
- Terms: exudates, pus, suppuration, sanguineous

Complications of wound healing
- Infection
- Dehiscence
- Evisceration

Factors affecting wound healing
- Age and lifestyle
  - Inhibited healing in older adults [corresponds to Box 21-3]
- Nutrition
- Medications

Collaborative care
- Wound cleaning materials
- Wound irrigation and packing
- Wound dressings
  - Purposes
  - Types [corresponds to Table 21-1]
  - Care of wounds [corresponds to Procedure 21-1]
  - Applying gauze
    - Transparent wound barriers
  - Hydrocolloid dressings
    - Term: fistulas
- Wound supports and immobilizers
  - Bandages, binders
  - Assessing before applying [corresponds to Box 21-4]

Preoperative Phase
° Preoperative consent
  o Client education and preparation
  o Consent forms signed during this time
  o Cultural considerations in consenting to surgery [corresponds to Box 21-5]
  o Routine preoperative screening tests [corresponds to Table 21-4]
° Preoperative nursing care includes
  o Client assessment
  o Client education – deep breathing, coughing [corresponds to Procedure 21-2]
  o Client support:
    • Vital signs
    • Data collection
    • Physical assessment including respiratory and cardiovascular status
    • Communication of findings with charge nurse, and physician
    • Psychosocial support – anxiety and deficient knowledge
    • Client teaching [corresponds to Box 21-6]
  o Physical preparation
  o Nutrition and fluids – NOP
  o Elimination – possible enema, retention catheter
  o Hygiene
  o Valuables – tape wedding bands, send items home
  o Prostheses
  o Medications
  o Vital signs
  o Antiemboli stockings [corresponds to Procedures 21-3]
  o Sequential compression device

Intraoperative Phase
° Types of anesthesia [corresponds to Box 21-7]
° Terms: anesthesia, conscious sedation

Postoperative Phase
° LPNs/LVNs often continue care after transfer from recovery room
° Nursing care during the postoperative phase:
  o Obtain and set up special equipment
  o Level of consciousness
  o Vital signs
  o Skin color, temperature, and wound status – tissue perfusion
  o Monitoring surgical wounds and tubes
  o Fluid balance, monitor I&O; assist hydration
  o Frequent assessment of cardiac and respiratory status
  o Pain management
    • PCA pump
  o Following postsurgical physician’s orders
  o Dressing and bedclothes
  o Positioning
Deep breathing and coughing exercises
- Leg exercises
- Moving and ambulation
- Diet
- Urinary elimination
- Wound care
  - Assessing wounds [corresponds to Box 21-8]
  - Supporting wound healing
  - Cleaning, irrigating, and dressing wounds [corresponds to Box 21-9]
  - Irrigating a wound [corresponds to Procedure 21-6]
  - Securing dressings, bandages, binders
  - Wound drains and suction
    - Term: closed wound drainage system
    - Sutures – removing [corresponds to Box 21-10]
- Communication with charge nurse and physician regarding client’s condition
- Communication with and support of family
  - Postoperative problems [corresponds to Table 21-5]

Nursing Process Care Plan: A Postsurgical Client
Critical Thinking Care Map: Caring for a Client with an Amputated Arm