

# CIÊNCIAS DA SAÚDE:

Oferta, acesso e utilização



Edson da Silva  
Rodrigo Lellis Santos  
(Organizadores)

**Atena**  
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Ano 2022

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## APRESENTAÇÃO

A coletânea '*Ciências da saúde: oferta, acesso e utilização*' é uma obra composta por 44 capítulos, organizados em dois volumes. Ambos abordam diferentes áreas de conhecimento no campo da saúde. Os autores compartilham resultados de seus projetos acadêmicos ou de atuações profissionais. Além disso, alguns capítulos são ensaios teóricos ou revisões sobre a temática.

A coletânea conta com as contribuições de discentes e docentes de vários cursos de graduação e de pós-graduação, bem como outros profissionais de instituições que estabeleceram parcerias com as universidades envolvidas.

O volume 1 reúne 20 capítulos com autoria predominante da enfermagem. Nota-se a importância da atuação interdisciplinar, revelando os avanços nesse campo do ensino superior no Brasil. As vivências compartilhadas corroboram com a consolidação das atividades acadêmicas que integram, cada vez mais, universidades, instituições e as comunidades envolvidas.

Esperamos que as vivências relatadas nessa obra contribuam para o enriquecimento da formação universitária e da atuação profissional com o fortalecimento das práticas interdisciplinares nas ciências da saúde. Agradecemos aos autores que tornaram essa coletânea possível e lhe desejamos uma ótima leitura.

Edson da Silva  
Rodrigo Lellis Santos




## SUMÁRIO

### **CAPÍTULO 1..... 1**

#### **PERCEÇÃO DE ANSIEDADE POR PESSOAS SUBMETIDAS A TRANSPLANTE RENAL: CONTRIBUIÇÕES PARA A ODONTOLOGIA**

Rita de Cássia Gabrielli Souza Lima

Marlon Gibb Barreto Zimmer

 <https://doi.org/10.22533/at.ed.5162223031>

### **CAPÍTULO 2..... 13**

#### **ANÁLISE DA SAÚDE DOS IDOSOS OCTAGENÁRIOS DE MARINGÁ-PR**

Célia Maria Gomes Labegalini

Nayara Aparecida Vilela da Silva

Iara Sescon Nogueira

Heloá Costa Borim Christinelli

Dandara Novakowski Spigolon

Kely Paviani Stevanato

Barbara Andreo dos Santos Liberati


Mariana Pissoli Lourenço

Poliana Avila Silva

Ana Carolina Simões Pereira

Pedro Henrique Alves de Paulo

Gabriela Monteiro Silva

 <https://doi.org/10.22533/at.ed.5162223032>


### **CAPÍTULO 3..... 27**

#### **APERFEIÇOAMENTO EM GERÊNCIA DE UNIDADES BÁSICAS DE SAÚDE: A EXPERIÊNCIA DA EDUCAÇÃO PERMANENTE DE PORTO VELHO, RONDÔNIA, BRASIL**

Marcuce Antonio Miranda dos Santos

Amanda Diniz del Castillo

Jane Carvalho Cardoso

 <https://doi.org/10.22533/at.ed.5162223033>


### **CAPÍTULO 4..... 37**

#### **ACOLHIMENTO COM CLASSIFICAÇÃO DE RISCO NA ATENÇÃO BÁSICA: A EXPERIÊNCIA DE UMA CAPITAL DA AMAZÔNIA LEGAL, PORTO VELHO, RONDÔNIA, BRASIL**

Marcuce Antonio Miranda dos Santos

Amanda Diniz del Castillo


Jane Carvalho Cardoso

 <https://doi.org/10.22533/at.ed.5162223034>

### **CAPÍTULO 5..... 45**

#### **PLANTAS MEDICINAIS E CULTURA POPULAR: UM OLHAR À LUZ DO USO DE PLANTAS MEDICINAIS EM PORTADORES DE HIPERTENSÃO ARTERIAL A PARTIR DE UMA REVISÃO DA LITERATURA**


Enedina Nayanne Silva Martins Leal

 <https://doi.org/10.22533/at.ed.5162223035>

**CAPÍTULO 6..... 59**

**DETERIORAÇÃO CLÍNICA GRAVE NO CONTEXTO HOSPITALAR PEDIÁTRICO: UMA SÉRIE DE CASOS**


Maricarla da Cruz Santos  
Juliana de Oliveira Freitas Miranda  
Kleize Araújo de Oliveira Souza  
Aisiane Cedraz Morais  
Rebeca Pinheiro Santana  
Micaela Santa Rosa da Silva  
Thaiane de Lima Oliveira

 <https://doi.org/10.22533/at.ed.5162223036>

**CAPÍTULO 7..... 74**

**ELABORAÇÃO DE UMA CARTILHA EDUCATIVA SOBRE O USO DA VENTILAÇÃO NÃO INVASIVA**


Terezinha de Fátima Gorreis  
Angela Maria Rocha de Oliveira  
Rozemy Magda Vieira Gonçalves  
Jonathan da Rosa

 <https://doi.org/10.22533/at.ed.5162223037>

**CAPÍTULO 8..... 88**

**REFLEXÕES SOBRE PARTICIPAÇÃO PATERNA NAS CONSULTAS DE PRÉ-NATAL**


Tânia de Matos Espindola  
Miriã Pontes de Albuquerque  
Sunamita de Matos Lima Serem  
Antonia Regynara Moreira Rodrigues

 <https://doi.org/10.22533/at.ed.5162223038>

**CAPÍTULO 9..... 97**

**APLICABILIDADE DA CONSULTA DE ENFERMAGEM EM GRUPO TERAPÊUTICO DE DOR CRÔNICA**

Célia Maria de Oliveira  
Selme Silqueira de Matos  
Wagner Jorge dos Santos  
Marcela Lemos Morais  
Paulo Henrique de Oliveira Barroso  
Gabrielle Guimarães Gonçalves  
Daniela Bianca Bianco dos Santos


 <https://doi.org/10.22533/at.ed.5162223039>

**CAPÍTULO 10..... 106**

**O CUIDADO DE ENFERMAGEM PRESTADO AO ADOLESCENTE NA ESTRATÉGIA DE**

## SAÚDE DA FAMÍLIA: REVISÃO BIBLIOGRÁFICA


Vinícius Rodrigues de Oliveira  
Bárbara Letícia de Queiroz Xavier  
João Paulo Xavier Silva  
Natalia Bastos Ferreira Tavares  
Amanda Kelly de Queiroz Pires  
Claudia Helena Soares de Moraes Freitas

 <https://doi.org/10.22533/at.ed.51622230310>

## **CAPÍTULO 11** ..... 115

### ENVELHECIMENTO POPULACIONAL E CONDIÇÕES DE URGÊNCIAS PREVALENTES- ABORDAGEM ESPECIAL


Lucas Gonçalves Andrade  
Danielly Ribeiro Cardoso  
Henrique Andrade Barbosa

 <https://doi.org/10.22533/at.ed.51622230311>

## **CAPÍTULO 12** ..... 122

### O PAPEL DO ENFERMEIRO FRENTE AOS CUIDADOS DE PACIENTES HIPERTENSOS NA ATENÇÃO PRIMÁRIA


Andressa Ribeiro de Mello  
Isabela de Almeida Menezes  
Julys Nathan Ferreira Soares  
Thayene Costa Amancio  
Vitor Shigueo Godoy Nakamura  
Karla Roberta Mendonça de Melo Vieira

 <https://doi.org/10.22533/at.ed.51622230312>

## **CAPÍTULO 13** ..... 129

### EDUCAÇÃO E PROMOÇÃO DA SAÚDE DO PACIENTE COM CATETERISMO VESICAL DE DEMORA: CONTROLE DA INFECÇÃO URINÁRIA


Julietta Scheidt Carneiro  
Job Tolentino Junior

 <https://doi.org/10.22533/at.ed.51622230313>

## **CAPÍTULO 14** ..... 141

### PERCEPÇÃO DO ENFERMEIRO AO PACIENTE IDOSO INTERNADO EM UNIDADE COVID, A USABILIDADE COM A TECNOLOGIA MÓVEL DE COMUNICAÇÃO

Ana Maria Rodrigues Moreira  
Bruna Letícia de Almeida Batista  
Vagner Rogério dos Santos


 <https://doi.org/10.22533/at.ed.51622230314>

## **CAPÍTULO 15** ..... 146

### PREVALÊNCIA DA EXPERIMENTAÇÃO DE NARGUILÉ EM UMA AMOSTRA DE ESTUDANTES DE MEDICINA E ENFERMAGEM

Beatriz Consorte de Queiroz


Gabrielle Matakas Shiguihara  
Inês Maria Crespo Gutierrez Pardo de Alexandre

 <https://doi.org/10.22533/at.ed.51622230315>

**CAPÍTULO 16..... 159**

**ASSISTÊNCIA DE ENFERMEIROS FRENTE AO PARTO NATURAL**


Sabrina Brenda Castelo Branco Silva  
Lucas Costa De Gois  
Glória Stéphanly Silva De Araújo  
Gabriel Alvarenga Andreina  
Loren Carianne Rodrigues Gomes  
Maria Eduarda Soares Frota  
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Ravenna Kelly Brito Muniz  
Ana Isabel Belém Gomes dos Santos Sobreira  
Idna De Carvalho Barros Taumaturgo

 <https://doi.org/10.22533/at.ed.51622230316>

**CAPÍTULO 17..... 163**

**ANÁLISE RETROSPECTIVA DAS OCORRÊNCIAS DE QUEDAS INFANTIS ATENDIDAS PELO SIATE NO MUNICÍPIO DE FOZ DO IGUAÇU/PR EM 2015 E 2016**


Jennifer da Silva Klippel  
Marieta Fernandes Santos  
Sheila Cristina Rocha Brischiliari  
Mariane Maiara Becker

 <https://doi.org/10.22533/at.ed.51622230317>

**CAPÍTULO 18..... 168**

**A ATUAÇÃO DOS PROFISSIONAIS DA SAÚDE DIANTE DO PRÉ-NATAL DA MULHER EM CONDIÇÃO DE RUA**

Dhyrlee Dennara Magalhães Silva  
Francisca Franciana de Paiva  
Mara Leticia Silva dos Santos  
Cristiane do Socorro de Souza Arias  
Andreia do Socorro Andrade Martins  
Nice Renata Sanches Campos  
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Francisca Adriana da Silva Fier


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**CAPÍTULO 19..... 183**

**NURSING CARE IN OPHTHALMOLOGIC AND NEUROLOGICAL SURGERIES**

Rodrigo Marques da Silva  
Isabella Fernandes Messias  
Jaqueline Kennedy Paiva Da Silva Ananias


Leomara Santos De Vasconcelos  
Yasmin Da Costa De Almeida Trindade  
Letícia Noronha Gonzaga  
Lincoln Agudo Oliveira Benito  
Thais de Andrade Paula  
Arianne Ferreira Vieira

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**CAPÍTULO 20..... 194**

**NURSING LEADERSHIP AND IMPLEMENTATION OF PATIENT SAFETY GOALS UNDER  
SUSPICION OF COVID-19 IN A PUBLIC EMERGENCY**

Daniella Ramalhoto Ramos  
Renato Barbosa Japiassu  
Chennyfer Dobbins Abi Rached  
Marcia Mello Costa De Liberal

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**SOBRE OS ORGANIZADORES ..... 205**

**ÍNDICE REMISSIVO..... 206**

# CAPÍTULO 19

## NURSING CARE IN OPHTHALMOLOGIC AND NEUROLOGICAL SURGERIES

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**ABSTRACT:** **Objective:** to analyze the scientific production on pre- and postoperative care to patients submitted to neurological and ophthalmologic surgeries. **Method:** This is a bibliographic review of the literature whose search was carried out in books, manuals, theses, monographs and single publications on digital bases. Data collection occurred between August and September 2021 at Pubmed, Scientific Electronic Library Online and Google Scholar through the descriptors: nursing AND care in the operating room and neurological OR ophthalmologic. **Results:** The pre and postoperative neurological and ophthalmic are a delicate process, considering the full degree of complexity of the procedure, where the nursing team has a fundamental role in monitoring, assisting and informing the patient and family members of all care and risks to be followed in the pre and postoperative period, so that it can best be carried out until hospital discharge. Therefore, the combination of the factors presented leads to an increase in the rates of successful surgeries currently. **Conclusion:** Nursing care in ophthalmologic and neurological surgeries

includes prevention, diagnosis, patient evaluation, treatment and rehabilitation actions. The nursing team is necessary, as it will ensure the patient's well-being and for the transoperative period to go through satisfactorily and without complications.

**KEYWORDS:** Ophthalmology, Neurology, Preoperative, Postoperative.

**RESUMO: Objetivo:** analisar a produção científica sobre a assistência pré e pós-operatória ao paciente submetido às cirurgias neurológicas e oftalmológicas. **Método:** Trata-se de uma revisão bibliográfica da literatura cuja busca foi realizada em livros, manuais, teses, monografias e publicações avulsas em bases digitais. A coleta de dados ocorreu entre agosto a setembro de 2021 no Pubmed, Scientific Electronic Library Online e Google Acadêmico por meio dos descritores: enfermagem AND cuidados no centro cirúrgico AND neurológico OR oftalmológico. **Resultados:** O pré e pós-operatório neurológico e oftálmico constituem um processo delicado, tendo em vista todo o grau de complexidade do procedimento, onde a equipe de enfermagem tem um papel fundamental em acompanhar, auxiliar e informar o paciente e familiares de todos os cuidados e riscos a serem seguidos no pré e pós-operatório para que transcorra da melhor maneira até a alta hospitalar. Portanto, a junção dos fatores apresentados leva ao aumento das taxas de cirurgias bem sucedidas atualmente. **Conclusão:** A assistência de enfermagem nas cirurgias oftalmológicas e neurológicas inclui ações de prevenção, diagnóstico, avaliação do paciente, tratamento e reabilitação. A equipe de enfermagem se faz necessária, pois ela garantirá o bem estar do paciente e para que o transoperatório transcorra de forma satisfatória e sem complicações.

**PALAVRAS-CHAVE:** Oftalmologia, Neurologia, Pré-operatório, Pós-operatório.

## INTRODUCTION

Neurosurgeries are considered delicate and complex surgeries, because their interventions can cause damage to some vital functions of the individual, and may present difficulties to restore normal functions. Thus, there was a need for the professional health team to adapt to technological resources for better monitoring.

The nurse is responsible for knowing the changes that can happen to the patient and, thus, acting correctly according to constant observation and correct evaluation, using preventive measures and early detection.

On the other hand, the variation of eye diseases either by genetic factor, external factors or life habits, causes visual difficulty, diseases of greater severity and even blindness. Having as its main diseases cataract, conjunctivitis, glaucoma, diabetic retinopathy, macular degeneration due to age and refraction errors, can lead to the individual's vision the need for ophthalmologic surgeries. Its benefits are diverse due to the resolution of visual loss due to various types of problems.

An intervention plan should be drawn up in conjunction with the multidisciplinary team, composed of a surgeon, anesthesiologist and nurse, emphasizing the specific care of the postoperative period, such as dressings, use of medications, return for follow-up and home rest. (MATZENBACHER, 2021)

Nurses play a fundamental role in providing Systematized Nursing care, estimating care and guidelines for the promotion and prevention of complications that may compromise on an adequate recovery. Therefore, the conducts and application of nursing care protocols are effective to develop a safe and humanized care.

In this sense, this work time by purpose to analyze the scientific production on pre- and postoperative care to patients submitted to neurological and ophthalmologic surgeries.

## METHOD

This is a bibliographic review of the literature whose search was carried out in books, manuals, theses, monographs and single publications on digital bases. Data collection occurred between August and September 2021 at Pubmed, Scientific Electronic Library Online (SciELO) and Google Scholar through the descriptors: nursing AND care in the or ophthalmologic and neurological operating center. Articles published from 1998 to 2020 were included, available in full free of charge in Portuguese, Spanish or English. Those without direct relation to the theme were excluded.

Initially, an exploratory reading of the titles and abstracts was carried out to recognize the articles that met the eligibility criteria. Then, the previously selected articles were read in full, and they were resubmitted to the inclusion and exclusion criteria.

After the data gathering, the objective, method, results and conclusions of each study were typed into a spreadsheet in the Microsoft Excel program, and analyzed thought thematic analysis method.

## RESULTS AND DISCUSSION

### Pre- and postoperative care to patients undergoing neurosurgery

Neurosurgery is concerned with the diagnosis and treatment of nervous system disorders, and is one of the most recent to be developed, where it gained recognition only in the early 1900s, being nowadays one of the most advanced medical disciplines in the world of science and medicine.

Neurological surgeries occur in the (brain, spine or nerves of the limbs or extremities), and can be done in patients of all ages, from newborns to older ones.

Currently neurosurgery makes use of some more advanced technologies currently available. (NETO, R. R. S., et alt., 2015)

Neurological surgeries have a more complex procedure, where the patient needs at least 7 days of hospitalization and the surgical procedure has durability around 5 hours.

### Most common neurological surgeries

- **Craniotomia:** surgery in which part of the skull bone is removed to operate parts of the brain and may be indicated for the following conditions:



- Removal of brain tumours;
- Treatment of cerebral aneurysm;
- Removal of clots in the head;
- Correction of fistulas of arteries and veins of the head;
- Brain abscess drainage;
- Repair skull fractures;

It may also be indicated by a neurologist to relieve intracranial pressure caused by head trauma or stroke. (BEZERRA, C., 2020)

→ **Herniated intervertebrate disc (laminectomy):** Between one and the other vertebra there is an intervertebrate disc formed by cartilaginous tissue, which injured causes herniated disc, which compresses nerve roots that surgically treated consists of resection of vertebra blades and extirpation of the hernia. (CAMPOS, R.P., 2018)

→ **Neurosurgery of Trauma:** Neurosurgical procedures resulting from Surgeries Traumatismos Cranio-Brain.

→ **Oncologic Neurosurgery:** Microsurgeries for intracranial tumors.

→ **Vascular neurosurgery:** Microsurgeries for the treatment of cerebral aneurysms and intracranial vascular malformations.

→ **Endovascular Neurosurgery:** Endovascular surgeries (in hemodynamics) for the treatment of AVCi (ischemic strokes), cerebral aneurysms and intracranial and cervical vascular malformations.

→ **Skull Base Neurosurgery:** Surgery of diseases of the base of the skull.

→ **Neurosurgery for Epilepsia:** Surgery to treat severe epilepsy and refractory to clinical treatment.

→ **Pediatric Neurosurgery:** Neurosurgical procedures in pediatrics, neuroendoscopies, malformations, developmental anomalies and pediatric hydrocephalus.

→ **Spinal Neurosurgery:** Surgeries for the treatment of spinal diseases.

→ **Neurosurgery of Peripheral Nerves:** Surgeries for the treatment of diseases of the brachial, lumbar and sacral plexus as well as peripheral nerves.

## Neurosurgery Preoperative

Preoperative evaluation is essential for the safety and success of surgery if not done, it is not recommended to perform the surgery. Its main objective is to evaluate the risk-benefit of surgery for the patient and is basically formed by three factors: evaluation of the patient's clinical history, physical examinations and complementary exams.

The tests necessary for surgical risk differentiate according to surgery and its type,

in addition to the main ones: complete blood count, electrocardiogram, coagulogram, echo and exercise test. The other types to be carried out will be determined according to the framework and intervention. It is the nurse's duty to make sure that the tests are correct, according to what was requested. Since it is the responsibility and duty of nurses to provide adequate information to the person, family and collectivity about the rights, risks, benefits and complications about nursing care and to promote comprehensive care, one can make use of the Preoperative Nursing Visit (Mazzi et al,2014).

Pre-evaluation seeks to determine whether there is a low, medium or high level of risk of complications during the operation, mainly due to heart problems. The evaluation knows the possibility of complications, so the importance of care is fundamental to determine whether the surgery will be beneficial to the patient or not.

- Clarification of patient and family regarding the possibilities of improvement and possible complications;
- Examinations taking and checking
- Attend on the scheduled day and do not forget:
  - Documents
  - Toiletries
  - Escort
  - Preoperative Examinations
  - (8 hours prior to surgery time)
- Daily medications (for High Blood Pressure, Diabetes): Use normally and swallow with as little water as possible.
- Should not be taken: AAS, Aspirin and other anti-aggregants/anticoagulants (clarify when to discontinue such medications during consultation)
- Arrive 2 hours before surgery to hospital

### **Importance of preoperative nursing guidelines in neurological surgeries**

The preoperative phase is the period from the eve of surgery to the moment it is received in the Operating Room. It is the most appropriate time for interpersonal relationships, is when nurses should deepen the emotional preparation of the patient in the face of their anxieties about the surgery to which they will undergo. (LACCHINI et al, 2011, p. 1022)

Neurosurgical patients have a high risk of neurological complications in the immediate postoperative period, which increases both morbidity and mortality, and require special postoperative care. (HERRERO, 2015)

The surgical client undergoes major transformations during the perioperative period, both physical and psychic, in response to previous thoughts and experiences that often

generate feelings of uncertainty and fragility. Humanized care aims to reduce or avoid the anxiety that the anesthetic-surgical act can awaken in the client, making them safer and more confident.

#### Post-operative care

- Wash only with water or saline and neutral soap;
- Do not pass any different substances or healing ointments;
- Cover scar with gauze and micropore in the first week;
- Bath with the dressing and, at the end of the bath, then open the dressing to perform the cleaning, with the care of not opening the wound with friction to clean or to dry;
- Remove the points
- Will be marked in approximately 10 to 15 days
- Rehabilitation
- It will start after removing the points

The return to work and/or sport will depend on each case and recovery after surgery, usually 30 days at least.

### **Assistência pré e pós-operatória ao paciente submetido a cirurgia oftalmológica**

The first eye surgeries occurred in Babylon in 1685.C, but only in 2500 a.C had the first ophthalmologic cataract procedure in India. The first glasses were created in Germany in 1270. The Brazilian Society of Ophthalmology was created in 1922. The creation of the Brazilian Council of Ophthalmology was developed in 1941. And in 1949 the first intraocular lens was invented in England.

In the 17th and 18th centuries there were important discoveries about the first specific surgical interventions, such as strabismus. In the 19th and 20th centuries the evolution of the area was more developed and advanced, on disorders, examinations, treatments and especially surgical procedures, improving with technological advances.

According to WHO statistics, about 30% of the population under 40 years of age lacks the use of glasses to correct refractive errors, which have as a solution corneal refractive surgery, which makes the definitive correction of the problem, remodeling the cornea to adjust the degree and make a precise focus on the eyes.

Currently these surgeries are commonly done with high precision laser, thanks to technological advances, it is a painless procedure that takes about 10 to 16 minutes per eye.

In Brazil, by the SUS, the greatest demand is to remunerate only facectomy surgeries (cataract, pteraism exeresis and glaucoma surgery), which have a higher incidence in adults aged 80 years or older, where cataract is responsible for 50% of total vision losses (COSTA et al,2021).

There are also cosmetic ophthalmological surgeries, which are the cases of strabismus, usually this procedure is done under general anesthesia so that the doctor is able to make small cuts in the muscles of the eyes, to balance and align the eye, and can be done in adults and children.

The success rates of ophthalmologic surgeries are quite high, with rare cases of complications after surgery, depending on the procedure the success rate exceeds 90% if all medical guidelines are followed.

### *Most common surgeries*

Ophthalmology has been advancing over the years. Especially with technology, thus transforming into one of the safest operations, with very low rates of complications and mortality.

There are several types of surgical interventions performed daily, from operation to correction of diseases to aesthetic interventions.

### *Cataract surgery*

The surgery lasts, on average, 30 minutes. It is performed with laser and phacoemulsification. Small incisions are made for cataract aspiration and for inserting an intraocular lens. There are technical variables for glaucoma correction.

- 1) Selective laser trabeculoplasty
- 2) Laser iridotomy
- 3) Trabeculectomy
- 4) Drainage pipes
- 5) Minimally invasive glaucoma surgery (MIG)

Procedures can be performed in isolation or in combination.

### *Strabismus surgery*

The purpose of this surgery is to align the eyes improving the aesthetics of the individual. Surgery planning varies according to the type of strabismus. However, most procedures are performed with absorbable sutures, excluding the need to remove stitches. Surgery can be performed in adults and children. However, the type of anesthesia may vary and the type of anesthesia is general or local.

### *Eyelid ptosis surgery*

Eyelid ptosis, popularly known as a drooping eyelid, can occur congenitally or acquiredly.

Congenital, the newborn is still affected in the belly of the mother. If the disease

hinders the development of vision, it should be corrected surgically urgently, if it does not disturb the vision, the surgery can wait until school age. In the acquired modality, the main cause is aging.

#### *Reconstitution of tear pathways*

Obstruction of the lacrimal pathway can be corrected, done with local anesthesia, surgery may require a silicone probe temporarily, which has the function of keeping the new pathway open during the healing period. Usually, recovery is painless, but requires the use of antibiotic eye drops.

#### *Removal of tumours*

Eyelid and conjunctival tumors no need for surgery is evaluated according to size, growth rate and location. Surgery is mandatory if the tumors are malignant. The procedure is done with local anesthesia and the individual can go to the house on the same day.

#### *Refractive-cornea surgery*

Refractive surgery aims to correct the patient's degree of myopia, thereby improving their vision, without or decreasing the use of glasses or contact lenses.

The most used type of refractive surgery is excimer laser, which can be done by two techniques: PRK or LASIK. It is a safe procedure and has great results, when respected indications and when well planned and executed. Before undergoing refractive surgery, the patient should perform some complementary tests to ensure the integrity and health of the cornea before the procedure, thus minimizing the risk of complications after surgery: Corneal topography; Paquimetry; and Corneal tomography.

Patients with corneal alterations should not undergo laser surgery for grade correction. In patients with keratoconus, the procedure should be evaluated due to the risk of worsening of the pre-existing disease.

### **Importance of preoperative nursing guidelines in ophthalmologic surgeries**

The preoperative nursing visit represents a valuable instrument for the humanization of perioperative nursing care, in which the nurse acts expressively, in order to provide the surgical patient with emotional support, attention and guidance at this time when he/she will experience the most diverse feelings. (LACCHINI et al, 2011, p. 1022)

Ophthalmologic surgeries, from the social point of view, stand out from other specialties, both for the importance of vision in the relationship of man with the environment in which he lives, and for his relevance in the image of the body, fundamental for the maintenance of physical and psychological integrity.

Postoperative complications manifest in a late period, which demonstrates the

importance of proper follow-up and multiple evaluations during treatment after surgery. There is a higher frequency in cataract surgeries, such as retinal detachment and intraocular lens dislocation (MATZENBACHER et al., 2021).

With hospital discharge, the care previously performed by the nursing team is now assigned and performed by the patient or family member. For learning and understanding to be effective, the transition of care must occur clearly and safely. Thus, the role of nurse educator becomes fundamental for the success of these cares. (MATZENBACHER et al., 2021).

## General preoperative care for ophthalmologic procedures

According to author Carnio, AN of 1995 are:

1. Before entering surgery, it is necessary to perform some tests, including that of clinical-cardiological condition. They are fundamental and will guide the ophthalmologist surgeon and anesthesiologist in conducting the whole process.
2. On the day of surgery it is important that the patient performs a fast of at least six hours. In the case of diabetic patients, suspend the medication on the day of the operation. For patients who use anticoagulants, medications should be discontinued 7 days before the procedure.
3. On the day, the bath should be carried out with neutral products. Dispense cream, perfume and makeup.
4. Arriving before the combined time causes anxiety in most patients. Therefore, follow the schedule indicated by your doctor.
5. It is necessary to be accompanied by an adult and not expose children to the operating room environment. Unaccompanied patients will not be able to undergo surgery.
6. In The Ophthalmology, hospitalizations are short-lived. As modern equipment contributes to faster procedures, it is common for patients to be discharged a few hours after surgery.
7. Even with high home is necessary in domestic environment. This contributes to recovery.
8. Return to the doctor's office on the agreed date. It is extremely important that the surgeon monitor the recovery.
9. After surgery, the patient or his/her family members may be responsible for the administration of medications such as eye drops. Help is welcome.
10. When washing your head, avoid dropping water or soap on your eyes and do not rub them, this may impair surgery.
11. Before applying the eye drops prescribed by the doctor, always wash your hands well to avoid the risk of contamination and infection.
12. It is possible that in this period there is a complaint of photophobia (feeling of

discomfort in light), mild swelling in the eyelid and redness. But these are reactions expected by the clinical staff in the post-surgery period.

## Ophthalmologic postoperative

Postoperative care in Ophthalmology is not as intense as in other specialties, practically consists of eye rest, use of eye drops and use of sunglasses provided for a period of 1 week, being a way to avoid contact with wind and dust. On the first day, it should be used constantly, even indoors. The next day its use can be made more flexible, being mandatory only in external environments. Dressings should be changed daily, as the heat and low humidity of the air leaving the occluded eye dry, therefore irritated and sore. (SOUZA NV.1997).

1. Avoid contact with animals for 10 days;
2. Try to keep your eyes closed for as long as possible the first 5 hours after surgery;
3. Do not scratch, squeeze or rub the operated eye for 15 days;
4. Avoid chemicals (e.g. shampoo, makeup) in the first few days;
5. Avoid dirty, dusty places for 15 days;
6. Do not dive in swimming pools, beaches, rivers and lakes for 60 days;
7. It's okay to watch TV, read books, magazines, tablet or mobile phone;
8. Normal power;
9. Avoid alcoholic beverages;
10. Always attend returns as directed by your doctor;

In the immediate postoperative period, the nurse should observe the patient, deliver the kit with dressing and eye drops for use in the postoperative period, besides guiding to discharge, with the main focus being self-care. The nurse also acts in the reprocessing of materials and monitoring sterilization. (NOGUEIRA et al, 2019)

## CONCLUSION

Neurological surgery (neurosurgery) is an area of high complexity due to the delicacy of the procedure. Ophthalmologic procedures are quite delicate, but thanks to technological advances, it is currently one of the safest surgeries with the lowest percentage of complications.

Neurological surgery, despite having its recent recognition (1900), today is one of the most advanced procedures in the world in science and medicine, because over time it has been modernizing to be able to have the high number of success, since it is a high-risk surgery. In ophthalmologic surgeries it is not necessary to have hospitalization necessarily,

but care despite being simple is necessary so that there are no postoperative complications.

The neurological and ophthalmic pre- and postoperative period constitute a delicate process, considering the full degree of complexity of the procedure, where the nursing team has a fundamental role in monitoring, assisting and informing the patient and family members of all care and risks to be followed in the pre and postoperative period, so that it can best be carried out until hospital discharge. Therefore, the combination of the factors presented leads to an increase in the rates of successful surgeries currently.

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MAZZI, R. N., et al 2014 visita pré-operatória de enfermagem: validação de um instrumento



## ÍNDICE REMISSIVO

### A

Adolescente 72, 106, 107, 108, 109, 110, 111, 112, 113, 114

Ansiedade 1, 2, 3, 5, 6, 8, 9, 10, 11, 12, 85

Assistência 16, 17, 23, 28, 39, 54, 55, 68, 69, 84, 86, 95, 96, 97, 98, 99, 100, 101, 103, 105, 108, 112, 113, 114, 119, 122, 124, 129, 131, 132, 139, 141, 143, 144, 159, 160, 161, 162, 168, 169, 170, 171, 173, 174, 175, 176, 177, 178, 181, 184, 188, 195

Atenção primária 17, 24, 25, 27, 37, 51, 96, 100, 101, 104, 107, 109, 113, 114, 119, 122, 123, 124, 127, 130, 133, 169, 174, 176, 180, 203

### C

Cateterismo urinário 130, 133, 139, 140

Causas externas 116, 118, 119, 163, 164, 165, 167

Comunidade 29, 32, 42, 98, 99, 101, 107, 123, 130, 132, 133

Condições de saúde 14, 17, 18, 21, 25, 88, 89

Consultas de enfermagem 97, 123

Consultório na rua 168, 171, 172, 174, 176, 177, 178, 180, 181, 182

*Coronavirus Infections* 194

Criança hospitalizada 60

Crianças 59, 61, 62, 63, 66, 67, 69, 70, 71, 72, 104, 112, 163, 164, 165, 166, 167

Cuidado de enfermagem 84, 98, 105, 106, 107, 108, 110, 111, 112, 113, 128, 162

Cuidado pré-natal 88, 90

Cultura popular 45, 46, 50

### D

Demanda espontânea 40, 127

Deterioração clínica 59, 60, 61, 62, 63, 65, 66, 67, 68, 69, 70, 71, 72, 73

Dor crônica 97, 98, 102, 105

### E

Educação em saúde 84, 85, 97, 101, 106, 109, 110, 122, 126, 129, 132, 137, 138, 140, 157, 167, 171, 205

Educação permanente em saúde 27, 41

Enfermagem pediátrica 60

Estratégia de saúde da família 106, 107, 108, 109, 114, 123, 177

Estudantes 76, 87, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157

## F

Fitoterapia 45, 51, 53, 56, 57

## G

Gerência de serviços de saúde 27

Gestante 87, 90, 92, 95, 96, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 179

Gravidez 82, 88, 89, 91, 92, 93, 107, 109, 112, 114, 178

## H

Hipertensão arterial 14, 18, 21, 23, 45, 46, 47, 48, 50, 56, 57, 58, 122, 123, 124, 125, 127, 128

*Hospital Administration* 194

## I

Idoso 2, 14, 16, 17, 22, 23, 24, 25, 115, 116, 117, 118, 119, 120, 121, 141, 143, 144

## L

Letramento digital 141, 143, 145

## N

Narguilé 146, 147, 148, 149, 150, 152, 153, 154, 155, 156, 157, 158

Neurologia 184

## O

Octogenário 14

Oftalmologia 141, 184

## P

Parto humanizado 160, 161

Parto natural 159, 160, 161

Paternidade 88, 90, 93, 94, 95, 96, 179

*Patient safety* 194, 196, 197, 198, 199, 200, 201, 202

Perfil epidemiológico 20, 50, 116, 163

Plantas medicinais 45, 46, 50, 51, 52, 53, 54, 55, 56, 57, 58

Pós-operatório 63, 82, 131, 184, 193

Pré-natal 88, 89, 90, 91, 92, 93, 94, 95, 96, 168, 169, 170, 173, 174, 175, 176, 177, 179, 180

Pré-operatório 184, 193

Prevalência 21, 25, 47, 69, 98, 110, 115, 116, 117, 118, 122, 136, 138, 146, 147, 148, 149,

154, 155, 156, 158

## **S**

Saúde da família 14, 17, 18, 24, 25, 26, 31, 37, 39, 40, 41, 42, 43, 101, 103, 106, 107, 108, 109, 113, 114, 123, 127, 128, 129, 139, 140, 177

Saúde do homem 88, 89, 92, 93, 95, 96

Saúde do idoso 17, 23, 25, 115, 117

Sistema Único de Saúde 23, 28, 47, 53, 55, 56, 58, 83, 101, 107, 113, 116, 117, 122, 123, 124, 132, 174

## **T**

Tecnologia em saúde 97

Tecnologias 28, 44, 74, 76, 85, 98, 101, 103, 141, 142, 143, 162, 205

Telenfermagem 97, 101

Transição demográfica 115, 116

Transplante 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 102, 103

Tratamento 1, 3, 4, 7, 8, 9, 11, 12, 45, 46, 47, 49, 50, 51, 56, 57, 59, 61, 84, 85, 100, 103, 123, 125, 126, 127, 132, 139, 140, 161, 168, 169, 173, 175, 176, 184

Tratamento odontológico 1, 7, 11, 12

## **U**

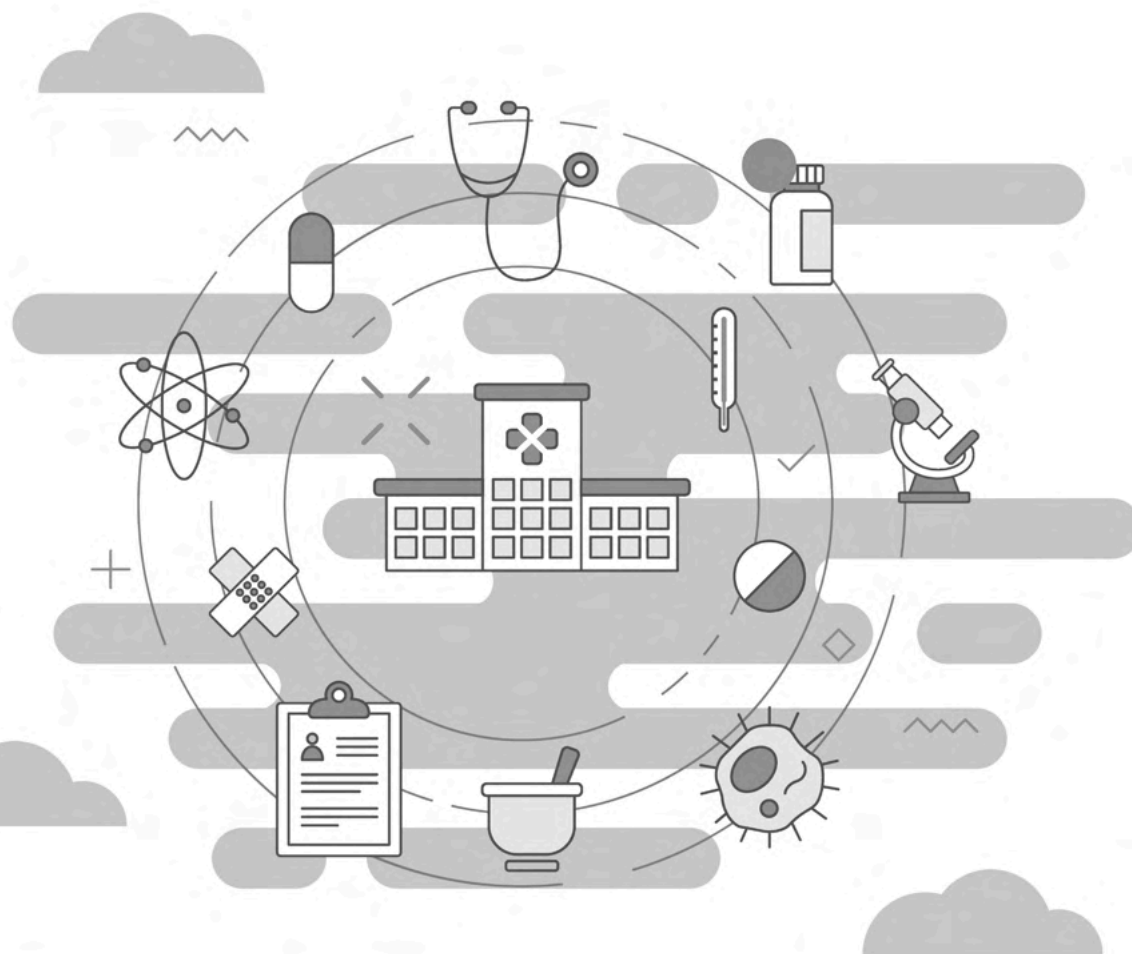
Unidade básica de saúde 18, 28, 41, 48, 122, 133, 174

## **V**

Ventilação não invasiva 74, 76, 77, 79, 85, 86, 87

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