

Laparoscopic Cholecystectomy

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LAPAROSCOPIC CHOLECYSTECTOMY

Laparoscopic Cholecystectomy is a procedure in which the gallbladder is removed by laparoscopic techniques. Laparoscopic surgery also referred to as minimally invasive surgery describes the performance of surgical procedures with the assistance of a video camera and several thin instruments. During a laparoscopic surgical procedure, small incisions of up to half an inch are made and plastic tubes called ports are placed through these incisions. The camera and the instruments are then introduced through the ports which allow access to the inside of the patient. The camera transmits an image of the organs inside the abdomen onto a television monitor.

Pre-op Area

For my patient B. L. her diagnosis was gall stones. Her gall bladder had been making her so nauseated that her daily activities were being affected. So the surgery that was planned for her was a Laparoscopic Cholecystectomy. The assessments to be focused on should be abdomen palpations, heart rate and a skin assessment for the IV site and the surgical site. The IV was on the left hand and it was a # 18. The patient was on a Ringer's Lactate drip. The patient presented with nausea so a nausea patch was placed behind her right ear before surgery to help the patient cope afterwards. My patient also got a cocktail of medication before the surgery. My patient got Diazepam to relax her before surgery. One diagnosis for my patient would be Risk for Infection R/T surgery. And another would be Acute Pain R/T Laparoscopic Cholecystectomy. The nurse's role in the pre-op area was to keep the patient informed at all times and to administer the "cocktail" before surgery. I thought this area was a good area to experience it was in general very busy. People were coming in and out of the room and putting in orders for the medications and administering them. This area was just very very busy.

Operating Room

I observed a Laparoscopic Cholecystectomy. The anesthesia that was used was general anesthesia with IV dose of Diprivan. I actually stood behind the nurse anesthetist and watched her

administer the drugs to the patient. The personnel that comprised the surgical team was the surgeon, two surgical assistants, the nurse anesthetist, the circulating nurse, and the operating room assistant who assisted the doctor handing the equipment when needed. The two surgical assistants helped the surgeon by holding the laparoscopic and the other held the equipment grasping the gallbladder. The circulating nurse made sure the team had everything they needed. And the operating room assistant just handed the surgeon everything he needed when needed. The circulating nurse is in charge of making sure the surgery is always in the patient's best interest. She is constantly checking what each member of the team is doing and checking vitals, drainage and the monitors at all times. The nurse was with the patient the entire time until the patient was under anesthesia. Some methods that are used to ensure patients safety are SCD's to continue circulation in the patient's legs. There were also straps across her legs and arms to keep the patient from sliding on the operating table due to the head of the bed being elevated to use gravity in the abdomen cavity. Also, all the sensors on the patient's chest and head that are connected to the vital machines helped with the patient's safety. This experience was my favorite by far even though I did get light headed. Those masks are not easy to breathe in. But just being able to see the advances that have been made and the things that a human being can do to another human being is just incredible. I wanted to watch more surgeries just to experience them. By far it was my favorite part of the whole rotation.

Recovery Room

The assessment upon admission to the recovery room for the patient was first to hook the patient up to the vital machines. The patient's airway and oxygen saturation levels were then measured. The patient's oxygen status was maintained by keeping the patient on an oxygen mask for 30 minutes when first administered to the recovery room. The airway was managed by checking the patient and having them cough and deep breathe once conscious. The role of the recovery room nurse was to monitor vitals every 15 minutes and to maintain pain management. Also to make sure to help

the patient become conscious enough for the patient to be moved to the post-op area. My patient's pain was managed by an IV dose of .5 mL Delaudid. The patient was also given more medication for her nausea. The fluid balance was assessed by seeing how much of the IV had gone into the patient however long the patient was in the recovery. My patient had a line drawn on her IV bag when she was brought into the recovery room and then the nurse noted how much had been diffused in the 3 hours my patient was in the recovery room. The criteria that the nurse used to determine whether the patient was ready to move to post-op area was if the patient could maintain oxygen saturation levels and also how conscious the patient was. The patient had to be off the oxygen mask as well. This learning experience didn't really appeal to me because I would be afraid that my patient wouldn't be breathing even if the oxygen levels were fine. My patient slept the entire time so I didn't really do much other than that.