

The Need for Post-Operative Nurse-Led Care Treatment in the Reference of Anesthesia in the Indian Hospitals

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ABSTRACT

Background: All hospitals need nurse-led post-surgery care to improve patient health. An aging population and rising costs threaten cost-effective healthcare systems. These systems adapt by combining skills in unique organizational structures. This requires doctor and nurse leadership and novel care approaches. Anesthesiologists are more involved in peri-operative medicine, which covers many specialties. This highlights why health care providers must work collaboratively to keep everyone safe. Successful surgery requires a well-coordinated, interdisciplinary team with a safety culture.

Purpose: The purpose of this study is to find out how important nurse-led care after surgery is in hospitals in different parts of India.

Methodology: A mix of different techniques was used to get the best results. The information used came from both qualitative and quantitative sources. This has helped bring about the best possible results. Books, journals, government websites, and other sources were used to find the secondary sources. The main way that information was gathered was by giving questionnaires to patients in different hospitals all over India. The sample was made up of 200 people.

Results: The study shows that nurses' care following surgery is crucial for speedy and long-term recovery. This helps patients understand what procedures or precautions to take for optimal therapy results. The results reveal that there isn't enough evidence to support nurse-led pre- and post-operative assessment services right now. To improve these areas, hospitals must collaborate (Nilsson, Gruen & Myles, 2020). The study benefits nurses, doctors, and hospital administrators. Hospitals must upgrade their nurses-led post-operative treatment facilities to tackle any difficulties that may arise. Anesthesia is a key aspect of post-care treatment, according to the study. But it's early and has to be strengthened. This helps Indian doctors, nurses, and hospital boards improve their services.

Keywords-*Treatment, Nurse led care, Anesthesia, Safety measure*

Introduction:

Post-operative nursing-guided care comprises regular contact with the patient and their family to check on them. According to Mometrix.com in 2021, doctors and nurses must stay in touch with their patients to grasp any concerns and help them address them. "Perioperative nursing" is pre-, during-, and post-operative care. This film is about the postoperative period, which begins when the patient is transferred to the PACU and ends when the anaesthetic has worn off enough to transfer the patient safely. Postoperative nurses must be ready to help if a patient's condition worsens. (Varsahney, U., and A., Sinha, 2021) Managing pain, examining the surgical site, and monitoring hydration and electrolyte balance are nursing treatments. Before moving to a clinical unit or home, the patient must be stable. After surgery, difficulties are still possible, therefore nurses must continue monitoring patients. Operating room PACUs should be nearby. It's a large, open room with patient zones. Most

operating rooms contain 1.5-2 beds. Every patient room has blood pressure, heart, pulse oximeter, oxygen, airway equipment, and suction.

Emergency equipment and medicines are kept together. There is no minimal amount of time a patient must stay in the PACU. ASPS argues severely ill patients shouldn't recover in the same environment as outpatients. The ASPN agrees (ASPAN). Murphy et al. (2021) say PACU nurses demonstrate patients' reactions to anesthetics, surgical procedures, pain management, and outcomes.

Three steps follow anesthesia. Anesthesia is an unnecessary aspect of surgery. All anaesthetists must monitor their patients' health so they can live normally with their disease.

Phase 1 -When the patient awakens from anesthesia and requires individualized treatment. The PACU nurses evaluate the patient's consciousness, breath sounds, respiratory effort, oxygen saturation, blood pressure, heart rate, and muscle strength. The patient is being readied for transfer to a phase 2 ICU or INU.

In phase 2-Consciousness and pulmonary, cardiac, and renal functions of the patient are stable. Many patients "skip" from phase 1 to phase 2 in the operating room. The patient begins phase three at home or in a facility for long-term care.

After phase 1 or 2, patients who need lengthier observation and intervention get treatment in a 23-hour observation facility or in-hospital unit. The patient will get nursing care until he has fully recovered from anesthesia and surgery. This study looked for nurse-led post-operative treatment in Indian hospitals.

II. RESEARCH METHODOLOGY

2.1 This study uses descriptive survey approach. Descriptive research is well-known because it requires accurate interpretation of findings. Descriptive research illustrates a phenomenon's many features. Descriptive study describes a sample population's traits and behavior using a well-established framework.

2.2 The Population and the Sample: The sample size for this study is 200 individuals. The focus of this study is on hospitals in India.

2.3 Research Tools: Sociodemographic status of patients and the problems they've had in the post-operative care system

2.4 Data interpretation:

Firsthand knowledge: The Primary sources provide original, first-hand knowledge about a topic. Most data would be acquired by an open-ended questionnaire, which may justify the cost. Pre-operative assessments are done before most elective procedures. This is to ensure sure the patient is healthy enough for surgery and to identify any issues for the surgical or anesthesia teams. Post-operative nurse care is also helpful in the prevention of certain serious conditions like cardiovascular disease due to the effect of anesthesia. (Upadhyay A and S. Shalini2021)Post-operative care begins during the peri-operative period and involves multiple health providers.

Secondary data collection is a small element of research. This section includes material from the websites, the journals,the books, articles, and organization records. This material was compiled by another person or group for various reasons.

2.5 Statistical Analysis: SPSS was used to do the statistical analysis. The 25th edition of Statistics, which is the most recent, was used. People got information about sociodemographics. The tables and graphs were made with the help of Microsoft Excel and Word. Then, descriptive statistics are used to describe how often and how much things like marital status and monthly income happen.

III. RESULTS AND DISCUSSION:

3.1.Compare the amount of money that patients with elective surgery or other illnesses have to spend on post-operative care.

Income level	Lower income level	Mid income level	Higher income level
Number of patients	100	60	40

Table 3.1: Patients' incomes for elective surgery or other diseases to receive post-operative care are compared.

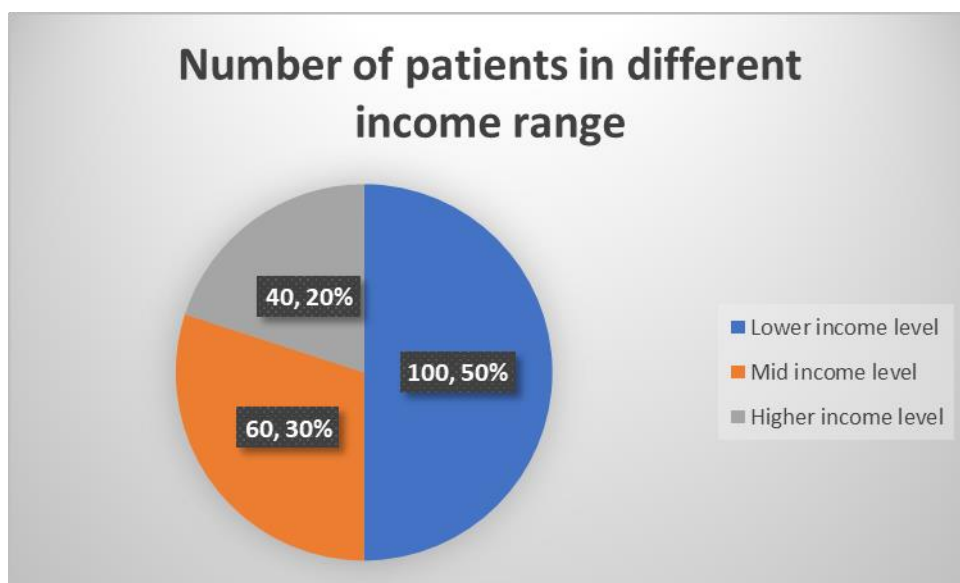


Fig 3.1: A comparison of how much money patients with elective surgery and patients with other diseases who need post-operative care have.

3.2- Nurses' awareness, knowledge, and training about how to treat patients after surgery

Table 3.2: The nurses' awareness, knowledge, and training about how to treat patients after surgery

	agree	Strongly agree	disagree	Strongly disagree
Number of patients	20	20	70	90

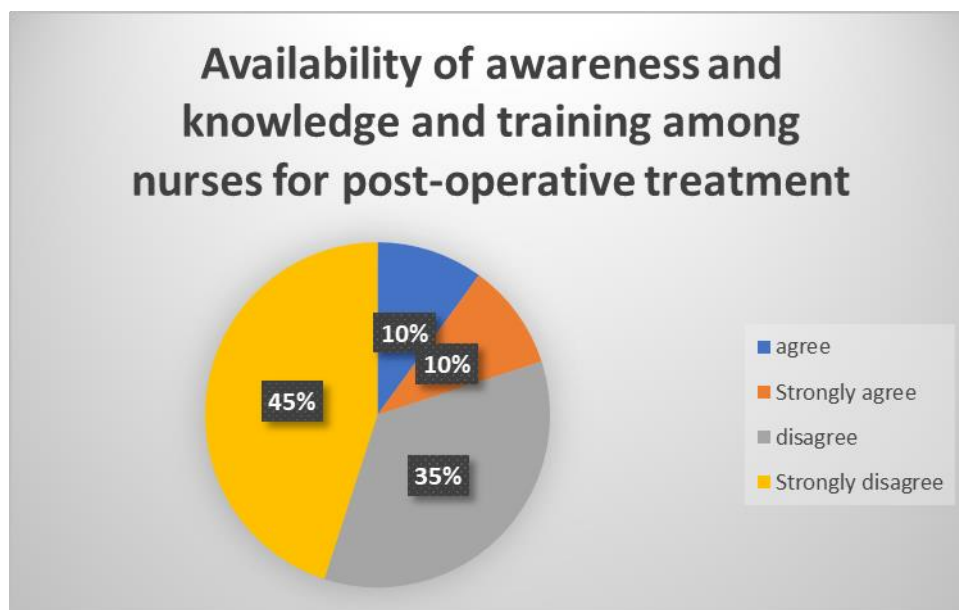


Fig 3.2.:Availability of awareness of knowledge and training among nurses for post-operative treatment.

DISCUSSION

Pinsornsak, Kanitnate, and Boontanapibul (2021) say untrained doctors and nurses cause post-surgery complications. From the graph, 90% of survey respondents indicated they can't check on their health following surgery. Anesthesiologists are needed after surgery. They must maintain in touch with patients to improve their health and aid them with challenges. Before, researchers like "Beecher and Todd" underlined the "inseparability of anesthesia from surgical patient care" and "the compelling reason why surgeon and anesthesiologist cannot pursue distinct aims with profit" Anaesthetists' jobs now include geriatric medicine and peri-operative medicine, which has various specialty for patients over 50 having surgery and others. Surgeons, anesthesiologists, and an ERAS coordinator work together in a multimodal, multidisciplinary approach known as "improved recovery after surgery" (ERAS). Hospital stays and complications are decreased. People do better when they work in teams. The culture of safety and teamwork in medical teams is reflected in modern surgery and post-operative care.

Surgeons need more non-technical abilities, and nurses have always placed patients first. Non-clinical factors are often disregarded by pre- and post-op caregivers. Patients' pleasure, comfort, and quality of life have received more attention because to a renewed emphasis on patient-centered care and tested approaches to track quality improvement initiatives. Regularly, ERAS forgets to transmit patient information. The patient is not viewed as a passive recipient of information or a decision; rather, they are seen as an active participant in clinical decision-making. Age, gender, functional state, mental health, and health literacy must be considered. Patients will be delighted if they're treated with respect and decency and provided the correct information before and after surgery. Shared decision-making is good, but rare. It's more frequent in flat teams, where members apply their own skills and knowledge to improve patient care. After surgery and anesthesia, the patient is generally transported to a recovery room or ICU. Full patient recovery takes longer and may be judged by how healthy the patient feels before the surgery or as themselves in general (or better). Physical, emotional, social, and habitual variables complicate it.

There are five stages of getting better after surgery:

1. Pre-recovery, which starts to surgery and covers both recovery following surgery as well as the patient's mental, physical, and practical preparations.
2. The patient emerges from the operation room, begins to move, and regains reflexes

3. Interim recovery, during which the patient remains hospitalized but is not closely monitored as in phase II. The patient's body functions and mobility return to normal in Phase III. The patient is now "home-ready," so they can return to their homes.

4. When a patient is in the final stages of recovery and leaves the hospital, care is continued until they are able to resume their previous level of activity and function. This stage, which can last a few hours to a few days, occurs when the patient is totally recovered and prepared to return to work or regular housework.

5. Recuperation that takes a long time

Functional and cognitive abilities usually return within 3–6 months, and 10% of patients may experience long-lasting pain. Examine how changes in health care delivery effect quality. Assess post-surgery healing, symptoms, pain, happiness, and fatigue. Focus and meticulousness are essential during surgery. The positioning of sutures, dissection planes, and incisions is essential. The surgeon is frequently criticized in the clinic or recovery area for how the procedure went and how the patient looks. Audit meetings and league tables evaluate surgeons' work. Surgeries aren't solo acts. Care before, during, and after surgery is also critical. Surgeons have a special bond with their patients, who are frequently ill and need surgery to get better. Patients regard the surgeon as near to their body and having access to regions they don't, causing physical and emotional stress. Little termed it a "ethics of surgery," highlighting how crucial it is for patients to have the surgeon there for postoperative rounds, clinic visits, and phone conversations. Along with learning methods, surgeon's involvement in patient selection and non-technical abilities for safety and effectiveness have been examined. This may be due to the professional culture, which is strengthened by past events. When this happens, be gracious. When a surgeon does an unscheduled ward-round, personnel no longer leap to attention and line up behind him or her, barking orders as they pass each patient.

IV. Conclusion

The patients are leaving the hospital at different times, which makes it hard to keep track of them. Participating in an ERAS program has effects on the first weeks after getting out of the hospital, which are marked by tiredness, pain, and new body sensations. Patients often feel alone because of their illness. The phone call helps them feel less alone. Patients don't want to bother the staff, so it's up to the nurse to talk to them. The report says that Indian hospitals don't have very good nurse-led care services for after surgery or after an elective operation. Because of this, every patient needs special care to get good care even after their surgeries or other procedures are done.

V. OUTCOMES OF THIS STUDY

Nursing practitioners will be able to determine how to impart information to nursing students and help them develop a positive attitude toward to the "post-operative" nurse-led care.

EDUCATION OF NURSING: As a nurse educator, there are various opportunities to impart life skills to nursing students so they can behave well and respond appropriately to their environment.

NURSING RESEARCH: The study's results add to the corpus of scientific knowledge and can be applied to future research.

RECOMMENDATIONS

Program of regular awareness-raising

All hospitals must create research training and awareness initiatives to better care for post-operative patients.

Patient education

Doctors must help low-literate patients grasp the benefits of the post-operative nurse-guided care. This will help out them to access the educational tools to approach nurses for help and keep order.

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