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Eleventh Edition

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Eliason's
Surgical Nursing

Preface to the Eleventh Edition

The chief concern of the authors in this revision is to present the principles of care of surgical patients in such a way that the student nurse will

(1) understand not only "what to do and what not to do" for the individual person but "how it is done and why,"

(2) recognize the extent of her responsibilities and how they are related to the activities of other persons who have contact with the surgical patient, and

(3) accept her role as a teacher in order to assist the patient and his family in any adjustment which has to be made.

It has meant that this edition had to be revised almost completely. The book is now divided into 3 sections: Part One, Fundamentals of Surgical Nursing; Part Two, Nursing Care of Patients with Specific Surgical Problems; and Part Three, Nursing in an Emergency or Disaster. Throughout the text, the concept of total patient care has been retained; the patient is not a surgical entity but a person with a surgical problem. He comes from a family and a community and will return to them. The physician and the nurse, as well as other colleagues, are available to help the individual patient in the many experiences and adjustments which he has to make.

Part One stresses the principles which are adaptable to the nursing care of the surgical patient before, during and after surgery. This section has been reorganized in order to promote a more logical sequence for optimum learning. Operating Room Nursing has been rewritten and placed in Part One because the content logically falls between that dealing with preoperative nursing care and postoperative care. Particular emphasis is placed on principles so that the student may apply what she has learned to a variety of situations. Throughout the text, the importance of conscientious and rigid practice of the principles of asepsis is stressed.

In a new chapter, the principles of rehabilitation are emphasized as they apply to the surgical patient. However, it must be made clear to the student that this has been done solely to stress the values of this aspect of care. In reality these principles are not isolated but are an integral part of the care of a surgical patient. Nor is rehabilitation confined to the postoperative convalescent stages of the patient's experience; often it has its beginnings in the early preoperative experience of the individual.

In the chapter, "The Patient with Cancer," statistics and newer methods of treatment are given. A noteworthy addition is the up-to-date section on radiation therapy and nursing implications.

The chapter, "Nursing Care of the Geriatric Surgical Patient," has been retained because of the increasing importance of this major field. On the other hand, it has appeared more feasible to incorporate the principles of pediatric surgery and surgical nursing in those sections where appropriate. For example, congenital pyloric stenosis is discussed in the chapter on gastro-intestinal conditions, congenital dislocation of the hip is presented in the chapter on orthopedic conditions, and so forth.

Part Two. The nursing care of patients with specific surgical problems is presented again according to systems. Newer methods of treating chest tuberculosis are given in Chapter 15, "Surgery of the Chest." Chapter 16, "Surgery of the Heart and the Blood Vessels," has been almost completely rewritten. The tremendous advances in this specialty in recent years make it imperative for the nurse to keep up to date. Even if she never cares for this kind of surgical patient, she must be informed because of the many questions directed to her by laymen. The lengthy section on nursing care is included in this chapter to emphasize the special activities which this branch of surgery requires of the nurse.

Each unit has been scrutinized carefully to eliminate obsolete practices and to include the newer methods of treatment and care. *Clinical Situations* at the end of each chapter in Part Two helps to crystallize for the student some of the key points of emphasis as they relate to particular patient situations.

A feature of this edition is the inclusion at the end of each chapter in Part Two of a section called *Patient Teaching Aids*. The objective is to emphasize the importance of teaching the patient what he needs to know about his problems and care and to have available some source materials which he can understand.

Part Three, "Nursing in an Emergency or a Disaster," is included as a compact source of information to assist in the preparation of a more effective nurse in time of urgent need. Much of the information will be learned during her experiences in the care of surgical patients; however, the focus is pinpointed to the emergency situation, whatever its nature. It is hoped that this addition will assist in the integration of emergency and disaster nursing throughout the total curriculum.

Footnotes have been included throughout the text where pertinent in order to direct the student to more detailed sources of information. Bibliographies have been revised to include the more recent documentation.

Another major objective of the authors has been to include illustrations to help the student to visualize what has been described in the text. A good illustration is an additional medium to impress upon the learner a thought, an idea or a principle. When a diagram or a picture accompanies the written word, learning is facilitated.

This textbook can be adapted readily to courses of study in which medical and surgical nursing is taught as a combined program. The philosophy of nursing as we know it today is expressed more specifically in Chapter 1 as the role of the modern surgical nurse is described. The needs of the surgical nurse and of the surgical patient are known. *Surgical Nursing* is a sincere effort to help in meeting these needs.

The authors are grateful to many who have contributed to the eleventh edition: Robert D. Dripps, Jr., M.D., Professor and Chairman, Department of Anesthesiology, School of Medicine, University of Pennsylvania

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We also would like to express our personal appreciations to Ruth and Mat and our children for their patience and understanding during the preparation of this edition.

L. KRAEER FERGUSON, M.D.
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Preface to the First Edition

One of our most eminent surgeons has said that to "cut well and sew well" means to "get well." This is not enough, for we must "nurse well" also. How important good nursing is in surgery is fully appreciated only by the surgeon. He recognizes how essential to his success is a nurse well trained in bedside nursing technic. Not only must the nurse be adept in this important phase of her work, but she must also be keenly alive to the observation of signs and symptoms that arise from time to time under her eye. Further, she must have some knowledge as to the cause and the seriousness of these same changes in order that she may know their relative value with reference to reporting them to the surgeon. These accomplishments can be obtained only by long-continued practice at the bedside. Didactic teaching in the classroom has its place, but it should be made to occupy a very minor role when compared to the actual knowledge learned from real contact with the patient.

Cyanosis as described in the class makes little impression upon the pupil, but the bedside picture of the cyanotic patient, with the associated dyspnea and anxious expression, makes a lasting impression. The classroom may show a pupil how to find acetone in the urine, but how much more important that she recognize the fruity odor of the breath, the pulse hurry and restlessness of the actual condition under her charge! How much better that she should recognize audible peristalsis rather than to be able to define glibly the term borborygmi!

Higher nursing education is an excellent ideal and should be advocated and commended, but not at the expense of real actual care of the patient as a human individual, rather than as a pathologic specimen.

Experience has shown that less mistakes are made, and more efficient nursing is obtained, when the nurse understands not only what to do, but also why a procedure must be carried out in a certain way. In so far as possible, an effort has been made to explain the reason, as well as the method, for each procedure. To accomplish this purpose, sections on anatomy and physiology have been inserted where deemed advisable.

The authors have drawn freely upon their own experience as a senior surgeon, a junior surgeon, and a nurse who has been both an operating-room head nurse as well as an instructress of nurses at the University of Pennsylvania Hospital Training School. All three authors have been instructing nurses for many years, both in the lecture hall and in the practical work in the sickroom.

The teaching value of thoughtfully made pictures cannot be overemphasized, and these illustrations represent many hours of careful posing to present through the eye a helpful adjunct to the text.

Much thanks and appreciation are due Dr. Rachel Winlock for her excellent hand-drawn illustrations.

THE AUTHORS

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PART ONE

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