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Postoperative nursing care for patients undergoing bariatric surgery

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The term "Bariatric surgery" is derived from the Greek alphabet "baros" and "iatrikos" meaning "weight", and "medicine" respectively. Bariatric surgical procedures help weight loss by three mechanisms. These are Restriction, Malabsorption and Combination. The two commonly performed restrictive procedures are Adjustable Gastric Band and Vertical Sleeve Gastrectomy procedures. Common Comorbid conditions in obese patients are Type 2 diabetes, Heart disease, Dyslipidemia, Hypertension, Stroke, Obstructive sleep apnea, Obesity Hypoventilation Syndrome, Asthma, Certain cancers (breast, endometrial, prostate, and colon), Gallbladder disease, Gastroesophageal reflux, Pulmonary hypertension, Depression, Osteoarthritis, Atherosclerosis, Congestive heart failure, Cardiomegaly. Postoperative Bariatric surgery patients are at increased risk for deep vein thrombosis and pulmonary emboli secondary to venous stasis and polycythemia (elevated red blood cell count) because of obesity hypoventilation. Highly lipophilic (lipid affinity) drugs, such as narcotics, have a higher volume of distribution in obese persons, which may lead to longer elimination half-lives. Early complications may occur within one to six weeks after surgery. These complications are Deep venous thrombosis, Pulmonary embolism, Bleeding, Anastomotic leaks, Cardiovascular and pulmonary compromise. The nurse is an active member of the multiprofessional team.

Biography

Gul Cankaya is a surgical nurse at Marmara University Pendik Training Hospital in Istanbul. She has worked mostly in pediatric critical care unit, cardiovascular surgery operating room, general surgery operating room. She has attended international certification for breast cancer nursing programme (MEHEM). She has completed her thesis on "self care in breast cancer patients undergoing modified breast surgery".

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