

**Nurse:** Hello, I'm Jane. I'll be looking after you today, Mrs. Richards. Do you mind if I call you by your first name?

**Patient:** No. Hi, Jane. Nice to meet you. Please call me Susan.

**Nurse:** Okay, thanks. I always like to ask first. I wanted to have a talk to you about your operation tomorrow.

**Patient:** Oh. Is everything all right? There's nothing wrong, is there?

**Nurse:** No, no, not at all, everything's fine. I'll just bring this chair up so I can sit with you. There are no problems. I just want to go through what will happen when you come back to the ward after the operation. People always feel better when they know what to expect.

**Patient:** Oh yes, you're right. I'm so nervous about the operation. I haven't been in a hospital since I was a kid, when I broke my leg. Things have probably changed since then.

**Nurse:** Well, hospitals change a bit, but don't worry, I'll go through it all now, and you'll have the opportunity to ask as many questions as you like.

**Patient:** Thanks. I feel silly being so worried. I'm not normally like this.

**Nurse:** That's okay, Susan. It's quite normal to feel a bit apprehensive. I'll try and cover everything so you're prepared for what'll happen after the operation. I see you've brought the leaflet about keyhole surgery.

**Patient:** Yes, it was sent to me at home last week. The only thing I know is that I won't have a big cut so the operation won't leave a big scar. I'll just have a couple of small holes in my tummy.

**Nurse:** That's right. The keyhole surgery is also called minimally invasive surgery because it's performed with the use of a laparoscope, using small incisions or surgical cuts. You'll probably have three to four puncture sites. These are just small holes made near your navel. And you'll have a small dressing covering the holes made during surgery. It's just a light covering to keep the area clean until it heals.

**Patient:** Ah-hah. There won't be lots of blood, will there? I can't stand the sight of blood.

**Nurse:** No, not much, but I can make note for the rest of the staff to cover the drain for you so you don't see any of it.

**Patient:** Thanks. Um, will I have a drip in my arm?

**Nurse:** Yes, you will. You'll come back with an IV and some fluids running, just until you can eat and drink again.

**Patient:** Will I be able to eat straight away?

**Nurse:** You'll have had a tube down your throat for the anaesthetic, so we'll need to make sure that your swallow reflex is working again after the tube's been removed. We check that you can swallow again by trying you a few ice chips. As soon as you can manage the ice chips, we'll give you small sips of water. We'll also need to be sure that your bowels are working again before you try eating small amounts of food.

**Patient:** Oh is that why they do that? I never knew. It makes sense to go slowly.

**Nurse:** The other tube you'll have is an indwelling catheter, which they'll put in while you are in Theatre. It can be taken out when you're back on the ward and think you can void again – I mean, pass urine. You won't have the catheter for too long. Now, I'm just going to get something to show you so I can go through the rest of the information.

## Answer the Following Questions:

1. How is Susan feeling about her operation?
2. Why won't she have a large scar after her operation?
3. How long will the mini-drain stay in after the operation?
4. What will nurses check before she can eat and drink after her operation?
5. When will the nurses remove her urinary catheter?

**Nurse:** Okay, Susan, can I go through the rest of this post-op information with you now

**Patient:** Yeah, thanks. Actually, there's something that concerns me a lot. Um, what about pain? I'm worried that I'll be in a lot of pain.

**Nurse:** You'll be in a PCA machine to use for any discomfort after the operation. That's what I wanted to show you, so I've brought one along for you to see what it's like. It's patient-controlled analgesia which will be run through an IV line and a pump. The medication goes into your bloodstream whenever you push this button.

**Patient:** Oh. So I won't be in pain. I was really worried about that. But what if I keep pushing the button? Won't I give myself an overdose?

**Nurse:** No, don't worry. We program the pump so there's a lock-out time. Even if you keep pushing the button, no more medication will go through the line.

**Patient:** Ah, right.

**Nurse:** The machine automatically blocks it, or locks it out. The nurse will be taking your obs. – I mean, your observations – like your temperature, pulse and blood pressure. They'll also check your pain level. They'll check all these frequently, so they'll keep a good eye on you.

**Patient:** That's a relief. I think the fear of being in pain was making me unable to cope with the idea of surgery. Is there anything else that I'll have to do after the operation?

**Nurse:** Just two more things. I see the physio has given you an incentive spirometer, a tri-ball, to blow into.

**Patient:** Yeah.

**Nurse:** You'll have to use the tri-ball every hour that you are awake.

**Patient:** Yes, she's had me practicing every hour. I've been trying to blow harder each time but it's quite difficult.

**Nurse:** Yes, it is quite hard. The physio would have told you how important it is to use this to prevent lung collapse, by making sure your lungs inflate as much as possible.

**Patient:** Yes, she did. I understand it's to get the lung function back after the anaesthetic.

## Answer the Following Questions:

1. What concern does Susan have about using the PCA?
2. What safety measure on the machine does Jane explain?
3. What will the nurses check frequently after the operation?
4. How often will Susan use her tri-ball after the operation?

## SHARE YOUR KNOWLEDGE

- What strategies have you used successfully to allay anxiety in a patient?
- Would you use different strategies for different age groups?

Jane used several strategies to allay anxiety in response to Susan's concerns. Match the concerns (1 – 5) to the responses (a – e).

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| 1. Is everything all right? There's nothing wrong, is there?                   | a. No, not much, but I can make a note for the rest of the staff to cover the drain for you so you don't see any of it. |
| 2. I feel silly being so worried. I'm not normally like this.                  | b. No, don't worry. We program the pump so there's a lock-out time.   |
| 3. There won't be lots of blood, will there? I can't stand the sight of blood. | c. No, not at all, everything's fine.   |
| 4. What about pain? I'm worried that I'll be in a lot of pain.                 | d. That's OK, Susan. It's quite normal to feel a bit apprehensive.  |
| 5. But what if I keep pushing the button? Won't I give myself an overdose?     | e. You'll have a PCA machine to use for any discomfort after the operation. That's what I wanted to show you...         |