POST-OP CARE

POST-OP ORDERS

A. Procedure
B. Vital signs
C. Activity
D. I&O
E. Drains and tubes
F. Fluids
G. Nutrition
H. Medications
I. Lab studies
J. Notification orders

POST-OP FEVER

A. Intra-operative
B. Early Post-op: (6-12 hours)
   1. Metabolic
   2. Immunologic
   3. Infective

I. Atelectasis

A. Most common cause – 1st 3 days

Pathophysiology

A. Obstruction
B. Hypoventilation
C. L Surfactant

Clinical Presentation

A. Fever
B. Tachycardia
C. Tachypnea

Physical Findings

A. L Breath sounds
B. Bronchial breathing
C. Basilar rales

Prophylaxis

Treatment
II. Pneumonia
A. Risk factors
   1. chronic pulmonary conditions
   2. obesity
   3. frailty
   4. abdominal and thoracic operations

B. Atelectasis vs. pneumonia

C. Prevention

III. Aspiration
A. Risk factors
   1. general anesthesia
   2. esophageal disorders
   3. bowel obstruction
   4. NG tube
   5. tube feedings
   6. tracheostomy
   7. CPR

B. Clinical presentation
   Dyspnea → Shock
   A. X-ray picture
   B. Lab
   C. Organisms
   D. Treatment
      1. respiratory support
      2. bronchodilators
      3. cardiovascular support
      4. steroids
      5. antibiotics

IV. Urosepsis
A. more common in ♀ & older ♂
B. Instrumentation
C. U.A.
V. Phlebitis

E. “3rd day fever”
F. clinical presentation
G. prophylaxis
H. treatment
   1. suppurative
   2. non-suppurative

VI Central Lines

VII. Wound Infection – 5-10 days

PERIOPERATIVE HYPOXIA

A. Diagnosis

1. cyanosis – confirmed with ABG
2. restlessness

C. Causes.

1. Hypoventilation
   a. upper airway obstruction
   b. persistence of anesthetic agents
   c. splinting
      (1) anesthesia
      (2) central line
      (3) operation
   d. misplaced ET tube

2. Ventilation – perfusion inequalities
   a. atelectasis pneumonia
   b. pulmonary edema
   c. pulmonary embolism

3. Inadequate O₂ in the inspired gas

4. Inadequate delivery to tissues
POSTOPERATIVE HYPOTENSION

A. Pre-load
B. Pump
C. After load

DEEP VEIN THROMBOSIS

A. Virchow’s triad
   Incidence – 30% pts > 40 years (I^{125}F)

B. Risk Factors
   1. previous episode
   2. age
   3. CHF
   4. malignancy
   5. trauma
   6. obesity

C. Diagnosis
   1. “classical”
      a. edma
      b. pain
      c. warmth
      d. superficial venous distension

D. Venography
   1. contrast
   2. radioneuclide

E. Non-Invasive
   1. Dopper ultrasound
   2. impedance plethysmography
   3. I^{125} fibrinogen

F. Prophylaxis
   1. mechanical
      a. stockings
      b. calf compression
   2. anticoagulant

G. Therapy
PULMONARY EMBOLUS
A. Risk factors
   1. <1/3 have dx of venous disease

B. Clinical presentation
   1. “classical” signs
      a. hemoptysis
      b. pleural pain
      c. pleural rub
   Be alert for any new signs or diagnosis of hypoxia asthma or CHF

C. Diagnosis
   1. CXR
   2. radioneuclide studies
   3. angiography

D. Prophylaxis

E. Treatment

FAT EMBOLI
A. Associated with fracture or crush injury

B. 75% confirmed to lungs

C. 12 hours – 4 days without injury

D. Lab
   1. fat in urine
   2. ↓ HCI
      a. ↓ Pa02

E. RX
   1. supportive
   2. steroids

PERI-OPERATIVE MI
A. Risk Factor – Previous MI
   1. 1<sup>st</sup> 3 month – 25-40%
   2. 3-6 months – 15%
   3. After 6 months – 6-7%

B. Time of Greatest Risk – 1<sup>st</sup> 5 days
B. Strategies

1. Postpone Surgery
2. Coronary angiography
3. Careful monitoring
4. High index of suspicion

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