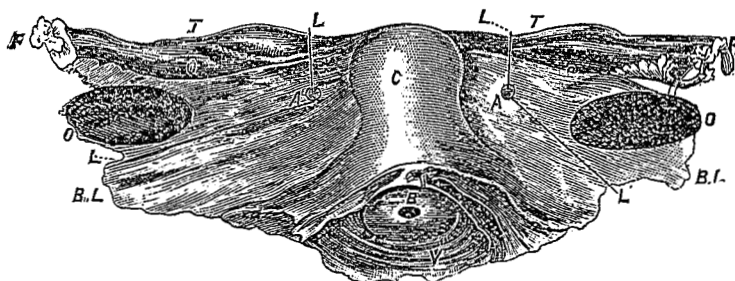


## Lectures on Gynæcological Nursing,

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### LECTURE IV.

**ABDOMINAL OPERATIONS.**— These operations include some of the most important work which the Gynæcological Nurse will be called upon to undertake; and it is, therefore, necessary that she should understand exactly the anatomy and physiology of the organs operated upon, so that she may more readily comprehend the accidents which may happen subsequently to an operation. The abdominal cavity may practically be divided into two parts, the abdominal and pelvic, and it is to the latter that our attention is chiefly directed. The abdomen, bounded in front and at the sides by fleshy walls—consisting of layers of muscles passing longitudinally or transversely—behind by the spinal column, and above by the diaphragm—or muscular wall separating the chest from the abdomen—terminates below in the bony basin formed by the lumbar vertebrae and the pelvic bones. The whole cavity is lined by a thin delicate membrane, called the *peritoneum*, which, passing round the whole internal wall, is reflected over the various organs. In the abdomen are various organs of digestion and excretion, the latter including the kidneys and the intestines. In the female pelvis are the uterus, the two ovaries and the bladder—the two former being connected together by means of the broad ligament stretching from the uterus in the centre to the pelvic walls on either side, and supporting the ovaries at their upper and outer angles.



- A.A. Points where needle transfixes in removal of ovaries.
- B. Cervix of the uterus with the orifice of the uterine canal.
- C. Body of the uterus covered by peritoneum.
- O.O. Ovaries.
- T.T. Fallopian tubes and F.F. their fimbriated openings.
- B.L. The broad ligaments.
- L.L. The double ligatures and the lines in which they are tied.
- V. The upper part of the vagina.

From the upper part of the uterus, on each side, extends the short canal known as the *Fallopian Tube*, ending in a wide fringe at its outward

extremity, which is supposed to envelop and touch its especial ovary, and so receive in its canal the ripened ovum at each menstrual epoch. Operations may be required either for disease of the tubes or the ovaries—which are technically known as the adnexa or adjoining organs of the uterus—or of the uterus itself.

The most common disease of the ovary requiring operation is that known as an *ovarian cyst*. The ovary consists of a large number of cells containing the ova. One or more of these cells become swollen and burst each month, extruding the contained ovum either into the Fallopian tube or into the peritoneal cavity. The cell becomes filled with blood which coagulates and slowly contracts, and so obliterates the empty cell. But, in a number of people, especially after pregnancy, or with a predisposition to consumption, the cell does not close and heal up, but becomes distended with fluid, and so forms a tiny cyst. If a number of these little watery cells form, they tend, by pressure upon their walls to amalgamate, and so a larger cavity, filled with fluid, is formed. The pressure of the fluid in this cavity upon the surrounding healthy ovarian structure causes the latter to soften and break down, exactly as pressure upon any part of the body causes similar destruction of tissue, as, for example, pressure on the back, in patients long confined to bed, causes bed sores. By this means, the cyst tends to grow until all the ovarian tissue has been absorbed, and the ovary has been converted into a mere shell. Then, by pressure of the constantly increasing fluid, the cyst wall enlarges and extends until it may form a tumour which entirely fills the abdominal cavity—presses upon the contents thereof, and so deranges the patient's health—prevents her from moving about, and so diminishes her bodily strength.

As I showed some years ago, the pressure of such a cyst has a peculiar influence upon the heart, causing that to become degenerated, and so rendering the patient liable to attacks of fainting, and then to sudden death. It is, therefore, of the greatest importance to remove such a tumour as soon as possible, and, thanks to the many improvements which have been made in abdominal surgery, in recent years, no operations are now more successful, although, formerly, none were regarded as more fatal, than those performed within the abdominal cavity.

The operation of Ovariectomy consists in making an incision in the middle line of the abdomen until the peritoneum is reached. This is cut through, and the surface of the ovarian cyst, therefore, exposed. With a special trocar the wall of the cyst is punctured, and its contained fluid is permitted to escape through the long india-rubber tube

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