

Day Surgery

A Day in the Life

A day in the life of a staff nurse on the day surgery unit...

My day starts when I catch the "Hopper Bus" from St Peter's hospital at 7.30am. It's a great way to travel to work without having to do any driving! I arrive at Ashford hospital and stroll through the 'calm before the storm' hospital and arrive in time to get changed into my blue scrubs and onto the unit for 8am. As I'm new to the unit, I then have to walk back to the board which I have passed on my way in to read where I shall be working for the day. I will remember to read that board as I walk by soon...

This morning I am going to work in Theatre 1 doing general surgery. Three nurses are assigned to the theatre this morning: one colleague is going upstairs to collect the sets for the cases from the upper suite, which is transported in "the buggy". This leaves two of us to damp dust the theatre and collect all the equipment necessary for the cases. I like to bring everything into theatre and then damp dust so I know everything is clean before we start. And we have magic cleaning cloths that already have detergent, so that makes life easier. Once the theatre is clean, we set up the trolleys for the relevant cases, with the appropriate drapes, additional instruments and final dressings. Then "the buggy" is pushed down to the day surgery theatres or lower suite with all the instrument sets and these can be added to the trolleys for the different cases. Once we're all ready, I manage to grab a cup of tea while we await the anaesthetist and surgeon and discover that the surgery will go in the order according to the list we've been given.

So I'm going to scrub for the first case which is repair of an inguinal hernia. I've scrubbed for the surgeon before, but not done this operation with him, but I have no qualms that we won't make it together! I wash my hands or "scrub" following the hospital policy and don my sterile gown and gloves. I then check all the instruments on my set, receive all the extra bits and pieces that I'll need, and arrange the trolley to give me some working space. I count my swabs with a colleague, check any sutures, blades and hypodermic needles and this information is recorded on a board in the theatre, so that we can double check at the end of the case that everything is accounted for. This operation is done regularly and so the trolley has all the surgeon requires. If however, they should need something else, my colleagues are "circulating" and can find more sutures or alternative instruments during the operation, and the surgeon and I focus on the current operation. This is always a good time for me as you get really close to the surgery and are able to ask questions about what's happening as well as more background to the patient. On the other hand, sometimes we don't talk about work at all!

Anyway, the surgery went well and after the final dressing is applied, then the whole team swoops into action again. The dirty drapes are removed, the skin preparation is cleaned off the body, the anaesthetist and ODP focus on the airway and awakening the patient, I move into the sluice room, check all my instruments (again) and separate any extras into another bag, meanwhile the patient is transferred from the table onto the bed and a nurse and the anaesthetist push the patient around to the recovery and give a handover to the nurse there. There are another two cases on the morning list, which I circulate for, while my colleagues are scrubbed. After the last patient, and as there is no list in this room this afternoon, we clean up the area and "close down" Theatre 1 leaving it ready for the domestic to clean the floor and the list finishes in time for lunch!

In the afternoon, I am going to work in the endoscopy room. There is a list of oesophageal-gastric dilatations or OGDs. Again there are three nurses assigned, and each one has a specific job for the whole list. One nurse will be recording the specifics of the procedure, the medication given, any biopsies taken and filling all the paperwork and one will be cleaning the used scopes and preparing them for another case or for storage, and help the doctor with taking the biopsies. This is a very fast moving afternoon and I will be the person looking after the patient's airway and monitoring their heart rate, but also I have to go and collect the patient from the ward, checking their identity, allergies and prosthesis before they enter the procedure room. Then there is the driving of the trolley which is not heavy but people seem to enjoy testing my skills by putting things in my way, but I haven't crashed it yet!

In the endoscopy room, the patient speaks with the doctor and signs the consent form, and then I ask them to lie down, place a sheet to keep their shirt collar clean and hold a teeth guard in place. An oxygen saturation probe is on their finger, and I have suction at the ready and also a tissue for the end of the procedure. The patient may have some sedation to relax them but even if they don't I watch for good oxygen saturation and try to keep them calm. I encourage them to keep their breathing slow and steady, not to tense up and stop breathing! Each patient reacts differently, so it really tests your communication skills to keep talking to them. Also, if they produce excess saliva, then suction needs to be used. The procedure only takes about 10 minutes, and quite quickly its all over and the patient is able to return to the ward. I hand over to the nurse for that area, informing them of any medication given, any biopsies taken and general condition of the patient. Then I collect the next patient and bring them around to meet the doctor. This follows on all afternoon and a list usually has eight or nine procedures on it.

Once the last patient is returned to the ward, the team swoop into cleaning action again, and make everything ready for a fresh start for tomorrow. Then we get a break for a drink. After that, we will relieve colleagues in the other areas who have not yet had a drink. Then we have to get organised for the following day and check the operations and make lists of instrument sets we will need. A colleague and I go to the upper suite and gather the sets that are already

sterile and available and leave a note of anything not found for tomorrow, and these are stored in "the buggy". If there is nothing left to do on the theatre side, I pop through to the ward and see if they need a hand. Its usually a busy time of day as many of the patients are impatient to get home so lots of people need discharging and then there is bed cleaning and re-making to be done. Then I find time has got around to six o'clock and my work is done, until tomorrow.