

Nursing Care For Thoracic Surgical Diseases

MINUTES can make difference in the life of any patient and therefore the nurse is required to be prompt and vigilant. The nursing care of thoracic surgical patients is one such occasion demanding special care by the attending nurse.

Apart from the usual nursing procedure followed in Thoracic Surgical Departments, the nurse should be thoroughly skilled in certain specialised techniques.

Patients with Thoracic Surgical conditions can be roughly divided into three groups. (1) With lung diseases, (2) With heart diseases and (3) With oesophageal diseases.

While the routine care is the same in all the three conditions the nurse will have to be extremely observant in noticing complications in case of heart and oesophageal diseases.

Pre-operative Preparations

(1) **General** : In general preparation the physical and psychological preparation of the patient is very important for an effective recovery.

(a) **Physical** : In preparing the patient for surgery all routine investigations of blood, sputum (in case of heart and oesophageal diseases electro-cardiogram (E.C.G) and in case of lung and oesophageal diseases, Bronchoscopy and oesophagoscopy according to the surgeon's orders should be conducted to confirm the diagnosis. These investigations help prevent complications during and after surgery.

In addition the patient should be taught breathing exercises which will be helpful in preventing post-operative complications due to insufficient oxygen entry into the lungs leading to cyanosis and death of the patient.

(b) **Psychological** : The nurse should also prepare the patient psychologically for the operation. Fear and doubt of the patient must be allayed. The Patient should be mentally prepared by

adequate explanation and assurances for the operation which will help safe and speedy recovery during the post-operative period. The nurse should win the confidence of the patient as well as his anxious relatives acquainting them with the cases of similar successfully operated patients in the hospital.

Blood Pressure

Care within 24 hours : Patient should be received in a comfortable warm bed. Oxygen inhalation should be started immediately on the arrival of the patient. Chest drainage tube is to be connected to the water sealed bottle and suction (either steadman's pump or any other available suction) to be applied according to the surgeons orders. Pulse and respiration should be checked and the blood

pressure (B.P.) be recorded very carefully and also watch for cyanosis on the finger tips and tongue. Antibiotics are to be administered as per the orders of the surgeon. She should check the drainage from the intercostal tube carefully. If the drainage is above 200 cc the surgeon should be informed so that immediate blood transfusion is given. Sedatives should be given every 6 hours in orders to relieve him of the severe pain.

Blood pressure : Observe the patient carefully taking and recording the temperature, pulse respiration (T.P.R.) and B.P. every 15 minutes. Only sips of water should be given on the first day. Care should be taken to see that the patient passes urine within 12 hours after the operation. If urine is not passed nursing methods should be tried and when these measures fail, the matter should be

reported for catheterization of the bladder.

Care of the mouth is the next important part of post-operative nursing care. Mouth washes should be given with any oral anti-septic lotion as potassium permanganate or saline.

Early ambulation and free movement of hands and legs should be encouraged to prevent thrombophlebitis and embolism. Patient should be also made to cough and to take deep breathing exercises for sufficient air entry into the lungs and to bring out any secretion (Endotracheal suction is done in some hospitals where there are facilities). The nurse must change the position of the patient frequently and care of the back and bony prominences should be given to prevent bed sores.

I. V fluids are usually given at slow rate as pulmonary oedema is a common complication after thoracic operations. Oral fluids should be given in small amounts to prevent abdominal distension. In case of oesophageal gastrosotomy or

operations on the oesophagus, when the oral fluids are restricted, I, V fluids are administered up to at least 4-5 pints within 24 hours to prevent dehydration alongwith parenteral administration of vitamins. Gastric aspiration should be done frequently and the quantity and quality of fluid aspirated each time be noted, a total 24 hours intake and out-put chart should be maintained.

Any rise or fall of pulse rate hyperpyrexia, depth, regularity and rate of respiration should be brought to the notice of the surgeon. In case of hyperpyrexia temperature should be brought down by cold application and ice mattress. Oxygen inhalation to be given continuously by poly mask or nasal catheter when care should be taken to clean the catheter every 4 hours to prevent blockage.

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