NURSING CARE OF THE CLIENT HAVING EYE SURGERY

PREOPERATIVE CARE

- Review Chapter 7 for routine preoperative care.
- Assess the visual acuity of the client's nonoperative eye prior to surgery. The client with limited visual acuity in the nonoperative eye may need additional assistance and attention in the postoperatively to ensure safety and maintain ADLs.
- Assess the client's support systems and the possible effect of impaired vision on lifestyle and ability to perform ADLs in the postoperative period. Vision in the operative eye may be impaired during the postoperative period, limiting the client's depth perception and mobility. Safety measures such as installing handrails and removing throw rugs in the client's home are often useful, especially if the client has limited vision in the unaffected eye.
- Teach the client measures to prevent eye injury postoperatively. The client should avoid vomiting, straining at stool, coughing, sneezing, lifting more than 5 lb, and bending over at the waist. These activities increase intraocular pressure temporarily and may be associated with postoperative complications.
- Remove all eye makeup and contact lenses or glasses prior to surgery. Store them in a safe place. Have glasses readily available for the client on return from surgery. Maintaining visual acuity in the unaffected eye helps reduce the client's fear and maintain safety.
- Administer preoperative medications and eye drops or ointments as prescribed. Mydriatic (pupil-dilating) or cycloplegic (cilioplexy-paralytic) drops and drops to lower intraocular pressure may be prescribed preoperatively. Preanesthetic medications may also be ordered.

POSTOPERATIVE CARE

- Review Chapter 7 for routine postoperative care.
- Monitor status of the eye dressing following surgery. Assess dressings for the presence of bleeding or drainage from the eye, as either could indicate a surgical complication.
- Maintain the eye patch or eye shield in place. The eye patch or shield helps prevent inadvertent injury to the operative site.
- Place the client in a semi-Fowler's or Fowler's position, having the client lie on the unaffected side. These positions reduce intraocular pressure in the affected eye.
- After surgery for a detached retina, the client is positioned so that the detachment is dependent or inferior. For example, if the outer portion of the left retina is detached, the client is positioned on the left side. Positioning so that the detachment is inferior maintains pressure on that area of the retina, improving its contact with the choroid.
- Assess the client, and medicate or assist to avoid vomiting, coughing, sneezing, or straining as needed. These activities increase intraocular pressure.
- Assess comfort and medicate as necessary for complaints of an aching or scratchy sensation in affected eye. Immediately report any complaint of sudden, sharp eye pain to the physician. An abrupt increase in or onset of eye pain may indicate hemorrhage or other ocular emergency requiring immediate intervention to preserve sight.
- Assess for potential surgical complications:
  a. Pain in or drainage from the affected eye
  b. Hemorrhage with blood in the anterior chamber of the eye
  c. Flashes of light, floaters, or the sensation of a curtain being drawn over the eye (indicators of retinal detachment)
  d. Cloudy appearance to the cornea (corneal edema)
  e. Symptoms that should be reported to the physician, including eye pain or pressure, redness or cloudiness, drainage, decreased vision, floaters or flashes of light, or halos around bright objects
  f. Symptoms that should be reported to the physician, including eye pain or pressure, redness or cloudiness, drainage, decreased vision, floaters or flashes of light, or halos around bright objects
  g. The need to wear sunglasses with side shields when outdoors. Photophobia is common after eye surgery.
- Remind the client that vision may not stabilize for several weeks following eye surgery. New corrective lenses, if necessary, are not prescribed until vision has stabilized. The client should make and keep recommended follow-up appointments with the physician. Clients may be alarmed that vision seems worse after surgery than before and need reassurance that visual acuity usually improves with time and healing of the affected eye.
- Provide referral to a community home health agency for assistance with home care after discharge as needed.

Evidence of any of the above manifestations or unusual complaints by the client should be reported to the physician at once. Early intervention is often necessary to preserve sight.

Client and Family Teaching

- Teach the client and family about home care.
  a. The proper way to instill eye drops
  b. The name, dosage, schedule, duration, purpose, and side effects of postoperative medications
  c. The proper use of the eye patch and eye shield
  d. The need to avoid scratching, rubbing, touching, or squeezing the affected eye
  e. Measures to avoid constipation and straining, and activity limitations
  f. Symptoms that should be reported to the physician, including eye pain or pressure, redness or cloudiness, drainage, decreased vision, floaters or flashes of light, or halos around bright objects
  g. The need to wear sunglasses with side shields when outdoors. Photophobia is common after eye surgery.

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See the box below for nursing care of the client undergoing eye surgery.

Inflammation response to surgery, preventing edema of the graft. Antibiotic drops may also be prescribed to prevent infection. The risk of transplant rejection is low in this procedure. Because the cornea is avascular, there is little exposure of the transplanted corneal tissue to the host’s immune defenses (Porth, 2002). When rejection does occur, it occurs within 3 weeks of the transplant, beginning with inflammation at the edge of the grafted tissue and spreading to involve the entire graft.