

Individualized care in patients undergoing laparoscopic cholecystectomy

Intekhab Alam

Senior Resident, Department of General Surgery, Rockland Hospital, Gurgaon, Haryana, India

Abstract

Gall-bladder is removed by using Laparoscopic cholecystectomy technique. Acute cholecystitis is supposed to be the most common disorder among patients suffering from gall-bladder. The main benefit of using the Laparoscopic procedure is that it reduces the risk of infection.

The nurses admit the patients and then patient's assessment procedure is performed. The RN circulator is used to review the medical record and physical examination of the patient admitted. The current research paper highlights the individualized care in patients undergoing laparoscopic cholecystectomy.

Keywords: Laparoscopic Cholecystectomy, Surgical Procedures, Best Practices

1. Introduction

Nurses have different care plans for different type of diagnosis. For example, if there is a patient supposed to be suffering from risk of any injury then nurses care plan includes confirming the identity of patient, verifying operative procedures, managing culture specimen etc. On the other hand, if there is a patient tend to be a victim of risk of infection then the job of a nurse is to assess the susceptibility for infection, classify the surgical wound, implement aseptic strategy etc. Hence, it is observed that different type of care planning strategy is adopted by the nurses for different type of patients.

After admitting the patient the anesthesia professional and RN circulator take the patient to the OR bed. To improve the surgical access, the muscles of the patient are relaxed. Carbon dioxide gas is used to fill the abdominal cavity of the patient. Since carbon dioxide is absorbed by red blood cells, so, the risk of air embolism is minimal. The basic objective of nursing care plan is to identify any surgical or anesthesia symptoms in the patient so as to start the recovery procedure as soon as possible. It is observed that the most of the patients suffer from post-operative nausea and vomiting. Some common factors responsible for it are: motion sickness, usage of volatile anesthetics and opioid etc.

The basic objective of managing nausea and vomiting is to maintain the output of adequate urine, dehydration and improve symptoms etc. Nurses are given the responsibility of taking care of patients undergoing laparoscopic cholecystectomy.

Nurses examine the initial condition of the patient at the time of the introduction of any patient. The examination process includes level of respiration in the patient, the level of blood pressure in the patient i.e. whether the blood pressure of patient being introduced is high or low. It is observed that in some cases, the patients get panic. At that situation, nurses use therapy procedures to relax the patient.

1.1 Research Work

An Aldrete scoring system is used to assess the patient during recovery process. When the patient is introduced first then after first examination, nurses rate the activities of the patient.

The factors which are noticed during the assessment procedure are level of respiration, skin-color at the time of admitting the patient, consciousness of the patient, blood-circulation i.e. the blood pressure of the patient is high or low.

Aldrete Scoring System		
Respiration	Able to take deep breaths and cough	2
	Dyspnea or shallow breathing	1
	Apnea	0
Color	Warm, dry skin with preprocedural coloring	2
	Pale, dusky, blotchy, jaundiced, or other	1
	Cyanotic	0
Consciousness	Fully awake	2
	Arousable on calling	1
	Not responding	0
Circulation	Blood pressure 20% of preanesthetic level	2
	Blood pressure 20% to 50% of preanesthetic level	1
	Blood pressure greater than 50% of preanesthetic level	0
Activity	Able to move four extremities	2
	Able to move two extremities	1
	Able to move zero extremities	0
Total		

Fig 1: The Aldrete Scoring System is used to assess the patient during the recovery process.

A post-anesthetic discharge scoring system is used to determine the patient’s readiness for discharge from phase II recovery. The main factors which are considered in this process

are the vital signs, activity and mental status, surgical bleeding, mental status of the patient etc.

Post-Anesthetic Discharge Scoring System		
Vital Signs	Within 20% of preoperative value	2
	20% to 40% of preoperative value	1
	Greater than 40% of preoperative value	1
Activity and mental status	Oriented X 3 AND has a steady gait	2
	Oriented X 3 OR has a steady gait	1
	Neither	0
Pain, nausea and/or vomiting	Minimal	2
	Moderate, having required treatment	1
	Severe, requiring treatment	0
Surgical bleeding	Minimal	2
	Moderate	1
	Severe	0
Intake and output	Has had PO fluids AND voided	2
	Has had PO fluids OR voided	1
	Neither	0
Total		

Fig 2: The Post-Anesthetic Discharge Scoring System is a checklist used to determine the patient’s readiness for discharge from phase II recovery.

Analysis

An ASA physical status classification scoring system is used to predict surgical mortality based on a patient’s preoperative health status. Here, the main factors being considered are

whether the patient is suffering from any mild or severe systemic disease, a moribund patient whose chances of surviving is less without the operation etc.

ASA Physical Status Classification Scoring System	
ASA Physical Status 1	A normal healthy patient
ASA Physical Status 2	A patient with mild systemic disease
ASA Physical Status 3	A patient with severe systemic disease
ASA Physical Status 4	A patient with severe systemic disease that is a constant threat to life
ASA Physical Status 5	A moribund patient who is not expected to survive without the operation
ASA Physical Status 6	A declared brain-dead patient whose organs are being removed for donor purposes

Fig 3: The American Society of Anesthesiologists (ASA) Physical Status Classification Scoring System is used to predict surgical mortality based on a patient’s preoperative health status.

A list of questions in association with caring plan is given to nurses. Nurses make the calls to the patients and asks caring questions and records the feedback given by the patients. This

procedure is performed on weekly basis. Some of the questions listed are: Have you had a fever, Do you have a sore throat etc.

Patient Questions for 24-Hour Postoperative Call

Do you or have you had any of the following?

1. Have you had a fever?

2. Do you have a sore throat?

3. Have you had any nausea or vomiting?

4. Do you have pain? If yes, what is your pain level score from zero to 10

5. Do you have any signs of wound infection?

6. Did you need to call the surgeon’s office, visit the office, or go to the emergency department for any reason?

7. Do you have any questions regarding your recovery?

Fig 4: Postanesthesia care unit nurses can use this evidence-based, standard list of questions when calling patient 24 hours after discharge.

2. Conclusion

Best practices for the postoperative care of patients undergoing outpatient laparoscopic cholecystectomy are aimed at optimizing the surgical experience while maintaining safety

and providing compassionate care. The standards of nursing care for patients recovering from laparoscopic cholecystectomy are comprehensive and include monitoring, evaluation, and treatment.

Nurses who provide postoperative care must have knowledge of the implications of the procedure, clinical manifestations of complications, and risk factors. Identifying patients at high risk for adverse outcomes allows the nurse to anticipate the needs of the patient and provide a less stressful postoperative experience.

Efficient nursing care is important during recovery. Nurses must be prepared to prevent postoperative complications, rather than waiting to treat them. Nurses can provide excellent care if they are able to anticipate a patient's needs, intervene early when symptoms first appear, provide reassurance to alleviate patients' unease during the recovery process, and educate patients to alleviate unnecessary anxiety related to discharge expectations.

3. References

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