

Cataract Nursing.

The nursing of a case of senile cataract extraction requires a good deal of care and attention, for in the majority of cases the patient is advanced in years and finds the enforced rest irksome. And it is in the early stages after operation that the greatest amount of harm is likely to be done by undue physical exertion. If it is an hospital case it is an advantage if the patient be admitted some two or three days before operation, in this way he gets accustomed to his surroundings, and is consequently not so nervous after operation, the nurse can also note the peculiarities of the patient, which may help her to some extent, with the nursing and after care, she should, of course, take particular notice if the patient has a cough, or if there is anything else with reference to the general health and condition of the patient which might render it advisable not to have the operation performed, and report the same to the surgeon at once.

The preparation of a case for cataract extraction is not very elaborate, it consists chiefly in giving the patient an aperient of some kind on the afternoon previous to operation—Ol. Ricini ʒss. for preference as this has a tendency to act sooner and less often than some of the other purgatives frequently used, and this is a consideration with some surgeons who prefer their patients to have no action of the bowel for the first two or three days after operation. The patient has a warm bath on the night before, or the morning of operation. Before being taken to the theatre he has a warm dressing-gown and slippers put on which should be removed before putting on operating table—if a female patient the hair is previously combed on to the top of the head as far forward towards the forehead as possible, and rolled neatly and firmly but not so tight as to cause any inconvenience to the patient. This is done to allow of the bandages being securely applied, and renders the chances of slipping very small. In most hospitals the Sister or nurse in charge will have the instruments to prepare. The ones mostly used are speculum, Graefe's cataract knife, fixation forceps, iris forceps, iris scissors, cystitome, curette, vectis and spatula.] She will, of course, have to prepare sterilised dressings, lotions, etc. The operation being done, the patient is allowed to walk back to bed under the guidance of the nurse, who must help him into bed with the least possible exertion on his part. He may have one or two pillows, according to his own choice, and be placed lying on his back or on

the side opposite to the eye which has been operated upon. Some surgeons allow their patients to be propped up in a sitting position with the head made comfortable after the first twenty-four hours. This is advisable with old people who have any symptoms of lung trouble. The ward or room should be arranged with a subdued, diffuse light, and as free as possible from draughts, while at the same time it should be properly ventilated. The patient should be instructed to be quiet, and told that coughing, sneezing, vomiting, and all exertions of that kind are especially dangerous. Most surgeons bandage both eyes even though there has been only one operated upon, and consequently the patient must be carefully fed by the nurse. The diet will consist for the first four or five hours of fluids only, and for the next twenty-four of what is usually spoken of as a "slop diet," that is bread and milk with puddings, custards, porridge, etc., after which he may be gradually allowed to have a little more solid food.

If the patient is kept lying on his back, as some surgeons prefer, there is a tendency to pain in the back, flatulence and abdominal pain, for the first twelve or twenty-four hours. The pain in the back may be greatly relieved by the use of an air-cushion, and the abdominal pain is sometimes considerably relieved by hot fomentations or other hot applications, always remembering to apply them only as hot as is comfortable for the patient. Vomiting is less frequent in these days when cocaine anaesthesia is the rule. Occasionally, however, even the use of the alkaloid is attended with troublesome sickness. If, unfortunately, vomiting occurs, the nurse should steady the head with both hands and prevent as much strain and exertion as she can, the patient should be kept perfectly quiet, given small pieces of ice to suck or sips of hot water, if the symptoms do not pass off quickly it is best to acquaint the surgeon without loss of time. It is not advisable for the nurse to remove the bandages.

The absence of pain may be taken throughout as a sign that everything is doing well. The smarting left after operation generally subsides in a short time, and, everything being satisfactory, the dressing is usually left until the third day. Here, again, the nurse will require to have everything in readiness—the surgeon usually does the first dressing himself—but the nurse may be sometimes asked to dress the eye; if so, she should observe rigid antiseptic precautions, having her hands and everything else immediately concerned surgically clean. The bandages being carefully removed, she should squeeze a little tepid lotion (saturated solution of boracic or perchloride 1 in 5,000)

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