

OUR PRIZE COMPETITION.

AN ANASTOMOSIS HAS [TO] BE MADE BETWEEN THE STOMACH AND JEJUNUM. [HOW] WOULD YOU PREPARE THE PATIENT FOR FOUR DAYS BEFORE THE OPERATION?

We have pleasure in awarding the prize this week to Miss Lilian F. Hayward, 9, Upper Wimpole Street, London, W. 1.

PRIZE PAPER.

As the operation of making an anastomosis between the stomach and jejunum, or gastro-jejunosomy, as it is called, is one of the most severe of abdominal operations, it is of the utmost importance that a preparation of at least four days should be carried out before the actual day of operation.

It is often thought by lay people that such a long preparation is unnecessary, but it has been proved that much better results are obtained by a thorough preparation before the operation.

The patient should be kept in bed for the whole of the four days, and the bowels well opened by calomel; of course, the dosage should be in accordance with the age and strength of the patient, but any diarrhoea should be prevented, as this is a very bad preparation for any abdominal operation. The last dose of calomel should be given two days before the operation, and on the day preceding operation a dose of castor oil may be given; if this is not sufficient to secure a complete emptying of the lower bowel, enemata should be given, and at any rate, about three hours before the operation, a plain soap-and-water enema should be given.

During these days of preparation the patient should be kept on fluids, and, for about fifty hours before operation, on nothing but sterilised milk and tea. Especial care should be taken with the teeth; they should be cleansed two or three times a day with carbollic tooth powder, and frequent mouthwashes given; any stumps or decayed teeth should be removed.

By these means—viz., aperients and enemata to clear the lower bowel, and the fluid diet, and asepsis of the mouth and teeth—do as much as possible to keep the whole of the alimentary tract as sterile as possible.

The patient may be induced to take deep breaths, as this may help to minimise the possibilities of chest trouble after the anæsthetic. It is also a good thing to suggest to the patient that he or she tries to sleep in an upright position, as most surgeons have their abdominal cases nursed in the Fowler position, and the unusual position may prove most irksome unless the patient is more or less used to it. By

these simple means the patient may realise that all that is possible to be done *is* being done for the success of the operation, and to keep his thoughts in a cheerful and hopeful channel.

The day before the operation the patient should have the operation area shaved, and then have a hot bath (providing he is in a fit state). Different surgeons differ in their methods of skin preparation, so it is wise, if possible, to ascertain the surgeon's wishes with regard to this matter.

The usual method is to wash the operation area and surrounding parts well with soap and water, and then to paint with iodine paint, leave to dry, and in about two hours' time to paint again, and to cover with a sterilised dressing, and bandage firmly; it is a precaution to apply the iodine rather high up on to the chest, as in many cases of gastro-jejunosomy the patient is given subcutaneous saline during the operation, and a preparation before minimises the possible chance of an abscess.

For elderly or very weak patients it is advisable that they should be given a pint of rectal or subcutaneous saline a few hours before the operation.

Nothing should be given by mouth for at least six hours before the operation; the patient should be warmly but loosely clothed, and a hypodermic injection of morphia $\frac{1}{4}$ gr. and atropine $\frac{1}{100}$ gr. is usually given half an hour before the operation.

As was mentioned before, it is most necessary that the nurse should exert all her mental powers to keep the patient in a hopeful state of mind with regard to the operation, for there is no doubt of the great effect the mind has over the body, and in this and all operations a nurse should bear in mind that her conscientious preparation is of vital importance, and that "well begun is half done."

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. James, Miss P. Thomson, Miss J. Evans.

Miss P. Thomson points out that the reason why, after an operation of this kind, the patient is propped up in a sitting position, either by pillows, or by a special bed frame, is because in this position the stomach naturally empties itself through the new opening into the bowel.

QUESTION FOR NEXT WEEK.

What do you know of anthrax, and of the methods of infection with this disease? What are the nursing points to be observed in caring for such a case?

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