

1) John Doe is a 77 year-old patient with a history of chronic obstructive pulmonary disease. He takes medication for his respiratory condition. He lives alone and is independent in his daily care. His CBC is as follows: WBC 11,000, Hgb 12, Hct 38, plts 100,000. He is coming to the ambulatory surgery center for a hernia repair under spinal anesthesia. His baseline vital signs are BP 154/88, pulse 84, respiration 28, and temperature 97.8. He is alert and oriented.

What kind of positioning do you anticipate for this procedure? Any concerns?

What type of incision?

Clean incision

Where the hernia is, how extensive, anatomy issues, etc.

How do you anticipate bleeding to be managed during the procedure?

What kind of closure device, dressing, & drains. Why?

Open-internal sutures, graft, staples. Lap- staples. Possible JP. DSD

2) Mrs. J is a 43 y.o. female who presents to her physician with complaints of severe fatigue, low abdominal pain, and irregular vaginal bleeding for six weeks. On physical examination, the physician finds an enlarged uterus. A CAT SCAN shows a large endometrial tumor. The physician admits Mrs. J immediately to the hospital for a hysterectomy to be performed tomorrow.

What kind of positioning do you anticipate for this procedure? Any concerns?

What type of incision? Why?

Clean contaminated

Internal sutures, open (tumor, adhesions), trans vaginal?

How do you anticipate bleeding to be managed during the procedure?

What kind of closure device, dressing, & drains. Why?

Abd DSD, peri-pads, possible J.P(s).

3) Mr. R is a 65 y.o. white male who presents to his physician office with complaints of intermittent right upper quadrant pain, frequent indigestion after a high fat meal, and occasional pain in his right shoulder. The abdomen is soft and non-tender. An ultrasound of the abdomen shows an enlarged gallbladder with multiple small gallstones. The bile duct is clear. The physician suggests to Mr. R a laparoscopic cholecystectomy and the patient agrees. The patient is scheduled to report to Same Day Surgery in 10 days for the surgery.

What kind of positioning do you anticipate for this procedure? Any concerns?

What type of incision? Why?

Clean contaminated

How do you anticipate bleeding to be managed during the procedure?

What kind of closure device, dressing, & drains. Why?

Lap – steri strips, staples, open – internal sutures, staples, DSD

4) Mrs. S is a 67 y.o. retired secretary. She is 62 inches tall and weighs 175 lbs. She has a medical history of bronchitis, mild hypertension, kidney stones, and recurrent urinary tract infections. She has come to the hospital for acute appendicitis and is scheduled to have her appendix removed in the morning.

Mrs. S is allergic to shellfish. She has no known allergies to drugs. She has partial dentures and says several times, "I'm sorry, I can't hear you very well". She becomes tearful, stating, "I hope everything goes okay. I've never had an operation before." Mrs. S lives on a fixed income and has one son who lives nearby.

What kind of positioning do you anticipate for this procedure? Any concerns?

What type of incision? Why?

Clean contaminated

How do you anticipate bleeding to be managed during the procedure?

What kind of closure device, dressing, & drains. Why?

Internal sutures, skin staples/sutures, possible retention sutures, DSD Binder?

5) Mrs. K is a 65 y.o. woman with osteoarthritis, failed conservative treatments, and is scheduled for a total knee replacement tomorrow. She is 60 inches tall and weighs 188 lbs. She has a medical history of hypothyroidism, type II diabetes, hypertension, and coronary artery disease. She takes a beta blocker and a baby aspirin daily. She lives in a single-story home and is the primary care-giver for her husband who has dementia.

What kind of positioning do you anticipate for this procedure? Any concerns?

What type of incision? Why?

Open, linear, clean

How do you anticipate bleeding to be managed during the procedure?

What kind of closure device, dressing, & drains. Why?

sutures/staples, hemovac, occlusive sterile – compression dressing & Cryocuff

6) Mrs. H is an 87 year old resident of a long term care facility who fell yesterday and broke her hip. She is scheduled to have a total hip replacement in the morning. She has a medical history of dementia, hypertension, and osteoporosis. She is 63 inches tall and weighs 87 lbs. Her contact person is an adult daughter who lives out-of-state.

What kind of positioning do you anticipate for this procedure? Any concerns?

What type of incision? Why?

Open, linear, clean

How do you anticipate bleeding to be managed during the procedure?

What kind of closure device, dressing, & drains. Why?

Staples, occlusive bandage, hemovac