The Nursing of Abdominal Operations.

By Bedford Fenwick, M.D.

One is so frequently asked to explain the object for this or that particular rule in the after-treatment of patients who have had abdominal operations performed, that it may be of some interest to briefly describe the reasons for the special nursing of these cases.

With regard to the preparation of the patient for the operation, the careful washing and scrubbing of the skin, and then the application of the various more or less strong antiseptic solutions are, of course, all designed to remove as far as possible from the skin which will be cut through, dirt and septic germs which would prevent due healing of the skin, or which might be conveyed by the operator's hands from the skin into the deeper tissues, or even into the peritoneal cavity. The method which is adopted for my patients is as follows, and I always have these directions printed so that there can be no misunderstanding as to their precise meaning. Indeed, the matter is one of such vital importance to the patient, and to the success of the operation, that it is, I think, better always to have the necessary directions in writing if not in print.

"After shaving, thoroughly wash the whole surface with green soap and hot water. Then swab with ether or turpentine (if the latter is used it should be washed off with spirit). Then wash the surface with Lysol (1 in 100) for at least five minutes. Finally apply a compress soaked in Lysol 1 in 200. Re-apply this in twelve hours, and then leave on till the operation."

One practical point I may mention is the strong objection to the old-fashioned plan of covering the antiseptic pad with gutta-percha tissue or some other impermeable protective, and then bandaging over the whole by a roller bandage. This, as all nurses know, by preventing evaporation, makes the application act like a poultice, and thus the skin is at any rate softened, while if the antiseptic solution be at all strong, the skin will very probably be blistered as well. In former days, therefore, the result was that this precaution often prevented the proper healing of the wound after the operation, and thus produced the very effect it was intended in theory to prevent. A pad of lint or cotton wool over the application keeps out the air whilst permitting evaporation. The use of a roller bandage has the disadvantage not only of wastefulness, but of inefficiency, for the bandage must be cut through in layers, and then the skin beneath is probably touched by the scissors or the hands of the nurse in removing it. It is much better to use a flannel three-tailed bandage to keep the antiseptic pad in place, and this is both efficient, economical, and easily removed.

When the operation is over, and the patient is back in bed, the first point which generally arouses question is the starvation which follows. For the first twenty-four hours, most operators do not allow the patient a mouthful of food, even of fluid. The reason for this is two-fold. In the first place, in some of the most dangerous abdominal operations, many small blood vessels are cut across, and many adhesions between tumours and intestines and other parts are torn through. As a general rule, all bleeding is stopped before the operator closes the wound; but as soon as the patient recovers consciousness, and especially if she is very sick, and so strains herself, secondary bleeding may possibly occur from these torn structures. The more blood there is in the veins, the more likely is bleeding to occur. The quieter the circulation, and the more empty the blood vessels, the less likely are the little clots which have formed to be disturbed. and fresh bleeding to happen. Consequently, it is only common sense to keep the patient from taking any fluid which would be at once absorbed by the blood-vessels, and thus increase the quantity of blood. That is the great reason for the deprivation of all fluids for twenty-four hours —until the cut blood-vessels have all become securely closed by clots.

There is, however, an additional reason for the starvation, because patients after an anæsthetic, whether this be chloroform or ether, are extremely liable to sickness for several hours, and any food in the stomach not only increases the irritability of the organ, and so keeps up the sickness, but it tends also to set up a flow of bile from the intestine back into the stomach, which again greatly increases the sickness, and the patient's consequent exhaustion.

When the sickness persists after twelve hours, as a general rule, nothing gives the patient so much relief as a teaspoonful of bicarbonate of soda in a wineglassful of hot water, which acts in this way: the soda dissolves the thick mucus which coats the stomach, and irritates it, and enables it all to be expelled either naturally into the intestine, or the next time the patient is sick; and the bicarbonate of soda is especially useful for this reason when the vomit is yellow or green, being composed of bile, because it enables this irritating material to be thrown off by the stomach

previous page next page