

### Our Prize Competition.

We have much pleasure in awarding the prize this week to Miss F. M. Creed, Trained Nurses' Institute, St. Bartholomew's Hospital, E.C., for her paper, printed below, on the following subject:—

**HOW WOULD YOU PREPARE A PATIENT FOR PARACENTESIS? WHAT INSTRUMENTS AND UTENSILS WOULD BE REQUIRED?**

(a) *Paracentesis Thoracis*.—To prepare a patient for paracentesis thoracis, well wash all the upper part of the body, especially the affected side of chest, being, of course, careful not to hurt the painful part.

Place a clean mackintosh and towel under the chest and over the side of the bed. Lay the patient on his back near the edge of the bed, and prop him slightly over towards the bad side with an extra pillow.

Fluid may be removed from the chest by means of a trocar and cannula, or of the aspirator. The latter is generally preferred. In either case it is most important that the utmost care be taken to render all the apparatus absolutely aseptic (and to keep it so by careful covering), and also to prevent any air getting into the pleural cavity.

Have in readiness in a convenient position a table covered with a clean towel, and on it place the following:—Hot water, soap, razor, ether, wool swabs, two small dressing bowls, two towels, spirit lotion 1 in 500, aspirator exhausted of air, tubing and needles in carbolic lotion 1 in 40, or sterilised water, small circular pads of gauze for dressing, collodion, and small gallipot, strapping, spirit lamp and matches, brandy half an ounce, with water in small glass.

(b) *Paracentesis abdomenis*.—For the operation of removing fluid from the abdomen the patient is prepared in the same way as that mentioned above, substituting "the abdomen" for "the chest." Place him on his back in a comfortable, propped-up position.

The incision is made in the lower part of the abdomen, so the bed clothes must be turned down sufficiently, and the upper part of the patient covered with a small blanket. Keep him warm, and beware of collapse. Have a wide bandage (about 14 ins.) in position under his back, ready to pin round the abdomen, and regulate as required.

The same list of things will be required as in the case of removing fluid from the chest, with the exception of the aspirator, instead of which get ready a large glass jar to place under the bed, into which the fluid will gradually drain,

about 4 ft. of fine tubing, trocar and cannula, small scalpel. Have also in readiness some safety pins for bandage, a piece of thread to attach to cannula, and a body cradle.

We also highly commend the papers of the following competitors:—Miss Gladys Tatham, Miss M. MacMahon, Miss T. Murray, Miss F. Sheppard, Miss E. Marshall, Miss M. Tompkins, and Miss G. Robinson.

Miss F. Sheppard says in paracentesis of the abdomen for ascites the patient should have a blanket bath previously, and the abdomen be prepared in the usual antiseptic way, as for an ordinary abdominal operation, the bed protected with draw-sheet and mackintosh; the bladder should always be emptied by a catheter.

Miss Gladys Tatham writes:—Paracentesis is sometimes necessary to relieve patients suffering from ascites, or an effusion of fluid into the peritoneal cavity of the abdomen. Such a condition is generally due to heart disease, and the patient will probably be of a nervous temperament. The nurse must do all in her power to allay the patient's fears, and keep him as quiet as possible previous to the aspiration and afterwards. If the patient is a woman the nurse should pass a catheter immediately before the operation. The area to be aspirated should be thoroughly cleansed either by antiseptic washing or by painting over with iodine.

Miss MacMahon remarks that in the preparation for the withdrawal of fluid from the abdomen it is to be remembered that all instruments, dressings, etc., are to be carefully sterilised; the skin about the point of puncture thoroughly cleansed and disinfected, and during the operation the patient requires to be watched as in such cases faintness often occurs.

If the patient be required to sit up, long warm stockings are drawn on, and the chest, back and front, protected with gamgee tissue.

Miss Marshall says that the surgeon will choose the method of preparing the skin. The iodine method has now been adopted with excellent results, and great saving of time and trouble.

Should the operation take place in a private house the room must be thoroughly cleansed, walls dusted, and chimney swept.

A drugget should be laid over the carpet to prevent dust, heavy curtains, etc., removed, and the same care should be employed as in major operations.

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During August the Prize Competitions will be discontinued.

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