

## Nursing of Diseases of the Eye.

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### THE SPECIAL MANIPULATIONS OF OPHTHALMIC SURGERY.

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It, perhaps, will seem unnecessary to state that the nurse must cultivate the greatest delicacy of touch in handling or dressing an eye, but, though apparently an obvious truism, it cannot be too carefully remembered. A light touch and a gentle hand do not necessarily mean slow dressing. Roughness and clumsiness always cause waste of time and loss of the patient's confidence in the nurse.

An inflamed eye is a most tender subject, and as the ophthalmic patients are often in complete darkness (both eyes being bandaged) their minds are sometimes apt to dwell on their condition even more than general surgical patients, and to be more awake to slight differences in manipulation.

Even more than in general surgery, it should be the aim of any one interested in ophthalmic cases to avoid sudden movements, and to take pride in never hurting a patient, or frightening one. The consequences of a sudden jerk which would not at the most do more than slightly inconvenience a patient in a general surgical ward, may be fatal to the result of an ophthalmic operation.

Pressure on an eye after cataract extraction may cause the protrusion of the vitreous, and even the fall of an unexpected drop on the patient's face, by causing contraction of the muscles of the eyelids, may do great damage.

It is well, therefore, to prepare the patient beforehand for any step in the dressing that is going to be made.

Force should never be used, especially in an eye whose condition we are ignorant of. Sometimes, in the case of children, gentle force is almost unavoidable, but often a little persuasion will induce the child to allow any necessary procedure, especially if it be tried before any manipulation is attempted.

If force is unavoidable it is better for the surgeon to give the child an anæsthetic than that a fight should be indulged in.

There are comparatively few surgical procedures which are limited to the practice of ophthalmology, but one of the most useful, and readily acquired is the method of everting the upper lid so as to see the conjunctival surface. This is very necessary both for the application of remedies to the conjunctiva and the removal of foreign

bodies which may have lodged in the eye. The little manœuvre may be performed in one of two ways—either by a single hand or with the aid of a probe. The latter, perhaps, is the simpler, and may be described first; and one may say that it is well to practise them both on healthy eyes until some dexterity has been attained. It is always associated with a little discomfort, and this is naturally increased if there are several unsuccessful attempts.

To evert the upper lid with the aid of a probe or pencil, with the forefinger of the left hand raise the upper lid slightly, directing the patient to look down; this lifts the edge of the lid a little away from the globe. Now, with the thumb, push the lower lid under the upper and seize the latter by its ciliary margin between thumb and forefinger.

The patient still continues to look down. The probe is now laid on the upper lid horizontally about  $\frac{1}{3}$ rd of an inch from its margin, at the upper border of the tarsal plate, and depressed, while the ciliary margin is raised; the tarsal plate is in this way rotated round its horizontal axis, and its posterior surface exposed. The foreign body will usually be seen lying in a furrow about  $\frac{1}{8}$ th of an inch from the free edge, and may be in most cases readily wiped away.

It is not necessary after a little practice to use a probe for this; if the ciliary margin be seized in the way described above, and the patient directed to look down, a dip of point of the forefinger depresses the upper edge, while the thumb raises the ciliary margin of the tarsal plate, and the rotation is thus effected.

Sometimes we can see nothing on everting the lid, and must examine the fornix of the conjunctiva; gentle backward pressure of the upper lid alternating with downward pressure of the globe exercised by the two hands will usually cause the conjunctival folds to roll out and display themselves. If the offending body be not found thus, it may be sought for by passing a brush dipped in castor oil along the upper cul-de-sac.

If we have to open an eye that is inflamed and tender, or that has been the subject of operation, the greatest care must be taken that no pressure falls on the eye itself. It must be opened in such a way as to avoid extreme violence, and to prevent the spasmodic closure of the lid.

It is rare to see the beginner succeed in this without instruction. Sometimes the lids are clawed at, apparently with the idea of hooking them open with the finger nails; more often they are pressed back against the globe. Both methods are absolutely to be condemned.

The skin of the lids must be dried and any ointment removed by gentle wiping with absorbent wool. Then the forefingers are gently laid above

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