Lectures on Gynæcological Nursing

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Lecture III.

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THE plastic operation for the repair of the lacerated perineum consists, like all other operations designed to attain the same reparative end, in denuding a certain portion of the skin at the site of the injury so as to form a raw surface, the edges of which being brought together in accurate apposition may unite and so repair the previons laceration and destruction of tissue. In the case of the perineum, the operation depends, to a large extent, both in its severity and its success upon the amount of the loss of tissue which has taken place at the time of the accident. For example, if the tear extends not only through the perineal body, but also through the sphincter of the anus, and even up the rectum, it will affect, very considerably, the steps which the operator will require to take, and also the length of time during which the patient will have to be kept in bed. But the operation itself, however extensive it may be, is guided by the principles just explained. In preparing for the operation, the Nurse's chief duty will be to see that plenty of antiseptic solution is at hand, that the instruments to be used have been either sterilised, or washed and kept in antiseptic solution according to the wishes of the operator; that there is plenty of absorbent wool ready, that the dressings which the surgeon may require are prepared; and among these, at any rate, it is certain that an ordinary T bandage will be required. The success of operations at the present day largely depends upon the carefulness with which aseptic, rather than antiseptic, precautions are carried out, that is to say, upon the extreme care with which cleanliness is enforced. The preparations for the operation made by the Nurse are, therefore, every whit as important as the preparations made by the surgeon, and the sterilisation of the dressings, which is customarily performed, should be most carefully done.

So far as the patient is concerned, a purgative should have been given for two nights previously, and a large enema and antiseptic vaginal douche an hour before the operation. The skin having been then thoroughly washed with antiseptic solution, the patient is placed in the "lithotomy position," that is to say, on the back with the knees flexed on the abdomen, and so maintained either by leather straps, or by the operator's assistants. By means of fine narrow knives or scissors, the skin covering the lacerated surface is freely denuded, and the edges are brought together, either by silk sutures, which many operators nowadays prefer, or by the old-fashioned silver wire sutures which are kept in position by a split shot, which is slipped over and down the ends of the wire, until it has drawn them, and therefore, the edges of the wound, close together; and then the shot is clamped—and the wire kept tight—by the special forceps which are used for that purpose. It will therefore be easily understood how essential it is, if the rectum is much involved, that the canal should be completely clear, which explains the necessity of using specially large, and if necessary repeated, enemata, in preparing these cases for operation.

In the after-treatment, the points to be remembered are, that the newly-rawed surfaces must be kept of course in accurate and absolute apposition and rest, and that the stitches will tend to tear through the tender new skin, unless the necessary control is exercised over the patient's movements. The knees are therefore tied together, and it will be the Nurse's first duty to see that on the one hand the limbs are not moved apart, and on the other that cotton wool or a lint pad is kept between the knees so as to prevent any chance of a sore forming from the constant pressure of the bony surfaces upon each other. A precaution this, which is most necessary, because, unfortunately, instances occur even at the present day, in which, from its neglect, troublesome ulcers have been produced between the opposed surfaces after the knees have been kept together for seven or eight days. The object, of course, of the precaution is, by keeping the thighs closely together to prevent the muscles at the back of the thigh from contracting, and so tearing apart the newly uniting surfaces. It does not matter very much whether the patient is permitted to lie upon her back or on either side, so long as, for the first four or five days, she does not attempt to move herself, and that all muscular tension upon the wound be, therefore, prevented. Pillows in any case will be required to secure her comfort, placed either behind the back and beneath the knees, if she occupies the supine position, or at her back if she lies upon her side, so as to relieve the pressure which almost invariably is complained of when the lateral position is maintained for any length of time.

The dressing of these cases is, as a rule, undertaken by the operator; and, as a general rule, the wound is touched or interfered with—that is to say, the dressings are changed—as rarely as possible. Sometimes, when dry wool is used, it will not be changed for twenty-four hours after the operation, and then again not until the operator determines to remove the stitches. It is in these cases that the best results have been obtained from what is known as dry dressings—the wound being very carefully

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