

(5.)—Syringe through the side which is most obstructed.

(6.)—When first beginning do not use more than half-a-pint, at subsequent applications more may be employed.

(7.)—Clear away superfluous fluid by *gently* blowing the nose.

The nurse is sometimes called upon to administer the *post-nasal douche*. This can readily be done by means of an ordinary Higginson's syringe with an Eustachian catheter in place of the usual nozzle. The patient leans his head slightly forward and the end of the catheter is introduced behind the soft palate, while the mouth is kept open. The douche is then administered gently and slowly, frequent pauses being made to allow of the patient getting rid of the superfluous fluid, and breathing.

With these short preliminary words, the nursing of the minor nasal and throat operations can be proceeded with. Their preparation needs no remark than that it scarcely differs generally from that for other surgical operations, with the essential principles of which it is to be hoped that every nurse is well acquainted.

The operations done upon the nasal cavities proper are performed either upon the turbinal bodies, the septum, or for the removal of new growths or foreign bodies. No word need be said here regarding the application of the galvano-cautery, or the removal of small spurs and hypertrophies. Operations done under general anæsthesia require the preparation of the patient as for any other surgical undertaking. Hæmorrhage, in such operations, is nearly always very free, and, therefore, particular attention must be paid to the provision of a sufficient number of swabs, etc. Mackintosh sheeting and towels, wrung out in 1 in 20 carbolic should be ready, and if the patient be a woman, her hair should be arranged in a secure and compact coil, and well covered, either by a water-proof cap or a towel arranged turban-wise. This precaution saves much after trouble in cleansing the hair from blood.

Some surgeons prefer that the nose should be sprayed or douched with an alkaline solution before operation, but others consider that the nasal cavities are sufficiently aseptic by nature to dispense with this cleansing, and that preliminary douching only serves to introduce septic material. In most nasal operations, plenty of long, narrow, strips of antiseptic gauze should be prepared for plugging the nose if necessary.

Other nasal operations are performed on the nasal accessory cavities (the maxillary antrum, frontal sinus, etc.), and upon the naso-pharynx. Of the latter, the most frequent one that the nurse will come into contact with, is that for *post-nasal adenoid hypertrophy*. This, therefore, needs a special mention. So much has been written upon this subject, that one may say that the methods of operation are legion. Some surgeons use the finger, or the finger aided by an artificial nail only, others prefer forceps, while many employ curettes of various patterns. Operators also differ in their choice of anæsthetic, some preferring gas, many chloroform, others ether or gas-ether, whilst a few do not employ any anæsthetic at all. There is a diversity of opinion again as to the position of the patient, a few surgeons operate with the patient sitting up, while the majority prefer to have him lying down, with or without the head dependent.

Whatever plan of operation be adopted, however, the general rules are the same. The nurse must bear in mind that bleeding is free, and the directions just given as to hair, etc., must be attended to. A plentiful supply of hot and cold water, bowls, and basins, should be ready, and, besides the necessary instruments, those required for tracheotomy, should be at hand. When the operation is done in a private house, it is a very good plan to spread the floor with old newspapers to prevent soiling the carpet.

The plan of operation constantly employed by myself is as follows:—The patient lies upon his back, the head not dependent. Gas is used for adults, chloroform, or one of the chloroform-ether mixtures for children. When the mouth gag has been adjusted, the chief mass of growth is removed with a Belstanche's curette at one sweep, the adenoids coming away in the cradle attached to the instrument. The operation is then finished by means of Gottstein's curette, aided by the finger-nail, the finger being protected by an india-rubber sheath. As the Gottstein's curette is discarded for the finger, the patient is turned over nearly on his face to allow the blood free exit from the mouth. When the tonsils are removed at the same time, this is done first with a Mackenzie's guillotine, the pharynx being well but rapidly swabbed by sponges on long handles.

Before speaking of the nursing required after an operation for adenoids, a few words may be conveniently devoted here to the *removal of the*

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