**SURGERY**

Surgery is defined as the treatment of a disease, injury or deformity by a manual or an instrumental procedure. Surgical operations may be classified as elective, essential or emergency.

1. **An elative operation** is not necessary for the patient’s survival but it is expected to improve his comfort and health.
2. **Essential surgery** is considered necessary to remove or to prevent a threat to the patient’s life.
3. **An emergency** **operation** is one, which must be done with a minimum of delay in the interest of the patient’s survival.

Nursing care of the surgical patients is extremely important and includes preoperative period and also the postoperative care period. Patients who are having surgery need both psychological and physical preparation.

**The Preoperative Period**

Potential problems common to the patients preoperatively include anxiety and lack of knowledge. The nurse must encourage the patient to reveal his fears and inform him about the surgical procedure. The preoperative period, which begins with the decision that surgery is to be performed, may extend over an hour to several days or weeks. If special laboratory tests are required before surgery or if the patient is in a weakened condition, the admission to the hospital may be a few days prior to the operation.

All patients have a chest X-ray examination, a complete blood count, and urinalysis. A cleansing enema is usually ordered for the evening or morning before surgery, because urinary and anal spinsters relax when a patient is anaesthetized. Then the operative site is cleaned and shaved. If bone surgery is to be performed, the skin is scrubbed with an antiseptic after hairs have been removed. A regular diet or a light diet is usually prescribed and all oral intakes are prohibited at least 8 hours before the operation. Preoperative drugs are administered before the patient leaves the nursing unit. The purposes of it are to reduce anxiety and facilitate the induction of anaesthesia. Also barbiturates, narcotics or tranquillizers are used as a sleeping aid in the evening or some hours before the procedure to relax the patient.

Anaesthesia is a condition in which there is no feeling and is classified as being general or regional.

**General anaesthesia** is induced by having the patient inhale a gas (ether or nitrous oxide) or injecting a drug into the patient’s vein, a smaller amount of gas may be combined with injecting penthothal. The agents produce the reversible depression of the cerebral neurones that are responsible for awareness and responses; there is loss of sensation, consciousness, reflex responses and skeletal muscle tone. The muscles relaxation facilitates the surgery.

**Regional anaesthesia** temporarily blocks the sensory receptors in the surgical area or the nerve impulses in the area of the conducting pathway. The patient remains conscious but may be drowsy due to preoperative sedation.

**Intraoperative Phase**

Operating theatre procedures vary greatly from one hospital to another. The operating theatre should be located, constructed and equipped to promote safety and quiet, prevent infection and facilitate surgical procedures, frequent disinfection and aseptic techniques. It is often located near the recovery room and surgical intensive care unit. Windows are absent and air conditioning is provided by a special ventilation system to remove dust and organisms and reduce the risk of infection.

All operating theatre personnel wear operation gowns, caps to cover their hair, a mask over their nose and mouth, and covers over their boots. Street clothing or ward uniforms are not permitted. If a staff member has an infection, he is excluded from the operating theatre. Everything is sterilized and surgically cleaned.

**Postoperative Care**

The postoperative care is given in two phases: immediate care, while the patient is still under the influence of the anaesthetics, and care during the convalescence.

If the patient requires close observations for a longer period of time, he may be transferred to the intensive care unit (ICU). Special nursing actions here are:

1. Check vital signs every 5 to 15 minutes and report significant changes in blood pressure, pulse rate or respiration,
2. Check bandages for drainage, noting colour and amount,
3. Keep the patient’s head flat and turned to one side to allow drainage of secretions or emesis from the mouth and to prevent aspiration,
4. Suction of any excess secretions that collect in the mouth or throat,
5. Maintain all fluids flowing at a prescribed rate,
6. Check all tubing (catheters, nasogastric tube, wound tubing) for patency, observe amount and character of all drainage,
7. Observe colour and temperature; pale, cool skin is normal after surgery, but cyanotic and clammy skin is an indication of shock,
8. Assess level of consciousness at regular intervals,
9. Administer analgesics as ordered.



