Instructions for the Patient with Cataract Surgery

BY

SENIOR STUDENTS OF BAPTIST CHRISTIAN HOSPITAL, TEZPUR, ASSAM

Teaching from admission until the time of Surgery

1. The patient may ask why the doctor does not operate on both eyes at once, and thus decrease the cost of the surgery. You will explain that the doctor wishes to see if the operation on one eye is successful or not before operating on the second eye, as some unexpected behaviour or complication might develop and interfere with good results. However, explain that doctor may do both during the same hospitalization, but a few days apart.

2. Teach the patient what to expect immediately before surgery:
   — about the routine preparations (cutting eyelashes, etc.) on the evening before surgery, as well as on the morning of surgery.

3. Teach the patient what is expected of him during surgery:
   — to be quiet and not move during surgery, as movement may interfere with the operation. No talking during surgery.

4. Teach the patient what will happen after surgery, and what is expected of him:
   — when he returns both eyes will be covered with eye patches.
   — he must not handle his dressings.
   — he must close his eyes slowly, and avoid the natural reaction of squeezing them, which might be harmful post-operatively.
   — he must be quiet after surgery for the first 48 hours to prevent hemorrhage or opening of the incision (he must not raise his head or turn it suddenly, etc.). This means that the nurse will have to feed him, help him with the bedpan, and do all care for him.
   — teach him to practise deep breathing and moving of his extremities without moving his head so that he will be able to do these exercises after surgery.
   — he may sit up and walk after 48 hours, and keep the unoperated eye open.
   — he may expect to be discharged when his eyes become accustomed to ordinary light.
   — he will be discharged with glasses, and may expect to see.

Teaching after Surgery

1. When he returns from surgery, tell him:
   — that he is back in his own room.
   — where his bell is.
   — that sideboards, if used, are to prevent him from falling out of bed (because he cannot see, he may have difficulty).
   — that, if hand-restraints are used, they are needed because we often make movements when we are asleep which we would not make when awake. *Remind him to not touch dressings.*
   — remind him to be quiet, but that he must do his deep breathing and leg exercises every two hours.

2. When feeding the patient, tell him:
   — what food is on his tray.
   — that he may not have gas forming foods.
   — that he may not have pepper on his tray as this may cause sneezing.
   — that he must not give any sudden movements to his head.

3. When bathing the patient, tell him that he may not use strong perfume or powder, as these may cause sneezing or coughing.

4. When he is permitted out of bed, caution him to move slowly. He is not to stoop, lift anything heavy, become excited, laugh heartily, cough, or strain in any way.

Teaching before Discharge

1. Teach the patient that he needs glasses before he can use his operated eye:
   — after removal of his eye shields and dressings, he will wear dark glasses.
   — before discharge he will be fitted with temporary lenses, during this period of rapid healing changes in the operated eye are too rapid to justify accurately fitted lenses.
   — after 2—6 months, he must return for permanent lenses.

(Contd. on page 300)
Miss E. H. Paul, Vice-President of TNAI, will be representing International Council of Nurses at the Meeting of the WHO Regional Committee for South East Asia (19th session) to be held in New Delhi from September 27 to October 3, 1966.

Mr. Adoni Ram David, has joined the Tripoli Hospital, Libya, in August 1966 after successfully completing the British Thoracic Nursing Certificate course in Hartford Hospital, Middlesex, England.

Mr. David is a graduate of Sir J.J. Hospital, Byculla, Bombay. He served the Dharan Health Centre Hospital from 1952 to 1964. He took his Thoracic Nursing Certificate from Hartford Hospital, in 1966. Mr. David is a Life Member of TNAI.

Miss A. Abraham of St. Martha’s Hospital, Bangalore, has left for Lambing District Hospital, Ontario, Canada, for further studies.

Miss Elizabeth Goomer, C.M.C. Hospital, Vellore, is at present in Cleveland, Ohio, U.S.A. undergoing further studies.

Miss E.L. Anukoolam, C.M.S. Hospital, Vellore, has left for Canada for post-graduate course.

Miss C. Maryluty of Rural Health Centre, Thorapadi is at present in Newark, New Jersey, U.S.A. for further clinical experience.

Miss S. Simon of N.S.S. Medical Mission, Pandial, has left for Newark, New Jersey, USA, for further clinical experience.

Mrs. D. Grace Kamala, Kugler Hospital, Guntur, has joined Beth Israel Hospital, New Jersey, U.S.A.

Mr. Anand H. Rao, Red Cross Clinic for Tibetan Refugees, Simla is at present in England for further study and experience.

Miss L.M. Smith has returned to S.M. Hospital, Reniguet, on completion of her Burgough in Scotland.

Mr. K. Somanath Naik, Student Nurse of the School of Nursing, Victoria Hospital, Bangalore, stood first in the State in Part II Examination in General Nursing conducted by the Mysore State Board of Studies in Nursing in May 1966. Mr. Naik has been an active member of SNA and SNA Unit Secretary for the last term. He is at present taking post-basic course in Psychiatric Nursing at the Mental Hospital, Bangalore.

Instructions for the Patient with Cataract Surgery — (Contd. from page 299)

2. Teach that he must wear glasses all the time. However, because the power of accommodation is lost, two pair of glasses must be used, one for distant vision, and one for near vision.

3. Teach that the patient’s vision is clearest through the centre of the lens. Following successful cataract extraction in an eye possessing no other visual defect, the patient may ACHIEVE NORMAL VISION.

4. The colour of objects seen with the eye from which the lens has been removed is slightly changed.

5. The correcting lens causes the patient to see objects larger than the normal eye sees them. Therefore, it will take time to judge distances.

6. Teach that he must restrict his activities for several weeks—his employment, household routines, pushing, lifting, and bending.

7. Teach to continue under medical supervision, and to come for his new glasses as directed (in 2-6 months).

REFERENCE


