

Notes on a Case of Colotomy.

BY MISS FLORENCE HEWITT, R.N.S.

ON April 27th of the present year I was sent to nurse a patient suffering from malignant growth of the rectum. My patient, Miss E. H., was 39 years of age, she had been ailing for years, indeed, from childhood had not known what it was to feel well. One of the most persistent troubles being constipation.

The previous autumn and winter had been spent by Miss E. H. in Mentone, she having been advised to try what effect a warmer climate would have. During the first few months she made some little progress towards the recovery of her strength, but early in March she was attacked with persistent constipation, which would yield to neither drugs or enemata, and caused her the greatest discomfort and pain. She therefore returned to England, and for the first time underwent an examination of the rectum, the result of which was that a malignant growth was detected, in such an acute stage as to give rise to the gravest immediate fears. An operation was recommended at once, and having consulted and been examined by a leading specialist on rectal diseases, on Friday, April 25th, he decided to perform the operation of anterior colotomy on the following Sunday. I was sent to nurse her on Saturday morning, and found her in a state of great exhaustion, retching constantly, but only bringing up small quantities of watery mucus. At this time she had passed no fæces for over six weeks, and was suffering severe pain from flatulency, being unable even to pass wind. The abdomen was very distended; the breathing much affected; face flushed and drawn, expression anxious.

April 28th.—Passed a very restless night, and at 4 a.m. vomited fæces; 9.35 a.m. again vomited fæces. At 11.30 a.m. the operation of anterior colotomy was performed by the surgeon, and here I may mention that he was the first to make the incision in this operation in the anterior instead of the posterior position, the good results obtained proving the advantage gained. Having removed a quantity of hard fæces, it was seen that the bowel was very much paralyzed. Having dressed the wound the patient was removed to bed. The directions given for nursing were the same as those for a case of ovariectomy. At 1 p.m. patient vomited a small amount of yellowish mucus. Temperature 98°; pulse 58. 5.5 p.m.: Patient passed motion through incision; wound re-dressed, no discharge. 6 p.m.: Temperature 100.6°; pulse 96. 6.30 p.m.: Renewed dressings; large amount of motion discharged. 9 p.m.: Sleeping draught. Patient slept well from 9.35 p.m. till 11 p.m. Temperature at 11 p.m., 99.4°; pulse 90. No sickness, no thirst, but complained of mouth being dry and rough. Two teaspoonfuls of hot water given.

April 29th.—Passed urine by catheter at 1.30 a.m. Two teaspoonfuls of hot water given. Slept an hour and a-half. Patient slept at intervals from 3 till 6 a.m. No sickness or thirst; no pain. Ten teaspoonfuls of hot water given occasionally. 10 a.m.: Wound re-dressed. 11 a.m.: Brand's Essence melted, ℥j. 11.35 a.m.: Passed urine naturally. Took Brand's Essence, ℥ii. with hot water ℥iii. Temperature normal; pulse 77. 1 p.m.: Brand's Essence ℥iv. 2 p.m.: Brand's Essence, ℥iv. Temperature normal; pulse 80. 2.50 p.m., passed urine. 3.15 p.m.: Wound

re-dressed with iodoform and vaseline. Patient turned on side for twenty minutes. 4 p.m.: Half a tea-cup of tea and milk. 5.15 p.m.: Brand's Essence, ℥iv. 6.15 p.m.: Brand's Essence, ℥iv. 7.20 p.m.: Brand's Essence, ℥iv. Patient lay on side for twenty minutes. Temperature 98°; pulse 72. 8.15 p.m.: Half tea-cup arrowroot made with milk. Brandy, ℥i. 10 p.m.: Mutton broth, ℥iv. 10.45 p.m.: Sleeping draught. Patient slept from 11.10 p.m. till 12 a.m.

April 30th.—7.30 a.m.: Patient had slight attack of palpitation of heart. Brandy, ℥ii. given. Temperature 98°; pulse 72. 2.30 p.m.: Severe attack of palpitation, given brandy, ℥iv. Temperature 96°; pulse 60, very weak. 9 p.m.: Patient restless, dozing at times, complaining of pain at heart.

May 1st.—Patient passed a restless, uncomfortable night, complaining much of pain at heart and feeling of nausea. Abdomen very distended; hardly any motion passed. 12.50 p.m.: Vomited about ℥ii. mucus and curdled milk. Great pain from flatulence and unable to pass wind. 7.5 p.m.: Great pain from flatulence. Vomited, bringing up ℥ii. brown, putrid smelling mucus. Temperature very low, 95.8°; pulse weak and rapid, 88.

May 2nd.—Patient passed restless, uneasy night; did not sleep at all. Abdomen much distended with wind, which patient is unable to pass. Very little motion passed, but almost constant flow of watery mucus from incision, the smell of which is very offensive. Temperature 96°; pulse 72. 11.50 a.m.: Bowel cleared by spatula, large lumps of hard fæces removed, which have been causing obstruction to the passage. This clearance gave the patient great relief, being able to pass wind freely through incision.

May 3rd.—Patient passed better night, sleeping without a draught; temperature at 6 a.m., 97.4°; pulse 72. 3.30 p.m.: Wound discharged a large amount of very loose fæces mixed with mucus, smelt most offensive. 4 p.m.: Changed dressings again, discharge consisting almost entirely of mucus, which comes bubbling up in great rushes. Patient very weak and exhausted; milk and brandy given every hour. Temperature at 7 p.m., normal; pulse 60.

May 4th.—Restless, sleepless night, constant discharge of mucus from bowel, great feeling of nausea. Patient very weak; temperature 99°; pulse 72. Brand's Essence, and milk and brandy every hour. 10 a.m.: Incision once more explored by doctor, much hard fæces removed, giving great relief. 11 p.m.: Patient passed a much more comfortable day, diarrhoea and discharge of mucus entirely stopped, able to take more food without feeling sick.

May 6th.—Patient had a good night, and from this time did well, and with the exception of one or two little bilious attacks; she rapidly gained strength enough to be carried down to the garden. I left seven weeks after the operation, and she was then able to walk about a little, had put on flesh; said she felt better in health than she had done for months, and in some respects better than for years.

Before concluding I must remark that owing to the acute nature of the growth, and the weakness of the patient, the very gravest doubts were entertained by the surgeon of her living through the operation, and that all turned out so successfully was owing in great part to the sweet temper and good sense of the patient; she put herself entirely in the hands of the doctors and Nurses, submitting cheerfully and readily to their slightest suggestion, confident it was for her good; she

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