

OUR PRIZE COMPETITION.

WHAT IS AN INTUSSUSCEPTION? HOW WOULD YOU PREPARE THE PATIENT FOR OPERATION, AND WHAT INSTRUMENTS AND DRESSINGS WOULD BE NECESSARY?

We have pleasure in awarding the prize this week to Miss Marjorie E. Thorpe, St. Bartholomew's Hospital, E.C.

PRIZE PAPER.

An Intussusception is a condition of the bowel when one part slips into that immediately above it, in other words—a "telescoping of the bowel."

It generally occurs at the junction of the small and large intestine, and may cause either partial or complete obstruction of the bowel. The vessels soon become strangulated at the neck of the intussusception, and gangrene results, unless the lesion is promptly treated.

An intussusception nearly always occurs in very young infants.

Symptoms.—(1) Collapse, the child's face becomes drawn and eyes sunken, the pulse quick and weak, and skin cold. (2) The abdomen is distended and rigid, and a tumour can often be felt. (3) There is often a passage of blood and mucus from the bowel (very characteristic). (4) There may be faecal vomiting. In this case the intussusception probably occurred two or three days previously, and there is very little hope for the patient.

The condition is always very serious. The shock is very severe to a young child.

It may be caused by:—(1) Injury to abdomen. (2) Constipation followed by severe purging. (3) The eating of indigestible substances. (4) Congenital weakness of the bowel.

The treatment is immediate operation.

Various devices have been tried for rectifying an intussusception, such as forcing air through the rectum, and so blowing the inverted gut backwards into proper position, also fluids are injected. However, these methods are usually regarded as dangerous and unreliable.

For the operation, the patient should not be prepared in the ordinary way. On no account should an enema or purgative be administered, and no stimulants by mouth should be given.

The clothing and bedclothes should be *light* and warm, and if necessary the extremities should be wrapped in cotton wool. Hot water bottles round patient.

Stimulants may be given hypodermically.

It may be necessary to administer saline subcutaneously before the operation, if the patient is very collapsed.

For the operation the following instruments will be required:—2 medium retractors, 2 small retractors, 12 pairs of pressure forceps, 1 long probe, 1 short probe, 1 probe director, 1 blunt director, 1 aneurism needle, 1 nevus needle, 2 pairs of scissors, 1 scalpel.

Ligature Tray, containing 2 curved needles, 2 straight needles, 1 Hagedorn's needle holder, 1 reel of silk, 1 reel of catgut, 1 reel of fishing gut (fine), 1 pair of dissecting forceps, 1 pair of dressing scissors.

The surgeon will also require rubber tubing probably, for drainage purposes.

The dressings will consist of gauze and absorbent wool. Either a domette many-tailed bandage will be applied, or a roller bandage. It is usual to place a piece of jaconet over the bandage to keep the dressing from getting soiled.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. V. McNeillie, Miss M. Robertson, Miss S. Thomson, Miss J. Pritchard.

Miss McNeillie writes:—

For the operation, I would prepare the patient carefully and quickly, keeping the room warm (about 70° F.), and screens round the bed; seeking to counteract shock, keeping the patient lying flat with the head low, and supporting the abdomen during attacks of vomiting; the foot of the bed slightly raised; plenty of warm blankets and hot water bottles (well protected by flannel); transfusion apparatus and hypodermic syringe (sterilized and containing the injections prescribed) at hand. Beginning at the abdomen, washing with disinfectant soap and water, I would leave there a warm soap compress covered with mackintosh material and a light warm blanket, while completing the washing of the rest of the body—drying thoroughly and putting on warm operation clothing—a long-sleeved loose flannel (the opening at the back), and white woollen stockings to come well above the knee. The shaving, and cleansing of the skin—from the breast to mid-thigh—with turpentine, then with methylated spirit and ether or alcohol, and the application of a warm 1 in 40 carbolic dressing, carefully covered with gutta-percha tissue, and fixed with gauze bandage and abdominal swathe, is done after personal disinfection of the hands and arms and putting on a clean overall. If the patient have long hair, it is arranged in two plaits; the mouth is cleansed with gauze wetted with a little hot water, glycerine and borax, artificial teeth taken out, and just before the

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