

OUR PRIZE COMPETITION.

DESCRIBE IN DETAIL THE PREPARATION OF A PATIENT TO BE OPERATED ON FOR CANCER OF THE TONGUE. WHAT SPECIAL POINTS REQUIRE ATTENTION IN THE NURSING AFTER-TREATMENT?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Bermondsey Hospital, Rotherhithe, S.E.

PRIZE PAPER.

Preparation.—Previous to an operation on the tongue the mouth must be made as clean as possible, all decayed or loosened teeth must be removed and the gums perfectly healed. The healthiest possible condition must be aimed at. All existing abscesses, gumbolts, &c., must be completely healed, and no pus left in any cavity.

The operation may be extensive and complete excision of the tongue be performed, which usually necessitates splitting of the jaw and separation of the lower lip in the middle line, which, after wiring together and suturing, would suppurate if any pus-forming micro-organisms gain entrance.

The teeth must be cleaned before and after every meal with a firm brush and antiseptic powder or paste, and efficient antiseptic mouthwashes (not strong) given two-hourly until the operation.

The patient generally is prepared as for any other operation. An aperient may be given one or two days previous, and enema saponis on morning of operation.

Diet must be light, but as nourishing as possible. Usually fluids only can be taken. Plenty of beaten eggs and prepared foods can be taken until four to six hours previous.

All moustache or beard must be shaved, and area very especially cleansed, and the neck skin rendered aseptic, in case a tracheotomy has to be performed first.

A bath should be given the morning of operation, and hair washed, dried, and covered with sterile cap, before taking to theatre; artificial teeth removed and mouth well washed out with antiseptic lotion immediately before leaving ward.

All preparation should be made for tracheotomy, as the patient's condition may necessitate its performance at any moment.

After the operation a firm, stout thread is passed through the root of the tongue and brought out through the mouth and secured to cheek either by strapping or a stitch, so that if any remaining tissue falls back over the larynx, by a little gentle pulling on thread, the patient is relieved.

Wrap up as warmly as possible for removal to ward, and if possible procure a hood to protect from cold air; place in a well-warmed bed on side, protected from all draughts.

As soon as consciousness returns, prop patient up in Fowler's position; but turn on side, and watch for hæmorrhage or signs of blockage of larynx, as either condition might quickly prove fatal. A special nurse should be on duty for the patient until all likelihood of danger is over.

Feeding will be given either through nose or rectum for two or three days, and after either by means of an œsophageal or tube attached to a feeder. Frequent nourishing feeds must be given, and rectal salines if patient is at all collapsed.

The mouth must be irrigated two-hourly with a mild antiseptic lotion, and all blood-clots, mucus, &c., washed away. The patient should not be allowed to speak, and all his wants will be anticipated by a good nurse. Pencil and paper should be near him to enable him to write any fresh need.

The number of times the patient swallows must be watched, as a vessel might be bleeding and collapse be the first indication.

In the event of hæmorrhage occurring, the nurse must be ready to act at once. Seizing the root of tongue and compressing against jaw must be done until bleeding point can be seized with forceps and ligatured; sloughing of part may cause secondary hæmorrhage as long as a fortnight after operation.

Œdema of the Glottis is frequently a troublesome complication, and is likely to prove fatal. Tracheotomy will be necessary immediately to save life if suffocation is threatening.

Pneumonia, especially the septic form, may intervene unless the patient is protected in every way from cold air and draughts, all care being taken that no septic matter, blood, &c., is drawn into lungs during unconsciousness. An aperient should be given the day after operation, and mashed food after a few days; but all particles must be carefully washed away.

HONOURABLE MENTION.

The following competitors received honourable mention:—Miss S. F. Rossiter (too late for Prize), Miss M. W. Comer, Miss Rachel Dodd, Miss Mary Jones, and Miss Susan Carey.

QUESTION FOR NEXT WEEK.

What do you understand by *arterial tension*? Explain "high and low" blood pressure, with brief description of symptoms, cause, and treatment of both.

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