

## Surgery Work Sheet

**1. Type of Surgery and explain in YOUR words about the surgery.**

- a. Colostomy Reversal
- b. In the surgery, the patient's colostomy bag was removed. A colostomy bag is one that is on the left side and connects to the large intestine from outside one's body. Therefore, in this surgery the patient's stomach was cut open, their large intestine was pulled back inside the body and connected to the end from where the original colon was removed

**2. What were the medical reasons/cause for the surgery?**

- a. For this patient, they were involved in a MVC in October of 2021. Due to the crash, the patient had multiple, severe injuries with one of them being mesenteric ischemia, which resulted in their large intestine not being able to work properly. The portion of the long intestine that was affected was the sigmoid colon. In the car crash, the patient was luckily wearing a seatbelt, however it caused that portion of the colon to be removed as the seatbelt sat right across that area of the stomach. Overall, 6 months ago, this patient had surgery to remove a portion of their large intestine and was given a colostomy bag allowing time for that bowel to heal. As a result, this patient's colon was able to heal and undergo surgery today to not have to retain a colostomy bag anymore.

**3. From the History and Physical of the patient, what could contribute to any postoperative complications? The patient is very healthy and active however, respiratory problems are always one to consider after undergoing surgery due to the fact the patient was under anesthesia and hooked up to a ventilator for 2.5 hours. Another postoperative complication could be one with their incision site as this patient would most likely be going home today.**

**a. From the complication list TWO nursing interventions.**

i. Risk for infection or impaired skin integrity on incision site:

1. **Teaching the patient to inspect their incision site regularly, noting characteristics, integrity, or signs of infection and to not touch it and clean regularly.** E/B Disruptions of skin integrity at or near the operative site are sources of contamination to the wound. Careful shaving or clipping is imperative to prevent abrasions and nicks in the skin – nursing labs.
2. **Splint abdominal incisions or area with pillow or pad during coughing or movement.** E/B Equalizes pressure on the wound, minimizing risk of dehiscence or rupture. – nursing labs

ii. Ineffective breathing patterns

1. **Auscultate breath sounds. Listen for gurgling, wheezing, crowing, and/or silence after extubation.** E/B Lack of breath sounds is indicative of obstruction by mucus or tongue and may be corrected by positioning and/or suctioning. Diminished breath sounds suggest atelectasis. Wheezing indicates bronchospasm, whereas crowing or silence reflects partial-to-total laryngospasm. – nursing labs
2. **Initiate TCDB regimen as soon as patient is reactive and continue in the postoperative period.** E/B Active deep ventilation inflates alveoli, breaks up secretions, increases O<sub>2</sub> transfer, and removes anesthetic gases; coughing enhances removal of secretions from the pulmonary system. – nursing labs