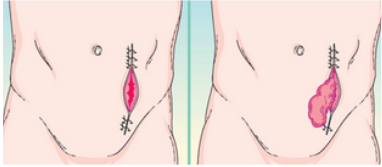




DEHISCENCE & EVISCERATION

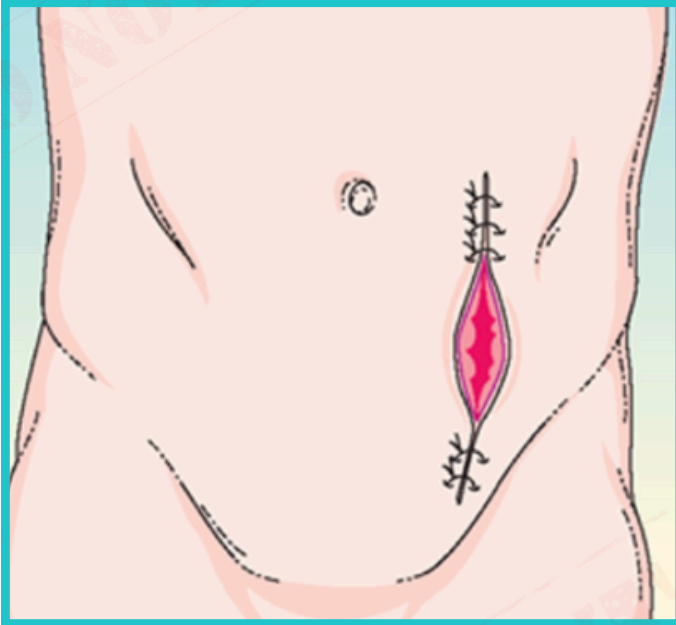
DEHISCENCE	EVISCERATION
Detachment or separation of layers of a surgical wound.	Extrusion of viscera or intestine through a surgical wound.
Signs & Symptoms <ul style="list-style-type: none">• Increase drainage• Opened wound edges• Appearance of underlying tissues through the wound 	Signs & Symptoms <ul style="list-style-type: none">• Serosanguineous discharge• Appearance of loops of bowel or other abdominal contents through the wound• Report of feeling a popping sensation after coughing or turning

INTERVENTIONS

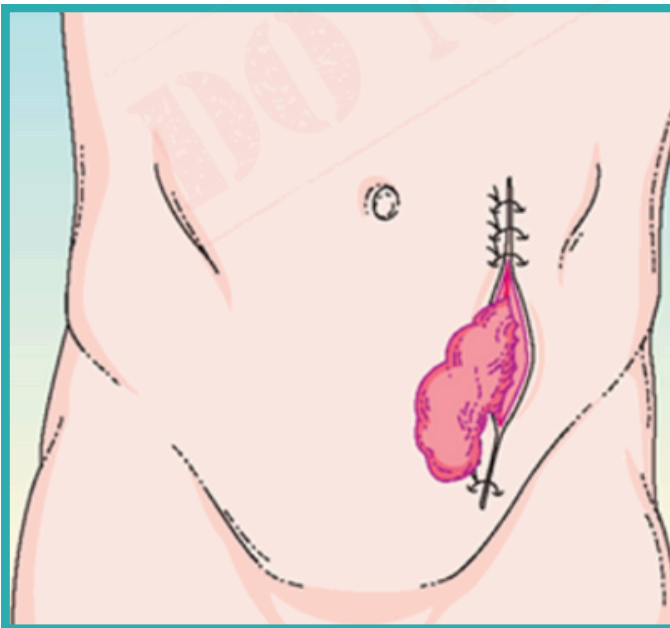
- Call for help but stay with the patient (tell the person who respond to notify the surgeon immediately).
- Place the patient in a low Fowler's position with the knees bent to reduce abdominal tension.
- Open sterile towels and sterile basin. Soak the towels with sterile saline (or use pre-moistened dressings). Remove the patient's dressing, quickly don a sterile glove, and **place the moistened sterile towels over the loops of bowel** (note the color of the tissue before you cover it - a darkened color may indicate decreased blood supply and need for immediate surgery).
- Cover the moistened towel with sterile drape.
- Monitor the vital signs & SpO2 (assess for signs & symptoms of shock).
- Make sure the patient has a patent I.V. line and start an infusion of 0.9% sodium chloride solution, according to facility policy.
- Be prepared to insert an NG tube if ordered, to decompress the stomach or to remove the stomach contents if the patient is no longer NPO.
- Reassure & explain the upcoming procedure.
- Manage the patient's pain & anxiety.
- Prevent wound infection through strict asepsis.
- Administer antiemetics as prescribed.
- Instruct the patient to splint incision when coughing as prevention.



DEHISCENCE & EVISCERATION



Dehiscence
think **D**etachment
of the wound

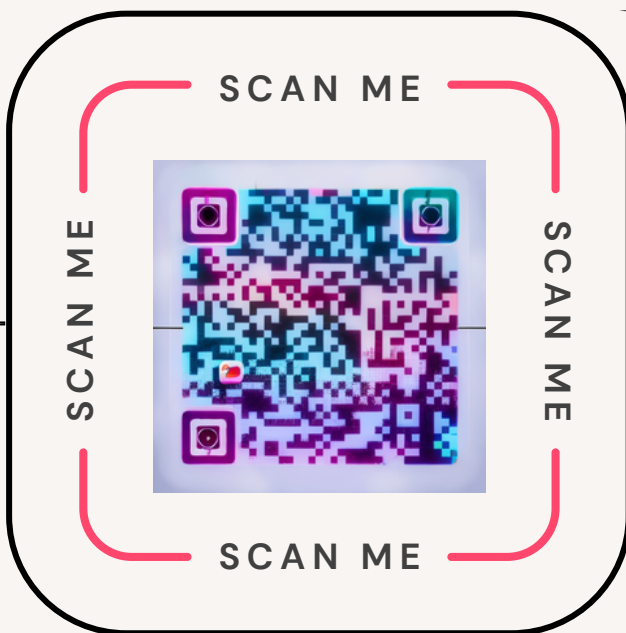


Evisceration
think **E**xit of
organs

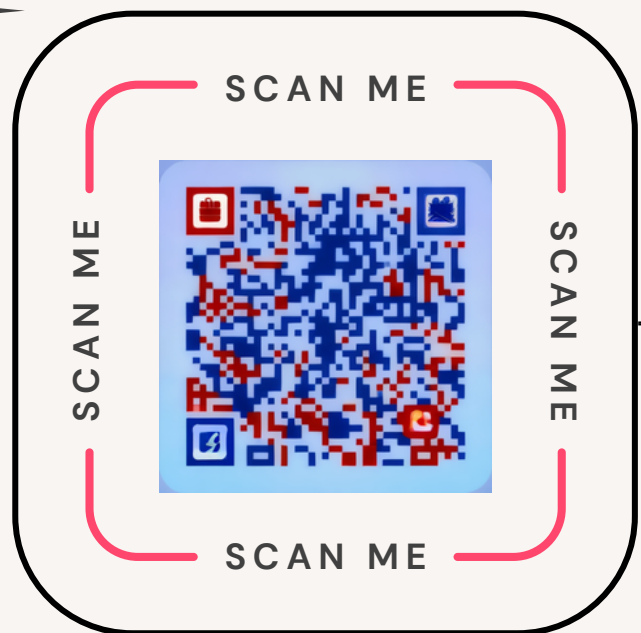
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