

Some Thoughts upon Operation Work.*(Continued from page 124.)**

WE now come to the necessary preparations for an operation.

Preparation of the Patient.—It is important to remember that the patient should be kept as cheerful and hopeful as possible. It is so easy in the rush of Hospital work to get into the habit of regarding one's patients as "cases"; but it is well, I think, to try to place ourselves in their positions, and to treat them with the consideration and sympathy we should look for ourselves under the same circumstances. The diet before an operation is usually changed as little as possible, and this is especially the case with old people. All the organs of excretion must be encouraged to work well, as their powers will be tried, and death may be the result of their failure. It is, therefore, important to see that the bowels act well, that plenty of urine is passed, and that the skin is made to act by a hot bath. It will also be the duty of the Nurse to put up a specimen of urine for examination.

The bladder must be emptied immediately before an operation. If this is neglected, the consequences (more especially in a case of abdominal section) may be of the gravest; but this rule does not hold good in cases of lithotripsy. In this case the patient should be instructed not to pass urine for at least two hours before the operation. If it is necessary for any reason for a Nurse to pass a catheter while the patient is on the operation table, exposure is quite unnecessary; in fact it is exceptionally easy for a catheter to be passed under these circumstances, as all the sphincter muscles are, when a patient is under chloroform, in a state of relaxation.

With regard to the *preparation of the theatre*, the actual room itself must of course be scrupulously clean. In these days of tessellated floors and glass tables, such cleanliness is a comparatively easy matter, but if these luxuries of modern nursing have not yet been acquired, additional care must be bestowed upon wooden furniture. The operation table is prepared by laying upon it first a washing stretcher, then a red theatre blanket, a long mackintosh, and a

pillow, which should, in every case, be covered by a jaconette pillow-case in addition to the ordinary linen one. There should be a good supply of sterilised towels, folded ready for use in mackintoshes, or, better still, cheap butter-cloth, which has been boiled in perchloride of mercury, and which need not be used a second time. A chloroform towel, a piece of lint, a drop-bottle of chloroform, and a bowl should be placed near the head of the table for the anæsthetist. A table for instruments should be placed on whichever side of the operating table the surgeon is going to stand, and on the opposite side a similar table for the sponges, bowls, &c., that the nursing staff require.

It is usual in large Hospitals for the theatre to be under the care of one or more Sisters. Most often one is responsible for the male operation cases and the other for the female. There is usually also a theatre Nurse, who is practically permanent. In smaller Hospitals it is not uncommon for the Matron to attend all the operations and make herself responsible for the theatre, and to have a junior Nurse as theatre Nurse for about two months at a time. In any Hospital of 100 beds and under, this plan is quite possible, and has many advantages. The Matron comes more in contact with the medical staff, and takes her proper position of head of the *Nursing* department. The Nurses are trained under her own direct supervision in this important branch of their work, and she is able to observe and gauge the capacity of the whole Nursing staff in a way which otherwise is scarcely possible. The Ward Sister, or Staff Nurse, and a junior Nurse should accompany the patient from the ward, and at very few operations are more Nurses necessary or, indeed, desirable.

The theatre should be provided with cupboards capable of containing everything that is likely to be wanted. One large cupboard, preferably with glass doors and shelves, must be devoted to instruments; another to drugs, such as chloroform, ether, sal volatile, brandy, iodoform emulsion, glycerine; and the various lubricants, such as vaseline (both carbolised and plain), mercurialised glycerine, and so on. The hypodermic and other syringes may also conveniently find their place in this cupboard. Before every operation, brandy, sal volatile, and ether for hypodermic injection must be put out where they are easily accessible. It is convenient to have them all on a tray together with a small jug of water, a medicine glass, a glass syringe, with catheter attached, for a brandy enema, and a hypodermic syringe. If the hypodermic syringe has not been recently used, it may be necessary to soak the piston in water, otherwise when wanted in a

* By a printer's error, last week, in the paragraph relating to Dr. Matthews Duncan, "Grease" was given instead of "Grease."

[previous page](#)

[next page](#)