

A GUIDE TO MEDICAL AND SURGICAL NURSING.*

CHAPTER IX.—OPERATIONS (CONTINUED).

THERE will always be a certain danger, after an amputation, of bleeding occurring, and a very careful watch for this will have to be kept up by the Nurse, as she must remember that a patient will not call her attention to it, being in all probability unconscious of it.

Hæmorrhage may occur as follows:—

- (1)—*Primary*.
- (2)—*Recurrent*, reactionary, or intermediary, coming on within first twenty-four hours after operations, as shock is passing off.
- (3)—*Secondary*, from failure of the process for permanent arrest of hæmorrhage.

While touching upon the subject of hæmorrhage I must say a few words to Nurses upon this most important matter, and their duties in connection therewith. Immediately after an important operation, the Nurse has to watch for two kinds of bleeding—*continuous oozing*, and *reactionary bleeding*; and she must learn to distinguish between the blood-stained fluid that oozes from a wound, and the bright red arterial blood. The former is of little consequence, while the latter, if allowed to continue, may lead to serious consequences—even loss of life. If the Nurse is watching a stump, and bleeding occurs, expose it to the air, by removing the bed-clothes, and apply ice over the bandage, raising the stump on pillows. In this way the Nurse can, as far as possible, control the hæmorrhage, until the Surgeon arrives. Supposing a Nurse has been set to watch an accident case, where reactionary bleeding is anticipated—although such a case is usually left to the care of a Student—and she sees that alarming bleeding has actually occurred. If she is an intelligent Nurse she should know where the main artery is in the case of a stump, and immediately put strong pressure upon it. Should she not have this important knowledge, she can at least apply a tourniquet, or an elastic ligature, winding this tightly round the limb, *above* the bleeding spot. Supposing all this is out of the question, she should then, without hesitation—for while she hesitates the patient may bleed to death—put firm pressure upon the wound, with a thick pad of lint, never letting go for an instant, until the Surgeon takes charge.

Upon the question of administering stimulants where a patient has lost much blood, a safe rule

* These articles are partially from the pen of the late Miss Alice Fisher and Mrs. Norris, and will eventually be published in book form, being revised by the latter.

is, that unless the lips are white, and the patient obviously fainting and almost pulseless, *never* give it without direct orders from the Surgeon.

Though I do not purpose to enter into any of the diseases peculiar to women, the operation of ovariectomy is one so constantly performed in all Hospitals, that I must give you a brief account of it. Ovariectomy is the removal of the ovary for disease, and, in consequence of the locality of the diseased organ, one of the most critical operations which can be performed. Before it takes place, the Surgeon will endeavour to get the patient in as good a condition of health as possible, by ordering a simple nourishing diet. A case of this kind is considered so important that it is generally entrusted to two special Nurses—acting under the direction of the Ward Sister—one for day and one for night duty, and for this purpose Probationers are often selected.

They will probably be expected to keep an accurate report on paper from hour to hour of the progress of the case, at any rate, during the first few days which succeed the operation.

Nurses appointed to attend a case of this kind are always expected, before going on duty—besides paying the utmost attention to personal cleanliness—to put on perfectly fresh linen, and clean print gowns, aprons, &c., in order that the very slightest risk of infection of any sort might be avoided.

Immediately prior to the operation, the Nurse should see that both the bowels and bladder of her patient are emptied of their contents—perhaps for the former purpose the safest plan being to administer a simple enema.

The temperature of the room should be raised to sixty-five or seventy degrees, and the patient prepared in the usual way with flannel drawers and gown.

I need hardly say that, after the operation, the most absolute rest of body and mind must be secured for the patient.

It will be the duty of the Nurse to draw off the water from the bladder by means of the catheter, not less often than every six hours, being most careful when doing so not to uncover the patient, for fear of a chill. The bed-clothes should be so arranged that they open in the centre, by putting the folded blankets over the patient crossways. To prevent vomiting, if possible, is another great object, to effect which ice is often given, as well as iced milk or milk and lime-water.

Great care must be taken not to overload the stomach; if fed by the mouth, small quantities should be given at short intervals.

For more information on this subject you cannot do better than refer to the book entitled

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