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Nursing Management of Patients with Perioperative Conditions

Medical Surgical Nursing

Preoperative assessment, surgical preparation, informed consent, intraoperative care, postoperative monitoring, prevention of complications and recovery management.

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CHAPTER 19 / MEDICAL-SURGICAL NURSING 19. Nursing Management of Patients with Perioperative Conditions

1. Phases and preoperative assessment

Preoperative: decision for surgery to transfer to theatre. Intraoperative: theatre care through transfer to recovery. Postoperative: recovery through discharge and follow-up. Assess health history, allergies, medicines (including anticoagulants and diabetes agents), airway risk, previous anaesthesia, baseline observations, nutrition, infection, labs and functional status.

2. Preparation and consent

Verify procedure and site, identity, consent documentation, surgical checklist, fasting instructions based on anaesthesia protocol and relevant medications. Consent is an informed voluntary process led by the responsible clinician; nurses verify, witness as authorized and raise unresolved questions. Give clear explanations, psychosocial support, prescribed prophylaxis and skin preparation; clip hair only if necessary (avoid routine shaving).

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3. Intraoperative responsibilities

- Circulating nurse supports safety, equipment, documentation, positioning and communication.
- Scrub nurse maintains sterile field, instruments and counts using approved procedures.
- WHO surgical safety checklist: sign in before anaesthesia; time out before incision; sign out before leaving theatre.
- Prevent pressure/nerve injury, hypothermia, wrong-site surgery and retained items; manage specimens and counts accurately.

4. Postoperative assessment

Monitor airway, breathing, oxygenation, circulation, consciousness, pain, nausea, temperature and surgical site/drains. Recovery discharge based on approved criteria. Assess urine output and fluid balance, neurological status after regional anaesthesia and return of function.

5. Common complications

Complication	Signs and nursing response
Haemorrhage	Tachycardia, hypotension, bleeding, increasing drainage; urgent assessment/escalation.
Respiratory depression/atelectasis	Reduced ventilation or saturation; airway support, monitoring, prescribed respiratory care and mobilization.
VTE	Leg swelling or sudden breathlessness; urgent assessment, prophylaxis and mobilization as prescribed.
Surgical site infection	Increasing pain, redness, purulence, fever; aseptic care and reporting.
Ileus/retention	Distension, vomiting or inability to void; assess and escalate appropriately.
Dehiscence/evisceration	Wound separation; emergency escalation, protect exposed tissue with sterile saline-moistened dressing, do not push organs back.

6. Discharge and wound management

Assess readiness, reconcile medications, explain activity/weight-bearing restrictions, dressing, bathing, pain control and danger signs. Use teach-back. Support follow-up, pathology review and caregiver participation. Document handover, counts, adverse events and recovery observations.

7. Important Examination Questions

Long Answer Questions

1. 1. Explain pre-, intra- and postoperative nursing care.

Short Answer Questions

1. 1. Describe surgical checklist
2. 2. explain informed consent
3. 3. list postoperative complications.

Very Short Answer Questions (with answers)

1. 1. What is the time out? - Team verification before incision.
2. 2. Should routine shaving precede surgery? - No.

8. Quick Revision

- Verify patient, procedure and site.
- Monitor airway first in recovery.

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- Discharge instructions require teach-back.

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9. Conclusion

Verify patient, procedure and site. Monitor airway first in recovery. Discharge instructions require teach-back.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which time span defines the preoperative phase?

A. Decision for surgery until transfer to theatre
B. Theatre care until transfer to recovery
C. Recovery until discharge and follow-up
D. Only the moment of skin incision

2. Which hair-removal approach is appropriate for surgical preparation?

A. Routinely shave the site the night before surgery
B. Clip hair only if necessary and avoid routine shaving
C. Routinely shave the site immediately before surgery
D. Use depilatory cream at every site without skin review

3. Which method is recommended to check understanding of discharge instructions?

A. Providing instructions without checking understanding
B. Asking only whether the leaflet was received
C. Teach-back
D. Relying solely on a signature

4. Before surgery, a patient says the procedure described on the consent form is not the one they expected. What should the nurse do?

A. Continue preparation because a signature alone confirms understanding
B. Pause preparation that depends on consent and seek clarification from the responsible team
C. Ask another nurse to explain the operative risks instead of informing the responsible team
D. Assume the written form takes priority over the patient's expressed concern

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Answer key and explanations

1. A - Decision for surgery until transfer to theatre

The preoperative phase begins with the decision for surgery and ends at transfer to theatre.

2. B - Clip hair only if necessary and avoid routine shaving

The chapter recommends clipping only when necessary and avoiding routine shaving.

3. C - Teach-back

Teach-back helps assess whether the patient can explain and use the discharge instructions.

4. B - Pause preparation that depends on consent and seek clarification from the responsible team

Valid informed consent requires understanding and agreement. A discrepancy must be resolved by the responsible team before proceeding with the planned intervention.

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