



Faculty of Health and Wellbeing

BSc (Hons) in Midwifery

Year Two

Surgical and Gynaecology Workbook:

**Activities and questions to guide learning during the
Theatre, Surgical Pathway and Gynaecology
placements**

Contents

Introduction	4
Caring for the patient undergoing surgery	5
The Pre-operative phase	6
Physical preparation	6
Psychological preparation	7
Social preparation	7
The Intra-operative phase	9
The Post-operative phase	13
Care of women undergoing Elective Lower Segment Caesarean Section (LSCS)	15
Pre-operative care:	15
Intra Operative care:	16
Post-operative care:	16
Gynaecology nursing	19
Resources	21

Introduction

During the second year of the BSc in Midwifery programme you will be exposed to a range of non-midwifery or complex pathological obstetric situations in order to meet NMC requirements and Directive 2005/26/EC of the European Parliament and of the Council (2005) on the recognition of professional qualifications, Annex V, Point 5.5.1 (EU Directives) require you to demonstrate "care of women with pathological conditions in the fields of gynaecology and obstetrics" and "initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice". The surgical pathway, theatre, gynaecology and midwifery placements should enable you to evidence this experience in your CAD and Record of Experience.

It is important to keep accurate record in the form of testimony and in the Record of Experience, particularly in the sections 'Participation in Instrumental and Operative Birth', 'Postnatal Care of Mother and Newborn', 'Care Experience in Pathological/ Gynaecological/Obstetric care (Medicine and Surgery)' and 'Care of women at risk during pregnancy birth and the postnatal period'. The surgical pathway will take place during your placement(s) based in community and complements the learning during the theatre recovery experience. Experience of medical conditions may appear throughout your clinical practice but they must be clearly collated and identified in the 'Care of women at risk during pregnancy birth and the postnatal period' section of your Record of Experience.

Caring for the Patient Undergoing Surgery

A patient's surgical journey involves three phases – the pre-operative phase, the intra-operative phase and the post-operative phase. The purpose of your experience in the surgical setting is to examine these phases in detail and to identify the nursing care priorities and goals to enable you to transfer your knowledge and skills to a midwifery setting.

Before embarking on this part of the workbook firstly note below what you think are the concerns of an individual who is to undergo surgery. You may wish to complete this exercise from your own perspective or you may benefit from seeking the views of some of the patients you encounter on the gynaecological unit.

List about four concerns in the first column of the table below. As you move through the surgical experience use the second column to detail the response you would give to a patient who expressed these concerns.

Expressed concerns	Nursing response

The Pre-operative Phase

As this title implies this phase involves the preparation of the patient for surgery.

What are the overall goals of pre-operative care?

- 1.
- 2.
- 3.
- 4.

How do the nursing / midwifery and surgical team monitor and prepare the patient for surgery and what is the rationale for this preparation?

The following list is offered as a framework to guide your answers to this question.

Physical Preparation

Nursing action	Rationale
Respiratory system	
Gastrointestinal system	
Cardiovascular system	
Medication	

Psychological Preparation

--	--

Social Preparation

--	--

What are the responsibilities (including checks/examinations made) of the nurse / midwife to the patient immediately prior to, and during transfer to theatre in order to promote a safe environment during the surgical procedure and why?

Nursing action	Rationale
1.	
2.	
3.	
4.	
5.	
6.	

The Intra-operative Phase

As this title suggests this involves the care of the patient in theatre during the induction of their anaesthesia and during surgery.

It is expected that you will accompany a patient during this phase of their care. **Please note you may have to attend an induction course according to Trust policy. Please ask the nursing staff at your initial interview.**

The intra-operative phase begins with the induction of anaesthesia.

There are three main routes of administration of anaesthesia. What are these and briefly describe their mode of action including their advantages and disadvantages?

Route of administration of anaesthesia	Mode of action. Advantages and disadvantages
1.	
2.	
3.	

Why is an intravenous infusion sited prior to the induction of anaesthesia?

How and why is the patient monitored whilst the anaesthetic is acting? A framework is suggested to guide your answers.

Monitoring technique	Rationale	
Respiratory function		
Cardiac function		
Cardiovascular integrity		

What potential risks / hazards is a patient exposed to during surgery? How are these risks minimised to maintain patient safety in the operating theatre?

Potential risk / hazard	Action
1.	
2.	
3.	
4.	
5.	

In the table below note the surgical procedures you have observed and briefly describe the purpose of the procedure

Surgical procedure	Brief description of its purpose

--	--

The Post-operative Phase

As this title implies this phase involves the care of the patient following surgery. This care begins in the Recovery Area or Post Anaesthetic Care Unit (PACU). You will spend one week focusing on recovery from anaesthetic. Activities associated with this part of the post-operative phase are in a different section of this workbook.

Post-operative care continues when the patient returns to the surgical ward.

What are the overall goals of post-operative care?

- 1.
- 2.
- 3.

How does the nursing and surgical team monitor and care for the patient during the post-operative period? What is the rationale for this care?

The following list is offered as a framework to guide your learning is loosely based on the Activities of Living Model (Roper, Logan and Tierney, 1999).

Nursing action	Rationale	
Breathing		
Mobilising		
Personal cleansing and dressing		

Maintaining a safe environment	
Eating and drinking	
Eliminating	
Controlling body temperature	
Expressing sexuality	
Emotional support	
Sleep and rest including pain management	
Communicating	

Using the resources read more about the above and make additional notes.

Care of Women Undergoing Elective Lower Segment Caesarean Section (LSCS)

Pre-operative Care:

1. How does the pre-operative care for a woman undergoing and elective LSCS differ from that of a patient undergoing general abdominal surgery?
2. Why are Ranitidine and Sodium Citrate given pre-operatively and how do their actions differ?
3. Define the categories of LSCS?
4. How does the pre-operative care differ between and elective and an emergency LSCS?

Intra Operative Care:

What is the Role of the midwife during an Elective LSCS?

Post-operative Care:

Write a care plan for a woman for the first 4 hours following an Elective LSCS using the Activities of Living Model:

Nursing action	Rationale
Breathing	
Mobilising	
Personal cleansing and dressing	

Nursing action	Rationale
Maintaining a safe environment	
Eating and drinking	
Eliminating	
Controlling body temperature	
Expressing sexuality	
Emotional support	
Sleep and rest including pain management	
Communicating	

How will this care plan change in the first 12 hours post LSCS?

How will this care plan change in the first 24 hours post LSCS?

How will this care plan change in the first 72 hours post LSCS?

How will this care plan differ at 5 days post LSCS?

Gynaecology Nursing

You will have noted when you commenced midwifery that an unfamiliar vocabulary and system of abbreviations are used. The same is so in gynaecology. A number of abbreviations are used to describe the type of surgery that the patient is to undergo or has undergone. To help orientate you to this complete the following exercise: -

Provided below is a list of commonly used abbreviations describing some gynaecological procedures that you may see whilst on the gynaecology ward. Complete the table choosing from the list below

Abbreviation	Procedure
BSO	
TAH	
R/L SO	
STOP	
D & C	
EUA	
TCRE	
Lap steri	
Lap & dye	
PID	
TVS	
TAS	
CIN	
VIN	
VAIN	

Bilateral Salpingo -oophorectomy
 Vulval intraepithelial neoplasia
 Vaginal intraepithelial neoplasia
 Trans-vaginal scan
 Trans-abdominal scan
 Trans cervical resection of endometrium
 Total abdominal hysterectomy
 Cervical intraepithelial neoplasia

Suction termination of pregnancy
 Right/left Salpingo -oophorectomy
 Pelvic inflammatory disease
 Laparoscopic sterilisation
 Laparoscopic injection of dye
 Examination under anaesthetic
 Dilatation and curettage

The following clinical scenarios will enable you to develop an understanding of common early pregnancy issues that challenge a woman's physical and psychological health:

1. Yasmin is 6 weeks pregnant and presents at the Early Pregnancy Assessment Unit (EPAU) with a history of intermittent vaginal bleeding but no abdominal pain. Describe the care and management Yasmin will receive in the EPAU.

2. Amy is 12 weeks pregnant and is attending for a routine scan. She has been fit and well during the pregnancy. On ultrasound scan a pregnancy sac with identifiable fetal parts but there is no fetal heart seen. Outline how the multiprofessional team will manage Amy's ongoing care and management.

3. Su Lee is admitted to the Accident and Emergency Department at 9 weeks of pregnancy with a history of vaginal bleeding and sudden onset of lower abdominal pain. The pain was initially left sided but is now felt across the abdomen and radiates into her left shoulder. What are the tests and investigations that will provide a definitive diagnosis and then outline the subsequent management and aftercare Su Lee will require.

Resources

Beddows J (1997) Alleviating pre-operative anxiety in patients: a study. **Nursing Standard** 11, 37, 5-38.

Biley FC. (1989) Nurses' perception of stress in preoperative surgical patients. **Journal of Advanced Nursing**. 14(7):575-581

Crafter, H.; Brewster, J. (2014) Common Problems Associated with Early and Advanced Pregnancy in Marshall, J. E.; Raynor, M. D. (Eds.) **Myles Textbook for Midwives**. Edinburgh: Churchill Livingstone. Chapter 12. Sixteenth edition. ISBN: 0702057452

Goodman, T.; Spry, C. (2017) **Essentials of Perioperative Nursing**. Burlington, MA: Jones & Bartlett Learning Sixth edition ISBN: 9781284079821

Hayman, R. (2014) Operative Births in Marshall, J. E.; Raynor, M. D. (Eds.) **Myles Textbook for Midwives**. Edinburgh: Churchill Livingstone. Chapter 21. Sixteenth edition. ISBN: 0702057452

Jackson, K. (2014) Contraception and Sexual Health in a Global Society in Marshall, J. E.; Raynor, M. D. (Eds.) **Myles Textbook for Midwives**. Edinburgh: Churchill Livingstone. Chapter 12. Sixteenth edition. ISBN: 0702057452

Kirk, R. M.; Winslet, M. C. (2007) **Essential General Surgical Operations**. Edinburgh: Churchill Livingstone. Second Edition. ISBN: 9780443103148

Kirkham, K. R.; Wijeyesundera, D. N.; Pendrith, C.; Ng, R.; Tu, J. V.; Laupacis, A.; Schull, M. J.; Levinson, W.; Bhatia, R. S. (2015) Preoperative testing before low-risk surgical procedures. **Canadian Medical Association Journal**. 187(11): E349-58.

Lubin, M. (2013) **Medical management of the surgical patient: a textbook of perioperative medicine**. Cambridge: Cambridge University Press. Fifth edition. ISBN: 9781107009165.

Mander, R. (2007) **Caesarean just another way of birth?** Abingdon, Oxon; New York: Routledge. ISBN: 9786610871995

Robson, E. S.; Marshall, J. E.; Doughty, R.; McLean, M. (2014) Medical Conditions of Significance to Midwifery Practice in Marshall, J. E.; Raynor, M. D. (Eds.) **Myles Textbook for Midwives**. Edinburgh: Churchill Livingstone. Chapter 13. Sixteenth edition. ISBN: 0702057452

Roper N, Logan WW, Tierney AJ (1999) **The Elements of Nursing: A Model for Nursing on a Model of Living** (4th ed). London, Churchill Livingstone

Rosiek, A.; Kornatowski, T.; Rosiek-Kryszewska, A.; Leksowski, K.; Perticone, F. (2016) Evaluation of Stress Intensity and Anxiety Level in Preoperative Period of Cardiac Patients. **BioMed Research International**. 2016: 8 pages

Trabuco, E. C.; Klingele, C. J.; Weaver, A.L.; McGree, M. E.; Lightner, D. J.; Gebhart, J. B. (2011) Preoperative and postoperative predictors of satisfaction after surgical treatment of stress urinary incontinence. **American Journal of Obstetrics and Gynecology**, 204(5): 444.e1-444.e.

Woodhead, K.; Fudge, L. K. (2012) **Manual of perioperative care: an essential guide**. Chichester: Wiley-Blackwell. ISBN: 9780470659182

This page is intentionally blank

**Sheffield
Hallam
University**

© SHEFFIELD HALLAM UNIVERSITY 2019

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or

otherwise, without the prior permission of Sheffield Hallam