

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF A CASE AFTER THE REMOVAL OF ADENOMA?

We have pleasure in awarding the prize this week to Miss W. M. Appleton, University College Hospital, London.

PRIZE PAPER.

Adenoma is derived from a Greek word signifying gland, with the termination *oma*, meaning a tumour; it is a tumour composed of glandular tissue and cells.

Simple Adenoma is an innocent overgrowth in the natural position of a gland, though sometimes its course takes on a malignant form, which spreads quickly and invades and destroys the surrounding tissues, with a tendency to recur even after apparently complete removal.

The sooner a simple tumour is removed the better, because the operation is simpler and is less risky; if malignant and not removed in the early stages, glands, blood vessels, and the whole system are soon affected.

In nursing such cases after operation the rules of general post operative nursing are applicable.

A thorough knowledge of the principles of Sepsis, Asepsis and Antisepsis, which are the basis of successful surgical theory, are essential.

The amount of combination of the Aseptic and Anti-septic methods varies, according to the treatment advocated by each particular surgeon. Adenoma frequently develops in the Thyroid Gland, or in the breasts of women, particularly young women. Special points of nursing must be observed according to the position of the growth. After the operation, put the patient to bed, in a bed which has been specially made up clean during his absence.

Shock must be counteracted by warmth, hot blankets, hot bottles, etc., but care must be taken not to add to exhausted condition by overheating.

The pulse is taken at once and every half-hour for at least two hours; temperature and respiration as advisable without unduly disturbing the patient.

On return from operation inspect the dressing, and then frequently, according to probability of hæmorrhage occurring; should a discharge ooze through the outer dressing, it must be iodized and repacked at once to prevent external infection of the wound.

The after-dressing is done with care and strict asepsis—if a tube has been put in for

drainage, as is usually done, it is removed on the second day.

In breast cases tension-stitches may be removed on fourth to sixth day. Ordinarily, if clips are used for skin, they are removed on the fifth day after operations, and stitches from the seventh to tenth day. Dietetic treatment is not rigorous as in major operations, but it is advisable to restrict even fluids until post-anæsthetic vomiting ceases, then, unless evidences of gastric disturbances, gradually get patient on a nourishing full diet.

Note the quantity of urine passed in the first twenty-four hours and how soon after operation it was first voided—specimens should be reserved for testing.

If after twelve hours there is retention, try to induce natural voiding by fomentations over bladder and change of position, etc., before resorting to catheterisation. In ordinary cases it is advisable to give a suitable aperient the night following the operation day.

Watch the patient for unfavourable symptoms and try to make him as comfortable as circumstances permit.

Patients should not be allowed to wash unaided before removal of stitches—the part operated on should be kept as steady and straight as possible to obtain healing of wound with as little scar as possible. It is better to err on the careful side than run the risk of harmful results to patient by too much strain. The patient is usually allowed up in about fourteen days if progress is favourable. The chief unfavourable symptoms and complications are a prevalent daily rise in temperature and continued vomiting, rigors shock and hæmorrhage (primary and secondary), and sepsis.

In cases of Adenoma of the breast the surgeon may leave the arm on the affected side free and not bound carefully across the chest. A comfortable arrangement for the patient is to let it rest on a pillow, or in a sling fixed to the head of the bed.

Some surgeons only allow movement below the elbow, though there is a general tendency to permit free movement as soon as possible.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. May, Miss Jane Taylor, Miss Eva Green.

QUESTION FOR NEXT WEEK.

What would you get ready for a surgeon who wished to make a vaginal examination? How would you prepare the patient?

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