**Perioperative Nursing**

Definition: It is the nursing care rendered to the total surgical experience of the patient. Include 3 phases:

1- Pre-operative phase

2- Intra-operative phase

3- Post-operative phase

**Classifications of Surgery**

**1-  According to Urgency:**

* Emergent: requires immediate attention; Disorders may be life-threatening.
* Urgent: surgical problem requires prompt attention within 24-30hrs
* Required: condition requires surgery within a few weeks
* Elective: approximate time for surgery is at the convenience of the patient, failure to have surgery  is not catastrophic
* Optional: is scheduled completely at the preference of the patient.

**2-  According to Degree of Risk**

* Major:high degree of risk> may be complicated/prolonged> large losses of  blood may occur> vital organs may be involved> post-operative  complications may be likely .
* Minor:little risk with few complications> often performed in a day

**3- According to Purpose**

* Diagnostic: verifies suspected diagnosis
* Exploratory : estimates  the extent  of the disease or injury
* Curative: removes/repairs damage tissues
* A blative: Removing diseased organ that cant wait any more
* Reconstructive: partial or  complete restoration ; bringing back orig. appearance and function
* Constructive-repairing damaged tissue/congenitally defective organ
* Palliative: relieves symptoms but does not cure the underlying diseases

**The Surgical Risk Patients**

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1. Extremes of age
2. Malnourished (obesity)
3. Dehydrated patients
4. Patients with severe trauma or injury, infection or sepsis
5. Patients with cardiovascular disease
6. Endocrine dysfunction
7. Hepatic/Renal disease

**Preoperative Nursing Care**

 Begins when the decision to proceed with surgical intervention is made and end with the transfer of patient to the operation table

**Nursing activities in the pre - operative phase include :**

1. Initial preoperative assessment
2. Pre admission testing
3. Initiate teaching appropriate to patients needs
4. Assess for risk of complications
5. Report abnormal findings
6. Verify that informed consent (process for getting permission before conducting a healthcare intervention on a person) obtained.
7. Establish intravenous line e.x cannula
8. Administer prescribed medications
9. Provide support
10. Preoperative teaching:

* Deep breathing coughing exercise
* Teach patient how to promote mobility and active body movement by frequent position
* Leg exercise
* Reduce anxiety and fear   
  Maintain patient safety
* Manage fluid status
* Prepare the bowel
* Prepare the skin

**Post-operative nursing care**

Begins when patient is admitted to the post anesthesia care unite and end with follow up evaluation in home or clinical setting 

1-Immediate Stage (1-4hrs) after surgery

2-Intermediate Stage (4 -24hrs) after surgery

3-Extended Stage (1-4days) after surgery/last follow-up visit with the attending physician.

**1- Immediate Postoperative Period**

**\*Respiratory Position**

-left lateral with neck extended and upper arm supported on a pillow.

-Supine with head to side and chin extended forward

-Check presence of gag reflex

-Maintain artificial airway until gag reflex returned

- Assess Oxygen rate and depth

**\* Assess Cardiovascular status**

-Assess skin and check capillary refill

-Assess peripheral edema

-Monitor for bleeding

-Assess pulse rate and rhythm

-Monitor for hypo/ hypertension

**2- Intermediate Post –operative Period**

**1\*Monitor Respiratory Status**

- Coughing /deep breathing **q 1-2 hrs**

- Turning in bed **q**2 **h rs**

- Auscultate lungs **q 4 h rs**

2\* **Monitor cardiovascular Status**

- leg exercises q2 hrs

-Apply anti-embolic stockings

- vital signs, color, temp of skin

**3\* Promote Fluid and Electrolyte Balance( Measure I and O )**

**4\* Promote Optimum Nutrition**

- Maintain IV infusion as ordered

- Assess return of peristalsis

- Progressive increase in diet

**5\* Promote Return of Urinary Function-**

- Assess ability to void/ bladder distention-Report to surgeon if client has not voided after **8 hrs post-op**

**Transferring the patient from the PACU**

**Transfer Criteria:**

* Patient coming out of General  Anesthesia
* Vital signs are stable for  at l east 30 mins and are within normal range
* Patient is breathing easily
* Reflexes has returned to normal
* Patient is responsive and oriented to time and place

**Post-operative complication**

Fever, atelectasis, wound infection, embolism and deep vein thrombosis (DVT).