

The Care of the Patient before and after Operation.*

By LOUIS FRANK, M.D.

THE success attending operative work in the abdomen and about the genital organs of women is dependent equally as much upon the care and preparation of the patient before the operation, and the after-treatment, as upon the technique of the operation itself. Many men in their desire to perfect their technique or to complete operations in limited time neglect these very essential features. It is true that at times it is not possible to thoroughly prepare the patient for the operation; for instance, in appendicitis cases, in gunshot wounds of the abdomen, or other acute abdominal or pelvic troubles, we may sacrifice the life of the patient in giving time for thorough preparation. A certain amount of preparation is always done even in these cases, but this paper deals more particularly with that which precedes the operation some hours.

It would be very ill-advised to take a patient into the infirmary and operate the same day with the little preparation which can be done in so short a time.

I shall deal with the subject from a practical standpoint and base the few remarks which I shall make not alone upon my own experience, but upon what I have seen in quite an extended observation of the work of others. Many of the little points can only be learned by actual experience. There are other rules which are perfectly familiar to all doing surgical work.

First, as to the preparation of the patient. When possible the patient should be sent to the infirmary three or four days before the time appointed for the operation. She should be given daily baths in warm water and the body thoroughly rubbed after emerging from the bath. In this way the eliminative function of the skin is materially aided, much waste product is gotten rid of, the skin is in condition after operation to assist in elimination, which, as we know, is very essential. The other excretory organs, viz., the intestines and the kidneys, should be most carefully looked after. First, the kidneys. An examination of the urine should be made, not only once, but examinations should be made daily for the several days which we have the patient under observation before operation. Upon the findings in the urine may depend the choice of an anæsthetic, or the findings in the urine may prohibit operation entirely. There was recently sent to me a case for operation where sugar was detected in the urine, not upon the first examin-

ation, but the second. Repeated examinations showed its continued presence, and further inquiry and investigation revealed a case of diabetes, complicating the pelvic disease for which operation was contemplated. The patient was returned to her home, and nothing in an operative way was done. Casts in the urine with albumen, or without albumen for that matter, indicate kidney disease, and, while not prohibiting operative interference, would indicate to us that ether would be a dangerous anæsthetic. Sometimes even repeated examinations may fail to show any evidence of kidney disease, and still it may exist. I operated upon a woman some months ago with Bright's disease which was not shown by examinations previous to the operation, but, post-operative, there were various kidney symptoms, which, upon further research, were proved to be due to chronic nephritis; but notwithstanding this ether had been given. Convalescence, while a very stormy one, eventually terminated in complete recovery. Do not be satisfied alone with making a test for albumen, but examine also by the microscope for presence of casts. Albumen itself may not mean anything, whereas the presence of casts shows positively that trouble exists. In getting the urine for chemical and microscopical examination it should be withdrawn from the bladder by catheter, using aseptic precautions in doing so, otherwise vaginal mucus may be carried in with the urine, and the test of the urine would show the presence of albumen due to mucus contamination.

For the purpose not only of promoting kidney secretion, but for further stimulating the organs to active work, of promoting thorough elimination during the days you are preparing the patient, large quantities of water should be ingested. I advise my patients to drink all the water they can. This not only has the effect spoken of, but it also allays to some extent the severe thirst consequent upon operative work of this character.

The most important functions which should be attended to are, I take it, those of the intestinal tract. The patient should be thoroughly purged, and this cannot be done by giving a purgative of a tablespoonful or so of salts the day before the operation. Salts should be given daily in sufficient doses to cause two or three evacuations each day. This should be kept up during the time that you are preparing the patient, so as to insure that the intestines be thoroughly emptied. Flat, empty intestines not only facilitate and make much easier the work of the abdominal surgeon, but the canal is rendered as thoroughly clean as possible, infectious and poisonous products are eliminated, which by their absorption might assist in producing intestinal paresis; but the intestine will further be left in a most excellent condition

* Reprinted from the "Trained Nurse."

[previous page](#)

[next page](#)