

## **1. Preoperative Care – Role of the Nurse (500 Words)**

Preoperative care involves all preparations and assessments conducted before a surgical procedure. The nurse plays a crucial role during this phase, focusing on patient education, psychological support, clinical assessments, and coordination of care to ensure the patient is physically and mentally ready for surgery.

### **Patient Assessment:**

A thorough assessment is one of the nurse's primary responsibilities. This includes recording vital signs, allergies, medical history, current medications, and surgical history. The nurse evaluates nutritional status, hydration, and any pre-existing conditions such as diabetes, hypertension, or respiratory illnesses that may complicate surgery. This helps identify any potential risk factors.

### **Psychological Support:**

Surgery can induce anxiety or fear in patients. The nurse provides emotional support, addresses concerns, and offers reassurance. Establishing trust and open communication helps patients feel secure. If needed, the nurse may refer the patient to counseling services or spiritual support.

### **Preoperative Teaching:**

Educating the patient about the surgical process is essential. Nurses explain the type of surgery, anesthesia to be used, what to expect before, during, and after the operation, and post-surgical exercises like deep breathing or leg movements to prevent complications. Instructions about fasting (NPO status), removing personal items (jewelry, dentures), and stopping certain medications are also communicated clearly.

### **Legal and Ethical Responsibilities:**

Nurses verify that informed consent has been obtained from the patient or legal guardian before the surgery. They also ensure all preoperative checklists are completed and that documentation is accurate and up to date.

### **Physical Preparation:**

Tasks such as ensuring proper hygiene, shaving the surgical site if necessary, placing identification bands, administering preoperative medications (like sedatives or antibiotics), and starting IV lines are handled by the nurse. They also ensure that the patient wears a hospital gown and has empty bowels or bladder if required.

### **Coordination and Communication:**

The nurse acts as a liaison between the patient, surgeon, anesthesiologist, and operating room staff. They communicate any last-minute concerns or abnormal findings that may delay or affect the surgery. Proper handoff to the intraoperative team is vital for continuity of care.

In summary, the preoperative nurse ensures that all preparatory steps are executed efficiently. Their role is instrumental in identifying risks, reducing surgical complications, educating the patient, and promoting a calm, supportive environment.

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## **2. Intraoperative Care – Role of the Nurse (500 Words)**

Intraoperative care occurs during the actual surgical procedure. The nurse's primary role at this stage is to maintain patient safety, ensure sterility, support the surgical team, and monitor the patient's physiological status. There are two key types of nurses in this phase: the scrub nurse and the circulating nurse.

### **Scrub Nurse Responsibilities:**

The scrub nurse is a sterile team member who works directly with the surgeon within the sterile field. Their responsibilities include preparing and organizing surgical instruments, draping the patient, maintaining the

sterile environment, passing instruments to the surgeon, and counting sponges, needles, and instruments before and after surgery to prevent retained surgical items.

### **Circulating Nurse Responsibilities:**

The circulating nurse works outside the sterile field and manages the overall nursing care in the operating room. They ensure the patient's identity, surgical site, and procedure are verified (time-out protocol), assist with patient positioning, document intraoperative activities, and communicate with other departments. They also provide necessary equipment and supplies to the sterile team.

### **Patient Advocacy and Safety:**

Intraoperative nurses are vigilant advocates for patient safety. They ensure proper positioning to avoid pressure injuries, check for correct equipment functioning, and monitor environmental safety (lighting, temperature, fire risks). They also watch for signs of allergic reactions or anesthesia complications and notify the anesthesiologist immediately.

### **Infection Control:**

Maintaining aseptic technique is crucial. Nurses ensure that all sterile protocols are followed, and the operating field is protected from contamination. They monitor the surgical team's adherence to hand hygiene, gowning, and gloving protocols.

### **Communication and Documentation:**

Effective communication within the surgical team is vital. The intraoperative nurse records all relevant information such as time of incision, medications given, specimen details, and any intraoperative complications. This documentation becomes part of the patient's medical record and is essential for postoperative care.

### **Emergency Preparedness:**

In case of complications like hemorrhage, cardiac arrest, or anaphylactic reactions, intraoperative nurses are trained to respond promptly. They assist in resuscitation efforts, ensure availability of emergency drugs and equipment, and alert the required personnel immediately.

To summarize, intraoperative nurses are central to ensuring a smooth, safe, and sterile surgical experience. Their clinical skills, attention to detail, and ability to respond rapidly make them indispensable members of the surgical team.

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## **3. Postoperative Care – Role of the Nurse (500 Words)**

Postoperative care begins immediately after surgery and continues through recovery. The nurse's role is to monitor the patient's physiological condition, manage pain, prevent complications, and support recovery until the patient is stable and ready for discharge or transfer.

### **Immediate Recovery (PACU Care):**

Patients are first taken to the Post Anesthesia Care Unit (PACU), where the nurse closely monitors vital signs—respiratory rate, oxygen saturation, heart rate, blood pressure, and temperature. They assess the level of consciousness using tools like the Aldrete Score and evaluate for signs of anesthesia-related complications like hypoxia, vomiting, or shivering.

### **Pain and Comfort Management:**

Postoperative pain is managed using both pharmacologic (opioids, NSAIDs) and non-pharmacologic (positioning, relaxation techniques) approaches. The nurse administers prescribed analgesics and evaluates pain levels regularly using pain scales. Nausea and vomiting are also treated as needed.

**Wound and Drain Care:**

The nurse inspects surgical wounds for bleeding, infection, or dehiscence. Dressings are checked and changed according to protocol. If drains or catheters are present, they are monitored for output, patency, and proper placement.

**Prevention of Complications:**

The nurse is responsible for preventing postoperative complications such as:

- **Deep vein thrombosis (DVT):** Encouraging early ambulation, using compression devices, and administering anticoagulants.
- **Respiratory issues:** Teaching deep breathing, coughing exercises, and incentive spirometry.
- **Urinary retention or infection:** Monitoring urinary output and catheter care.
- **Gastrointestinal issues:** Assessing bowel sounds, managing nausea, and initiating gradual reintroduction of oral intake.

**Patient Education:**

Patients are educated about wound care, medication management, activity restrictions, signs of complications, and follow-up appointments. This ensures that recovery continues safely at home.

**Psychological Support:**

Postoperative recovery can be mentally challenging. Nurses provide reassurance, reduce anxiety, and help the patient adjust to changes in health status, especially in cases of major surgery or altered body image.

**Documentation and Handover:**

Nurses maintain accurate records of all postoperative assessments, interventions, and responses. When transferring the patient from PACU to the ward or home, a thorough handover ensures continuity of care.