

OUR PRIZE COMPETITION.

FLATULENCE AFTER OPERATION: GIVE CAUSES AND TREATMENT.

We have pleasure in awarding the prize this week to Miss Winifred M. Appleton, University College Hospital, Gower Street, W.C. 1.

PRIZE PAPER.

Flatulence (word derivation *L. flatus*, a blowing), an excessive formation of flatus, is a collection of gas or air in the stomach or intestines causing distention of those organs.

Excessive flatus may be the result of dyspepsia, deficiency or excess of hydrochloric acid, or deficiency of pepsin. Neurosis of stomach and bacterial fermentation are other causes. Medicinal treatment may have to be employed in these cases.

Tympanitis is the term used to describe the distention of the abdomen by the accumulation of gas and air in the intestines.

In operation cases, particularly in abdominal section, flatulence is usually relieved when the bowels are open, and a simple soap and water enema is invaluable.

Some surgeons recommend the administration of a turpentine enema, $\frac{1}{2}$ oz. to 1 oz. turpentine, thoroughly mixed with Gruel or starch, given through a rectal tube passed as high as possible.

Another excellent method of relieving the discomfort due to "wind" is to give a rectal wash out, using warm water into which 1 fluid oz. of aqua menthæ piperitæ has been mixed.

These measures may fail where the intestines are in a condition of temporary paralysis (often a result of sepsis). Eserin salicylate, gr. 1-100, given hypodermically four-hourly, may be ordered. Pituitary extract is sometimes tried. These drugs promote peristalsis.

There is a considerable difference of opinion amongst surgeons as to how soon the bowels should be relieved after abdominal operations, but as a general rule it is found that there are no ill effects to the parts involved in major operations if the bowels are opened within forty-eight hours of operation, and undoubtedly it adds to the comfort of the patient.

In plastic operations for repair of fistulæ, longer time may have to be allowed.

In simple appendectomy many surgeons recommend the administration of a simple enema at the end of twenty-four hours, and a suitable purgative on the second evening. In minor operations not involving the alimentary tract, it is usually advisable to give aperient twenty-four hours afterwards—if there is much vomit-

ing an enema is better, as the aperient might not be retained.

Flatulence may be relieved by the passage of a rectal flatus tube; take gum elastic or rectal tube with opening at extremity instead of the side, soak in warm water and lubricate it for eight or ten inches; then pass gently and slowly up beyond the sigmoid flexure of colon—no force should be used in this proceeding. The external end of the tube should be placed in a bowl of water to observe if flatus is passed.

Flatulence is an important symptom of complications liable to occur after abdominal section.

In peritonitis and intestinal obstruction there is an arrest of the passage of flatus from rectum. Vomiting after operations may be caused by flatulence and distention, and not be due to post-anæsthetic effects.

Where it does not interfere with the operation area it is permissible to give frequent drinks of hot water, \mathfrak{z} vi, with sod. bicarb. \mathfrak{z} i, and aqua menth. pip. \mathfrak{z} i to iii. If retained it assists the cructations and neutralises acidity, and if vomiting is produced the patient thus washes out his own stomach. In some cases the surgeon may give a stomach wash out.

Drugs which have a slightly stimulant action and expel gas from the stomach and intestines are known as Carminatives. These include:—

(a) By mouth.—Peppermint, ginger, cinnamon, musk, camphor, capsicum, asafoetidæ, cajuput, anise, carraway, sodium bicarbonate.

(b) By rectum.—Turpentine, rue, asafoetidæ, peppermint.

Flatulence persisting in convalescence may be alleviated by giving hot water to sip one hour before food. Meals should be dry and compact, and there should be careful mastication and complete bowel action.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta T. Inglis, Miss Dorothy James, Miss P. Thompson, Miss M. Stevens.

Miss H. T. Inglis writes:—"Flatulence after operation most commonly arises in post-operative abdominal cases. The object must be to get, if possible, a natural action from the bowel as soon as permissible, unaccompanied by violent peristalsis. The best form of treatment to prevent this is use of enemata, which is the least irritating."

QUESTION FOR NEXT WEEK.

What is blood? What is its composition? What causes it to clot?

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