

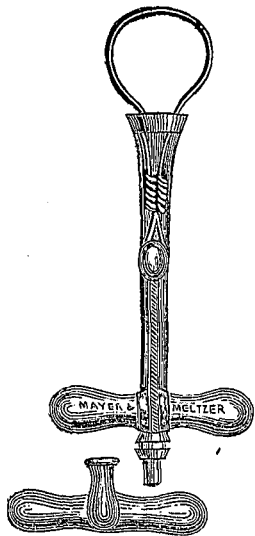
Lectures on Gynæcological Nursing,

By BEDFORD FENWICK, M.D., M.R.C.P.,
Physician to The Hospital for Women.

LECTURE IV.

(Continued from page 260.)

THE method of removing the tumour in what is known as the *extra-peritoneal method*, is as follows: The ends of the wire are passed through the loop of the instrument (shown below), and are twisted round catches on either side of a moveable rod in the centre, which can be screwed up or down. By means of a key (shown at the end of the engraving), the central pillar of the instrument is screwed up, and so the catches holding the wires are drawn down towards the handle, and consequently, of course, the loop of the wire is gradually shortened until, after a few days, it either cuts through the base of the tumour, or if this pedicle has become too mummified and hard to cut through, the wire remains in the wound until removed by means of scissors.



When the base of the uterus and the tumour are sufficiently tightly constricted by the wire to prevent bleeding, the mass of the tumour is removed by scissors, and a stump is formed of the tissue which is left above the wire, by stitching its edges together and the peritoneal covering over it.

This, sometimes, is a work which is not only very difficult, but which requires much care for its proper execution, so that the patient may be under the anæsthetic for a considerable length of time, and the subsequent sickness and exhaustion is, therefore, greater than in ordinary cases, where smaller quantities of the chloroform or ether have been employed.

The wire having been tightened up until all bleeding has completely ceased, two long needles,



with a shield protector for the point as shown in this figure, are placed through the stump and the abdominal walls, one above and one below it, so that this is maintained quite outside the abdomen, and then sutures, passed through the abdominal walls

in the ordinary way, are tied so as to bring the edges completely together; and, finally, the surface of the stump is dusted with some astringent powder—generally, one of the iron salts. The reason and the necessity of this method of treatment is that the uterine tissue, being composed of muscle, and, therefore, being contractile, tends to diminish very greatly in size as soon as it is ligatured and cut; and, formerly, when an ordinary ligature was placed round the stump, and this was allowed to drop into the abdominal cavity, very often the tissue shrank, the ligature dropped off, and the patient died very speedily from the rapid hæmorrhage which followed.

The wire being constantly tightened up as it becomes loose, and the stump, being outside the abdominal wall and exposed to view, is of course completely under control, and if hæmorrhage does occur, it is easily stayed. After forty-eight hours, the stump becomes perfectly dry, hard, and mummified; and, at the end of eight or ten days, can be cut away, and the wire removed, leaving a crater-like wound, which gradually granulates up and so heals.

After this operation, however, it is easy to understand that patients, as a general rule, suffer from considerably more pain, and always from much more discomfort, than they experience after an ordinary operation in which the abdomen is finally and completely closed. The pressure of the instrument upon the abdomen, the dragging up of the tissues towards the surface by the attached wire, the generally large incision which has to heal, and the fact that in these cases of hysterectomy the operation has usually been performed as a last resource after the patient has been greatly reduced for months or years both in health and strength, all combine to render her recovery difficult, and her liability to various complications greater.

It is, therefore, more usual for some form of opium to be administered after this operation than after those previously described. Formerly, it was the routine treatment to give a hypodermic or a suppository of morphia after an abdominal section. But this has been discarded now by most operators. It is of the first importance to obtain, as soon as possible, the recovery of the intestinal movement, and the consequent elimination from the body of the poisonous materials which the intestines are known to excrete. Anything, therefore, which interferes with this function—checked as it inevitably is by the exposure of the intestines for a longer or shorter time to the air, with, in addition, very often the application to their tender surfaces of sponges and various instruments—becomes most detrimental if not actually dangerous to the patient. It is needless, perhaps, to point out to Nurses that opium, which derives its inestimable advantages from its power of restraining muscular action and

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