post\_oprative care

post\_oprative care include 7 points.

Points of post\_oprative care:

1-Diet

:the first q that you will asked from the pt after operation is :"when can I eat " the answer depend on the type of operation for eg: thyroid surgry pt can eat as soon as possible.

One of the problems in all pts after surgry is decrease the level of consciousness that may lead to aspiration "the eat may go to respiratory system "so to avoid aspiration the pt should fast after and befor 4-6h.

But the GI surgry is different, GI it has many functions 1-absorb the metabolite 2-destruct structure "food digestive"3- endocrine function 4- motility "movement of food from mouth to anus "this movement altered by GI surgery and cause paralytic ileus so GI surgry pt can start eating once we ensure that the period of paralytic ileus has pass which different from pt to pt.

There is sign to ensure that the paralytic ileus stopped :

1-pass flatus

2-bowel sound

3-pass stool

In some special surgrys pt should fast more than other surgery to ensure that there is no leakage eg: esophegal surgry. in the past those pts were fast for 3-5 days,now they do radiograph to ensure that there is no leak.

2-IV Fluid

two types :

A-maintenance🡺amount of fluid that required for any person and its depend on age/BMI/general condition of pt.

in children maintenance fluid follow this rule :

First 10 kg 🡺 1L (100cc/kg)

2nd 10 kg 🡺500c(50cc/kg0

3rd 10 kg and more 🡺 200 cc (20cc/kg)

Eg 40 kg 🡺1900 cc /1.9 L

In the adult we can apply the same rule or give him roughly 30-50 cc/kg .

Fluid also contain salts ,the most important one is sodium 🡺 2-3 ml/kg

After surgery we don’t give potassium why ?

-to avoid arrhythmia

-tissue destruction🡺surgery lead elvate the potassium

-no enough amount of urine after surgery (when good urine output start we give 1ml/kg)if needed .

B-deficit 🡺 amount of fluid that lost before surgery (fasting,diarrehea,vomiting) and during surgery(bleeding).

We should calculate deficit fluid and give the lost fluid in first 24h after surgery [half the amount in the first 8h and the second half after 16h ].the fluid that we will give it ti pt depend on the type of lost fluid :

 Bile🡺 give lenger lactate

 GI🡺saline

 Blood🡺[if the patient loose more than 1L WE GIVE BLOOD if it less than 1L we give crystalloid 3cc/kg ].

Blood should given during 4h.

3-when we remove the stitches

Depend on the position of the suture eg:

-face stitches 🡺 after 3-5 days

-chest stitches🡺6 days

-abdomen stitches 🡺7 days

-upper limb🡺10 days

-lower limb 🡺2 weeks

But this not apply for all patient coz it also depend on healing.[poor healing /steroid/immunocompromised need more time].

It also depend on significance/importance of the result .

Elderly patient need more time than young patient.

4-DVT[deep venous thrombosis ]

-measure DVT:

A-Early mobilization most imp one.

-we need prophylactic to prevent it.

- in our body we have mechanism to prevent DVT we have pump against stasis and DVT in which muscular activity push the blood against to the gravity.

Sooo if the patient stay in bed for long time ,stasis will happen and that will increase the risk of DVT.

DVT happen due :

 A- epithelial injury

 B-hypercoagulopathy

 C- stasis🡺prolonged bed rest.

B-DRUGS 🡺 NSAIDs /heparin.

C- Intermittent pneumatic pump🡺long operation more than 6h[this PUMP compress and relay the M🡺 ACT LIKE THE PT IS WALKING .

D-intermittent calf massage 🡺 done by nurse during the opertation

ULCERs

🡺 to prevent ulcer :

 A- Early mobilization.

 B-change the position of the pt every 1h.[2h accepted]

\*ulcer may appear as peptic ulcer 🡺cortisone level will increase due to the stress🡺increase acid secretion 🡺decrease PG🡺peptic ulcer disease .[PPI should given].

Q-When we can change the dressing of wound ??

When the wound become water proof after epithelization🡺 after 24h.

\*patient ask when he can take shower 🡺after the tissue become water proof at least after 24h.

\*if infection happens it will happen after 3-5days,and we should change the dress in

case of infection .

5-Antibiotic

Depend on the surgery.\*

If there is high risk for infection we give AB

1-[patient with prosthetic stent/mesh/valve/joint replacement]

2-[contaminated surgery].

\*if the risk of infection less than 1% we will not give AB.

6-Analgesia

\*The most imp thing to the patient is pain free especially if the patient have previous experience .

\*pain can cause : stress/increase Adrenaline activity/urine retention/palpitation🡺so we give the patient narcotics [1mg/kg] .

IM ,Orally like morphine

OR loco regional 🡺 subcutaneous or epidural like limb block.

\*we give the drugs after the surgery[immediately] we don’t wait the patient to feel the pain.

\*in the first 24h we give 1mg/kg then we decrease the dose .

7-Drains

Is the natural or artificial removal of pus /blood/water from an area .they are commonly placed by surgeons,drains inserted after surgery don’t result in faster wound healing or prevent infection but are some times necessary to drain body fluid which may Accumulate and itself become a focus of infection .

TWO TYPES :

A-Open

B-closed [more common]🡺 tubes draining into bag or bottle include chest and abdominal drains .

\*underwater seal drain [chest tube]🡺

is a long, hollow, flexible plastic tube that is inserted through the chest wall between the ribs and into the pleural space or mediastinum. It is used to remove air (pneumothorax) or fluid or pus (empyema) from the intrathoracic space.

An underwater seal drain or a chest drainage canister device is typically used to collect chest drainage (air, blood, effusions).الدكتور حكى مش مهم

 underwater seal acts a one-way valve.

\*stoma drainage 🡺

 opening in the intestine 🡺 drain the urinaryblader.

Two types :ileostomy / colostomy.

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