

is a foreigner or a child, it is often necessary to give a general anæsthetic; in the first case because the patient cannot be told what he is to do unless the surgeon speaks his language; in the second case because the child has not sufficient self-control. But *any* patient who has not been carefully coached beforehand by someone who knows the risks which must be run when the patient is uncontrollable, may be excused for not behaving very well under such nerve-shaking circumstances as an eye operation. Many find it very difficult indeed to control their eye movements even for examination, to say nothing of operation. Now I ask you, who is most likely to be able to influence the patient, to coach him up beforehand on what he must and must not do, to give him confidence that there will be no pain, and so on? Do you think it is the surgeon? I do not think so. I think it is the conscientious and tactful nurse who knows her business, who knows this business, who has herself realised at the operation table that, usually at least, there is no pain, and who has had opportunities of observing how utterly difficult, or even impossible, an eye operation may be with an unruly patient.

I propose to touch upon only one or two more of the many points to which I might refer.

You may take it that, in marked contrast to many of the cases with which a nurse has to deal, *the average patient who is to have an eye operation is in good general health*, or at least in fairly good general health considering the age. If this is not so, the ophthalmic surgeon will prefer not to operate unless forced to do so by the urgency of the case. He will prefer to wait until he has got the patient into an improved state of health. It often happens, therefore, that you start with a patient who, up to the moment of operation, has been active and possessed of a good enough appetite. You not only lay this patient on his back, but you may have bandaged both eyes. Is it any wonder that sometimes there is trouble? Well, probably partly on account of the sudden change in his circumstances, it is a fact that elderly eye patients with both eyes bandaged quite frequently go temporarily wrong in the mind, and may injure the operated eye beyond all hope in a very few moments. Such patients require to be watched with great care, both before and after operation, for any symptoms of mental disturbance, and any such symptoms must be reported immediately. After operation, the nurse must be particularly watchful and observant, because a patient who becomes suddenly maniacal, as sometimes happens, may tear off his bandages

and damage the eye irretrievably. There are two remedies which may be employed in cases of this kind. One is the use of sedatives—and alcohol given before sleeping time may sometimes act as a sedative—the other is the release of the unoperated eye. It is the surgeon's duty to instruct the nurse on these points.

But apart from such extreme disturbance, there is the natural *general restlessness* of a healthy person who is suddenly laid flat on his back. Under such circumstances even a phlegmatic individual who has no idea whatever of going off his head may be pardoned a tendency to restlessness. During the first twenty-four hours at least, every effort must be made to relieve this restlessness, without giving way an inch beyond the rules which may be laid down by the surgeon. Some surgeons are more particular than others as to the amount of restriction on movement, and cases will occur in which the nurse is unable to carry out her instructions to the letter unless she has permission to give a sedative. Restlessness is such a serious factor where healthy people, and especially unintelligent healthy people, are placed on the flat of the back, that some surgeons allow their patients to be up in a chair after the first twenty-four hours. This is less usual in Great Britain than on the Continent.

I would like to mention this little point, that some patients find it almost impossible to avoid *interfering with the bandages*. Now, a finger introduced under a bandage and a rub given to the operated eye may be the ruination of the case, and so it behoves every nurse to be most watchful of this movement. A strand of cotton wool tickling the nose is a cause of restlessness which can be more easily combated than an itchy feeling about the eye. If itchiness becomes troublesome the surgeon should be advised, so that he may change the dressing.

Speaking of bandages gives me the opportunity to say one or two more things. Not everyone has the knack of bandaging one or both eyes with the varying pressures that are required in different cases. It requires some special education in any case. The firm pressure required, after an eye has been removed from its socket, in order to prevent bleeding taking place, is quite different from the gentle support which is proper after a cataract extraction. Bandages which are fixed on with tapes are sometimes used, but the main point is to be able to apply an ordinary roller bandage in the correct manner, with the correct pressure, for the particular case. This knowledge is one of the things which gives a nurse with some eye training an advantage.

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