

The Nursing of the Minor Nasal and Throat Operations.

By MACLEOD YEARSLEY, F.R.C.S.

Surgeon to the Royal Ear Hospital, Hon. Aural Surgeon to the Governesses's Home, etc.

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In the after-treatment of operations for adenoids, it is undoubted that much harm can be done by injudicious interference. Bleeding soon ceases, and no attempt should be made to stop it by syringing the nose with iced water, etc., as has been recommended by some. Sponging the forehead with cold water, however, is a method of arresting hæmorrhage from the naso-pharynx, which is of great value, and can be used with perfect safety. Immediately after the operation the patient should be placed in bed on the side and carefully watched until the effects of the anæsthetic have passed off. When deaths have occurred from this operation, they have nearly always been due to neglect at this stage, the patient's upper air passages being allowed to become obstructed by blood and mucus. Vomiting of blood frequently occurs at intervals for from six to twelve hours after the operation. This is merely due to the blood swallowed, and need cause no alarm.

The naso-pharynx takes on the average ten days to heal completely, and during that time the patient requires a certain amount of care. For the first one or two days it is best to keep him in bed, and to follow this by confinement to the house for the next four days. If the weather be fine he may be allowed out during the daytime for the remaining part of the ten days. During the period of confinement to the house the temperature of the room must be kept equable, and draughts guarded against.

As regards feeding, the first day should be one of slop diet only—nothing but milk, beef tea, etc., should be taken. For the first six hours or so after the operation (whilst there is any vomiting of blood), it is best to only give occasionally a teaspoonful of hot water or to give him ice to suck. The second two days soft foods—bread and milk, milk puddings, custards, and the like—may be given, after which the soreness will have sufficiently passed away to allow of more solid food.

When the tonsils have been removed as well the after treatment as regards food is much the same, save that a little more caution must be exercised in allowing the resumption of solids, and soft, bland, foods should be adhered to for several days. This is especially the case when

tonsils have been removed by enucleation, the soreness following this method being much more marked, and often embarrassing deglutition to a considerable degree. To minimise the pain of swallowing even fluid food, the sucking of ice or cocain pastilles will help greatly. This is a matter to which further reference will be made.

Returning more especially to adenoids, a word or two as to the practice in use by some of syringing the nose after operation is needed. Provided hands, sponges, and instruments are aseptic, and the naso-pharynx be left to itself after the operation, there is no reason to expect any case to do other than heal quickly and without complication. The meddlesome practice of douching or syringing the nose or post-nasal space with the idea of keeping the parts aseptic is not only useless but may be distinctly productive of harm. Cases in which inflammation and suppuration of the middle ear have occurred after operations for adenoids can, unless due to laceration of the Eustachian cushions, be always traced to either douching or syringing, carelessness in getting into draughts, or insanitary surroundings.

Ear complications, when they exist, will be treated during the patient's convalescence as directed by the surgeon. In cases in which the Politzer air douche is needed, however, it should not be employed until at least a week has elapsed after the operation.

The after-treatment of simple cases of tonsillectomy is one mainly of common sense. It is wise to confine the patient to the house for a day or two after the operation, keeping him in a warm, equable temperature. In so doing, however, the necessity for pure air should never be lost sight of, and the order that the patient is to be kept in a warm room must not be construed into confinement in a hot, stuffy atmosphere, in a chamber in which ventilation and fresh air are alike conspicuous by their absence.

Food, as has been said, should be soft and bland. A mild antiseptic gargle or spray may be used, and pain on swallowing may be eased by the means already mentioned.

A few words as to the occurrence of secondary hæmorrhage are necessary. Dangerous bleeding is rare, provided proper care is taken. The precautions necessary are sufficiently indicated by reference to the causes which may bring about such untoward complication, namely:—

(1.)—Abnormal distribution of the blood vessels of the tonsil.

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