CARE FOLLOWING MINOR SURGERY FOR GYNAECOLOGY, ONCOLOGY & UROGYNAECOLOGY

Keywords: Minor gynaecological surgery

AIM
- Provide guidance on the appropriate management of women undergoing minor surgery at KEMH.

KEY POINTS
- The expectation of ambulatory gynaecology, or day surgery, is that the woman is admitted, undergoes a procedure, and is discharged on the same day. Suitable procedures are usually elective with pain controllable as an outpatient, rapid return to normal fluid & food intake, and minimal risk of postoperative complications (such as haemorrhage or airway compromise).
- According to the Australian Day Surgery Council standards for practice, suitable analgesia should be provided for at least the first day after discharge.
- Acceptance to the Day Surgery Unit (DSU) is subject to the woman having met the requirements for discharge from recovery room following general anaesthetic guidelines. See Clinical Guideline Section F: Recovery Room Discharge Criteria.

PROCEDURE

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ADDITIONAL INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>1. Escort the woman to the Stage 1 recovery area in DSU.</td>
<td>Orientate the woman, place call bell within reach and carry out post-operative orders.</td>
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<td>2a. Observations: Assess the woman on immediate return as per post-operative assessment parameters:</td>
<td>Provides a baseline for post-operative recovery.</td>
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<tr>
<td>Level of consciousness / Skin colour</td>
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<tr>
<td>Pulse / Blood pressure / Temperature</td>
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<tr>
<td>Respiratory rate / Oxygen saturation</td>
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<tr>
<td>Wound site(s) / Vaginal loss</td>
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<tr>
<td>Pain score</td>
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<td>Post-operative nausea &amp; vomiting.</td>
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<td>2b. Repeat the assessment within one hour. If the woman is haemodynamically stable and alert repeat in four hours or prior to discharge</td>
<td>If haemodynamically unstable repeat assessment more frequently and arrange medical review as required. See also MR140a: WA Adult Observation and Response Chart and Clinical Guideline Recognising and Responding to Clinical Deterioration.</td>
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<td>3. Medications: Assess post-operative pain, nausea and vomiting, and manage as ordered on MR 335.</td>
<td>According to the Australian Day Surgery Council Standards, adequate pain control should be provided and minimal nausea, vomiting and dizziness experienced post operatively. Enables recovery from anaesthesia.</td>
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<td>4. Escort the woman to the second stage recovery area prior to discharge home.</td>
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<td>5a. Activities of Daily Living Assist the woman to change into own clothing.</td>
<td>Patients at risk of urinary retention are identified. Note time &amp; total of void.</td>
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<tr>
<td>5b. Ensure the woman has voided post operatively.</td>
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</table>
PROCEDURE

6a. Nutrition
Offer light refreshments once the woman is awake, comfortable and in an upright position. Ensures adequate hydration and maintenance of oral fluids. Optimal nutrition and bowel function contributes to wound healing.

6b. Remove the cannula when the woman is tolerating diet and fluids.

7. Discharge
Discharge the woman according to discharge criteria on MR 335. Discharge criteria recommended by Australian Day Surgery Council standards.
Advising the woman (and accompanying adult) of dressings (if appropriate), medications and follow-up appointments.
Determine the woman's understanding of possible post-operative complications.
Provide the woman with the relevant information pamphlet and a contact phone number for emergency medical care.

ADDITIONAL INFORMATION

REFERENCES (STANDARDS)

National Standards – 1 Current Care is Guided by Current Best Practice
Legislation - NIL
Related Policies – NIL
Other related documents –
- Clinical Guideline Recognising and Responding to Clinical Deterioration
- Clinical Guideline Care Following Major Gynaecology, Oncology or Urogynaecology Surgery
- Clinical Guideline F: Post-operative Care in DSU Following Local Anaesthetic
- Clinical Guideline F: Post-operative Care in DSU Following a General Anaesthetic
- Clinical Guideline F: Post-operative Care in DSU Following Spinal Anaesthesia
- Clinical Guideline F: Recovery Room Discharge Criteria

RESPONSIBILITY
Policy Sponsor Nursing & Midwifery Director OGCCU
Initial Endorsement October 2002
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Last Amended
Review date July 2017

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.