

The Nurse and his/her Role in Modern Surgery Basic Management Integrated Multidisciplinary Care

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Introduction

It is noticed that in the last 20 years a major mutation has conquered the world of surgery: it is enough to think about available executives increasingly sophisticated with a higher safety and accuracy. This change, although on the one hand has improved health structures from the technical point of view, on the other hand it has deprived human warmth. A hospital that cares for the patient's disease and does not care for his own personality, it threatens to become inhuman. Thus arises in us the idea that we are looking for a protocol for minimizing the pre operator anxiety and post-operators pain. Protocol should be performed a night before the surgery and it consists of: a group meeting to materialize their fears; a look of the photographs (the way to operator room, anesthetics room, etc.) so that the place looks like familiar use of the above mentioned relaxation technique.

Nursing CARD operators Hall

Nursing card is an operator instrument considered useful if not necessary for a concrete assistance plan. It is necessary and obligatory for much more motivation that a nursing group compiles operator's room card to work with this model is provided to merge nursing activities in several stages, by sharing responsibility of compiling various nursing roles within the hall operators.

-In the first phase of professional nurse card step the night before surgery battling in ward patient admitted and registered some information.

-In the second stage (pre-operators) a professional nurse waits the patient in the entrance of the hall.

-The third phase IIP deals with intra-operator part of anesthesia, willingly using other modulistic (therapy, taking blood, etc.)

-In phase 4 IIP and reanimation, the nurse observes the patient during the process of waking up and gives nursing assessment data to the other ward colleague.

The objective nursing team is the cooperation with the surgeon, in order to achieve the use of optimistic possible resources through a reasonable management, which cannot exclude the quality of the patient and worker's safety, limiting the consumption of useless and an active cooperation with the management and finance fruit rational cost.

Nurse's role "Referent" within our organization

The referent nurse is a supreme figure chief medical nurse to nurses' specialty room. The referent under the supervision of the "boss-hall" records and follows movement of materials and instrument relevant area; requirements for material, compilation of a relative module, stock control and deadlines. The nursing referent is a landmark for the "boss"-room, the problems that can occur during the process in the operator's hall. All Ingres materials will be under

the care of the referent nurse, paid by the sector leaders mininvasive, carefully codified, will make possible an easy consultation and a clear picture of the material presented in our case it is required through information channels. Nursing Management consists of identifying and coordinating resources implemented by the program, planning, organizing, coordinating, directing, evaluating and controlling in order to achieve the objectives that should be achieved. Nursing Management phases include: planning, organization, Coordinating and directing, Assessment, Control.

Prosthesis

Prosthesis is an implemented medical device, designed and realized by histocompatible material, in order to replace possibly physically and functionally a part of the human body and reproduces the shape. Prosthesis comes from sterile manufacturers. They are sterilized by dietilen oxide liquid or steam pressure. They're collected in sterile conditions, arranged in glass containers or plastic sealed with tape or hermetically sealed in warm. Contentitors are polystyrol or cardboard. Each prosthetic has a serial number stamped on a label, fixed prosthetic embroidered on one side. Tags fixed prostheses should be carefully removed just before implantation, have not damaged or destroyed Prostheses dress during the removal of the label .No batch and measures must be checked and comply with the data in the vessel and in the Information tab of the implant. Any kind of difference lies between them should not be used prostheses.

Prosthesis can be: Mechanical, Biological

-Mechanical prostheses are constructed from artificial material or natural histocompatible (carbon, graphite, titanium, etc.), only require a curative treatment of general type.

-Biological prostheses are constructed from biological material, originating only from pork, stamped.

They need a special treatment, compared with mechanical prostheses in terms of conservation and treatment prior to implantation. Each package of prostheses reports: Type of prosthesis, measure, model, Serial number, Expiration date, Way of sterilization, Production company, other data on the prosthesis, conservation mode. *Temperature* sensor serves to set so quickly if the prosthesis is exposed to extreme temperature during transport. It Indicate minimal or maximal reaching temperature.

Nursing Management

In respect of time, you develop different activities, recognize nursing competencies: pre-transplant, term transplant, after transplant. Nursing competencies before implantation: request implanted medical equipment in the way and at the right time for implantation to examine carefully the medical device implant at the moment comes in the operating environment (stamp, shelf life, etc.) Guarding carefully considering specific vehicle component material, and hygiene and environmental parameters. Time registration and the way in which reached for implantation material (with handwriting in the register, possibly even on a computer). Treating implantation accessories with maximal sterile ways to consider measures for use by manufacturing firms. Nursing activity during implantation: Defined as any activity, which as achieve targets before implantation, serve to ensure correct procedures during implantation. In the end professional nurse should be able to: prepare everything needed for Implantable. Check that dentures are available and complete (all measures); avoid contamination of the prosthesis, open containers appropriately, washing with sterile saline, if it comes to biological prosthetic be stored in the solution glutaraldeide at the time and the proper

way; give proper assistance to the surgeon and if necessary; lift the Prostheses label carefully and prepare it for Implantable; conservation anatomical part carefully transported.

Nursing competencies post-implantation

Means all those activities that take place after implantation, which made putting Prostheses registration at the time and the proper way, with proper formality. Prosthesis used to register: date of implantation, the name and surname of the person to whom the prosthesis was used, no identification, no registry operator. IN post-operator: preparing abdominal wash, assistance during wash technique, therapy analgesic, administer UPT, moving UPT, avoiding complication the Day 12, 6.ristarting dietary regime provided by dietetics, instruction household on pharmacological treatment and dietetics.

Laparoskopia

By laparoskopii mean, endoscopic visualization of the peritoneal cavity through a direct vision of the image was transmitted through cameras with a video monitor after creating an artificial pneumoperitoneum. Laparoskopii allows peritoneum vision through small incision of a few cm in the abdomen that will allow the introduction of instrument. Laparoskopii is intended as a diagnostic and operational. And actually allows you to diagnose abdominal and pelvic pain, put the cause of infertility and estimates pelvic masses. Apparatus necessary for laparoskopii: specific devices, video monitor, videö-cam, source of light, videoregistrator and operational tools, CO2 canisters, sac with saline to wash are mjetet that should be ready in a mobile cart. Endoscopic Strumentari can be monouso regarding gynecological endoskopise most useful are Grasper, dissectori and klem. Strumentari normal endoscopic added and washing and aspiration system, Stone system and ultrasound aspiration, laparoscopic sacs and laparoscopic suture. Harmonic Lancet is ultrasound device that makes cutting and coagulation, with a minimal risk for tissue damage. Morcelatory is a mechanical and electrical instrument through a system lets circular slide moved to larger particles or miom surgical uterus without broken abdomen greatly. Laparoscopic sacs are a monouso sac that enables ovarian cyst removal or cyst dermatike, avoiding contamination of the abdomen. We gynecological endoskopine there are different types of suture. Suture used is represented by the 'LOOP' or a loop to perform that can be applied to the structure to be removed. Or can be applied to intra and extra physical nodes. System. Unfortunately extra-corporal is certainly simple, actually after sewing Agia trocar removed, external node therefore resolved spinginodo. Special importance Agia stated VERRES that makes blowing carbon anhydride within the abdomen. Laparoscopic optical cameras may be different dimensions of 0 °, 30 °, 70 ° with a caliber. The introduction of the patient in the room: The patient is expected in the hall when the instruments are ready and sterile found a way venous, becomes almost piasters with electrodes, found a way venous, done intubate and anesthesia. The patient is placed in supine position with legs folded last seen angle of 60 °, this is to allow a clear picture of discharge. Started painting the patient's skin with betadine, disinfected abdominal and perianal area, vagina and legs completely. The next step is the placement of the catheter and putting sterile gloves by the team to switch to clean abdominal. Nurse time professional positions with laparoscopic instrument carriage between the patient's legs. Instrument gives a sterile swab doctor to disinfect umbilicus processed incision left bistouries and after of agene VERRES. Agene cable will be connected in insufflator with CO2 for pneumoperitoneum treatment. Nurses hall communicates with instruments to do CABLE COVER connection with optical fiber, telecameras, Aspiratory and wash and CABLE COVER for electrocoagulation. We finally decided trocar principal umbilical 10-12mm. This trocar placed at the level of cecum: At this time made the exploration of the abdominal cavity with a view to the

pelvic organs, heparin, spleen and intestine. Patient is placed in trendelenburg position 45 ° for not allowing intestinal mass rely on pelvic organs. Then insert the trocar, continue with bacteriological and cytological evidence peritoneal fluid, proceed with the introduction of bludimetil through mobilization for the first permeability of uterine tubes. At this point continue surgery pathological organ. At the end of each surgery proceed saturation, use a soluble fiber in order to cross, and placed the skin a synthetic strappy After the end of surgery nurse instrumental regulating material across countries, and other nurses regulate hall room operators and endoscope apparatus.

What is the role of the PROFESSIONAL nurse?

What is nursing manager?

1. Always Head of nursing team!
2. It gives information on the team
3. He who controls the level of staff prior to impose specific responsibilities.
4. He who knows and respects human rights
5. He who gives the responsibilities of each
6. He that activates and maintains strong working group

Major new result for patient management stoma related with intelligence stomato therapist that cannot lose the train of increasing their image abroad. What height should be achieved? What strategies should be used to improve our position? What cultural possibilities should be? What cooperation should stabilize a distinguished spacing and attention?

Conclusions

With this study we wanted to illustrate the complexity and specificity of operative gynecological endoscopy. It should be noted that it is of fundamental importance the communication nurse-patient in the ward. Only specific formation, competence, professionalism, expertise, discretion and care of every nurse, a member of the professional team, a careful nursing management and planning, may present every obstacle in the management of these implantable systems. *Let us make together the nursing manager of the third Millennium!*

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