

Care After Surgery

1. If you are providing care for a person in the home after surgery:
 - a. Know the surgeon's orders for home care. Each person will receive a list of instructions from their surgeon.
 - b. Know the type of medicines the person is to take and the schedule for each day.
 - c. Be aware of activities the person can and cannot do.
 - d. Know what problems to observe for and when to call the surgeon.
2. Even after minor surgery, a person will have some pain. Keeping pain under control increases a person's comfort and speeds recover. Follow these tips:
 - a. Give ordered pain medicines **on time**.
 - b. If a medicine is not ordered for a specific time frame (e.g. give every 4 hours), give the medicine in the ordered interval (e.g. every 4 to 6 hours). Example - if a person last had a tablet for pain at 9 am, and it is now 1 pm, give the medicine now if the person has pain, and do not wait until 3 pm.
 - c. Do not wait to give a pain medicine if a person has severe pain. If it is time for a medicine, give it.
3. Have a person walk when their pain is under control. Keep the person active, within their limits. Let the person dress and feed himself, do their own shower or bathe, within limits set by the doctor.
4. If pain is under control – this is a good time for sleep.
5. The surgeon will give you a list of problems to report. Look for the signs and symptoms each time you are with a person.
6. Begin by looking at the surgical wound. Look at the wound when the person first returns home. This will allow you to notice if any changes to the wound develop later on.
 - a. Wash your hands for 15 seconds or disinfect and then dry. If you see wound drainage, put on a pair of disposable gloves. The drainage will contain germs.
 - b. Look at the wound at least each day or whenever the person tells you something is wrong; the wound bothers him or her.
 - c. If the wound has a dressing over it, remove the dressing and look at the wound **only when the doctor tells you to change the dressing**. Here is what to look for:
 - i. Does the wound look different since you last looked? Has the size changed or does it look deeper? A wound gradually shrinks or gets smaller over several days.
 - ii. Are the wound edges closed together? Normally the edges should be closed.
 - iii. Are the wound edges reddened or swollen? Some redness, swelling and tenderness of the skin edges are normal the first 2 to 3 days. This will go away over time.
 - iv. Is there any drainage? If so. what color? There should be no bright red blood, a sign of bleeding. Drainage will be clear or

pinkish the first 2 to 3 days. Yellow or greenish drainage is a sign of infection.

- v. Do you notice any unusual odors? A wound should not be foul smelling unless there is an infection.
- vi. If a dressing is in place, and there is drainage, notice if there is a change in the color of the gauze.
- vii. Notice the size of the drainage on the gauze; this gives you an idea of the amount draining. Also – when you change a gauze dressing, count the number of gauzes that contain drainage.
- viii. Does the person have pain or discomfort around the incision? Tenderness is normal. Pain is not.
- ix. If the wound has stitches or staples – are they all in place? The stitches or glue should be tight, with no skin separation.
- x. If there is a drain or drainage tube coming out of the wound, **do not remove it or try to push it in further.** Just be sure it is still in place. The surgeon will remove the drain in the office or tell you if it is okay for the drain to slip out.

After looking at a wound and dressing, wash your hands. Take notes in your care diary of what you observe.

7. Know the activity restrictions a person must follow, such as climbing steps, driving, or lifting heavy objects.
 - a. At times, a person will not be allowed to lift items over a certain weight. Common items such as a basket of laundry, a small pet or child, or a bag of groceries may be too heavy to lift.
 - b. Have someone else (maybe yourself) lift these items for the person
 - c. Or, find ways to limit the weight the person carries, for example have the person take small bundles of clothes to the washing machine or have the grocer bag only 2 to 3 items in each plastic bag.
8. The person may have specific exercises to follow. Be sure he or she follows these exercises regularly. It is easier to do exercises when pain is under control.
9. In some cases a person return homes with elastic stockings. The stockings improve circulation in the legs to prevent blood from pooling and forming clots.
 - a. Always help a person put on the stockings when he or she is waking up in the morning. If you wait until later in the day, the person's legs might swell and then it is difficult to put on the stockings.
 - b. A person should be fitted with the right size of stockings. Go to a medical supply store for fitting.
 - c. Help the person put the stockings on so that there are no wrinkles or rolled up ridges. **See Our Lesson on Preventing DVT and Applying Elastic Stockings.**
 - d. The stockings should be pulled all of the way up the leg, smoothly and evenly.
 - e. Remind the person to not roll the socks partially down. Rolling creates a tight band around the leg and cuts off circulation.

10. Another part of recovery from surgery is the return to eating a normal diet and drinking liquids. Each person recovers differently in regards to what he or she can eat or drink, and how quickly.
 - a. Sometimes surgery requires a person to eat a progressive diet. This means they start with full liquids and then advance to soft foods, and lastly solid foods.
 - b. Many times a person can eat a normal diet once returning home. But the after effects of anesthesia or surgery might make them queasy or sick to their stomach. If a person is sick to their stomach:
 - i. Start with small food portions.
 - ii. Offer 4 to 5 small meals instead of 3 larger meals.
 - iii. Have a glass of liquid close by to drink at all times, such as clear fruit juices, water, or clear soup broth.
 - iv. Do not cook foods which have strong aromas as this can cause nausea.
 - v. Do not rush a person during eating. Make the experience a pleasant one.
11. Part of recovery is being sure the person has a return of normal bowel and urinary function.
 - a. Observe if the person has returned to their normal pattern, for example, having a bowel movement every 2 to 3 days, or passing urine in normal amounts and a normal number of times each day.
 - b. Have the person tell you if they have problems passing urine or stool or if they notice any other changes: for example, change in the color, amount or consistency of stool.
 - c. Have the person tell you if he or she feels burning when passing urine.
 - d. Has there been a change in how often the person passes urine?

Any change could be a sign of a problem such as constipation or a urinary infection. If the person shows signs of these problems, tell their doctor or home health nurse.
12. Always check with the person's surgeon if you have any doubts about their person's condition.