Patient Education and Informed Consent: The Role of the Plastic Surgical Nurse

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Overview

- **Informed consent**
  - Role of MD
  - Role of RN
  - ASPS consideration
  - Policy & EMR
  - Patient rights and responsibilities

- **Patient Education**
  - Role of MD
  - Role of RN
  - Perioperative phases
  - Recovery & Restrictions
  - Follow-up care
Goals

• Patient safety
• Patient satisfaction
• Patient engagement
  • Health care providers want patients to have active role in their own care; it lowers costs and leads to better outcomes
    • Source: Center for Advancing Health, 2010
“Simply stated, informed consent means that the adult patients who are capable of rational communication must be provided with sufficient information about risks, benefits, and alternatives to make a decision and expressly give permission for a proposed course of treatment.” (plasticsurgery.org, What you May Have Not Learned in Your Residency, page 5)
“In most states, physicians have an affirmative duty to disclose such information. This means that you must not wait for questions from your patients; you must volunteer the information.” (plasticsurgery.org, What you May Have Not Learned in Your Residency, page 5)
Role of RN

- Reinforce that risks, benefits, alternatives to treatment have been reviewed by MD
  - By legal standard, RN is merely the witness, but by ethical standard we are so much more!

- Offer insight to success/barriers of treatment

- Be the patient’s advocate
ASPS Informed Consents

• How to add to your practice

http://www1.plasticsurgery.org/include/documents/icr/icr_toc_17446.pdf

• How we utilize
  • Pre-printed in education room
  • Allow time to read/discuss
  • Witness signature
  • MD review in pre-op appointment
  • Scan into EMR
Informed Consent Policy

- Know your hospital/facility policies
  - Departmental guidelines
  - Risk Management

- EMR consideration
  - Documentation of obtaining ASPS informed consent AND surgical consent

- DOCUMENT!
Department of Plastics Surgery

Patient Education Teaching Checklist

Surgeon: ***
Type of Surgery: ***
Date of Surgery: ***
Place of Surgery: ***
Visit: ***

CD viewed ***. Received written instructions ***.
Informed consent reviewed and signed ***.
Surgical consent reviewed and signed ***.
Silicone gel consent reviewed and signed ***.

Preoperative Instructions:
ASA and products containing aspirin reviewed - {Yes (def)/No :50353038::"Yes"}
Smoking issues addressed - {Yes (def)/No :50353038::"Yes"}
Lab test indicated ***
Items that need to be purchased ***
SinEccch given with instructions - {Yes (def)/No :50353038::"Yes"}
Sage prep given with instructions - {Yes (def)/No :50353038::"Yes"}
Prescription given with instructions - {Yes (def)/No :50353038::"Yes"}

Postoperative Instruction:
Drains discussed - {Yes (def)/No :50353038::"Yes"}
Postoperative pain, bruising, swelling - {Yes (def)/No :50353038::"Yes"}
Activity (work, exercise, lifting, driving) - {Yes (def)/No :50353038::"Yes"}
Support system after surgery - {Yes (def)/No :50353038::"Yes"}
Post surgical dressings - {Yes (def)/No :50353038::"Yes"}
Post surgical garments - {Yes (def)/No :50353038::"Yes"}
Prescriptions faxed/copy given - {Yes (def)/No :50353038::"Yes"}
Sports bra with photo given - {Yes (def)/No :50353038::"Yes"}
All lab and pathology is the responsibility of the patient - {Yes (def)/No :50353038::"Yes"}
Patient verbalized understanding of written instructions - {Yes (def)/No :50353038::"Yes"}
All questions answered regarding surgery and consents signed - {Yes (def)/No :50353038::"Yes"}
Patient Rights & Responsibilities

- Patient’s have the right and responsibility to verify ASPS Board Certified; look for symbol of excellence
- Obtain written consent in native language
- Have time for questions (i.e. during patient education visit)
- Read and sign informed consent with witness
Role of MD

- Beyond explanation of informed consent/procedure explanation
- Setting up RN/clinical staff for success to further educate patient
- Patient safety, satisfaction, engagement
Role of RN

• Establish rapport with patient/family

• Plan education session: plan to discuss *all* phases of care

• Spread the word!
  • Don’t only educate the patient; educate the entire team (co-surgeon’s team, OR, PACU, day hospital, floor, ED)
Perioperative phases

• Key points in all phases of care
  • You never want to hear, “I wish I would have known that…..” from your patient

• Discuss:
  • Preoperative
  • Day of Surgery
  • Intraoperative
  • Postoperative
Preoperative Period

- RN sums up consultation
- Patient binder- staff contact information, *approved resources/websites, FMLA instructions
- Patient-to-patient experience
- Photos- view before and after and obtain patient’s photos
Day of Surgery

- Who/what/when: morning of surgery
- Check-in process
- Anesthesia considerations
- Surgeon’s prep (final review of plan, markings, etc.)
Intraoperative Period

• Lines, tubes and drains….oh my!
Postoperative Period

• Garments
  • Consignment- bras, girdles, etc.
  • Post-mastectomy camisoles

• Drains
  • Recording log
  • Call-in process
  • Lanyard for showering
Jackson-Pratt Drain Care

During surgery, your doctor placed a drain(s) called a Jackson-Pratt (JP) drain. Your drain consists of tubing and a bulb that collects drainage. This device suctions and collects fluid from your surgical area. The drain promotes healing and recovery, and reduces the chance of fluid collection and infection. The drain will be in place until the drainage slows enough for your body to reabsorb fluid on its own. Follow the steps below to help you with your drain care at home.

1. Wash your hands thoroughly before emptying your drain(s).
2. Have a measuring cup ready to collect and measure the drainage.
3. Unpin the drain from your clothing
4. To prevent clots from blocking the drain, you will need to “strip” it. Stripping means that you use your fingers to squeeze along the length of the drain to help maintain the flow of drainage.
   a. Using one hand, firmly hold the tubing near the insertion site (close to your skin). This will prevent the drain from being pulled out while you are stripping it.
   b. Using your index finger and thumb of the other hand, squeeze the tubing below the first hand. You should squeeze it firmly enough so the tubing becomes flat.
   c. As you are squeezing, slide your index finger and thumb down the tube about 6 inches toward the bulb. Then, release the tubing held by the hand closest to your body. Repeat.
   d. Do not release the pressure you are creating in the tubing until you reach the bulb.
   e. Strip the drain each time you empty it.
5. Open the top of the drain. Turn the drain upside down and squeeze the contents of the bulb into the measuring cup.
6. Use the chart below to record the amount of drainage in milliliters (mL’s) 3-4 times a day or any time the bulb is full. If you have more than one drain, they will be labeled/numbered before you are discharged from the hospital. Please keep track of the drainage from each bulb separately on the chart below. If you need to empty the drains more than four times daily because they are full, please call your surgeon.
7. To prevent infection, do not let the stopper or top of the bottle touch the measuring cup or any other surface.
8. Use one hand to squeeze all of the air from the drain. With the drain still squeezed, use your other hand to replace the top. This creates the suction necessary to remove fluid from your body.
9. Pin the drain back on your clothing to avoid pulling it out accidentally.
10. Please call your surgeon if:
   - The drain falls out
   - You develop a fever
   - The drain becomes foul smelling
   - You cannot recreate the bulb suction

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Recovery & Restrictions

- Drains
- Shower
- Incisions
- Position
- Activity
- Lifting restrictions
- Driving
- Diet
- Medications
- Physical Therapy
- Disability/FMLA
- Call if...
BREAST RECONSTRUCTION POST OP INSTRUCTIONS

Your hospital stay will be 2 to 5 days depending on the type of Reconstruction you have.

DRAINS
At each surgical site you will have 2 drains with a possibility of up to a total of 8 drains. Strip and empty/record your drains three times daily and bring your record sheet to follow up appt. This will allow us to assess when we can remove your drains. Drain color/clarity- range from cherry red to straw colored; should be transparent. If cloudy or foul odor, please call. Drain insertion site- may have local irritation; if redness occurs > dime size, please call.

SHOWER
You may shower, but do not submerge your incisions in water (no bathing, pools, hot tubs, etc) Please use the lanyards given to you to hold the drains. Please use liquid soap and wash with your hands; gently pat dry.

INCISIONS
There is a liquid band aid over your incisions. Do no put any lotions or oils on them. They will stay in place up to 3 weeks. If needed, use a maxi pad as a dressing to protect from clothing. Scar management will be discussed 3-6 weeks after surgery.

POSITION
NO PRESSURE ON YOUR CHEST AT ANY TIME
Do not sleep on your stomach
Positioning at home: reclined “beach chair” position. Head at 30 degrees and legs elevated. If you do not have a recliner use pillows to make your bed into a recliner. AVOID sitting with legs down for long periods of time when possible.

ACTIVITY
For every waking HOUR you will need to get up and slowly walk in your house and or outside with someone. Stairs are fine. Avoid aerobic activity that increases your heart rate from resting or makes you work up a sweat until directed by your surgeon (usually 6-8 weeks post-op).

LIFTING RESTRICTIONS
No heavy lifting greater than 10 pounds.
No aggressive raising of your arms above shoulder level
Avoid strenuous house/yard work
DRIVING
No driving until authorized by your surgeon (estimated 2-4 weeks)
If passenger in car, please get out and take short, slow walk every 1-2 hours.
When wearing a seatbelt, adjust the shoulder strap every 10-15 minutes to avoid prolonged pressure over breast reconstruction.

DIET
Eat small frequent meals and drink 6-8 glasses of water a day.

**If DIEP FLAP RECONSTRUCTION: LIMIT (2) 8 oz CAFFIENATED BEVERAGES/DAY, LIMITED CHOCOLATE. NO HERBAL SUPPLEMENTS AND/OR TEAS. NO DECAF PRODUCTS FOR 30 DAYS FROM THE DATE OF YOUR SURGERY! **

MEDICATIONS
Continue Aspirin for 30 days (DIEP FLAP ONLY)
Do not drive while taking narcotics, and do not drink alcohol while taking narcotics
Do not take more than 4 grams of Tylenol per day
Take a stool softener while taking narcotics
Do not use any tobacco products

PHYSICAL THERAPY
You will be contacted by PT to schedule evaluation and treatment. You should have this appointment no later than 10 days post-op.
Contact: 414-805-6807 if any questions on PT.

DISABILITY/FMLA
Standard is 6-8 weeks no working; please discuss with your surgeon and submit paperwork, if needed

If you experience increasing/uncontrolled pain, swelling, purple discoloration or coolness of flap, redness of your incisions or flaps or skin, foul drainage, increasing JP drain output or purulent output, fevers > 101.5 or chills, please call clinic at 414-805-1000 or if after hours/weekends please call plastic surgery resident on call at 414-805-3000
Follow-up/Next steps

Follow-up:

• Post-op office routine visits based on type of surgery
• When to call patient vs. when patient should call office
• What to bring to office visit: drain sheets, return to work

Next Steps:

• Discuss anticipation of staged procedures
• Timeline
• Expected recovery time
Resources

• Core Curriculum for Plastic Surgical Nurses, 3rd 2007
• Plasticsurgery.org
• Medscape Nurses, 2016
• Images Google 2016
THANK YOU!

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