

OUR PRIZE COMPETITION.

OUTLINE THE NURSING CARE OF EX-OPHTHALMIC GOITRE FOLLOWING OPERATION.

We have pleasure in awarding the prize this week to Miss Amy Phipps, l'Hôpital Militaire, D'Arc en Barrois, Haute Marne, France.

PRIZE PAPER.

Ex-ophthalmic goitre is a condition due to a non-inflammatory enlargement of the thyroid gland. It is a largely accepted theory that the affection is caused by an irregularity of the sympathetic nerve of the neck, which plays such an important part in the control of the heart's action and the regulation of the calibre of the blood vessels. The operation consists in the removal of part of the gland and the insertion of a drainage tube for the removal of blood and thyroid secretion. In many cases, previous to operation a period of absolute rest, accompanied by small doses of iodine and sodium phosphate, is often prescribed. In favourable cases the tube is removed in two or three days after operation, and at the end of a week the patient is allowed to sit up.

The after-treatment depends largely upon the amount of tissue and organs, such as nerves, blood vessels, &c., involved, and upon the presence or otherwise of complications. The treatment consists largely in absolute rest and absence of worry; in securing this, change of scene is often of great use; local treatment will be prescribed by the surgeon. Tracheotomy instruments should always be at hand.

The patient should be nursed in a recumbent position, with the head between sandbags, and one placed under the neck; a concentrated and nutritious diet should be provided, and where there is difficulty in swallowing, rectal or nasal feeding should be employed. Fresh air and sunlight and cheerful surroundings are also of importance. Drugs are sometimes prescribed, though there is a variety of opinion as to their use or otherwise, and they differ according to the case; they include iodine (externally), iron, thyroid extract, anti-thyroid serum, digitalis, belladonna, phosphate of soda, and sedatives for the relief of pain. The extreme protrusion of the eyeballs occasionally causes some soreness; they should be bathed with boracic lotion. Every effort should be made to husband the patient's strength, and to relieve and treat the symptoms as they arise.

The complications likely to arise are many and serious, and should be watched for, and reported and treated at the onset. They include:—

Heart failure, from the goitre having pressed

on the large veins of the neck, or on the trachea, for a long time, resulting in degenerative changes in the heart and vessels. The usual signs of dyspnoea, cyanosis, &c., are marked. This condition may also result from reactionary hæmorrhage forming a hæmatoma under the wound and pressing on the trachea.

Acute thyroidism occurs in some cases, but is usually avoided by gentle handling of the wound throughout, and by the provision of free drainage. The head must be kept still between sandbags, to avoid "kinking" of the already softened trachea.

Tetany, or crampy pain, is sometimes present, due to interference with the adjacent parathyroid glands.

Operative myxœdema is a serious condition, usually resulting from the removal of too much of the thyroid; were the whole gland removed, death would almost certainly follow. The symptoms of myxœdema include tetanic contraction of the muscles, and, if the larynx is involved, severe dyspnoea, requiring tracheotomy for relief in most cases. The patient often dies from exhaustion.

The treatment of this condition usually includes the administration of thyroid gland obtained from the sheep; this usually results in marked improvement, which ceases, however, with the cessation of treatment.

Aphonia often results from injury to the recurrent laryngeal nerve during the operation, or from pressure on that nerve by the scar.

Sepsis may lead to cellulitis of the neck, but where the rules of asepsis are faithfully enforced this should not occur.

Complications may result from the division of the recurrent laryngeal nerve. Suture of the nerve has been successful in a few cases.

Each complication must be noted at the onset, and reported and treated without delay.

Each case will call for devoted nursing and intelligent observation, that no symptom may pass unnoticed, and so untreated.

HONOURABLE MENTION.

Less papers than usual are worthy of honourable mention. Miss Dora Vine and Miss M. Mackenzie are awarded this recognition.

Miss Dora Vine writes:—As worry, general nervousness, and fright are often thought to induce this disease, it is most necessary to keep the patient's mind at rest. All the skill of physician, surgeon, and nurse will be useless if the patient is worrying all the time.

QUESTION FOR NEXT WEEK.

What care would you give mother and child for first five days after birth?

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