



# UNIT 13

## HOW TO COMMUNICATE WITH PATIENTS IN THE SURGERY WARD



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# English for Nursing Communication II



## Team Lecturers:

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# OUTLINE

1. Concept of academic reading in nursing
  - reading strategies and exercises applicable to answer news, research articles, commentaries, academic paper healthcare issues
2. Concept of active listening in nursing Part 1
  - news related listening exercises
3. Concept of active listening Part 2
  - conversation, lecture listening related exercises
4. Concept of writing in nursing Part 1
  - narrative writing related activities
5. Concept of writing in nursing Part 2
  - nurse' resume related writing activities
6. Concept of writing in nursing Part 3
  - nurses' notes writing related activities
7. Concept of writing in nursing Part 4
  - nursing care plan writing related activities
8. Concept of writing in nursing Part 5
  - laboratory reports related activities
9. Concept of writing in nursing Part 6
  - hand over reports/nurses' endorsement reports
10. Concept of writing in nursing Part 7
  - case study related activities
11. Concept of writing in nursing Part 8
  - writing research papers
12. How to communicate with patients in the medical ward
  - listening, reading, writing related exercises
13. How to communicate with patients in the surgery ward
  - listening, reading, writing related exercises
14. How to communicate with patients in the orthopedic ward
  - listening, reading, writing related exercises
15. How to communicate with patients in the maternal and child ward
  - listening, reading, writing related exercises

# OBJECTIVES

At the end of the course, each student nurses should be able to :

1. Understand the care of surgical patients
2. Describe the surgery categories
3. Identify the phases of perioperative nursing
4. Explain the surgical consent
5. Apply the pre-post operative teaching plans
6. Analyze the surgical risk factors
7. Anticipate the possible postoperative complications

# 1. Care of surgical patients

Patients need surgery for many reasons:

- ✓ To find the reason for a problem
- ✓ To help reduce the problem
- ✓ Replace or take out tissue or organ
- ✓ May also carry out as an emergency
- ✓ To save the patient's life
- ✓ To correct an anatomical or physiological defects
- ✓ To provide therapeutic interventions
- ✓ To treat the pathological disease and injury



# 2. Surgery categories



- **ectomy** – removal by cutting
- **orrhaphy** – suture of or repair
- **oscopy** – looking into
- **ostomy** – formation of a permanent artificial opening
- **otomy** – incision or cutting into
- **plasty** – formation or repair

# 3. Phases of perioperative nursing



**Perioperative** is a term used to describe the entire span of surgery, including what occurs before, during, and after the actual operation

- ❖ **Preoperative phase** – begins with the decision that surgical intervention is necessary and ends when the patient is transferred to the operating room
- ❖ **Intraoperative phase** – it is a period which the patient is undergoing surgery in the operating room. It ends when the patient is transferred to the post anesthesia recovery room. During this period is monitored, anesthetized, prepped and the operation is performed
- ❖ **Postoperative phase** - lasts from the patient's admission to the recovery room through the complete recovery from surgery. After the patient condition has been stabilized in the recovery room, a physician will order the patient transfer to another area of the facility



# 3. Phases of perioperative nursing<sub>2</sub>

## Preoperative Assessment

I. *Review preoperative laboratory and diagnostic studies*

II. *Review the client's health history and preparation for surgery*

III. *Assess physical needs*

IV. *Assess psychological needs*

V. *Assess cultural needs*





# 3. Phases of perioperative nursing<sub>3</sub>

## 1. Review preoperative and diagnostic studies:

- CBC
  - Blood type
  - Serum electrolytes
  - Urinalysis
  - Chest X-rays
  - ECG
- Other tests: PTT, PTBT, BUN, radiographic studies

## 2. Review health history and preparation for surgery:

- History of present illness, reason for surgery
- Past medical history
- Medical conditions
- Previous hospitalizations and surgeries
- Past problem with anesthesia
- Allergies
- Present medications
- Substance use
- ROS

## 3. Assess physical needs:

- Ability to communicate
- Vital signs
- Level of consciousness
- Weight and height
- Skin integrity
- Ability to move or ambulate
- Level of exercise
- Prostheses
- Circulatory status

## 4. Assess psychological needs:

- Emotional status
- Level of understanding
- Coping strategies
- Support system
- Roles and responsibilities

## 5. Assess cultural needs:

- Language-need for interpreter



# 4. Surgical consent

## SURGICAL CONSENT

- ❑ Before surgery, the client must sign a surgical consent form or operative permit.
- ❑ Clients must sign a consent form for any procedure that requires anesthesia and has risks of complications.
- ❑ If an adult client is confused, unconscious, a family member or guardian must sign the consent form.
- ❑ If the client is younger than 18 years of age, a parent or legal guardian must sign the consent form.
- ❑ In an emergency, the surgeon may have to operate without consent, health care personnel, however, makes every effort to obtain consent by telephone, or fax.
- ❑ Each nurse must be familiar with agency policies and state laws regarding surgical consent forms.
- ❑ Clients must sign the consent form before receiving any preoperative sedatives.
- ❑ The nurse is responsible for ensuring that all necessary parties have signed the consent form and that it is in the client's chart before the client goes to the operating room (OR).

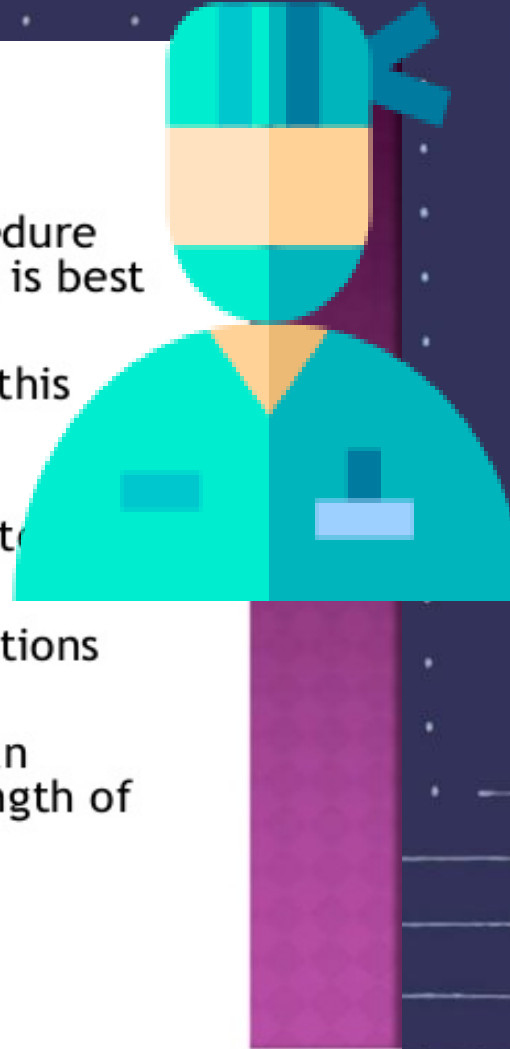




# 5. Pre-post operative teaching plans

## PREOPERATIVE TEACHING

- ◉ Teaching clients about their surgical procedure and expectations before and after surgery is best done during the preoperative period.
- ◉ Clients are more alert and free of pain at this time.
- ◉ Clients and family members can better participate in recovery if they know what to expect.
- ◉ The nurse adapts instructions and expectations to the client's ability to understand.
- ◉ Information in a preoperative teaching plan varies with the type of surgery and the length of the hospitalization.



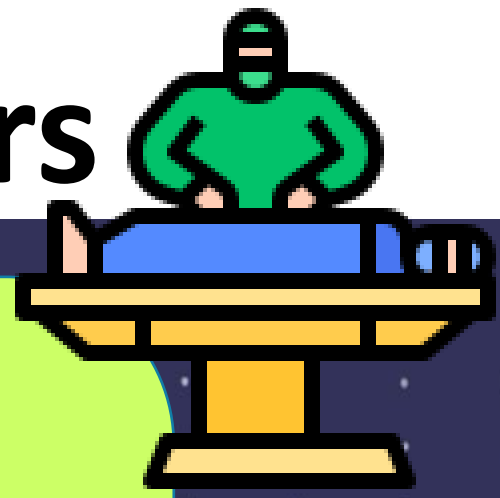
# 5. Pre-post operative teaching plans<sub>2</sub>

## PREOPERATIVE TEACHING PLAN INCLUDES:

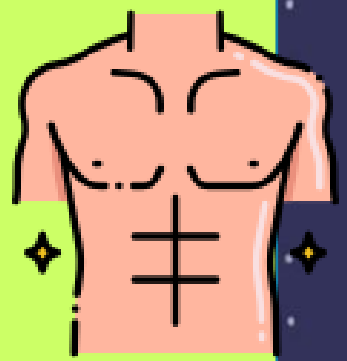
- ◉ Preoperative medication- when they are given and their effects.
- ◉ Post operative pain control.
- ◉ Explanation and description of the post anesthesia recovery room or post surgical area.
- ◉ Discussion of the frequency of assessing vital signs and use of monitoring equipment.
- ◉ Explanation and demonstration deep breathing and coughing exercises, use of incentive spirometry, how to support the incision for breathing exercises and moving, position changes, and feet and leg exercises.
- ◉ Information about intravenous (IV) fluids and other lines and tubes such as nasogastric tubes.
- ◉ Preoperative teaching time also gives the client the chance to express any anxieties and fears and for the nurse to provide explanations that will help alleviate those fears.
- ◉ When clients are admitted for emergency surgery, time for explanation is unavailable; explanations will be more complete during the postoperative period.



# 6. Surgical risk factors



- ✓ **Age:** very young or elderly
- ✓ **Nutritional status:** malnourished, low weight or obese
- ✓ **Medical problems:** acute or chronic respiratory problems, HPN, liver dysfunction, renal failure or diabetes



# Preoperative Preparation



✓ **Physical preparation:** skin prep, elimination, food and fluids, care of valuables, clothing, grooming and prostheses

✓ **Psychosocial preparation:** careful preoperative teaching can reduce fear and anxiety

## NURSING DIAGNOSIS:

- Anxiety** related to results of surgery and postoperative pain
- Knowledge deficit** related to preoperative procedures and postoperative expectations

# Postoperative Preparation

## ✓ Initial assessment:

- Patent airway
- Effective respiration
- Presence of artificial airways
- Mechanical ventilation or supplemental  $O_2$
- Circulatory status
- Wound condition (dressing, drains)
- Fluid balance (IV, lavage, ability to void)
- Level of consciousness and pain



## NURSING DIAGNOSIS:

- Anxiety** related to results of surgery and postoperative pain
- Knowledge deficit** related to preoperative procedures and postoperative expectations



# Postoperative Preparation



## ✓ Ongoing assessment:

- Respiratory function
- General condition
- Vital signs
- Cardiovascular function
- Fluid status
- Pain level
- Bowel and urinary elimination
- Dressings, tubes, drains and IV lines

## NURSING DIAGNOSIS:

- Risk for **altered respiratory function** related to immobility, effects of anesthesia, analgesics and pain
- Pain** related to surgical incision and manipulation of body structures
- Altered comfort** (nausea and vomiting) related to effect of anesthesia or side effects of narcotics
- Risk for infection** related to break in skin integrity (surgical incision, wound drainage devices).
- Activity intolerance** related to decreased mobility and weakness secondary to anesthesia and surgery





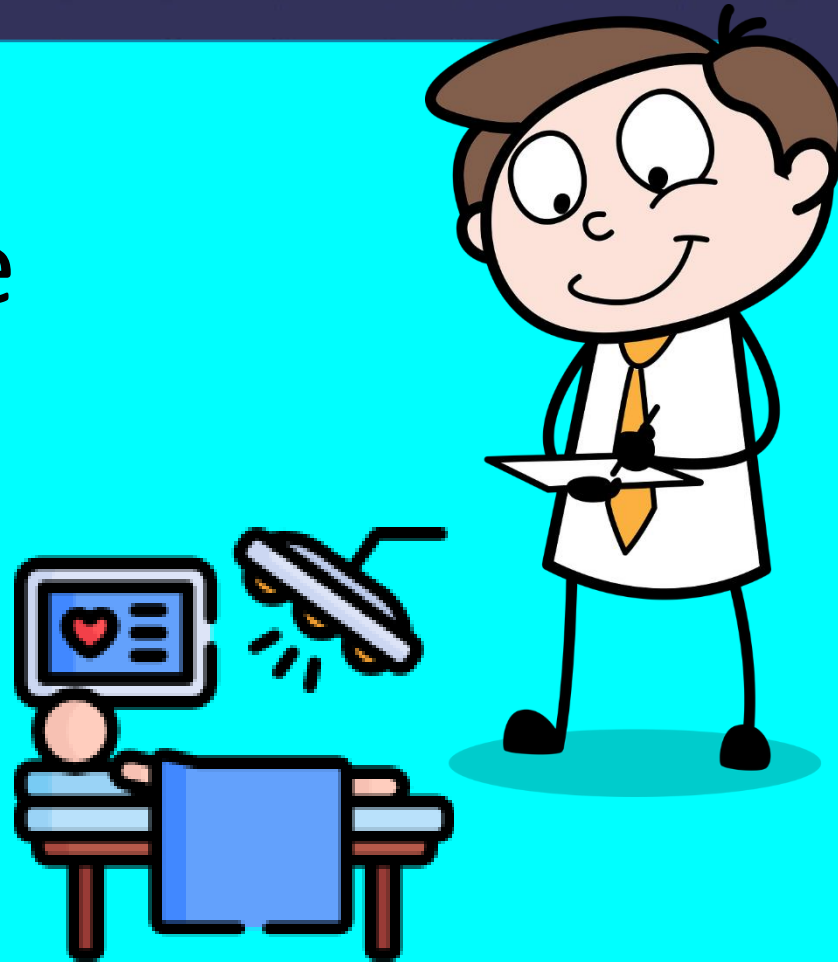
# Nurse's responsibilities in postoperative phase

- ✓ Ensures a patent airway
- ✓ Helps maintain adequate circulation
- ✓ Prevents or assist with the treatment of shock
- ✓ Maintains proper position and function of drainage tubes and IV infusion
- ✓ Fluid status
- ✓ Monitor for potential complications



# 7. Possible postoperative complications

- Hemorrhage
- Shock
- Hypoxia
- Aspiration





# CONCLUSION

Therefore, perioperative nurses are always challenged to provide wholistic care to surgical patients such as comfort and safety during the entire perioperative experience.





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**THANK YOU!**



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