

OUR PRIZE COMPETITION.

NAME FOUR OF THE GREATEST CAUSES OF DISCOMFORT TO A PATIENT AFTER AN ABDOMINAL OPERATION. HOW RELIEVE THEM?

We have pleasure in awarding the prize this week to Miss E. Winstanley Wallis, Royal Infirmary, Sunderland.

PRIZE PAPER.

The four principal causes of discomfort after abdominal operations are:—

1. *Vomiting*.—Chloroform sickness sometimes persists for days, causing dangerous exhaustion, but in ordinary cases there is much the trained nurse can do to relieve it. The abdomen should be supported during vomiting; this prevents stitches tearing, and gives the patient comfort. Pressure immediately over the stomach will occasionally stop vomiting while the patient is still semi-conscious. After most abdominal operations soda bicarb. solution, given warm, is allowed; this, as a rule, is returned almost immediately, clearing the stomach out. Stomach washes, given with the long tube, may be ordered, but, being distressing to the patient, are reserved till simpler methods fail. A mustard leaf over the pit of the stomach, by causing counter-irritation, sometimes gives relief. Propping the patient up and raising the bed on blocks will often stop vomiting at once. Tinct. of iodine η iv in water is excellent; other drugs often used are acid. hydrocyan. dil. and the bromides; champagne, too, is helpful. After operations for appendicitis, intestinal trouble, and some others, patients suffer much from flatulence; as this often aggravates vomiting, it may well be included under that head. Sod. bicarb. and aq. menth. pip., relieve flatulency of the stomach, but to relieve the bowel some surgeons order the flatus tube to be passed as routine, but perhaps nothing gives so much relief from flatus as a turpentine enema, and for the same reason few patients continue to vomit or to be troubled with flatulence after the administration of castor oil or calomel, usually given three or four days after operation. Besides all this, absolute cleanliness of the mouth is essential, and a mouth-wash should be given after the patient has vomited.

2. *Position*.—Most patients are obliged for a day or two to lie on their backs, though sometimes they are propped up and the bed raised on blocks. To many the recumbent position is a great trial, and the nurse needs to have imagination and sympathy to realise the discomfort, often amounting to distress, and to

relieve pressure to heels and elbows by wool rings or small pillows; to ease the ache in the hollow of the back by a narrow feather pillow or rubber bottle partly inflated; to gently massage the legs when cramped; to avoid all pressure from bedclothes on the abdomen by a cage; and see that tension is taken off the abdominal muscles by a nice big kneec pillow. These and many other things should be realised and remedied by the nurse almost before the patient knows they are worrying him. Female patients should have the hair drawn away from the back of the head and plaited in two parts. The window or light should be behind the bed.

3. *Thirst*.—Unless there is vomiting, plenty of water is allowed in most cases now, and especially where there has been loss of blood, as it supplies the deficiency of fluid to the blood supply, and prevents the distressing thirst caused by anæsthetics and hæmorrhage. Where only a small amount is allowed thirst must be assuaged by frequent mouthwashes; soda water or warm boracic lotion are among the most refreshing, sips of hot water, saline per rectum or subcutaneously, and the tongue and lips kept moist with lemon and glycerine or borax and glycerine. Soda water and ice must be used with caution; the first because it causes flatulence and distention, the second because it only increases thirst afterwards. Small drinks of barley water, flavoured with lemon, or weak tea, are two most thirst-quenching beverages.

4. *Retention of Urine*.—This is a difficulty frequently met with after abdominal operations, especially in cases of highly strung or nervous women, but can generally be overcome with a little patience without resorting to the catheter, the use of which should be avoided if possible. A heated bedpan or urinal, hot stupe over the bladder, and a drink of hot barley water or soda bicarb., all given simultaneously, are very effectual; placing the hands in hot water, the sound of running water, may all be tried, and, with a little encouragement, generally prove sufficient.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Catharine Wright, Miss Alice M. Burns, Miss A. M. Maude Cullen, Miss F. E. Beeby, Miss E. O. Walford, Miss Edith Batty.

QUESTION FOR NEXT WEEK.

What are the essential points in the nursing of a case of cut throat, and what complications should you be on the look out for?

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