recommended for clients younger than 60. The two surgical approaches used are the transcervical approach, which is considered less invasive, and the transsternal approach. The latter approach allows a more extensive removal of the gland; however, it also poses more potential complications because it involves splitting the sternum.

Preoperatively, clients may be tapered from steroid therapy. Usually, pyridostigmine is administered to prevent muscular manifestations during the perioperative period. Postoperative nursing care focuses on preventing complications and controlling pain. Nursing implications for the client undergoing thymectomy are presented in the box on this page. Remission is obtained in about 40% of clients but may take several years to achieve. Refer to Chapter 38 for care of the client having a thoracotomy and chest tubes. A tracheostomy may be required when the diaphragm or intercostal muscles are involved.

**Plasmapheresis**

Plasma exchange in myasthenia gravis may be used in conjunction with other therapies; for example, it may be performed prior to surgical intervention. The goal of therapy is to remove the anticholinesterase receptor antibodies, thus improving severe muscle weakness, fatigue, and other manifestations. The procedure is frequently performed when respiratory muscle involvement is evident. See Figure 46–6 and the box below for nursing care of the client having a plasmapheresis.