



# Lecture 15

Subject

# Pre and Post Operative Nursing Care

Theoretical

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# Pre and Post Operative Nursing Care

- ▶ **Preoperative Phase:** The period of time from when decision for surgical intervention is made to when the patient is transferred to the operating room table.
- ▶ **Intraoperative Phase:** Period of time from when the patient is transferred to the operating room table to when he or she is admitted to the post-anesthesia care unit.
- ▶ **Postoperative Phase:** Period of time that begins with the admission of the patient to the post-anesthesia care unit and ends when healing is complete.

# Preoperative Phase

- ▶ Begins with decision to proceed with surgical intervention
- ▶ Baseline evaluation
- ▶ Preparatory education

# Intraoperative Phase

- ▶ Begins when patient is transferred to operating room table
- ▶ Provide for patient safety
- ▶ Maintain aseptic environment
- ▶ Provide surgeon with supplies and instruments
- ▶ Documentation

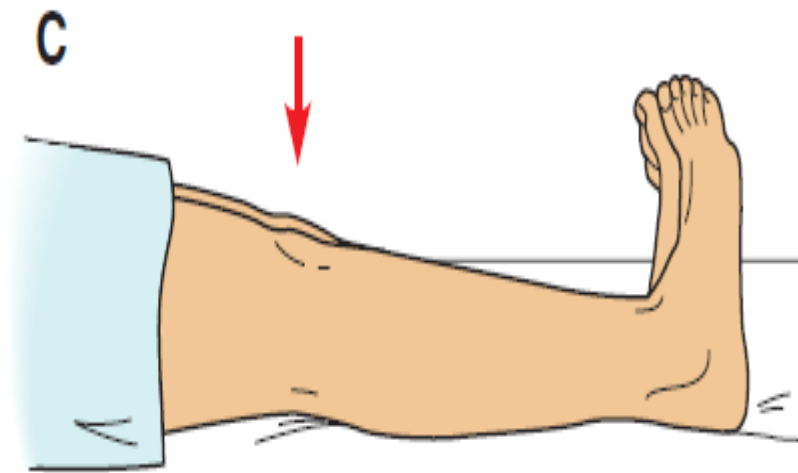
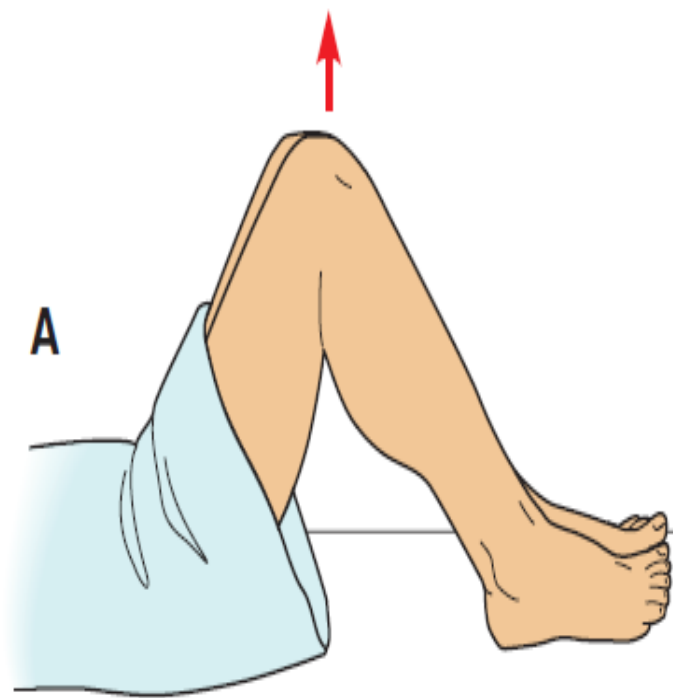
# Postoperative Phase

- Maintain airway
- Monitor vital signs
- Assess effects of anesthesia
- Assess for complications of surgery
- Provide comfort and pain relief
- Ends with follow-up evaluation in clinical setting or home

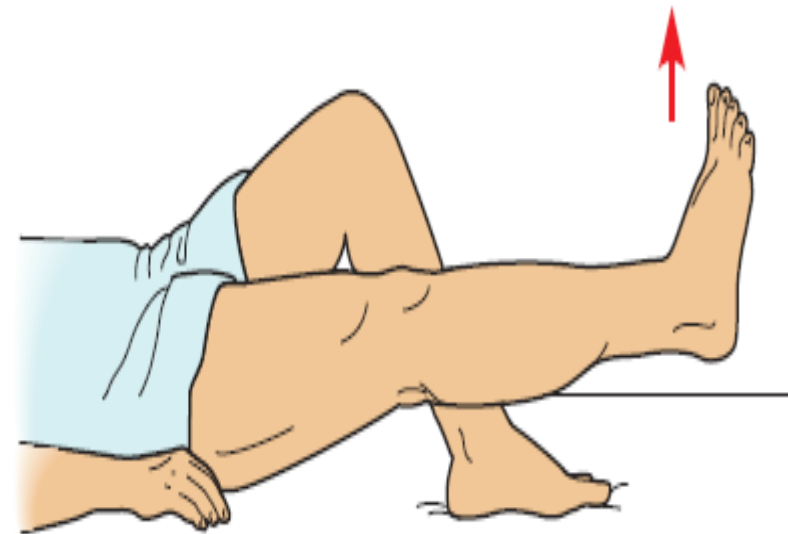
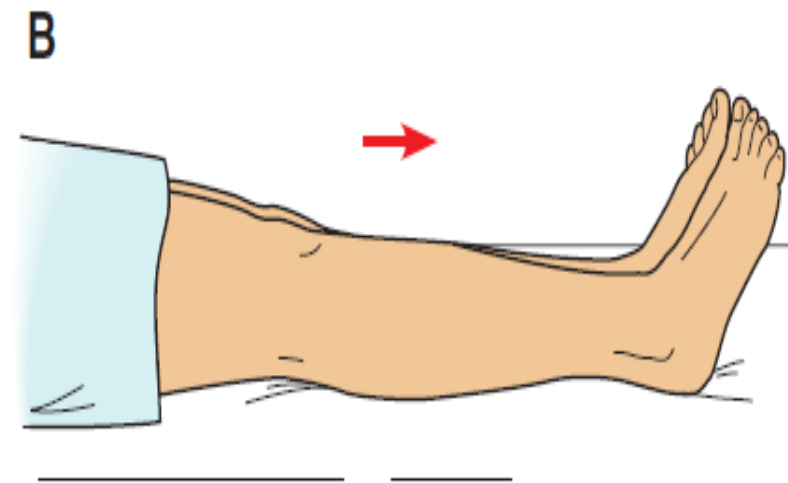
# Preoperative Nursing Care

## **I- Patient Education:**

- \* Teaching deep breathing and coughing exercises at least every 2 hours, taking a minimum of five breaths at each session .
- \* Encouraging mobility and active body movement.  
e.g Turning (change position), foot and leg exercise.
- Explaining pain management.



2 Flexing and extending the knees.



3 Raising and lowering the legs.



4 Demonstrating deep breathing.



# Preoperative Nursing Care

## \* **Managing nutrition and fluids.**

- The major purpose of withholding food and fluid before surgery is to prevent aspiration.
- A fasting period of 8 hours or more is recommended for a meal

## \* **Preparing the bowel for surgery.**

Enema is not commonly ordered, unless the patient is undergoing abdomen or pelvic surgery. e.g (cleansing enema, laxative).

## \* **Preparing the skin.**

The goal of preoperative skin preparation is to decrease bacteria without injuring the skin.

# Nursing care in the postoperative

## **I-Assessing the patient:**

Assess the patient oxygen saturation, pulse volume and regularity, depth and nature of respiration, skin color ,depth of consciousness.

## **II- Maintaining a patent airway:**

- The primary objectives are to maintain pulmonary ventilation and prevent hypoxia and hypercapnia.
- The nurse applies oxygen, and assesses respiratory rate and depth, oxygen saturation.

# Cont.

## **III- Maintaining cardiovascular stability:**

- The nurse assesses the patient's mental status, vital signs, cardiac rhythm, skin temperature, blood pressure and urine output.
- The primary cardiovascular complications include hypotension, shock, hemorrhage, hypertension and dysrhythmias.

# Cont.

## **IV- Relieving pain and anxiety:**

- Opioid analgesic.

## **V- Assessing and managing the surgical site:**

- The surgical site is observed for bleeding, type and integrity of dressing and drains.

## **VI- Assessing and managing gastrointestinal function:**

- Nausea and vomiting are common after anesthesia.
- Check of peristalsis movement.

# Post Operative Complication:

## 1- Shock:

- Is the response of the body to a decrease in the circulating volume of blood, tissue perfusion impaired, cellular hypoxia and death.

## 2- Hemorrhage:

- Is the escape of blood from a blood vessel.

## 3- Deep vein thrombosis. (DVT).

- Occur in pelvic vein or in lower extremities, and it's common after hip surgery.

# Post Operative Complication:

## **4- Pulmonary embolism.**

- It's the obstruction of one or more pulmonary arterioles by an embolus originating some where in the venous system or in the right side of heart.

## **5- Urinary Retention.**

## **6- Intestinal obstruction.**

- Result in partial or complete impairment to the forward flow of intestinal content.