

## Lectures on Gynæcological Nursing,

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### LECTURE IV.

IT will, therefore, be understood that in order to obtain this reparative process, nature will require all the assistance which can be given to her, and especially in the absolute absence of any irritating material such as dirt or any septic matter. It is for this reason that cleanliness and the use of instruments, needles, and ligatures, which are completely freed from any germ-life, is so essential, and that the employment of such aseptic methods have been followed by such excellent results as many careful abdominal operators now obtain. If the silk, for example, were at all dirty or aseptic, the lymph would be converted into pus, an abscess would form, and peritonitis of the worst type would inevitably occur, with, almost certainly, a fatal result. The fact that the silk ligature and the pedicle are covered by healthy matter, is proof positive that a perfectly clean material was left around the stump. The object of first boiling the silk ligature, then placing it for some hours in 1 in 20 carbolic solution, and then again boiling it in water to remove the acid, and to continue the cleansing process until the moment when the silk is required for use is, therefore, apparent; and it is not too much to say that upon the due observance of this preparation of the ligature, on the part of the Nurse, the safety of the patient depends. Too much care, indeed, cannot be taken over this matter, and it would be impossible to over-estimate its immense importance.

For the same reasons, the cleanliness of the sponges and of the sutures is of extreme importance, and many operators, especially if working with new Nurses, see to the preparation of these articles themselves. The sutures should be treated, like the ligatures, by boiling or saturating for some length of time in carbolic acid solutions, and most operators now employ catgut or silk-worm gut sutures, because these are so easily made aseptic. The sponges must be most carefully cleansed from sand and other impurities, and, not only boiled and steeped in carbolic acid, but should be kept in a sterilizer until the time when they are required.

The Nurse who takes charge of the sponges should remember that it is a golden rule in the case of abdominal operations *always to count the sponges*. There have been, unfortunately, various cases in which, through neglect of this precaution, a sponge has been left in the abdominal cavity, with the result that the most acute peritonitis was set up,

and the patient died. The sponges then should be counted before the operation, and again before the operator closes the abdominal wound. Even when this is done there is a further precaution to be observed. Sometimes the operator requires a smaller sponge than is ready, and in the hurry of the operation will cut one of the sponges in two, and then again it has happened that the number has been counted, and found correct, and a half sponge has been left in the abdominal cavity. The Nurse who has charge of the sponges should, therefore, watch most carefully, and if a sponge is either by intention or accident cut in two, she should at once remove one of the other sponges so as to keep the original number unaltered.

The same remark will apply to instruments, and especially to pressure forceps. When the incision in the abdominal wall is made, it is customary for the operator to place pressure forceps upon the bleeding points; this measure being usually sufficient to check the hæmorrhage, and a considerable saving of time is thereby effected which would be lost if the operator stopped to tie each bleeding point. It may happen, then, that when the peritoneal cavity is opened there are at least a dozen pairs of forceps hanging in the wound, and one of these might easily become displaced and slip into the abdomen. If the instruments are not counted before and after the operation, the loss of the forceps would not be noticed, and once more the life of the patient would be placed in extreme peril. Indeed, there are unhappily cases on record in which this accident has happened, and has undoubtedly caused the fatal result which ensued.

The operator then will almost invariably turn to the Nurse, and, before he ties the sutures, will ask if the sponges and the instruments are all right, and he will rely upon her statement, that she has her full number, to satisfy himself that he can close the wound safely.

On the other hand, it is well to remember that a sponge or an instrument may often slip beneath the patient, or into the receptacle for the fluid which is withdrawn, and the Nurse reporting that this is missing at the end of the operation, the operator may, perhaps, hunt for some time in the abdominal cavity in search of it, thereby prolonging the operation, and so increasing the danger to the patient most unnecessarily. It is, therefore, a good rule that the Nurse, who is in charge of the sponges, and the assistant who is in charge of the instruments, should keep a constant watch upon the progress of the operation, and if a sponge or instrument fall should immediately restore it to its place.

The next most common abdominal operation, which the gynæcological Nurse will be called upon to take charge of, is that known as oophorectomy—the removal of the ovaries. This is done for various reasons, chiefly for the cure of painful con-

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