

SHORT ARTICLE

The beginning of a new stage

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ABSTRACT

Nursing is a highly versatile profession that requires ongoing training. Learning from the experiences and perspectives of other nurses is an essential part of the profession. This article highlights the importance of getting to know the beginnings of an operating theatre, starting from scratch, in all aspects: staffing, equipment, organisation, training and determination.

Nursing is a polyfacetic profession, we should have ongoing training; it is very important to be familiar with the experiences and points of view of other colleagues. The importance of this article lies in the fact that it makes the beginnings of an operating theatre visible; moreover, it starts from scratch in all aspects – healthcare personnel, equipment, organization, training and determination.

KEY WORDS: Surgery nursing, cataract, specialization, ongoing training, determination, ophthalmology.

INTRODUCTION

Starting to work in the operating theatre in a hospital is a considerable challenge for nursing staff. However, this challenge can be successfully overcome by cultivating a deep love for nursing and maintaining a solid commitment to ongoing improvement. Dedication and constant effort are fundamental elements in raising the quality of patient care.

When operating theatre nurses start work in a new hospital it is always a challenge, but one that can be overcome as long as you love nursing and strive to improve with a solid desire to increase the quality of patient care.

On 3 March 2015, the hospital where I work was officially opened: the hospital in Lliria (Valencia) is a top-level hospital with 147 beds on 4 floors, complementary to Arnau de Vilanova (Arnau-Lliria Department). It has an ophthalmology department, with outpatient consultations and an operating theatre.

Various types of surgery are carried out: pterygium, ptosis, etc. Lens surgery (cataract surgery) started on 19 February 2020. The minimum staff per operating theatre consists of 1 anaesthetist, 2 ophthalmologists, 2 nurses, 1 auxiliary nurse and 1 orderly.

In order to better understand the speciality of ophthalmology, we would have to go back to ancient times. Cataracts are the most common cause of vision loss in the world. There are approximately 40-45 million blind people in the world, and half of them are blind due to cataract problems. Senile cataract problems are the major cause of disability in old age. Age-related opacities are found in 21% of people aged 52-64, 53% of people aged 65-74 and 80% of individuals aged 75-85. ¹

Surgical techniques for cataract removal have undergone various changes over the years. In the past, surgery was performed by tilting the nucleus into the vitreous chamber; various techniques have existed

over time. The invention of ultrasound phacoemulsification, discovered by Charles Kelman in the late 1960s, was a revolution. This method reduced the surgical incision to just a few millimetres. ²

Surgery today involves replacement of the crystalline lens with an intraocular lens. Such implants have undergone major modifications, in company with phacoemulsification. ³ Current lens classifications (in addition to material type) include: aspheric, multifocal, toric, anterior chamber, posterior chamber and UV filter lenses to protect the macula.⁴

GOAL

It is critical to emphasize the importance of nurses being appropriately trained for specific roles, such as teamwork in the surgical area. This environment requires specialized skills and a high level of competence, which represents a significant challenge. It also implies a constant commitment of effort and willingness to ensure optimal performance and patient safety.

To raise awareness of the importance of the nurse being well trained for the specific role of teamwork in a surgical area. This involves a challenge, together with effort and willingness.

If the nurse has all the above characteristics, there will be an increase in the quality of care, reducing the level of anxiety in a job where there are insecurities and a lack of knowledge in an untrained nurse. Currently there are specialities in force, but in the self-governing region of Valencia there are no specialized medical-surgical nurses.

A lack of knowledge about how a nurse with no specific surgical speciality should act in ophthalmological surgery, even in the operating theatres of other specialities.

METHODS

Before we started working in this hospital, nursing management decided to extend our training in the operating theatres of the Arnau de Vilanova Hospital in Valencia, which belongs to the same health department. Some of us had no previous experience in a surgical environment.

Before we became nurses in this hospital, nursing management decided to extend our training in the operating theatres of the Arnau de Vilanova hospital (Valencia). Both belong to the same health department. Some of us had no previous experience in an operating theatre.

There is voluntary training organized by the Health Studies School of Valencia (EVES in Spanish) courses related to working in the surgical area: the EVES is a training centre attached to the Regional Government Health Department, and reports to the General Directorate of Human Resources.

Fisabio Medical Ophthalmology (FOM Valencia) has organized several training courses for ophthalmological nursing staff, extending these studies to work in the operating theatre.

The sales representatives in charge of specific ophthalmology material, who are responsible for supplying our hospital, initially provided training for the nursing staff, teaching them how to correctly place a lens in an injector, how to use the phaco-musifier and how to keep up to date with any new developments. Currently, they also give a training talk at the ophthalmological nursing congresses, which any nurse can attend. There is an annual national congress and a regional congress to broaden knowledge.

Scrub nurses have to follow an action protocol as described in the article by Manchón López and Serrano Beritens (2008):

- prepare the operating theatre
- prepare the surgical field
- be familiar with the different steps in the surgery and the necessary material at all times
- know how to use the phacoemulsification devices (commonly called phaco)
- monitor surgery under the microscope or on television
- be prepared for possible complications in surgery ⁵

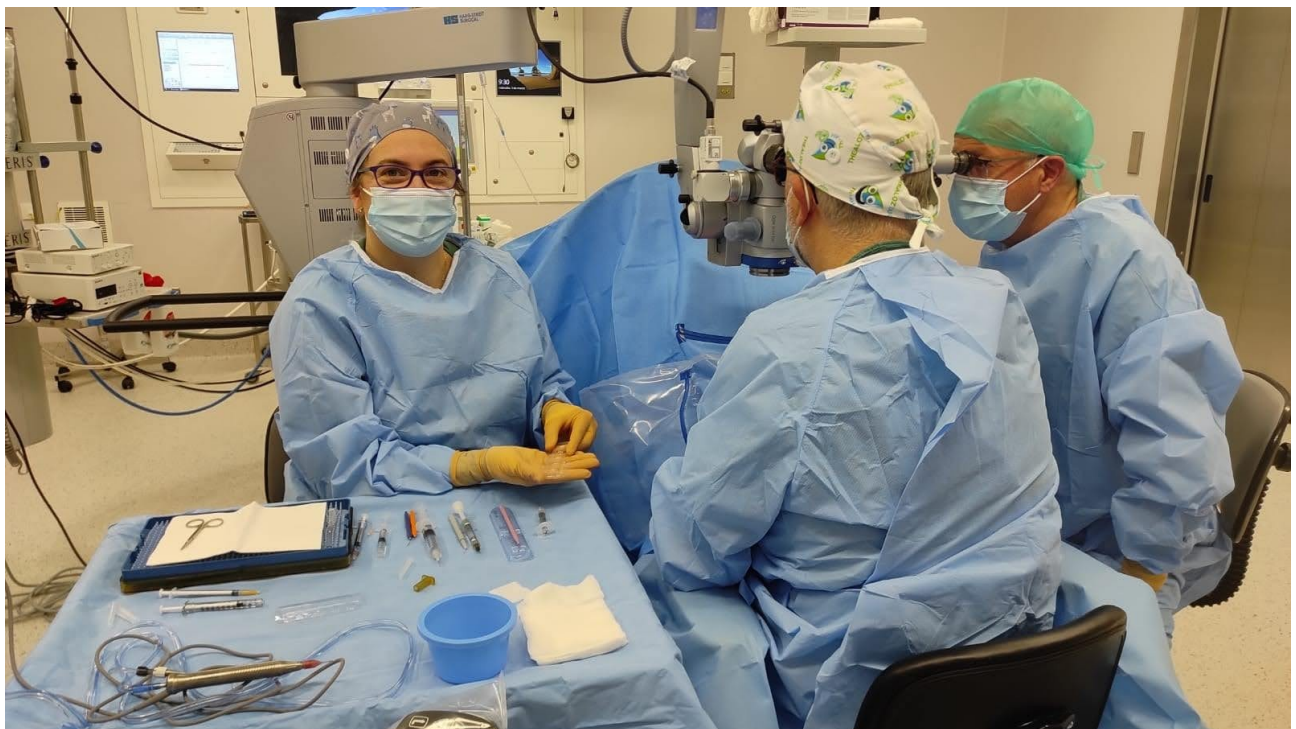


Photo 1: Nurse in the ophthalmology operating theatre.

RESULTS

Faced with all these new paths for nursing, each operating theatre in the Lliria hospital has a reference staff, including the ophthalmology operating theatre. This nurse is in charge of supervising the material and has an organizational function in relation to the patient vs. the salesperson vs. the ophthalmologist. This leads to an increase in the quality of care in terms of resources and users.

Following an analysis of the concordance between the ophthalmologist and the nurse, Soto et al. (2008) described the relationship between the two professions. Nursing encompasses from the first tests in consultations, through close collaboration in surgery and ending with the first postoperative care.⁶

There is a nursing staff that rotates in extra operating theatres to reduce waiting lists for cataract surgery in our national health system. This is the sign of a trained staff with great determination, who have even invested their own time in training, learning from their colleagues in the shifts of the regular scheduled operating theatres.



Photo 2: Nurse giving a training talk on ophthalmology at a conference at the hospital.

Lliria hospital is able to perform a wide range of surgeries in addition to cataract and eyelid surgery. We performed a total of 837 cataract operations up to June 2023, with minimal complications and a good degree of patient satisfaction with the treatment and professionalism of the staff

The nursing staff is responsible for setting up the surgical area in such a way as to ensure maximum safety guarantees for the patient. They are also responsible for the perioperative care of the patient from entry to exit, as well as for the preparation of all the material necessary for the surgery².

The scrub nurse should be familiar with:

- the surgical technique, types of lenses and folding method
- constant irrigation of the eye during surgery to prevent corneal desiccation
- thorough aseptic technique
- ability to manipulate and mount sutures correctly, with gentle pressure on the needle holder handle
- keeping instruments in order on the Mayo table, respecting their original position and not rearranging them
- constant monitoring of the surgery through the microscope or television⁷

DISCUSSION

“In the Royal Decree dated 4 December 1953, the studies of nursing, practitioner and midwife were unified in the qualification entitled Technical Health Assistant (ATS in Spanish), in which ophthalmology was taught in the subject of medical pathology and surgery” (Hernández Martín, 2001).⁸ In 1977 it became the three-year Diploma in Nursing. In Madrid, in June 2010, the first students graduated from the Bachelor’s Degree in Nursing in Spain. In Valencia, nurses in ophthalmology operating theatres used to work as circulating nurses; it was in the early 1970s when the real work of nurses as ophthalmology instrumentalists began.

In article 2 of Royal Decree 450/2005, there are at present calls for training in: Obstetric-Gynaecological Nursing (Midwife), Mental Health Nursing, Geriatric Nursing, Occupational Nursing, Medical-Surgical Care Nursing, Family and Community Nursing and Paediatric Nursing.⁹

Only training places for the speciality of Medical-Surgical Nursing have yet to be announced. There is a need for the creation of nursing specialities in surgery and ophthalmology. Nurses rotate through the various surgical specialities.

A nurse who so wishes can pay to study a Master’s degree in ophthalmic nursing (including training in the operating theatre as part of this academic education) and courses related to ophthalmology, but this is not within the financial reach of everyone.

According to the Spanish Nursing Code of Ethics, “it is the sole responsibility of the professional to update his or her own knowledge”. The aim is to avoid all kinds of action that may cause harm to the health and even the lives of the people they care for. The code also adds that “nurses should be aware of the need for ongoing training” and updating their knowledge. They should also put this knowledge into practice in their professional lives.¹⁰

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