

PRE & POST OPERATIVE CARE

General: Preparation of the patient for surgery is important. In emergency situations, one must prepare the patient as adequately as the condition permits. In elective surgery preparation will be given under better conditions. Among the important factors to be observed in the preparation of a patient for surgery are: nutrition, fluid balance, mineral balance, shock and hemorrhage. Correction of these conditions to as near a normal state as possible before surgery is considered good pre-operative preparation.

Routine Preparation:

1. Pre-operative:
 - a. Bathe patient if condition allows.
 - b. Enema if considered necessary.
 - c. Operative site cleansed with soap and water.
 - d. Evacuation of stomach if patient has eaten within 6 to 8 hours pre-operative.
 - e. Check clinical record for history, physical examination, T,P.R., urinalysis, blood count and blood pressure. See Ward Routine.
 - f. Pre-operative medication as ordered.
2. Special pre-operative preparation:
 - a. Correction of shock by principles outlined under shock (plasma I-V)
 - b. Correction of blood loss (transfusion)
 - c. Correction of fluid balance, mineral balance by methods outlined under body fluids, section (glucose, saline, etc. I-V)
 - d. Correction of avitaminosis by oral or parenteral route - (Vitamins A,B,C,D. or K.)
 - e. Correction of hypo-proteinemia by use of plasma or if available a substitute.
 - f. Correction of any abnormal metabolic state such as diabetes.
3. Post-operative Care:
 - a. Position:
 1. In shock raise foot of bed 18" except in head injury, obesity or any condition which may compromise the respiratory mechanism.
 2. Back rest in all other cases except head injury which necessitates being flat in bed.
 3. Injured parts to be elevated on pillows.
 - b. Warmth - comfortably.
 - c. Exercise:
 1. Turn frequently from side to side
 2. Encourage deep breathing
 3. Encourage moving extremities.
 - d. Fluids depend upon the condition prescribed. Fluids sufficient to maintain urinary output around 1500 cc. in 24 hours.
 - e. Carbon dioxide inhalations may aid in prevention of atelectatic areas.
 - f. Food:
 1. Avoid fibrous fruits, vegetables and fatty foods early
 2. Use appetite as guide.
 3. Avoid protein and vitamin deficiency by adequate intake.
 4. Mineral balance important in prevention of edema.
 - g. Symptomatic:
 1. Pain - determine cause.
 - a. Opiate
 - b. Salicylate
 - c. Elevate or immobilize part
 - d. Heat

2. Persistent vomiting:
 - a. Adequate fluids parenterally.
 - b. Nothing by mouth
 - c. Wangenstein gastric suction
3. Abdominal distention:
 - a. Change position
 - b. Apply heat
 - c. Rectal tube
 - d. Wangenstein suction (Blood chemical checks, volume by volume NA Cl replacement) (Before removal of a gastric suction tube, it should be clamped off for periods in each hour and later for longer periods along with small fluid oral intake. If tolerated, then it may be removed. Constant vigilance during suction to keep it functioning is important.)
 - e. Oxygen inhalations (100 %)
 - f. Oil retention enema
 - g. Enema early rarely indicated
 - h. Fever - abnormal to be reported
 - i. Insomnia - sedatives if necessary. (Try simple measures first)
 - j. Urinary retention - catheterize if necessary after other methods are tried.
 - k. Pulmonary complications:
 - (1) Atelectasis: Changing position, encourage coughing, or inhalation of Co_2 are forms of prevention. Therapy may vary from encouraging to cough to bronchoscopy.
 - (2) Diffuse bronchitis - treat as any acute bronchitis with cough, fluids, rest, etc.
 - (3) Pulmonary Embolism - usually fatal. Embolectomy? Papaverine or atropine has been used.
 - l. Gastro-intestinal suction is used in preparation of some patients for abdominal surgery and in preventive treatment of post-operative vomiting and distention.
 - (1) Levine tube
 - (2) Miller-Abbott tube

Careful care of apparatus must be observed. It must be functioning at all times. A careful record of the intake and output of fluid and gas must be kept and computed at 24-hour intervals. Care of the patient with a tube down must be of a carefully supervised method to insure comfort and the greatest benefit. X-ray check is a valuable aid. Attention to oral hygiene. 2 % metacaine in tragacanth dropped into nostral occasionally. Watch oral pharynx for irritation areas. Check function of tube by suction. Check retention by shutting off occasionally.