operation room in a private house or nursing home must contain as little furniture as possible, and must be rendered absolutely and surgically clean—that is to say, free from any trace of dirt or dust.

All carpets should be removed, and the floor thoroughly scrubbed and cleansed; all curtains removed, and the window-blinds cleaned; all bed-linen and towels newly-washed. The patient herself must be bathed, and the abdomen specially cleansed in preparation for the operation. The nurse, of course, must be equally careful as to her own preparation for the operation, and, as an additional practical safeguard at the time of the operation, her dress should be completely covered up to her neck by a sterilised linen operating gown, with short sleeves, the arms being bare to the elbow; the surgeon and his assistants probably wearing similar gowns.

At the present day, with operations performed under strictest antiseptic conditions the wound is closed and bandaged and left untouched for seven or eight days. Then, with the patient's return to bed, the nurse's duties and responsibilities begin. For the first few hours, especially in those cases in which tumours have been dissected out from deep-lying structures, and in which adhesions to the intestines or other organs have been widely separated, there is always a possibility of more or less secondary hæmorrhage. The necessity, therefore, for keeping the patient as completely at rest as possible can easily be understood. If she attempts to move herself, to lift herself in bed, or even to throw the arms restlessly about, the action of the heart is increased, the blood pulses more rapidly and strongly through the injured vessels, and the chances of bleeding, of course, are materially increased. If the vessels, again, are distended with blood, bleeding is more likely to occur than if the quantity of fluid they contain is smaller. So it can easily be understood why the most experienced abdominal surgeons make a rigid rule of allowing no patient to swallow a drop of fluid for at least twenty-four hours after the operation; because by such deprivation the blood-vessels, which are usually somewhat depleted by the bleeding which has occurred during the operation, are made to suck up greedily from the peritoneum and the pelvis any blood or other fluid which has already escaped from bleeding points, whilst further bleeding is rendered less likely to occur by the diminished pressure of the lessened blood-stream. Not only is bleeding prevented by this deprivation of fluid, but the absorption of blood and other fluids referred to reduces to a minimum the chances of peritonitis, of the occurrence of decomposition of those fluids, and of consequent blood-poisoning.

The next great point in the nursing is to observe and accurately note the condition of the patient, especially as to pulse, temperature, and the occurrence of vomiting or distension of the abdomen. The pulse is, of all things, the most important indication of safety or of danger. A slow, quiet pulse invariably spells safety, whilst a quick pulse is a danger-signal of the utmost value. To know the temperature is useful; but the character of the pulse is essential information to the surgeon. It should, therefore, be taken every four hours, and cannot be too carefully counted and recorded.

The occurrence of vomiting may be of little or of very great importance. It almost invariably occurs after the administration of ether, and it is better for the patient to be rid as soon as possible of the mucus which is so freely excreted, and of the ether, drops of which often fall into the mouth from the inhaler and pass down into the stomach, setting up more or less congestion by their irritant effect. If, however, the vomiting persists for more than twelve hours, measures generally are needed to check its continuance; and, as a general rule, nothing is so effective as the administration of a wineglassful of warm water in which half a teaspoonful of bicarbonate of soda has been dissolved. The patient generally vomits this in a minute or two with a considerable quantity of bile-stained fluid; or the alkali dissolves the mucus in the stomach and passes on into the intestine. In either case, the stomach irritation is generally relieved and the vomiting ceases. Some patients, again, are sick simply because their mouth and throat are so extremely dry from the deprivation of fluid. These patients are relieved almost at once by being given a mouthful of warm water—after being strictly cautioned to keep this in their mouth for a minute, gargle their throat with it, and then spit it out. If the tongue and mouth are very dirty, and the taste of the ether persists, it is very comforting to the patient, and valuable in other ways, to add a few drops of carbolic acid, so as to make the water a carbolic mouth wash of about 1 in 200. If the vomiting, however, persists, it is almost invariably due to stomach irritation, or commencing peritonitis. In the former case, a mustard leaf over the epigastrium and a tablespoonful of perfectly fresh white of egg generally relieves the patient at once; in the latter, most surgeons order an aperient at once. The white of egg, being pure albumen, flows over and adheres to the irritated mucous membrane, the mustard leaf draws a certain amount of blood from the deeper tissues to the surface of the skin, and undoubtedly also exercises a sedative effect upon the nerves of the stomach.

If the pulse begins to rise steadily it is of vital importance to get the bowels to act at once. If this can be done, in nine cases out of ten the pulse falls at once and the patient gets well. If it cannot be effected, too often the pulse gets quicker and quicker, then the temperature rises, and the patient dies.

previous page next page