

OUR PRIZE COMPETITION.

HOW WOULD YOU IRRIGATE THE BLADDER?
WHAT WOULD YOU PREPARE FOR WASHING
OUT (a) THE STOMACH, (b) THE BLADDER.

We have pleasure in awarding the prize this week to Miss Alice M. Burns. East Suffolk and Ipswich Hospital, Ipswich.

PRIZE PAPER.

TO IRRIGATE A BLADDER.

In irrigating a bladder, the following points must be borne in mind:—(1) Rigid asepsis; (2) heat of lotion—it should be 100°; (3) avoid touching the posterior wall of bladder with the catheter; (4) avoid velocity in the current. It may injure the mucous membrane.

Having secured privacy and warmth, we place a warmed mackintosh under the patient, another from the hips upwards, and give a warmed bedpan. Have ready a bowl of swabs, either in perchloride of mercury (1 in 5,000) or boracic lotion, and a funnel and tube with catheter attached, all boiled and lying in boracic lotion. Prepare the lotion in a jug—boracic is nearly always used—and test the temperature with a lotion thermometer.

Having sterilized the hands, we swab the region of the urinary meatus with a downward movement, using each swab once only; then we pass the catheter, being careful not to touch the surrounding structures. We take the funnel in the right hand and keep the catheter in place with the left, while an assistant pours the lotion slowly and steadily into the funnel, being careful not to allow the funnel to get empty, as this allows air to get into the bladder. When enough has passed in, we invert the funnel over a clean porringer and allow it to return (anything abnormal may be noted and kept for inspection), and repeat this several times.

As to the quantity to be introduced at once, it depends on the object for which the irrigation is given. In disease, we do not insist upon fully distending the bladder; again, persons troubled by the need for frequent micturition may be cured by having the bladder distended by profuse irrigation, that organ, like the stomach, being an adaptable one.

Afterwards we make the patient warm and dry, and give a hot drink as a safeguard against a "catheter rigor."

Thus for a bladder irrigation we require:—(1) Privacy; (2) warmth; (3) a table; (4) two mackintoshes; (5) bedpan; (6) porringer; (7) receiver for swabs; (8) bowl of swabs in lotion; (9) bowl containing boiled funnel, tube

and catheter in lotion; (10) jug of prepared lotion; (11) lotion thermometer; (12) hand-bowl, soap, nail-brush, bowl of hand lotion; (13) two hot-water bottles; (14) warm towel; (15) a hot drink in preparation.

TO WASH OUT THE STOMACH.

To wash out the stomach, we should get ready:—(1) The œsophagus tubes with a funnel attached, boiled and laid ready in warm boracic lotion; (2) a vessel of lotion, about one quart, temperature 100°; (3) a lubricant if liked (preferably glycerine and borax, when glycerine is obtainable); (4) a mackintosh; (5) a pail.

We proceed as follows:—

Let the patient be seated, and put the mackintosh across him. Place the tube in his mouth and encourage him to keep up a swallowing movement for a half minute or so, when the tube will be in position. Pour down the fluid steadily, not allowing the tube to become empty. Invert the funnel over the pail and repeat until the fluid returns clear.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. M. Farthing, Miss A. B. Dawes, Miss Jennings, Miss P. Johnson, Miss F. James, Miss M. Reynolds.

Mrs. Farthing describes her procedure in washing out a bladder thus:—"Placing sterilized towels above and below the pubes, I proceed to wash pubes and surrounding parts, being particular not to swab upwards, or vaginal discharge may be lodged and afterwards carried up on the catheter. I use a solution of Lysol and water, half a drachm to a pint. With the disinfected thumb and finger of the left hand I open the labia, and allow the solution to run over the urethra; with the disinfected right hand I take my catheter from the bowl of disinfectant, and insert it into the urethra, taking particular care not to touch the surrounding parts. If necessary, I empty the bladder, connect the glass connection to the catheter, and to the three or four feet of tubing, with glass funnel at the end. I pour from 4 oz. to 8 oz. of the solution ordered, or less if the bladder is very inflamed, into the funnel (at a temperature of 106° Fahr.), never allowing it to empty itself. (It will be about 100° when it reaches the bladder.) Invert the funnel below the level of the bed, and let the return lavage flow into the vessel placed for that purpose."

QUESTION FOR NEXT WEEK.

Describe in detail the management of twin labour after the birth of the first child, and give reasons for all you do.

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