

Reflection on care of surgical drains nursing essay



**ASSIGN
BUSTER**

The use of drains continues to be an important aspect in the management of patients postoperatively. While drains serve an important function, they are also associated with complications such as haemorrhage, tissue inflammation, retrograde bacterial migration, and drain entrapment (Walker 2007). It is therefore very essential for nurses to provide adequate monitoring and care of surgical drains and provide measures to ensure prevention of complications from arising.

While working in the surgical ward, I have been exposed to patients with surgical drains. This reality pushed me to know more about surgical drains and to gain more competence in the management of these patients. In this essay, I would be reflecting on my experiences as I worked to achieve my learning outcome of becoming proficient with surgical drains. I would be utilising Gibbs (1988) model of reflection which consists of 6 stages, namely: description, feelings, evaluation, analysis, conclusion and action plan.

DESCRIPTION

In the past, I have been exposed to patients in the surgical intensive care unit with surgical drains. I have known how to monitor & care for the drains and have seen the surgeons remove these drains. But, I have never tried removing surgical drains before. Only surgeons and surgical resident doctors were allowed to remove drains in the country where I have trained before. Thus, when I started my adaptation program in the surgical ward, I was impressed with how skilful the nurses are with surgical drain removal. This gave me the urge to become proficient with the care of drains.

During the first week of the adaptation program, I started my quest for knowledge by doing a literature review about the indications, importance of drains, the different types and the risks & complications involved with drains. I gathered information from my mentor about the hospital's protocol and procedures for the care of drains as well as the different surgeons' preferences in the care of their patients' drains. It was then that I found out that surgeons always prefer the drains of orthopaedic patients (hip and knee replacements) to be taken out after 24 hours. As cited by Tucci, et al (2005), closed suction drainage systems are commonly used in orthopaedic surgery, the rationale for its use is to theoretically reduce wound haematoma and infection.

Knowing that I was already well equipped with knowledge, I then focused on enhancing my skills in this aspect. I worked hand in hand with my mentor as I observed how she monitored, re-vacuumed, and removed the drains. I observed the techniques and principles that she utilised and noted the different materials needed for each procedure.

FEELINGS

When I already felt ready to remove the drain for the first time, I was feeling a little bit anxious that I would do something wrong especially that my mentor would be supervising me as I perform the procedure. I knew that time that I was well prepared knowledge wise and I exactly knew what I was about to do, but there is always that feeling of nervousness when you do something for the first time. My anxiety was lessened when my mentor

reassured me as she told me not to worry as she will guide me all throughout the procedure.

I had all the materials ready and was all geared up with personal protective devices. After obtaining informed consent from the patient, I removed the drain without any difficulty while making sure that aseptic technique was observed. Aseptic technique is very important to prevent surgical site infections. According to the NICE guidelines (2008), the development of an SSI depends on contamination of the wound site at the end of a surgical procedure and specifically relates to the pathogenicity and inoculum of microorganisms present, balanced against the host's immune response. Thus, proper hand washing and maintaining sterility are very important when handling drains.

Aside from removing drains, I have gained more confidence in re-vacuuming drains, monitoring drainage output, documenting and watching out for complications. While taking care of these patients, I ensured that complications are prevented by providing health teachings about hygiene, proper hand washing, measures to prevent complications and early detection of any complications.

EVALUATION

With the entire learning process, I was able to achieve my goal of attaining positive learning outcomes. I had been more proficient with handling surgical drains. I have improved my knowledge and shared these with my patients for them to have a safe recovery. I had been very keen with minimising

complications and had been more watchful of the danger signs. I have known and practiced infection control by heart as well.

There was one negative incident that occurred during my adaptation experience. This incident made me more cautious whenever I took care of patients with drains. We had a patient who underwent a major breast operation who had four astra drains in situ. She developed a haematoma during our shift because of the fact that all of her drains were all clamped from the previous shift. The surgeon himself discovered the nurse's error and noticed the haematoma as well. He was not happy with what happened and told us to be very cautious with his patients' drains. We made an investigation and found out that the nurse who re-vacuumed the drains from the previous shift failed to unclamp the drains. We made an incident report and informed the ward sister about the incident. We regularly monitored the patient's haematoma and regularly massaged the affected area.

ANALYSIS

This incident made me realise how quickly complications arise when a single error is done. It taught me to be more cautious when re-vacuuming drains. Ever since that incident occurred, I always double check that all the drains are unclamped and patent before leaving the patient's rooms. I always check the wound & drain site for any haematoma or other unusualities as well.

CONCLUSION

Although it was not my error that the drains were clamped, I could still say that I do have a fault in that incident. If I could have checked the drains and

the wound initially at the start of the shift, that haematoma might not have occurred or if not, be minimised. I was too busy taking care of other postoperative patients and kept saying to myself during that time that I would check the drains & the wound after I am settled with the other patients. If I could have managed my time well and spared a little of my time to assess that patient, the incident might not have occurred. This incident served as a lesson for me & the other staff nurses in the surgical ward and taught us the importance of drains thus, they should not be taken for granted.

ACTION PLAN

Based on this entire experience, I plan to widen my knowledge about surgical drains by doing more research work about other types of surgical drains that I am not familiar with to enhance my knowledge and to be prepared when the time comes that I would come across these types of drains. I also intend to be always updated with my knowledge by reading recent articles from journals or other sources and grab any opportunity of attending seminars/ trainings for continuing professional development.