

Prevention of Thrombosis - A Challenge to Every Nurse

By

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THE development of circulatory complications in patients on prolonged bed rest and following surgery is a common and serious problem. These complications not only prolong the patient's hospitalization, but they can also be fatal. It is through good nursing care that these complications can be prevented. Prevention should be a challenge to every nurse.

Thrombosis

Not all circulatory complications can be prevented. However, the nurse can do a great deal in the prevention of the two most common ones—thrombophlebitis and phlebothrombosis. Due to inactivity of the patient, blood collects in the veins of the pelvis and lower extremities. This can lead to the development of a thrombus. When thrombosis occurs and the clot is firmly attached to the wall of the vein, it is called thrombophlebitis. If the clot is loosely attached to the vein wall, it can easily become separated. This clot formation is called phlebothrombosis. If the clot or part of it becomes detached and moves in the circulation, this is called an embolus. An embolus can be fatal.

Prevention

Since these complications result from inactivity and stasis, nursing care must be directed toward prevention of stasis. The following preventive measures will need to be modified according to the type of operation and the patient's condition.

Turning and Positioning

Turning the patient frequently, whether he be a post-operative patient or a patient on prolonged bed rest, is important for the nurse to do. Before the patient goes to surgery, the nurse must

help him to understand what will take place in the post-operative period. She must tell him about the importance of turning on all sides at frequent intervals. The patient may fear that turning will cause pain. The nurse can assure him that the doctor will order pain relief medications for him, and this will lessen the discomfort in turning and moving. Lying in the prone position for a few minutes twice a day will also help prevent pooling of blood in the pelvis. The patient who understands that he must turn after surgery, why he must turn, and that he will receive medication for pain, will always be more co-operative. The patient on prolonged bed rest needs the same understanding about turning. When the nurse turns the patient and encourages him to turn at least every two hours, this increases muscular activity which increases circulation. It also prevents the pooling of blood in the pelvis. Turning the patient will also help prevent other complications.

Exercises

In the preoperative period, the nurse teaches the patient how to do postoperative exercises and helps him understand why they are important. Since stasis occurs in the pelvic and lower extremities, it is important to exercise the feet and legs. In a supine position, the patient is taught the following exercises :

1. Rotation of the foot at the ankle.
2. Flexion and extension of the toes and foot.
3. Tightening the leg muscles, holding and relaxing.
4. Flexion and extension of the knees.

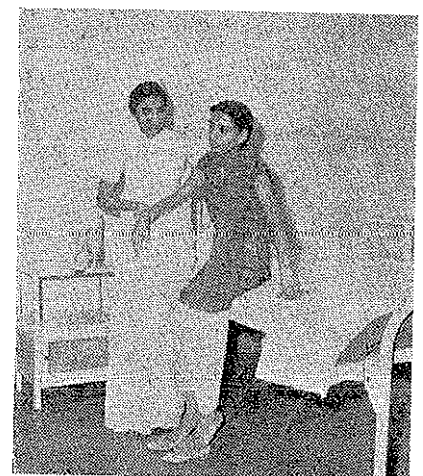
Unless the patient's condition

does not permit, similar exercises should be taught using the fingers,



Post-operative exercise

wrists, arms and shoulders. Each one of these simple exercises should be done by the patient followed by a period of rest. After surgery, he does what his condition will permit. If unable to do any of them, the nurse must do the exercise passively. These exercises are done



Early ambulation

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