Nursing of Diseases of the Eye.

(Continued from p. 172.)

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EYE OPERATIONS.

The previous preparation of a patient who is about to undergo cataract extraction is important, and may occupy a considerable number of days. Inasmuch as the operation is not one of immediate urgency our precautions can be extended over some time without materially inconveniencing, or still less harmfully affecting, the patient. The two chief dangers of the operation are failure of union of the wound, and subsequent inflammation of the deeper parts of the eye. To some extent the cause of them is the same. If a wound runs a perfectly uneventful course deep inflammation rarely follows, but yet it does occasionally occur. The immediate source of insuccess is, in the majority of cases, sepsis. It is impossible to apply strong antiseptics to the eye to destroy the adherent micro-organisms, and we have therefore to trust to their removal by frequent washing.

Every patient should be admitted into hospital at least a day, and preferably longer, before operation. He must be washed and put to bed at once on admission.

After the general bath, the face and eyelids must be carefully scrubbed with soap and water, and then with an antiseptic solution—perchloride of mercury 1-2,500, and the lids' margin wiped carefully. Some have recommended that the lashes be cut very short, but if, as so often happens, spasmodic entrepion occurs when the eyes are kept shut, the short, rough stumps of the lashes would be likely to irritate the eye to a greater degree than the smooth points of the normal hairs. This, therefore, may be omitted, and the eyelashes merely carefully wiped with antiseptic solution.

The conjunctiva should be flushed out with warm sterile saline solution, 0·6 per cent. sodium chloride. This should be boiled before using.

On the evening before the operation many surgeons apply a "test dressing" to the eye. If on the following morning the lids are found adhering together by sticky secretion, the operation should be abandoned, as the presence of the secretion implies a number of bacteria—probably sufficient to exercise a prejudicial effect on the wound.

The test dressing, however, is not an entirely harmless appliance. We have seen in an earlier paper that Dr. McGillinay found bacteria present in all cases when the eye had been kept closed for forty-eight hours, although the conjunctiva had appeared sterile when the dressing was applied.

The occlusion of the eye favours the development of micro-organisms, and the test dressing may be conceivably the turning point at which the conjunctiva became so far lowered in resisting form that, after operation, the bacteria were too much for the tissues to contend with.

If, however, after the test dressing a day or two is allowed to elapse before operation, the plan is an unobjectionable and, perhaps, a valuable one.

It is well in all cases, where possible, to irrigate the eye freely for some days before operation, even though the conjunctiva appears normal, especially in old people, who are very deceptive in this respect. The conjunctiva at a first examination seems quite healthy, with little or no hyperæmia, and no discharge. If the eye, however, be kept tied up with a pad or bandage for some hours, a considerable quantity of sticky mucus usually fastens the lids together, and if the occlusion be maintained a free muco-purulent discharge will often occur.

In such cases the wound would be apt to be infected by the bacteria, and would probably fail to unite, causing total loss of the eye.

The treatment of this condition is that of simple conjunctivitis. Free lavage is necessary: a weak solution of Chloride of Zinc (gr. ss. ad. ʒj.) is perhaps the best application, and the lids may be painted daily with some silver solution, if the discharge be copious.

A still more serious complication is the presence of dacryocystitis. The lachrymal sac, with its outflow blocked, forms a favourable bed for the growth of bacteria, and the fluid which regurgitates through the fundi lachrymalis is crammed with septic organisms. It is readily seen how these may infect a wound. We must, therefore, look carefully for signs of a dilated sac, and if this is found the lachrymal passages must be disinfected before the operation of extraction. The surgeon will in all probability elect to lay the lower canaliculus fully open under an anæsthetic, wash the lachrymal sac thoroughly out and stuff it lightly with gauze. The canaliculi and the conjunctival sac must be disinfected very carefully. This I have done on several occasions a day or two before the extraction and even at the same time with successful result. If there is an interval between the two procedures the sac will have to be unpacked and washed out with an antiseptic solution from day to day, and then repacked. A fresh dressing should be put in at the time of the operation of extraction and this should remain undisturbed during the first three days at least, so that the wound of the globe may adhere without any chance of infection. On the evening preceding the operation, an aperient should be given, followed if necessary by an enema in the morning.

We now come to the preparation of the patient immediately before operation. In the large majority of instances no general anæsthetic is necessary. Local anæsthesia is quite sufficient, and therefore it is inexpedient to keep the patient without food for three

previous page next page