

Postoperative Care | Part 1

VHSI RENR PREP

Nursing Skills and Procedures Review

Skin, breast, endocrine & orthopaedics

Expected findings should be mild or improving and interpreted against baseline. New deterioration is never explained away as routine recovery.

Procedure & purpose	Expected findings & nursing focus	Escalate: warning signs / risks
Skin graft Skin moved to cover a wound or burn.	Donor-site soreness; limited dressing staining. Protect graft from shear; leave dressings per plan.	New dusky/black tissue, foul drainage or heavy bleeding: graft loss, infection or haematoma.
Flap reconstruction Tissue transferred with its blood supply to repair a defect.	Check baseline colour, warmth, refill and prescribed Doppler signal; avoid pressure on the pedicle.	Cool/pale or swollen blue-purple flap, changed refill or lost signal: urgent vascular compromise.
Debridement Dead or infected tissue removed to promote wound healing.	An open wound and some exudate may remain. Follow dressing, pain-control and tissue-monitoring plans.	Uncontrolled bleeding, spreading warmth/swelling, pus or systemic illness: haemorrhage or infection.
Mastectomy Breast tissue removed to treat or reduce cancer risk.	Incision discomfort, numbness and drains may occur. Record output; support prescribed shoulder movement.	Rapid chest swelling or fresh heavy drainage: haematoma. Fever/pus: infection; later arm swelling: lymphoedema.
Thyroidectomy Part or all of the thyroid gland removed.	Neck soreness; mild temporary voice change. Monitor airway, voice and calcium as ordered.	Rapid neck swelling, stridor or dyspnoea: airway emergency. Tingling/spasm: possible hypocalcaemia.
Adrenalectomy One or both adrenal glands removed.	Monitor blood pressure, glucose and electrolytes. Steroid replacement depends on hormonal function and extent of removal.	Hypotension, vomiting, marked weakness or collapse: consider adrenal crisis/bleeding; escalate urgently.
Hip replacement Damaged hip joint replaced with a prosthesis.	Pain/swelling with assisted mobilisation. Check limb perfusion; follow approach-specific movement and weight-bearing instructions.	Sudden severe pain, shortened/rotated leg: possible dislocation. Calf swelling or breathlessness: possible clot.
Knee replacement Damaged knee joint surfaces replaced.	Swelling, stiffness and controlled pain. Support prescribed exercises, mobilisation and clot prevention.	Escalating pain, cold foot, new sensory loss or wound drainage: neurovascular compromise or infection.
Fracture fixation (ORIF) Open reduction and internal fixation align and stabilise broken bone.	Incision pain and swelling; splinting may be used. Perform neurovascular checks; follow weight-bearing orders.	Disproportionate pain, pain on passive stretch, tense swelling or numbness: suspect compartment syndrome.

For every procedure: monitor airway, breathing, circulation, consciousness, pain, wound and fluid balance. Escalate deterioration immediately; follow local protocols and individual surgical orders. These are revision summaries, not complete care plans.

Sources (click by procedure): Skin grafts | Flap monitoring | Wound care | Mastectomy | Thyroid surgery | Adrenal surgery | Hip replacement | Knee replacement | Compartment syndrome

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Gastrointestinal & abdominal surgery

Advance diet and mobility according to the recovery plan. Worsening pain with tachycardia, distension, fever or reduced urine output needs prompt review.

Procedure & purpose	Expected findings & nursing focus	Escalate: warning signs / risks
Appendicectomy Inflamed appendix removed.	Incisional discomfort; appetite and activity return gradually. Complicated appendicitis may require longer treatment.	Increasing abdominal pain, persistent vomiting or fever: abscess, infection or ileus.
Cholecystectomy Gallbladder removed, commonly for symptomatic gallstones.	Incision pain; transient shoulder-tip pain after laparoscopy. Encourage prescribed mobility and oral intake.	Worsening abdominal pain, fever or jaundice: bile leak, duct injury/obstruction or infection.
Gastrectomy Part or all of the stomach removed.	Small, planned meals as authorised; nutritional follow-up. Monitor intake, tolerance and weight.	Tachycardia, fever or severe pain: possible anastomotic leak. Later dumping symptoms or nutritional deficiency.
Bowel resection Diseased bowel removed; ends joined or a stoma formed.	Bowel function returns progressively; stool pattern may change. Monitor abdomen, intake/output and prescribed diet.	Increasing distension, persistent vomiting, fever or severe pain: ileus, obstruction or anastomotic leak.
Colostomy / ileostomy Colon or ileum brought to the abdominal surface for stool drainage.	Stoma usually moist and pink/red; initial swelling. Monitor output, skin and hydration; teach pouch care.	Dusky/black stoma: ischaemia. No output with cramps/vomiting: obstruction. High watery output: dehydration risk.
Splenectomy Spleen removed for injury or disease.	Incision soreness; monitor bleeding. Teach vaccination, infection precautions and the prescribed antibiotic plan.	Fever or sudden systemic illness requires urgent evaluation because severe infection can progress rapidly.
Hepatectomy Part of the liver removed, often for a tumour.	Fatigue and incision pain; monitor drains, glucose, liver tests and coagulation as ordered.	Hypotension/bleeding, new jaundice, confusion or bilious drainage: haemorrhage, liver failure or bile leak.
Pancreatectomy / Whipple Pancreatic tissue removed; Whipple also removes duodenum and adjacent structures with reconstruction.	Diet advances individually. Monitor glucose, nutrition and drains; enzymes/insulin may be required.	Fever, increasing pain or abnormal drain output: pancreatic leak/infection. Persistent vomiting: delayed gastric emptying.
Bariatric surgery Sleeve gastrectomy or bypass alters the stomach, sometimes intestinal flow, for weight treatment.	Staged diet, small portions and prescribed supplements. Monitor hydration and intake tolerance.	Persistent tachycardia, severe pain, breathlessness or repeated vomiting: leak, clot or obstruction.

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Sources (click by procedure): Appendicitis surgery | Gallbladder surgery | Gastrectomy | Bowel resection | Stoma complications | Splenectomy | Liver resection | Pancreatic surgery | Bariatric risks

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Nursing Skills and Procedures Review

Neurological, limb & vascular surgery

Compare neurological and limb findings with the preoperative baseline. New deficits, severe disproportionate pain or loss of perfusion require urgent escalation.

Procedure & purpose	Expected findings & nursing focus	Escalate: warning signs / risks
Craniotomy Temporary skull opening gives access to the brain.	Incision discomfort and fatigue. Trend consciousness, pupils, strength and prescribed blood-pressure targets.	Reduced consciousness, new weakness, unequal pupils, seizure or worsening headache: bleeding or raised intracranial pressure.
VP shunt insertion Ventriculoperitoneal shunt diverts cerebrospinal fluid into the abdomen.	Incision soreness; symptoms may improve. Monitor neurological state and the shunt tract.	Headache, vomiting, drowsiness or tract redness/fever: obstruction, infection or drainage problem.
Aneurysm clipping / coiling Clip or endovascular coils isolate a cerebral aneurysm from blood flow.	Frequent neurological checks; monitor surgical or arterial access site and ordered haemodynamic targets.	Sudden headache or new deficit: bleeding/ischæmia. After subarachnoid haemorrhage, delayed cerebral ischaemia remains a risk.
Transsphenoidal surgery Pituitary lesion removed through the nose and sphenoid sinus.	Congestion and limited blood-stained discharge. Monitor vision, urine output, sodium and hormone replacement.	Clear persistent nasal fluid: possible CSF leak. Excess dilute urine or confusion: water/sodium disturbance.
Spinal decompression / fusion Bone/disc pressure relieved; fusion joins vertebrae for stability.	Incision pain; neurological recovery varies. Use prescribed alignment, mobilisation and brace instructions.	New weakness, saddle numbness, bladder/bowel dysfunction or clear wound leakage: urgent neurological review.
Amputation Part or all of a limb removed for disease or injury.	Residual-limb pain and phantom sensations may occur. Support wound care, rehabilitation and emotional adjustment.	Heavy bleeding, dark tissue, spreading infection or uncontrolled pain: haemorrhage, ischaemia or infection.
Carotid endarterectomy Plaque removed from a carotid artery to improve cerebral blood flow.	Mild neck soreness; monitor neurological status, blood pressure, swallowing and neck swelling.	New speech/limb deficit, severe headache or expanding neck swelling: stroke, hyperperfusion or airway-threatening haematoma.
Abdominal aortic aneurysm repair Open graft or endovascular stent-graft excludes a weakened aortic segment.	Monitor haemodynamics, urine, abdomen and limb perfusion; wounds depend on the approach.	Hypotension, severe abdominal/back pain, reduced urine or cold/pulseless leg: bleeding, renal or limb ischaemia.
Fasciotomy Fascia opened to relieve dangerous pressure within a muscle compartment.	Wound may remain open for staged closure/grafting. Continue neurovascular, wound and pain monitoring.	Persistent/worsening pain, sensory loss, bleeding or fever: ongoing tissue compromise or infection.

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Sources (click by procedure): Craniotomy | VP shunt | Aneurysmal bleeding | Pituitary surgery | Spinal surgery | Amputation | Carotid surgery | Aortic repair | Fasciotomy