Post-operative Complications and the Nurse’s Role

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Objectives

- Review post-operative complications
- Discuss nursing implications for the prevention of these complications
Risk Factors

- Most vulnerable within first 24 hours post-op
- Co-morbidities
- Prior complications
- Unexpected events/reactions
Prevention of Complications

- Good surgical candidate
- Minimal or managed risk factors
- Nutritional status optimal
- No active infections
General Complications

- Post-op fever
- Blood loss, hemorrhage
- Infection
- Respiratory
- Nausea, vomiting, Ileus
- Skin issues

- Acute confusion
- Urinary retention
- Infection
- Venous Thromboembolism (VTE)
- Disordered healing/wound dehiscence
Fever

- Mild, <38°C is common in first 48 hours
  - Deep breathing, cough exercises
  - Incentive spirometry
  - Early mobility
  - Orthopnea
  - Effective airway clearance
  - Hydration

- Persistent fever, >38°C
  - Atelectasis, consider 2° infection
  - Surgical issue: biliary, GU
  - Medication reaction
  - Blood transfusion reaction
  - Malignant hyperthermia
Persistent fever continued

- Post-op days 3-5:
  - Infection
  - Abscess formation
  - Phlebitis
  - Bronchospasm
  - Pneumonia
  - Viral illness

- After PO day 5:
  - Infection; infection distal to surgical site
  - VTE
  - Anastomotic leak (GI, GU, vascular surgeries)
Surgical Site

- Tissue damage
- Hematoma at surg site or epidural/spinal
- Nerve insult, neuropathy
- Pain
- Incisional hernia
- Wound dehiscence
- Disrupted wound healing
- Skin issues - skin prep, tape, drainage
- Pressure ulcer—preventive dressings
Blood loss

- Effects on blood pressure
  - Monitor VS per orders, p.r.n.
  - Intervene as indicated
- Blood loss
  - Monitor lab results
- Fluid shift, Acid-base imbalance
  - I&O, Labs
- Surgical incision, tissue damage
  - Wound assessment under the dressing*
- Hematoma, seroma
  - Action dependent on location, notify physician
Infection

- Surgical site
  - Monitor site, dressing change
- Invasive lines, drains
  - Monitor patency, output characteristics
  - Aseptic care and management
- Surrounding tissues
  - Tissue assessment
- Other site(s)
Respiratory

- Atelectasis
  - Pulmonary exercises, IS
  - Early mobility
  - Orthopnea
  - Effective airway clearance
- Aspiration risk
  - HOB up, chair for meals
  - Diet consistency
- Pneumonia

- Decreased respiratory effort, drive
  - Limit opioids, multimodal pain meds
  - RT consult
- Obstructive Sleep Apnea (OSA)
  - RT consult
- ARDS
  - Know risk factors
  - RRT
Gastrointestinal

- Difficulty swallowing, sore throat
  - Assess cause
  - Warm vs. cold liquids
  - Lozenges
- Nausea, vomiting
  - Medicate
  - Meal/liquid spacing
- Constipation
  - Early mobility
  - Limit opioids
  - Stool softeners
- Ileus
  - See above
Mental status

- Acute confusion
- Alteration in mental status, LOC
- CNS depressive effects
Genitourinary

- Urinary difficulty
- Urinary retention
- Inadequate emptying
- UTI
VTE

- Prophylaxis
  - Pharmacological
  - Mechanical
- Early mobility
- Pulmonary exercises
Drain & Line Issues

► Patency
► Dressing/no dressing
► Output amount, characteristics
► Care & maintenance
Additional Complications

- Rhabdomyolysis
- Dysphagia
- Altered body image
- Pain
- Anxiety
- Mobility

- Incisional hernia
- Persistent wound sinus
- Unprepared for transition
- recurrence of reason for surgery
- Keloid scar formation
Nursing Implications

- Nursing care is designed to:
  - Prevent the avoidable complications
  - Minimize the unavoidable complications
  - Provide healing and wellness
  - And to promote the best possible outcome for the patient

*This is what you do every day*
Thank you!

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