POST-OPERATIVE CARE

Stabilising the Patient

*Hydration*

1. Maintain the patient on IV fluids until it is able to drink and eat, especially if aged, vomiting, has diarrhoea, hepatic or renal disease.
2. Balance fluid, electrolyte and acid-base disorders.

*Temperature, Pulse & Respiration (TPR)*

1. Monitor temperature, pulse and respiration every hour or more frequently until the animal is alert and the temperature is normal
2. Re-warm a hypothermic patient, but do not burn.

*Positioning*

1. If the patient is recumbent, alternate its position between right and left lateral and sternal recumbency until it is able to sit or stand on its own.

*Ventilation, Cardiac & CNS Functions*

1. Evaluate blood pressure, blood gases and oxygen saturation
2. Supplement oxygen if the patient is hypoxemic
3. Evaluate the patient for increased intracranial pressure if it delays recovering from anaesthesia
4. Provide mechanical ventilation if the patient has severe hypoxemia, hypercarbia or intracranial pressure

*Haemorrhage*

1. Monitor the haematocrit post-operatively
2. Note that pallor, slow capillary refill time, weak pulses and a high heart rate are non-specific signs of haemorrhage
3. For severe haemorrhage, administer a balanced electrolyte solution rapidly up to 3 times the volume of blood lost or not exceeding 90 ml/kg
4. Monitor the central venous pressure to assess volume replacement
5. If the patient is hypoproteinaemic, administer plasma or colloids e.g. hetastarch, dextrans
6. If the patient is not hypoproteinaemic, administer packed red cells
7. Administer whole blood to replace red cell mass, plasma proteins, platelets and clotting factors.

*Pain Management*

1. Changes in heart rate, peripheral circulation and breathing patterns may suggest pain
2. Administer analgesics as needed.

Nutritional Management

*Oral Feeding*

1. Preferred method of nutrient provision if the patient is able to eat adequate amounts
2. Appetite may be stimulated by administration of drugs, e.g. cyproheptadine, diazepam, oxazepam

*Naso-esophageal Tube*

1. Indication – anorexic patient with protein-calorie malnutrition
2. Feeding tube size – 5 French

*Pharyngostomy tubes*

1. Indications – anorexic patient; patient unable to ingest food
2. Contra-indication – patient with oesophageal disorder or surgery
3. Tube size – 8 French or larger

*Oesophagostomy Tube*

1. Indications – anorexic patient with a disorder of the oral cavity or pharynx, but functional GIT
2. Tube size – 8 French or larger

*Gastrostomy Tubes*

1. Indications – anorexic patient with functional intestines
   1. patient undergoing surgery of oral cavity, larynx, pharynx or oesophagus
   2. administration of blenderized diets
2. Contra-indications – patient with primary gastric disease e.g. gastritis; gastric ulcers; gastric neoplasm
3. Tube size – 8 French or larger

*Enterostomy (Jejunostomy) Tube*

1. Indications – patient with gastric, intestinal or pancreatic disease
   1. patient undergoing biliary tract surgery
   2. patient with functional intestines caudal to the disease site
   3. For administration of liquid diets only
2. Tube size – 5 French

*Total Parenteral Nutrition*

1. Indications – patient with non-functional GIT
2. Administration of liquid diets
3. Technique – Use 16G, 18 cm catheter
4. Insert from the dorsum of the neck via a subcutaneous tunnel into the external jugular vein
5. Anchor catheter to the jugular vein, subcutaneous tissue and skin