

THE RECOVERY ROOM ~ *Immediate Postoperative Management*

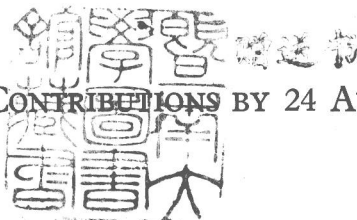
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PREFACE

MANY OF US who had experience in front line hospitals in World War II have carried with us a memorable impression of the effectiveness with which therapy was administered in postoperative shock and resuscitation units. The outstanding characteristic of these units was the immediate availability of almost all medical and physical facilities necessary for the care of the sick and wounded, including personnel trained in the use of these facilities. There was no question that these units provided greatest efficiency of care and contributed materially to the over-all reduction of morbidity and mortality. Our interest in recovery rooms has stemmed from this experience.

Since then, we have participated in the organization of several recovery rooms and have been consulted in the development of a few others. The experience gained in these projects has been reported in a number of articles. The inadequacy of these articles in conveying all the information we have gathered has filled us with a sense of frustration, which has finally prevailed over our better judgment, impelling us to write this book.

We have tried to present the organization and functions of a recovery room in as concise and detailed a fashion as possible without necessarily being dogmatic. Basic principles are discussed in order to give meaning to specific instructions. Since the immediate postoperative care is an integral function of the recovery room, detailed postoperative orders for various types of operative procedures are given. Such has been accomplished with the help of outstanding authorities in the various specialties who have graciously and ungrudgingly contributed to this work. We have also utilized diagrammatic illustrations to demonstrate in detail how to employ various types of equipment for the proper care of the patients during the immediate postoperative phase.

We owe a debt of gratitude to our contributing authors for the help and cooperation in the preparation of this text, as well as their cooperation in the utilization of our recovery and intensive therapy unit. We are indebted to the Administration Section of the Research and Educational Hospitals of the University of Illinois, College of Medicine, as well as to the Veterans Administration Hospitals at Hines and Westside. These units functioned primarily because of the excellent administrative support and guidance by Dr. Donald J. Caseley, Mr. John E. Millizen and Mr. Harry G. Higgins at the University unit, and to Dr. William H. Cassels who organized the unit at the Veterans Administration Hospital at Hines. Dr. Charles B. Puestow's continued interest and guidance have been largely responsible for the effectiveness of the Hines' unit. Dr. Warren H. Cole, at the University of Illinois, and Dr. Puestow, at Hines, have enabled us, by their inspiration and cooperation, to gather the data on which we have based our experience in these institutions. Many of the pharmaceutical and medical supply houses have given us details of their latest equipment and supplies, and to them we express our extreme thanks. A real debt of gratitude is expressed to Mrs. Dolores Zillhart for her many hours of labor in the secretarial preparation of the manuscript.

The publishers, W. B. Saunders Company, have given us their utmost help and cooperation, and we are especially thankful to them.

MAX S. SADOVE
JAMES H. CROSS

June, 1956

INTRODUCTION

IN WRITING this book the authors have assembled all the important data relative to the planning and function of a recovery room, as well as the medical and surgical care of the patient during the immediate postoperative period; they have carried out these purposes exceedingly well.

To appreciate the justification of a detailed discussion such as is contained in this volume it would be appropriate to review the functions of a recovery room, which vary somewhat depending upon circumstances. As organized throughout the country, some recovery rooms close at 5 or 6 P.M., the patients being sent to their rooms or wards. In other hospitals, patients who have had major operations remain all night in the unit, and, in fact, if their convalescence is complicated, may stay in the recovery room two or three days. This difference in the length of time patients are kept in the recovery room confirms the fact that the functions are not standard. In the hospitals where the patients' stay in the recovery room is limited to only a few hours, the purpose is to keep the patients in a place well equipped with personnel and materials needed in emergency care until they recover from the anesthetic. It is probably conceded that the period of recovery from the anesthetic is more dangerous than any other of comparable length, because of the increased incidence of respiratory complications (primarily obstruction) and postoperative hemorrhage.

Although the danger of hemorrhage and other complications, such as acute respiratory obstruction occurring before the patient regains consciousness, is minimal after the first six or eight hours postoperatively, numerous other complications may develop during the succeeding twenty-four hours. Important among these is atelectasis, which to a great extent may be prevented by good nursing and medical care in the early postoperative period. In patients who have had operations of unusual magnitude, meticulous observation and therapy will often prevent serious complica-

tions such as electrolyte imbalance and hypovolemia. Therefore, it would appear justifiable to keep patients who have serious major operations in the recovery room for at least twenty-four hours. Nurses in a recovery room rapidly become specialized, and their experience in the care of the acutely ill patient will without question minimize the incidence of postoperative complications. To a great extent their efficiency is determined by the physical arrangements of the room and facilities. For this reason, it is essential that personnel planning a recovery room seek advice and counsel early in the planning stage.

There is now total agreement that a recovery room results in better care of the patient in the postoperative period than when the patient is sent back to his room or ward and treated there. In fact, the improvement in care furnished by the recovery room has been so striking that the authors have implied that the function of a recovery room might be extended to that representing an intensive treatment center, offering treatment to any acutely ill patient needing more than average care.

All specialties are represented in the twenty-one chapters contained in this book. Many of these chapters may be considered classical in the fulfillment of the purpose for which they were written. The first and last chapters, though not dealing primarily with the professional care of the patient, are examples of excellent presentation and should be read by all personnel contemplating the introduction of a recovery room in their hospital. In fact, these chapters are so helpful to one planning a recovery room that they should be read early in the planning stage; furthermore, they will be of inestimable value for reference after the facility is functioning.

Many of the chapters include certain preoperative data. Offhand, this would appear superfluous; however, since postoperative care is so often directly related to preoperative care the inclusion of many features of the latter is indeed justified. In some instances, the therapy of certain conditions of the acute type which might not be encountered in the average recovery room is discussed. Again, inclusion of this material is likewise justified and desirable from the standpoint of completeness, because the techniques embrace a specialized type of care.

This volume is the first of its type to be presented. The vast amount of information contained within it makes it exceedingly valuable to all interns and surgeons in training, regardless of their specialty. In fact, the young internist will find the material of tremendous value, not only because the chapter dealing with medical problems is unusually informative, but also because the volume contains so much information with which every physician should be familiar. In general, medicine is progressing too rapidly toward specialization. The trainee in one specialty must have more

contacts with the teaching programs of other specialists if he is to achieve maximum ability in this field. A thorough review of the information contained in this volume will be profitable for all physicians. It will also be of invaluable aid to all nurses actively engaged in the care of patients. The editors and authors are to be congratulated for their splendid accomplishments.

WARREN H. COLE, M.D.

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