Practical Points.

Posture as an Aid in Surgery.

Dr. Murray Maclaren of St. John, New Brunswick, contributes to the *British Medical Journal* an interesting article on "Posture as an Aid in Surgery." It may, he says, be employed as an aid in many conditions and for many purposes. While always well-worthy of consideration, the value of posture varies greatly in importance. It may be a matter of giving ease and comfort to a patient or of vital necessity in exposing some deeply-situated organ or some bleeding vessel difficult of access.

Posture is of service in all stages of surgical procedure, in the diagnostic examination, during operation and in post-operative treatment.

(To nurses the points of most interest are those which deal with post operative treatment.)

Posture in Post Operative Treatment.

Dr. Maclaren says: As Mummery well states in his *After-treatment of Operations*, referring to the position of a patient following operation, "The position of greatest comfort is also that of greatest rest, and therefore the best." This is an excellent general statement of an important truth. It is generally applicable, and it certainly applies in many cases where it is not made use of.

The lateral position is the natural position of rest for most people. The patient lies on his side, the under leg well flexed, while the upper leg and the trunk are slightly flexed. It is generally desirable to allow the patient to take up this position whenever possible, especially should it prove to be the most comfortable one.

The dorsal recumbent posture is generally regarded as the correct one to give a patient after operation. Unless there are special reasons for its adoption it should not be selected, because most people rest and sleep better on the side. It is generally irksome and uncomfortable, urination is difficult, and the skin of the back over the sacrum, vertebræ, and angles of the scapulæ is not well adapted for bearing pressure.

The prone position is occasionally of use, as in draining wounds open anteriorly, such as psoas abscess and appendix abscess, or to avoid bedsores; or, if these be already present on the dorsum, to allow of healing. Here the patient lies on his front, with a pillow under the chest and another for the side of the head. Allingham is quoted in reference to the value of this position after injuries to the femoral vessels. He resected a portion of both femoral artery and vein in removing a tumour of the femur. The patient was placed in the prone position to avoid pressure interfering with the establishment of the collateral circulation in the gluteal region and back of the thigh. The case resulted in recovery of the limb.

The semi-recumbent posture is suitable for elderly people to avoid pulmonary complications, and in those cases where operation may have interfered with free thoracic and diaphragmatic movements, such as breast and stomach operations. Here the patient is supported by a bed-rest in a half-sitting position, with a pillow under the thighs to prevent slipping down, and to assist in relieving undue pressure on the sacrum by thus allowing a portion of it to be taken on the under surface of the thighs.

Placing the patient on an incline, with the head upwards, gives improved drainage in operations on the pleuræ such as empyema, and in drainage of the vagina following hysterectomy and other pelvic operations.

Inclining the patient with the legs elevated is favourable for the treatment of various conditions of the lower extremities such as varicose veins, venous thrombosis, and ulcers.

It will be found that inclining the patient with the hips raised and the thighs flexed over a pillow proves a comfortable and suitable position following operations for inguinal and femoral herniæ and operations on the scrotum and its contents. Pressure is removed from the area of operation and the tendency to oozing is diminished.

For vomiting after anæsthesia, turning the patient on the right side will facilitate the passage of the stomach contents onwards to the duodenum; if the vomiting is intractable, propping up the patient may suffice to arrest it.

For shock following operation, the best position is that of inclining the patient with the head lowered and the legs and abdomen elevated. In this way the blood in the veins of the lower limbs and abdomen is aided in its passage to the heart.

For intestinal obstruction due to adhesions following laparotomy, Watson Cheyne recommends placing the patient on an incline with the view of putting a strain on the adhesions for the purpose of stretching them. The direction of the incline should vary according to the seat of obstruction; hence, in a pelvic case the Trendelenburg position would be used.

After laparotomy, in many cases, the dorsal position is not required; the semi-lateral position, by simply rolling the patient partly to one side and supporting the back by a pillow is frequently the most comfortable, is much appreciated by the patient, and is free from objections. In other cases the lateral posture may be assumed.

Fowler's position in the placing of a patient in the semi-erect posture at an angle of 45 deg. or less, and maintaining him there by means of supports and pillows. By this means, in septic abdominal cases, the septic fluids from the absorbent and dangerous area of the diaphragm and upper abdomen are drained to the less absorbent and safer area of the pelvis, and allowed to escape by a large suprapubic drain which passes to the bottom of the pelvis. The employment of this position constitutes an important advance in the treatment of septic peritonitis.

The postures which have been mentioned do not constitute by any means a complete list. It is difficult to lay down a basis of selection, and it hardly seemed of service to refer specially to certain familiar examples, such as the lithotomy posture.

In regard to fractures, the position assumed should be such as to relax the muscles causing the displacements.

previous page next page