

The Nursing of the Minor Nasal and Throat Operations.

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IN two former articles I have pointed out some few items of importance in the nursing of ear and tracheotomy cases. The object of the present paper is to follow the same plan with regard to the more common nasal and throat operations.

When in charge of nasal and throat cases, the nurse may have to apply, or assist in applying, various external remedies to the latter, such as leeches, blisters, paints, poultices, etc., which do not differ in their application from similar measures employed in other regions. She may also be called upon to apply cold, to administer inhalations, or to paint the throat.

Cold is best applied by means of narrow ice-bags, cold compresses frequently changed, or by Leiter's tubes. When using the latter, a temperature of 55 degrees Fahr. is sufficient. This apparatus can also be utilised for the application of heat.

When giving *inhalations*, a Maw's inhaler should be used, and the water therein should be at a temperature of about 140 degrees Fahr. Should a proper inhaler not be at hand, however, an ordinary jug can be made to act as a substitute. It should be half filled with water, at the temperature named, in which is the drug to be inhaled, a folded towel being arranged about the mouth of the jug in such a manner as to be adapted to the patient's nose and mouth. Such inhalations should be continued for about ten minutes, the patient alternating every three or four breaths of the vapour with one of fresh air.

The bent brushes sold for the purpose of *painting* the throat are to be severely condemned as dirty and inefficient. It is somewhat surprising that one finds them in use in some general hospitals in these days of antiseptic surgery. When a throat has to be "painted," it should be done by means of fresh cotton-wool. A pledget of wool, firmly held on catch forceps, should be dipped in the pigment, carried rapidly through the open mouth, and the back of the throat quickly and thoroughly swabbed.

Few nurses are acquainted with the proper method of applying medicaments to the interior of the nose by means of *sprays* or *douches*.

Sprays worked by a single or double hand-ball are used for the anterior or posterior nares. Efficiently worked, the spray or atomiser can be made to reach the latter from the former with perfect ease. By carefully studying and applying the following directions of Leffert, the nurse should experience no difficulty in using the nasal spray.

(1.)—Warm the fluid in the bottle by holding the latter for a few minutes in hot water.

(2.)—Let the body be held erect, the head very slightly inclined over a basin.

(3.)—Introduce the nozzle of the spray into the nostril, first into the one most obstructed, far enough to close it perfectly, holding the tube of the apparatus directly outward from the face without inclining it to one side or downward.

(4.)—Let the mouth be widely opened, breathing gently in a snoring manner, and avoiding all attempts at speaking, swallowing or coughing. The impulse to cough when the fluid passes into the upper part of the throat must be resisted, and it will pass into the opposite nostril.

(5.)—The ball of the spray must be firmly grasped in the right hand and briskly worked until the fluid appears at the opposite nostril.

(6.)—The nozzle must then be removed, and the superfluous fluid allowed to run out, the nose being blown *gently*, never vigorously.

(7.)—The spraying should then be repeated upon the opposite nostril.

When syringing, spraying, or douching the nose, the nurse must never forget the direction of the nasal passages, which is horizontally backwards. If the nose be syringed in an upward direction, the fluid strikes the roof, causing much pain and headache, without accomplishing its cleansing object.

A Higginson's syringe is most useful for administering the *nasal douche*. The following directions, somewhat similar to those given above for using the nasal spray, will indicate to the nurse all the requirements of a properly administered nasal douche.

(1.)—Warm the fluid.

(2.)—Use no force.

(3.)—Let the head be kept upright, or inclined gently forward. If the head be thrown too much forward or back, the fluid may enter the frontal air sinuses or the Eustachian tubes with bad results.

(4.)—The patient should breathe through the mouth, and avoid swallowing or coughing.

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