Lectures on Gynæcological Nursing.

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Lecture IV.

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A RARE, but most disagreeable, accident has happened, in a few cases, in which the patient has been allowed to strain herself before this consolidation of the wound was obtained—the stump retracting and falling away from the abdominal wall. In one case, which the writer was called to see, the abdominal cavity had been re-opened by this accident, and the intestines protruded through the wound, necessitating an operation for its closure, although, fortunately, there was no hæmorrhage from the stump—an accident which would have been, under the particular circumstances, almost certainly fatal.

The possibility of such an accident should always be kept in mind, and the wound very carefully watched after the removal of the wire so as to observe at once any separation which seems to be taking place between the stump and the abdominal walls. As in the case just mentioned, this separation may take place suddenly, but as a rule it is more gradual in its occurrence, and is shown first by the gradual sinking of the stump to a lower level in the pelvis, and by the stretching of the sides of the crater thus formed in the abdominal wound; with finally a tearing through the upper part of the wall, exposing the peritoneal cavity to view. As soon, therefore, as the sinking of the stump is observed, it should be reported to the operator, who would doubtless take measures at once—probably by passing the long shielded needle through the stump, resting this on the abdominal wall on either side—so as to lever, as it were, the pedicle up to its previous position, and so retain it, until the edges of the wound were strongly and firmly consolidated.

It is well to remember that this accident is possible because it illustrates the necessity for extreme care on the part of the Nurse to prevent, as far as possible, any movement on the part of the patient after this particular operation until adhesions between the stump of the uterus and the abdominal walls have become quite firm.

Now it will doubtless occur to some Nurses, as it has occurred to many surgeons, to question the propriety of this operation upon scientific principles. Many years ago, when ovariotomy was first performed, the pedicle of the tumour was treated in precisely the same manner as that in which the stump of the uterus is treated now in the extra-peritoneal method. The pedicle of the Fallopian tube was brought outside the abdominal wound and there fixed by a clamp; the greater part of this, therefore, being slowly converted into a slough which was discharged after many days, after which the wound closed. In that operation, the procedure was found to be unnecessary, and unduly dangerous to life, prolonging at the best the convalescence of the patient by many days if not by weeks. It was found by experiments upon the lower animals that it was possible, with perfect safety, to tie the pedicle with silk ligatures and to drop this back into the peritoneal cavity, and close the abdominal wound, with better, safer, and more rapid recovery than under the old procedure.

So, many operators, especially those who have never done the operation, say, at the present day, that the extra-peritoneal treatment of hysterectomy is antiquated and unscientific, and prophesy that the day will come when, by means of improved methods, it will be possible to perform this operation without leaving a sloughing mass outside the abdominal walls. There can be no dispute that this is the consummation to which abdominal operators and gynæcologists all look eagerly forward, and that, in due time, it will be possible to do this operation intra-peritoneally. But at present the results obtained by those operators who have pursued the extra-peritoneal method are so excellent that they naturally are averse to experimenting upon their patients with new methods.

The difficulty of the intra-peritoneal procedure entirely depends upon the fact that we are dealing, in operations upon the uterus, with a contractile muscular organ, the fibres of which must diminish in size by their contraction as soon as their tissue is cut across, and that, therefore, it is impossible to apply a fixed ligature to a constantly shrinking stump with any prospect of permanently securing the necessary constriction of the opened blood-vessels. For example, when it has been attempted to tie uterine tissue with silk, it has been found that within an hour the ligature has slipped off or, at any rate, has become too loose to restrain hæmorrhage from the vessels contained in its loop.

The operation of the future will probably consist in first ligaturing at each side the arteries which supply the uterus, then removing the whole of the organ, closing the peritoneum over the stump so as to leave the peritoneal cavity closed, both above and below, and leaving an opening into the vagina so that any hæmorrhage from the stump should be at once discovered. A few operators have achieved considerable success already with this operation, but Nurses who are placed in charge of such patients will, of course, require to watch most carefully for signs of internal and external bleeding. To this matter, it will be necessary to devote most careful consideration in our next lecture.

Attention is drawn to both the intra-, and the extra-peritoneal operation for the removal of the uterus because, although Gynæcological Nurses

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