

Lectures on Gynæcological Nursing,

By BEDFORD FENWICK, M.D., M.R.C.P.,
Physician to The Hospital for Women.

LECTURE V.

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WE now come to, perhaps, the most important duties which may devolve upon the Gynæcological Nurse—those which are connected with the various abdominal operations which we have recently considered. The various details naturally fall into two parts—those which are necessary in the preparation of the patient for the operation, and those which are involved in her after-treatment. So far as the former are concerned, the Nurse has to remember, for her guidance, various facts upon which information has already been given, and which will serve to guide her to certain definite principles of Nursing by which her action must be regulated.

Her patient, then, is suffering from a disease which has probably had the effect of distending the abdominal walls, and, therefore, of interfering to a greater or less extent, but generally to a marked degree, with the healthy action of the various organs contained in the abdominal cavity. For example, the pressure of a large tumour of the uterus or ovary upon the intestines, and especially upon the rectum, will probably result in the causation of more or less obstinate constipation. Such a patient will, therefore, have had more or less indigestion, and will not have been properly nourished by the food which she has taken, while she has suffered in other ways from the detrimental consequences of the non-excretion of the poisons which are constantly being formed in, or are being passed into, the intestines. Then, pressure upon the liver has probably interfered with its function; the bile has not been secreted in sufficient quantity, or, it may be, has not passed into the intestines in sufficient flow, to bring about the purposes which it subserves in digestion, and as an aperient. Pressure upon the stomach has probably interfered with the secretion of the gastric juice, and with its digestive process. And so these various results, reacting upon each other, have, as a rule, reduced the patient both in health and strength to a marked degree. It may even be that enlargement of the tumour upward to the diaphragm has caused pressure on the heart and its vessels, and thus has brought about the change in the heart's muscle, to which the writer, some years ago, directed attention—the production of fatty degeneration with consequent weakness of the organ, and the liability to sudden death. Or, finally, the pressure upon the kidneys may have caused con-

gestion or disease of their tissue, and albumen may be found in the urine, in consequence, to a considerable amount. Sometimes, as in the case of fibroids of the uterus involving one or both sides of the organ, pressure may be caused upon one or both ureters, and to such an extent that the flow of urine from the kidney into the bladder may be altogether prevented upon one or both sides. In these cases, the same result follows as is seen when a rivulet is blocked by a fall of stones or mud into its channel. The water accumulates above the dam, and, as it rises, breaks down the sides of the stream above the stoppage until it gradually overflows the banks. So the urine in a ureter blocked by such a tumour first swells and distends its small tube, then distends the pelvis of the kidney, and, in time, unless the pressure be removed, gradually causes a breaking down of the kidney substance, until a bladder of water is formed, with only a thin wall composed of the outer lining of the kidney—the condition known as cystic kidney. It will readily be understood that if the kidney is thus destroyed, ceasing to fulfil its functions of removing not only extra fluid from the blood, but a number of effete and poisonous materials, such as Urea, from the system, the life of the patient becomes seriously imperilled, and, if the other kidney be also affected, her death is merely a question of brief time. All these facts being before the Gynæcological Nurse, she will understand how imperative it is to place her patient first in such a condition as to afford her the best possible opportunity of recovery, and, at the same time, to obtain such a knowledge of what we may term her patient's "usual state," that she can afford invaluable indications to the operator concerning any deviation from that state which may be observed during the after progress of the case.

From what has been said, then, it will be understood that a precise knowledge of the action of the organs of her patient is of great importance to the Nurse. For example, she should carefully note every day the exact quantity of urine passed, with its specific gravity, and the absence or presence in it of albumen, sugar, mucus, or pus; the action of the patient's skin, whether it is dry and harsh, as so often is the case when the blood has been drained of its superfluous water by the formation of cystic fluid. Then the rate and quality of the pulse is, as we shall see in our next lecture, a matter of extreme importance. If the patient is weak, it may, as a general rule, be said that her pulse will be faster than the normal rate. If she has heart degeneration, it will almost certainly be above 80 to the minute, even when she is lying in bed. Its regularity, or perhaps its occasional intermittency, is a fact that should always be noticed; and if the Nurse has carefully charted these particulars from day to day before the operation, the operator will be better able to estimate the after progress of his

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