

## FACT SHEET: Surgery in NSW country hospitals

This fact sheet provides information about five surgical procedures commonly performed in hospitals across NSW, where the amount of nursing care available is often directly related to safe patient care and positive patient outcomes. These operations are performed in rural, regional and big city hospitals, yet Peer Group A hospitals, mainly in the city, have more nurses than Peer Group C hospitals, mainly in the bush.

The five commonly performed surgical procedures are tonsillectomy, cholecystectomy, hip and knee joint surgery (often joint replacements) and hysterectomy. Even the smaller rural facilities regularly do some or all of these procedures yet none of these hospitals have the same nurse staffing levels as the big city hospitals which perform the same procedures.

**In excess of 14,000 of these five commonly performed procedures were carried out in 68 Peer Group B (predominantly regional) and Peer Group C (predominantly rural) hospitals in NSW in 2010-11.**

Patients at these hospitals receive less nursing care than most of their city counterparts.

**TONSILLECTOMY** – removal of tonsils and/or adenoids to prevent recurrent tonsillitis. Predominantly performed in children. Recurrent tonsillitis can cause sleep disorders, growth retardation, poor learning and behavioural problems.

### **Nursing care post-operatively:**

- There's a risk of haemorrhage immediately post-op for 24-36hrs. Nurses must check pulse,

respiration, temperature and oxygen levels every 15 minutes for the first hour, then hourly for 24 hours. Inspection of the throat must also be made regularly to detect blood loss.

- Close clinical observation is required due to increased risk of airway obstruction from swelling or haemorrhage - the smaller the child, the closer the observation required, often 'line of sight'. Nurses also need to educate parents to understand changes in the child's breathing patterns and colour as these can be early signs of a post-operative complication.
- Pain relief can decrease respiration and oxygen perfusion, so if oxygen levels fall below 93%, supplemental oxygen is needed.
- Intravenous (IV) fluids are required until normal drinking patterns return which means close nursing observation is vital.
- Children can experience protracted vomiting after surgery. Keeping a close eye on the fluid intake of the child is very important to prevent dehydration.

*“Young children often need comforting such as being held or cuddled. They cry inconsolably and are very distressed, making their throats even sorer. Blood swallowed during the operation makes them nauseated and is often vomited. It's not uncommon for children to have 5 or 6 episodes of vomiting in the first few hours.”* **Katrina Lee RN, Orange**

*“The risks [of not enough nurses] are that a patient can die through not being observed appropriately or they just don’t receive the care or are inadequately managed through the system, which can escalate the cost factor to the organisation and society in general.”* **Suzanne McNeil RN, Newcastle**

#### TONSILLECTOMIES 2010-11

Orange Base Hospital:	180
Wagga Base Hospital:	230
Dubbo Base Hospital:	185
Bulli District:	62
Bathurst Base Hospital:	50

**CHOLECYSTECTOMY** – removal of gall bladder as first line treatment for gallstones and gall bladder inflammation (which can cause episodes of severe pain and hospitalisation). This is mainly performed using keyhole surgery through the abdominal wall. Gallstones can be multiple ‘grains of sand’ through to large single ‘rocks’.

*“We’re talking about our mums, our dads – and when they come in there is an expectation there’s going to be enough nurses to make sure they’ll get good care – it’s not safe to have two nurses looking after 19 patients and hope they’re going to get by.”*

**Jill Telfer RN, Tamworth**

*“If patients get very ill, you’re calling a doctor and a skilled nurse from ED up to your ward to assist us in stabilising that patient for who knows how long; that means the people down in ED aren’t getting the services they require either.”*

**Kerry Harmon RN, Grafton**

#### Nursing care post-operatively:

- Observations every 15 minutes for first hour of pulse, respiration, blood pressure and oxygen saturation, then ½ hourly for 4 hours.
- Pain relief and medication to reduce nausea and vomiting are needed, usually through injection.
- Managing intravenous fluid for 12-24 hours post-op.
- Close observation to ascertain complications of bile duct injury – if bile leaks into the peritoneal cavity then peritonitis and sepsis can occur which can be life threatening.
- Early mobilisation of these patients is vital to assist recovery.

#### CHOLECYSTECTOMIES 2010-2011

Tamworth Rural Referral Hospital:	183
Shoalhaven District Memorial Hospital:	199
Lismore District Hospital:	192
Belmont District Hospital:	134
Grafton Base Hospital:	103

#### HIP AND KNEE SURGERY, OFTEN JOINT REPLACEMENTS

– to relieve pain and disability. These procedures are considered major orthopaedic surgery. Patients are generally older, often with other conditions such as hypertension and diabetes. As joints are highly vascular there is a high risk of haemorrhage.

#### Nursing care post-operatively:

- Observations of pulse, respiration, blood pressure and oxygen saturation every 15 minutes for the first hour, then ½ hourly for 4 hours.
- The majority of patients will have one or a combination of the following which all require at least 1 hourly observation:
- ➔ Intravenous Patient Controlled analgesia (opioid based)

- Epidural or regional nerve infusions
- Intravenous fluids and antibiotics
- Anti-nausea medications (by injection)
- Drainage monitoring (both wound drain and indwelling urinary catheter).
- Limb/circulation observations of affected leg (patients are at high risk of deep vein thrombosis due to limited mobility and joint infection).
- Patients are expected to begin mobilising the day after surgery and often require two nurses to assist.

*“When one of us goes on our break the RN left has to attend the 28 patients regarding analgesia, the IV pumps and assisting with pressure care.”* **Chris, RN**

*“The amount of falls has gone up as patients are so desperately waiting to be attended to that sometimes they’ll try and do things on their own when they shouldn’t and that can incur a fall – which isn’t good for them, as most are elderly. Consequently their stays are much more complicated, longer and sometime the outcomes ... sadly, we have had deaths from falls”*

**Michelle Cashman RN, Central Coast**

#### HIP AND KNEE REPLACEMENTS 2010-2011

Coffs Harbour Health Campus: 238

Lismore District Hospital: 305

Port Macquarie Base Hospital: 209

Bega District Hospital: 218

Goulburn Health Service: 143

**HYSTERECTOMY** – surgical removal of the uterus, either vaginal or abdominal. Women undergoing vaginal hysterectomy have a quicker recovery than those who have an abdominal hysterectomy due to the abdominal incision. Patients often remain in hospital for 4-5 days.

#### Nursing care post-operatively:

- Observations every 15 minutes for the first hour of pulse, respiration, blood pressure and oxygen saturation, then ½ hourly for 4 hours.
- The majority of women experience severe pain immediately post-op and require regular analgesia and care.
- Patients will have intravenous fluids running and a urinary catheter which requires close monitoring.
- Early mobilisation assists in recovery and prevention of post-operative complications.

*“Patients miss out on the basics – nurses are so busy giving medications and doing observations that patients miss out on one-to-one care, in regards to their emotional wellbeing and basic nursing care.”*

**Ciaran McLoughlin EN, Ryde**

*“I work in a rural hospital where our current ratios can be ... 1:8. This is unsafe practice, the patients aren’t getting the care they need or deserve and the nurses are burning out.”* **An RN**

#### HYSTERECTOMIES 2010-2011

Coffs Harbour Health Campus: 75

Wagga Wagga Base Hospital: 54

Shellharbour Hospital: 51

The Tweed Hospital: 39

Moruya District Hospital: 31