How time flies

From the Editor

The photograph above was taken when I started my nurse training 30 years ago this month, it also coincides with life-changing events that forged my interest in the perioperative environment. The day after this photo was taken, a family member was admitted for emergency cardiac surgery. Although traumatic at the time, this experience fostered my interest in surgery and when I qualified as a Registered General Nurse, I knew there was only one speciality for me and I moved straight into the operating theatre, fascinated by the surgeries that could be performed and the one-to-one care I could provide.

A few years after I qualified, I started work in an ENT theatre and I remember feeling quite thankful that I had undergone my tonsillectomy as a young child before I saw how tonsils were removed. The brutality of tonsil snare snares and guillotines was a complete shock – no wonder I was in so much pain after surgery! Over the past three decades, new, safer techniques have emerged; however, Ulrica Nilsson and her team compared postoperative behaviour and recovery in children undergoing tonsillectomy and in this edition indicate that pain in children undergoing tonsil surgery is still poorly managed.

I remember working as a scrub nurse in obstetrics with fondness. There is nothing more special than sharing the birth of a baby with the new parents. It is unfortunate that not all births go to plan. Post-partum haemorrhage is one of the most dangerous complications following a birth and requires emergency care by a multidisciplinary team. In his article this month, Gareth Benson looks at the causes, as well as surgical and pharmaceutical management, of primary post-partum haemorrhage.

Although I regrettably never gained any experience in cardiac surgery, I was privileged to perform some general surgical procedures working in my last NHS role as a Surgical Care Practitioner (SCP). Following on from my own research in this area, Gabriel Campener reminds us in his article that the presence of an SCP in a surgical team significantly improves the patient experience while providing quality care and support for surgical trainees.

I never got the opportunity to work in neurosurgery, since this type of surgery was usually performed in specialist units. Consequently, many perioperative practitioners are not exposed to all neurological conditions and the care that is required. Whilst Evagelia Laopoulou and her team explore nurses’ knowledge on caring for patients with neurological disease in this edition, their article identifies the lack of knowledge that many practitioners often have when caring for this group of patients.

Continuing the neurosurgery theme, in his ‘Surgery of the Past’ series, Professor Harold Ellis, Emeritus Professor at St Guy’s Hospital, London looks at the surgical development in the treatment of trigeminal neuralgia – one of the most painful conditions of the face.

Reflecting on my own perioperative journey as well as my family’s experiences reminds me how far surgery and anaesthetics has come over the past three decades. Technology has developed at a fast rate and we have had to change to move with it. I feel honoured to have been part of this past generation of perioperative practitioners who have striven to advance perioperative care. Long may it continue!

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