

The Nursing of Abdominal Operations.

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THE dressings which are, now-a-days, chiefly employed in these cases are very simple. The wound is carefully dried, and some powder, usually either iodoform or boric acid, is dusted freely over it. A pad of absorbent gauze and several pads of cotton wool are then placed over the wound and the abdomen, and a many-tailed abdominal bandage is tightly pinned over all. Many operators do not touch these dressings until the sixth or seventh day, if the patient progresses favourably; so that the nurse's duty consists in seeing that the bandage does not become loosened or shifted, and that no discharge is oozing under the dressings. If any such oozing be observed, the fact must of course be reported at once to the operator, and he will then probably desire to change the dressings. As a rule, however, in successful cases, when the first dressings are removed, the wound is found to be perfectly healed with a little dried blood on the gauze. The stitches are generally removed on the sixth or seventh day, and the edges of the wound are supported for another week or two by means of long strips of adhesive plaster placed across it from side to side of the abdomen, and the binder is usually retained for the patient's comfort as well as for the support of the wound, until she has been measured and fitted with a stout elastic belt. This, she will probably be required to wear for several months, until, in fact, the abdominal wall is sufficiently strong to prevent any probability of the wound stretching, and thus permitting the bowel to protrude—forming a ventral hernia. It is, therefore, most important for the nurse to remember that the patient must not make any bodily exertion without the belt being firmly applied, for fear of such a strain occurring.

The next point of importance is as to the condition of the bladder after abdominal section. If the bladder has been at all interfered with, as for example is necessary if a tumour which is to be removed is found to be adherent to the organ, the patient may suffer considerable pain and difficulty in micturition for some days, or even weeks. If there be retention of urine, the fact must

at once be reported, and probably the catheter will have to be passed. In that event, it is most essential that the instrument should be scrupulously clean. A No. 8 gum elastic catheter is, perhaps, the best for general use, and immediately after being used a stream of water from a tap should be run through it from both ends, and it should then be placed in a solution of carbolic acid (1 in 20) and kept there until it is again required, when it should be well rinsed in boiled water. Such cleanliness is always important in regard to catheters, but is especially needful in these cases because cystitis, or inflammation of the bladder, is very readily induced by means of a catheter containing the smallest quantity of putrefactive material, and is a most troublesome and dangerous occurrence after abdominal operations.

One of the most important points in the after-treatment of abdominal operations is the condition of the intestines. In a great many cases, the handling, to which the bowel is exposed, causes a temporary paralysis of its muscular walls; and there is also a considerable tendency to the occurrence of peritonitis, the first effect of which is to cause a similar paralysis of the intestine. The consequence in either event is that the contents of the intestine are not propelled forwards, as they are in health, by the peristaltic action of the bowel, and therefore the intestines, and especially the colon and stomach, become greatly distended by flatus. The first effect of this distension is to cause pain especially by pressure upon the abdominal wound; but if it continues, it has a secondary and more harmful effect. By pressing upwards on the diaphragm, it interferes with the proper expansion of the lungs, and next with the proper action of the heart. Some patients, therefore, simply because of this condition, suffer from increasing difficulty of breathing, an increasing rapidity of the pulse, and sometimes from violent and very distressing palpitation. The face becomes pinched and anxious, the pain prevents sleep and so increases the nerve depression. It is, therefore, easy to understand how important it is to prevent or relieve such intestinal distension. Formerly, injections of turpentine or other stimulants were used with effect; but at the present day the rectal tube is more frequently employed in these cases, and with the most rapid relief. The best of these tubes is made of gutta-percha, with rounded end and largish opening;

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