Pre-operative Nursing

Benney Wong Lecturer benneycw@hku.hk



Learning outcomes

At the end of this lecture, students should be able to:

- Define peri-operative care;
- Identify the phases in perioperative nursing;
- Differentiate the difference between inpatient surgery and day patient surgery;
- Identify different categories of surgery;
- Classify different types of surgery;
- Identify the type of anesthesia;
- Recognize vital pre-operative assessment data;
- Describe the role of ward nurse in pre-operative care;
- Provide appropriate nursing care for the patients in the pre-operative phase;

Perioperative period

The perioperative period begins when the patient is informed of the need for surgery, includes the surgical procedure and recovery, continues with discharge, and ends when the patient achieves his or her **optimal level** of postsurgical function.



Phases in perioperative nursing

Pre-operative

Start from patient is informed that surgery is necessary until the patient is transported to the operation room

02 Intra-operative

Time during which the patient undergoes surgery

Post-operative

Time after the operative procedure is completed



Different Purpose of Surgery

- 1. Diagnostic To determine the origin and cause of disorder
 - Eg: Breast lump biopsy (Removal of cell or tissues for examination)
 Exploratory laparotomy (open up the abdominal area)
- 2. Curative To cure the disease by repairing or removing the cause (i.e. cancerous tissue)
 - Eg: Appendectomy (Removal of appendix)
 Cholecystectomy (Removal of gallbladder)
- 3. Reconstructive To restore normal appearance and function to body parts malformed
 - Eg: Breast reconstruction
 Cleft lip and palate repair

• • •

- 4. Cosmetic To enhance the appearance of normal anatomy through reshaping and adjustment
 - Eg: Breast augmentation
- 5. Palliative To relieve symptoms or disease process, but doesn't cure cause
 - Eg: Any surgery to relieve symptoms with multiple metastatic cancer patient

Surgery Setting

Day surgery

- Patient admit to hospital or day surgery center and return home after receiving surgery on the SAME day
- Usually simple surgery
- Eg: Cataract removal, tubal ligation, biopsies



2. Inpatient surgery

- Patient admit to hospital and stay at least overnight
- Eg: Brain surgery, bowel resection, total hip replacement



Surgery Categories in Hospital Setting

- Emergency
 - It requires immediate attention because of the life-threatening consequences. Surgery should be done without delay.
 - Eg: Cholecystectomy due to acute cholecystitis
 Surgery for stop bleeding after traffic accident

2. Flective

- It is a planned surgical procedure. Patients and doctors decide on the procedure after evaluating their clinical conditions. Surgery timing depends on the urgency of patient's condition. Patients are treated according to their severity of illness, not in order of when they were added.
 - Eg: Cataract Surgery
 Total Hip Replacement Surgery

3. Optional

- Surgery as request by the patient
 - Eg: Any cosmetic surgery



Type of Surgery

- 1. Minimal invasion surgery
- 2. Conventional/Open Surgery



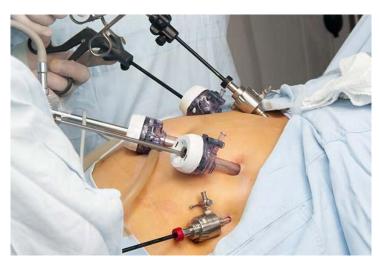
Type of Surgery

- Minimal invasive surgery (MIS)
 - Surgery that is done using small incisions (cuts) and few stitches.
 - May cause less pain, scarring, and damage to healthy tissue, and the patient may have a faster recovery than with traditional surgery.
 - Eg: Laparoscopic surgery Endoscopic surgery Robotic surgery



Laparoscopic surgery

• Surgeon makes one or more small incisions. These allow the surgeon to insert the laparoscope, small surgical tools, and a tube used to pump gas into the abdomen. This makes it easier for the surgeon to look around and operate.



https://www.parashospitals.com/blogs/minimal-invasive-surgery-can-help-in-poly-trauma/



Endoscopic surgery

 Put fiber-optic flexible endoscopes into hollow organs

Eg: Esophagus, Stomach, Bile duct, Colon or Urological organs



https://www.sciencephoto.com/media/915186/view/prostate-surgery



Robotic surgery

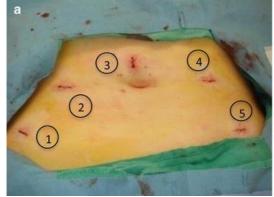
- Microsurgery in which the surgeon performs surgery by manipulating the hands of a robot
- Allow for more precision of movement and allow the surgeon to see images in 3D



https://blog.allaboutwomenmd.com/surgical-care/davinci-pros-and-cons.htm

Wound after minimally invasive surgery





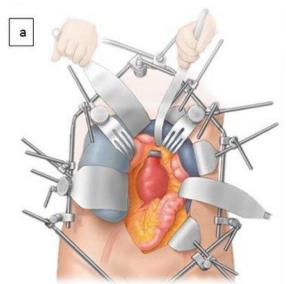




Type of Surgery

2. Conventional/Open Surgery

 traditional type of surgery in which an incision is made using a scalpel



https://www.researchgate.net/profile/Baoliang-Zhao/publication/280889533/figure/fig1/AS:794641888727043 @15664687 98587/1-a-Open-surgery-2-b-Minimally-invasive-surgery-3_W640.jpg



https://www.stepbystep.com/how-to-care-for-surgical-wounds-86297/

Advantages of MIS

- Reduce length of stay in hospital
- Smaller incisions
- Reduce wound infection
- Reduce risk of complications
- Increase accuracy
- Less pain after surgery
- Less scar
- Faster recovery time

Type of anesthesia

General anesthesia (GA)

- Patient will be unconscious
- Eliminated all sensation and consciousness or memory for the event
- Route: Inhalants (anesthetic gas breathed into the lungs, then to the brain by the blood), Intravenous injection

2. Regional anesthesia (RA)

- Patient will be conscious but free from pain
- Inject the anesthetic drug near the bundles of nerves which carry signals from that area of the body to the brain.
- Route: Epidural (EA)/ Spinal (SA) (for operation on the lower body, such as Caesarean section, bladder operation or replacing a hip joint etc.)

• • •

Type of anesthesia

3. Local anesthesia (LA)

- Patient will be **conscious** but free from pain
- For minor procedure (eg: wound suturing after a cut)
- It is used when the nerves can easily to be reached by drops, sprays, ointments or injections

4. Monitored Anesthesia Care (MAC)

- Patient will be semi-conscious
- Also known as conscious sedation or twilight sleep
- The patient is typically awake, but groggy, and are able to follow instructions as needed.
- Patient undergoes local anesthesia together with sedation and analgesia.

Pre-operative Care — Beginning phase



Scenario

BTS成員Jimin染疫兼患急性盲腸炎 需入院做手術 (16:02)

文章日期:2022年02月01日











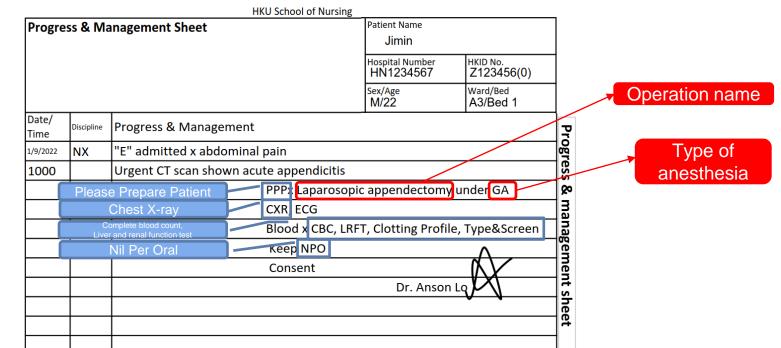


Nurse role in pre-operative care

- Follow doctor's pre-operative order
 - Coordinate & assist in screening test as ordered by the doctor
- 2. Pre-operative assessment
 - Collect baseline assessment.
 - Interpret lab results
- 3. Ensure informed consent is ready
- 4. Prepare all documents including pre-operative checklist
- 5. Prepare patient
 - Provide teaching/ education
 - Provide psychological support



You are the case nurse of Jimin Doctor seen Jimin and write down the pre-operative order in the progress sheet as follow,





Pre-operative assessment – Goals

- 1. Determine physiologic factors directly or indirectly related to the surgical procedure that may contribute to operative risk factors
- Establish baseline data for comparison in the intraoperative and postoperative period
- 3. Determine patient's psychologic status in order to reinforce the use of coping strategies during surgical experience
- 4. Determine if the patient has received adequate information from the surgeon to make an informed decision to have surgery

Pre-operative assessment

- 1. Health history
 - Medical and surgical history
 - Medication history
 - Allergic history
 - Smoking & drinking habit
 - BW&BH
- 2. Psychological condition
 - Anxiety& fear
 - Learning needs
- 3. Cognitive & neurologic assessment
 - Level of consciousness
 - Mental capacity
- 4. Respiratory assessment
 - CXR, RR, SpO2

- 5. Cardiovascular assessment
 - BP, ECG (especially for patient with heart problem)
- 6. Gastrointestinal assessment
 - Liver function
- 7. Skin integrity assessment
 - Document and report lesions, pressure injuries, necrotic skin tissue, erythema, etc.
- 8. Screening test
 - Blood test/imaging or other investigation as requested by doctor

Screening test

Blood test

- CBC (Complete blood count)
- LFT (Liver function test)
- RFT (Renal function test)
- Clotting profile
- Type & Screen (Blood group)

2. Urine test

- R&M (Routine & Microscopy)
- Multi-stix



3. ECG



https://stock.adobe.com/images/ecg-test-cmale-patient/203381280

4. X-ray

- CXR (Chest x-ray)
- AXR (Abdominal x-ray)





https://www.realwire.com/releases/Canurine-test-act-as-warning-for-severecourse-of-infection-with-COVID

Informed consent

- A legal document needed for all invasive procedures, procedures requiring sedation/ anesthesia
- · Elements of informed consent
 - The patient has the ability to make a rational decision; if not, a legal guardian is required
 - The patient understands the doctor's explanation of the risks, benefit, and alternative that are available
 - The patient is acting on his or her own free will without coercion or threat of intimidation
- Nurse role: verify if the patient understands the informed consent
- Types of consent
 - · Anesthesia required
 - Anesthesia not required

Type of informed consent

治	接受手術/醫療程序/療同意書(須要麻醉科醫生參與)
-,	簽署人資料 病人的名字在本表格右上方。
	簽署本同意書之人士為: (<i>請在適當空格內加上√號</i>)
	 ✓ 病人本人 病人(未成年,但能理解同意書的內容及有關解釋)(見註二) 未成年病人的父母或監護人 根據「精神健康條例」下為病人所委任並獲授權代其同意,接受院方建議的治療的法定監護人
	姓名 (中文)(英文)
	香港身份證 / 身份證明文件號碼
	地址
	電話號碼(日) (夜)
	與病人關係: (請在適當空格內加上/號) 未成年病人的父母或監護人 根據「精神健康條例」下為病人所委任並獲授權代其同意,接受院方建議的治療的法定監護人
=,	解釋手術/醫療程序/治療的性質、影響/效果及風險/併發症
	簽署本同意書的醫生已對病人/病人的父母或監護人/根據「精神健康條例」下為 病人所委任的法定監護人,就手術/醫療程序/治療的性質、影響/效果及風

醫院管理局 接受手術/醫療程序/ 治療同意書(毋須麻醉科醫生參與)

接受手術/醫療程序

人院/門診號碼	身份證號碼
姓名(英文)	
性別年齢	
部門	病房床號

- 註一 本同意書用以記錄病人/病人的父母或監護人/根據「精神健康條例」下為病人所委 任並獲授權代其同意接受治療的法定監護人同意醫護人員建議進行的手術/醫療程序 /治療。這同意書只適用於無需麻醉科醫生參與的手術/醫療程序/治療(例如需要 有書面同意的藥物治療)。在其他情況下,註冊醫生/醫療專業人員須採用「醫院管 理局接受手術/醫療程序/治療同意書(須要麻醉科醫生參與)。
- 註二 若病人未成年(未滿十八歲),而能夠理解本同意書的內容及有關解釋,病人可自行簽署此同意書。在可能的情況下,病人及其父母或監護人應一同簽署此同意書。
- 注三 任何成年人、或根據「精神健康條例」定義下「精神上無行為能力的人」而沒有法定 監護人的成年人,若不能理解同意書的內容及有關解釋,須用醫院管理局的「無能力 給予同意接受手術/醫療程序/治療」表格。
- 註四 本同意書應由負責向病人、病人的父母或監護人、或根據「精神健康條例」下為病人 所委任並獲授權代其同意接受治療的法定監護人解釋的醫生/醫療專業人員簽署。
- 註五 見證人(可以是醫院職員或第三者,如病人之親友)須全程參與,即從解釋至同意書 簽妥為止。若無見證人,請於見證人欄註明"無"。

Informed consent

			Patient Name Jimin		t,	DJ.
	接受手術/醫療程序/	+	Hospital Number	HKID No. Z123456(0)		康
治	療同意書 (須要麻醉科醫生參與)		ex/Age M/22	Ward/Bed A3/Bed 1		
	簽署人資料				八、	同
	病人的名字在本表格右上方。					
	簽署本同意書之人士為: (請在遊當空格內加	ヒン動	É)			
	河 病人本人		PEANON. Ph			
	□ 病人(未成年,但能理解同意書的內容□ 未成年病人的父母或監護人	及有	關胖釋) (見註_)		
	□ 根據「精神健康條例」下為病人所委任	並獲	整授權代其同意,	接受院方建議的		
	治療的法定監護人		limin			
	姓名 (中文) 71234	英文:	Jimin			
	香港身份證 / 身份證明文件號碼 Z1234 地址 4/F WMB, 21 Sassoon Road, P	okfu	ılam			
	00470040	(夜)				
	與病人關係: (請在適當空格內加上/號)					
	□ 未成年病人的父母或監護人□ 根據「精神健康條例」下為病人所委任	- NO 16	148棟47甘同音,	培丹院古神議 6		
	治療的法定監護人	. 312. 239	CIXIEI VAGINIAS	1女文P几刀 XE6KI		傳譯
Ξ,	解釋手術/醫療程序/治療的性質、影響/效果	及屈	MG/併發症			
	簽署本同意書的醫生已對病人/病人的父母 病人所委任的法定監護人,就手術/醫療 險/併發症解釋如下:				-	
	邁應症及手術/醫療程序/治療的性質及影響 病人就手術/醫療程序/治療的診斷/邁應症		是			
٠	Acute appendicitis				-	_
	病人接受的手術/醫療程序/治療名稱及性質註: 請以[*]表示將會進行的額外醫療程序或外醫療程序。		/-]表示需要因應	基手術情況再作 注	-	
(Laparoscopic appendectomy under GA				_	
	病人就手術/醫療程序/治療得到的預期影響	/tsk+1	#L :			
	例へ続す例/ 簡潔性アノ			*		

七、 <u>以下資訊單環(手術/醫療程序)已提供予縮人/額人的父母或監護人/根據「精神健康條例」下為病人所委任的法定監護人</u>

八、 同意接受手術/醫療程序/治療

日期

作為病人、病人的父母或監護人、或根據「精神健康條例」下為病人所委任並獲授 權代其同意接受治療的法定監護人及本同意書之簽署人,我/我們:

- 同意/同意病人按受列於本同意書二部的手術/醫療程序/治療。負責簽署本同意 書的醫生已向我/我們詳細解釋此項手術/醫療程序/治療的影響、效果、風險及 併發症。我/我們完全則白有關的解釋。
- 同意/同意病人在醫生認為必須或有需要的情況下,接受其他或進一步的手術/醫療程序/治療。
- 3. 同意/同意病人接受醫生認為必須或有需要的檢驗及檢查。
- . 同意院方可用其認為適當的方式,處理由手術/醫療程序/治療下切除的身體器官或組織。
- 明白院方並無保證有關手術/醫療程序/治療、以及進一步的手術/醫療程序/治療將由特定的醫生進行。但此項手術/醫療程序/治療將會由合資格的醫生執行。
- 同意如上述手術/醫療程序/治療改期,本同意書仍然有效。
- 明白如果我/我們有其他問題,可以向院方詢問;我/我們在簽署這份文件後有權 改變主意。

傳譯員《如遊用》:姓名:	語言/方音:
Paul	
病人簽署 见註一·二·三及五	病人的父母或監護人/根據 「精神健謝條例」下為明人所委任的法定監護人簽署 見註一、二、三及五
醫生簽署 見註五	醫生姓名正楷及職員職級
見證人簽署 見註六	見避人姓名 (及職員職級,如適用)
08 /02/2021	

□ 有附加資料記錄於「治療同意書附頁」

十二、 同意接受麻醉程序

作為病人、病人的父母或監護人、或根據¹精神健康條例」下為病人所委任並獲授權 代其同意接受治療的法定監護人,及本同意書之簽署人,我/我們:

- 同意/同意網人接受列於本同意書二部的手術/醫療程序/治療而需要的順節程序。負責解釋的順節科醫生已向我/我們詳細解釋此項順節程序的影響、風險及併發症。我/我們完全明白有關的解釋。
- 同意/同意病人在麻醉科醫生認為必須或有需要的情况下,接受局部/全身或其他麻醉 程序。
- 3. 同意/同意病人接受麻醉科醫生認為必須或有需要的檢驗及檢查。
- 明白院方並無保證有關麻醉程序以及進一步的麻醉程序將由特定的麻醉科醫生進行。但 此項麻醉程序將會由合資格的麻醉科醫生執行。
- 5. 同意如上述手術/醫療程序/治療改期,本同意書仍然有效。
- 明白如果我/我們有其他問題,可以向麻醉科醫生詢問;我/我們在簽署這份文件後有權改變主意。



Prepare all documents

- Latest blood test result
 - CBC (Complete blood count)
 - LRFT (Liver and renal function test)
 - Clotting profile
 - T&S (Type & screen)
- 2. Latest imaging report
 - CXR (Chest x-ray)
 - AXR (Abdominal x-ray)
 - USG (Ultrasonography)
 - CT scan (Computerized tomography scan)

- Others latest report and patient's record
 - ECG
 - Progress note, MAR
- 4. Signed consent form
 - With patient, surgeon and anesthetists signature
- 5. Anesthetic record
 - Anesthetic order
- 6. Pre-operative checklist
 - To be completed on the day of surgery

Anesthetic record

1	(SETTEN	Page		
BY NURSING STAFF	ANAESTHETIC RECORD Date of operation:/ Pre-operative diagnosis: Proposed operation: (Elective/Emergency)	Name:	HBsAg ABG: Bilirubin F_1O_2 A/G pH AST/GGT PaCO ₂ ALK. Phos. PaO ₂ P.T./P.T.T. HCO ₃	Pulm FEV VC FEV VC
10 BE COMPLETED		tetone Sugar Last food taken at Last drink taken at Units F.F.P.: Route Time and Date given Signature N.O. i/c War	B.S.L. BE SaO ₂ 4. 5. 6.	
	Previous anaesthetic consultation: Yes/No Prev. surg./anaes.: Relevant History: Drugs: Allergy Smoking Alco	P/E: G.C. Airway R.S. C.V.S.: B.P. Heart Pulse	Anesthe	Cont. on Pag

Anesthetic record

	₼ *****	T						
	AUTHORITY	Patient Name	Page 1					
	•	Jimin	- PA	INVESTIGATIONS:	Na ⁺	HBsAg	ABG:	Pulm. Function:
STAF	ANAESTHETIC RECORD	Hospital Number HKID No. Z123456(0)	IC SI	Hgb Platelet	K+	Bilirubin	F ₁ O ₂	FEV ₁
SING	Date of operation: 1 / 9 / 2022	Sex/Age Ward/Bed A3/Bed 1		CXR	Urea Creatinine	A/G AST/GGT	pH PaCO ₂	VC FEV ₁
NON	Pre-operative diagnosis: Acute Appendicitis		VES VES	ECG		ALK. Phos.	PaO ₂	VC
BY		opic Appendectomy under GA	4			P.T./P.T.T.	HCO ₃	
ED	B.P.: 115/75mmHg B.W.: 62 kg Urine:	- ACCOUNTS AND				B.S.L.	BE	
TE	Denture: Nil Acetone						SaO ₂	
OME	Blood Crossmatch: Units Platelets:	Units F.F.P.:	Units	CLINICAL PROBLEMS:	1.	4.		
2	(100 miles)	Route Time and Date given Signature N.O. i	/c Ward	COM NOTE A ROBBONS	2.	5.		
O B	Nil		8	A.S.A. Status	3	6.		
=			器	I II III IV V E	J.			
			2	SUGGESTIONS/COMMEN	TS/PREMEDICATION:			
						Ane	esthetic (order
1	PRE-ANAESTHETIC ASSESSMENT Date							
	Previous anaesthetic consultation: Yes/No	P/E: G.C.						
	Prev. surg./anaes.: Relevant History:	Airway						
	Recease History.	R.S.						
	Drugs:	C.V.S.: B.P.						
		Heart Pulse		Name:	Signatu	iro:	11	Cont. on Page 4 if require
	Allergy Smoking Alcohol			102510053	Signatu	пс.		on ruge 4 g require
				HA 1880 (Rev. 98)				

Pre-operative checklist

Purpose: verify before sending the patient to operation room

- 1. Patient's name, hospital number, ward, DOB
- The following items have been checked and recorded
 - allergy history (allergy band is correct)
 - vital signs (OT day)
 - Ensure fasting time
- Skin/bowel preparation have been completed
- 4. The patient has removed:
 - nail polish, glasses, contact lenses, dentures hairpins and jewelry etc.
- 5. The patient is wearing only the hospital gown, hair cap and stocking
- 6. Pre-medication has been given
- 7. Verify the consent form

AP/NCA3/21 Student Name:	Studer	nt No:	ΙΓ	Patient Name			7—	
	statell Namestatell No			Jimin			_	
Pre-opei	rative checklis	t sample		Hospital Number	er 7	HKID No. Z123456(0)		
HKU, School of Nursing	g - For teaching pu	rpose		Sex/Age M/22		Ward/Bed A3/Bed 1		
Perioperative I	Nursing Docu	umentation					<u> </u>	
*This form is just part Other perioperative do 1. Operation notificati 5. Post-operative orde 9. Intra-operative mon	ocumentations incl on form; 2. Periope rs; 6. Anaesthetic r	ude but not limited to erative instrument ch ecord; 7. Recovery ro	o: ecklist; iom nur	sing record; 8. Bloc				
Please tick or circle as $(A/V = available; N/A)$		v = with: wo = withou	ıt. PPD	H = Prince Philln De	ental Hose	nita l		
Part A: Pre-operati	ve checklist							
To be filled in by w	ard nurse /OT n	urse for case dire	ctly fro	m A&E				marks
1 Pateint identification	□ Verbal / N/A	☐ ID bracklet on		t. / Rt. Wrist	Lt. / Rt. A	Ankle	□ Rei	marks
Consent	□ A/V	□ Not A/V	Ren	narks:				
Operative procedure	☐ Confirmed	☐ Verbal / N/A	Ren	narks:				

To be filled in by ward flurse for case directly from Ade								
						Rem	<u>arks</u>	
1 Pateint identification	□ Verbal / N/A	□ ID bracklet on	Lt. / Rt. Wrist					
Consent	□ A/V	□ Not A/V	Re marks:					
Operative procedure	□ Confirmed	☐ Verbal / N/A	Re marks:					
Laterality	□ N/A	☐ Marking	☐ Marking N/A					
2 Body weight	□ A/V	☐ Not A/V	kg					
Body temperature	°c	□ Tympanic	☐ Oral	☐ Rectal	□ Axilla			
LMP	/_/_	☐ Not A/V	□ N/A					
Conscious level	□ Awake	□ Drowsy	☐ Unconscious					
Fall risk	■ Not at risk	☐ At risk	☐ High risk					
History of allergy	□ No	☐ Yes, please specify			□Not A/V			
3 Fasting	□ N/A	☐ Yes	Premedication	□ N/A	☐ Yes			
Antibiotic on induction	□ N/A	☐ Yes	Drugs to OT	□ N/A	☐ Yes			
Pre-anaesthetic orders	□ N/A	☐ Yes	Pre-operative order	□ N/A	☐ Yes			
4 Type & screen	□ N/A	□ A/V						
A/V blood product	□ N/A	☐ Bloodunit(s)	☐ FFPunit(s)	☐ Platelets	_unit(s)			
5 Undesirable items	□ N/A							
	Removed:	□ Dentures	☐ Contact lens	□ Nail polish	□ Ornaments			
	Intact	□ Dentures	☐ Artifical nails	Others				
6 Loose teeth	□ N/A	☐ Yes, please specify						
7 Implants	□ N/A	☐ Fixation implants,	olease specify		_			
	☐ Pacemaker		□ AICD					
	☐ Cochlear imp	lant	☐ Deep brain stimu					
8 Document to OT	☐ Medical record	ls	☐ PPDH folder					
	□ X-ray :	xFilm	□CT/MRI/PET/p	rivate films				
9 Essential accessories or devices to OT	□ N/A	Obturator	☐ Articular	Orthognathic	model			
	☐ Hearing aid	Others						
10 Equipments to OT	□ N/A	□ Ventilator	☐ Resuscitator	☐ Incubator				
	☐ Monitor w/wo	cable	☐Pressure info	ısor(s)				
			Syringe pump	o(s) w/wo cable				
11 Immobilization devices to OT	□ N/A	☐ Abduction pillow	□ Splint	□ Neck collar				
	☐ Bivalve POP	☐ Others						
Name & signature of ward	nurse		Name & signature o	f OT nurse				

Patient education

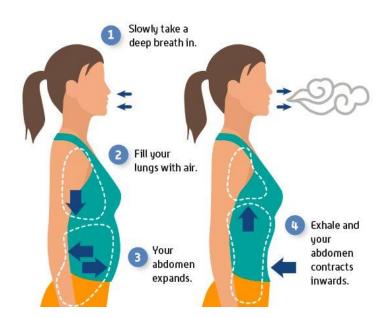
- 1. Assess patient's needs and readiness
- Develop individualized teaching plan based on patient's needs
- 3. Provide necessary information
 - Provide educational leaflet if available
 - Arrangement before OT (lab tests, investigation, diet restriction, skin preparation etc.)
 - Postoperative routine and plan
- 4. Teach patient how to perform deep breathing and coughing exercise as well as leg exercise to avoid post-operative complications.

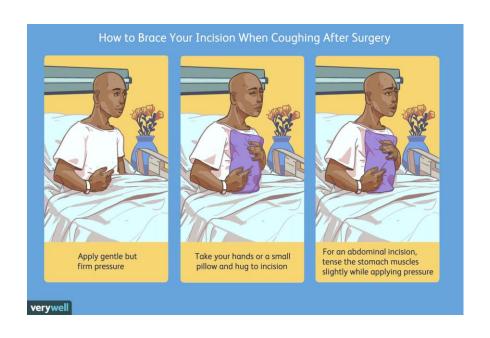
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Deep breathing and coughing exercise

- Sit upright if tolerated
- 2. Place hands along lower borders of rib cage/ Place hands across the incision site (+/- by pillow) to act as a splint for support
- Breath in deeply through nose allowing chest and abdomen to expand
- 4. Hold the breath for a count of 5.
- 5. Exhale completely through pursed lips, allowing chest and abdomen to deflate
- 6. After 5 deep breaths, inhale deeply, hold breath briefly the cough once or twice while contracting abdominal muscle
- 7. Repeat exercise every 1-2 hours while awake

Deep breathing and coughing exercise







- To promote optimal lung expansion
- To loosen, mobilize and remove pulmonary secretions
- Aim to reduce respiratory complications. E.g.: Pneumonia
- Assistive device: Incentive Spirometry



https://www.mdedge.com/chestphysician/article/130186/ bariatric-surgery/postop-incentive-spirometry-hadminimal-impact

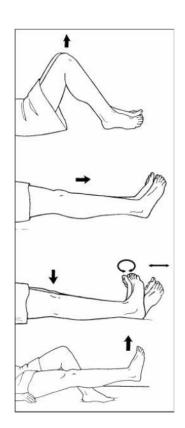


https://www.healthline.com/health/incentive-spirometer



Leg exercise

- 1. Lie in a supine or semi-fowler position
- 2. Bend knee and raise it toward the chest
- Straight the leg and hold for a few seconds before lowering the leg
- 4. Practice 5 times with one leg and repeat procedure with other leg
- 5. Extend toes toward bottom of bed, then flex toward head of bed
- 6. Make circles with the ankle moving first to the left, then to the right
- 7. Practice toes and ankle movement of one foot for 5 times, repeat exercise on other foot



https://brooksidepress.org/Products/Nursing_Funda mentals_II/lesson_8_Section_4A.htm

Leg exercise

Help in promote circulation

Aim to reduce the risk for developing deep vein thrombosis

(DVT)

+/- T.E.D. stocking





•••

Pre-operative Care — Aday before surgery

Numero volo in rovo con

Nurse role in pre-operative care — A day before surgery

- Ensure Fasting/NPO (Nil Per Oral/ Nil by mouth)
 - Reduce possibility of vomiting and aspiration
 - Keep NPO at least 8-10 hours before operation (depends on the types of surgery)

2. Ensure hydration

 Initiate intravenous infusion as ordered



https://anmj.org.au/intravenous-therapy-and-medications/



- Purpose:
 - Allow better visualization of the intestine
 - Prevent post-operative constipation
 - Prevent contamination from fecal material in the intestine
- Types of bowel preparation:
 - Enemas
 - Suppository
 - Oral



Suppository

https://cdnprod.medicalnewstoday.com/content/images/ar ticles/323/323008/suppository.jpg



Oral



https://www.sciencephoto.com/medi a/934019/view/fleet-enema



4. Skin preparation

- Purpose: To decrease bacteria thus avoid infection
- Use clipper to remove hair around surgical site if necessary

https://www.aezq.de/high-5s-

langfassung/markierungsguideeingriffsverwechslung-lang.pdf

- Shower with antimicrobial soap
- All cosmetics should be removed.

5. Others preparation

Ensure nails should be free of polish

Mark the operation site by surgeon if needed (eg: leg, breast, eye,

etc)



https://www.semanticscholar.org/paper/Current-Practice-on-Preoperative-Correct-Site-Masud-Moore/3b0bfdb978a50e072a3b3317c944dc2d417d •••

Pre-operative Care — Immediate prior to surgery



Nurse role in pre-operative care — Prior to surgery

- When ward nurse receives operation theatre call, patient can be sent to surgery
- Obtain latest vital sign
- Assist patient change to OT gown, put on OT stocks or TED stocks and cap
- Check and remove patient's dentures, glasses, contact lens, body piercing, jewelry and wig as well as underwear
 - If body piercing & jewelry could not be removed, covered with tape to protect skin from electrical arcing which could cause skin burns



Nurse role in pre-operative care — Prior to surgery

- Personal valuable handling (eg: cash, mobile phone)
 - Advise relatives to take it home if possible
 - If impossible, follow hospital's policy in handling patient's valuable
- Final check for all documents are ready
 - COMPLETED pre-operative checklist
 - Anesthetic record
 - Signed consent form
 - Valid type & screen if required
 - Patient's record with latest lab result and imaging report
- Administer pre-medication (on call to OT) if required



On-call/pre-medication

Administer medication when operation theatre inform the ward

to get patient ready for OT

1/3/2022	linv.	ь аиннией у арионина Баш			
1000		Urgent CT scan shown acute appendicitis			
		PPPx Laparosopic appendectomy under GA			
		CXR, ECG			
			Ventolin 4 puff on call to OT		
			Keep NPO	Λ	
		Consent			
			Dr. Anso	on Lq 📉	
					

On induction medication

 Bring the medication to operation theatre and the medication will be administered when patient on induction in OT

IV	IX. BETF QID, IQO			
P	PPP: for sigmoid colectomy +/- colostomy under GA			
	CXR, ECG, Type & Screen & X-match			
	Routine blood for R/LFT, CBC and clotting profile			
	Klean-Prep 2 packs → pm the day before OT			
	Consent, Clear fluid diet, FAMN			
	BW x1			
	IV Cefazolin 1g on induction			
		RS Dr. M Yeung Matthew		

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