

OUR PRIZE COMPETITION.

DESCRIBE THE PREPARATION REQUIRED FOR THE NURSING OF A CASE OF HYSTERECTOMY. MENTION THE MOST IMPORTANT POINTS IN THE AFTER TREATMENT.

We have pleasure in awarding the prize this month to Miss Eliza Mary Robertson, R.G.N. Hazelbank, Paton's Lane, Dundee.

PRIZE PAPER.

In preparation for a case of hysterectomy, contrive to place the patient, for some days before operation, in bright, cheerful, but not exciting surroundings, and remove all irritating and harassing conditions. Avoid heavy or indigestible food and take necessary measures for ensuring a daily gentle evacuation of her bowels.

Two nights before operation *Ol. Ric. zvi* is usually administered. Make certain the bowels act well next day.

During two days preceding operation give light diet only.

On the evening before, place patient on warmed bed; cover chest with light blanket, and legs with another one, while all hair and down are shaved off abdomen and from around vagina. Thoroughly cleanse umbilicus with cotton wool sponge, hot water, and soap followed by absolute alcohol.

If possible a warm bath should be taken, but if patient is unable to go to the bath she must be blanket sponged in bed, and after a very light supper sleep and rest should be encouraged.

On the morning of day of operation, or about 6 hours before it takes place, wash out lower bowel with soap and water enema. About four hours before anæsthetic is due give cup of tea and toasted bread, or cup of beef-tea and toast, and then a vaginal douche as directed. In the case of a weak patient in constant need of nourishment this treatment may have to be modified, in which case the nurse must obtain from the Medical Officer detailed instructions.

Hysterectomy may be performed per vagina or by laparotomy—if by the abdomen the surgeon's orders will be followed in preparing the abdominal skin. Probably it will be painted with iodine, covered with sterilised white surgeon's lint or sterile towels, and the preparatory dressing fixed with a scultetus bandage.

If the patient's hair is long, after brushing, divide and plait it on either side of her head, then tuck it away under a clean white cap. Attire patient in a clean night-dress, a warm but loosely fitting bed-jacket, and white woollen stockings which reach to above the knees should be worn.

Immediately before going to the theatre catheterise patient with a glass catheter, which has been boiled fully five minutes and lies ready in warm boracic lotion. A few sterile gauze or wool sponges, small basin of warm boracic lotion, some sterile oil and a small vessel which can be placed on the bed, between and under patient's legs, are also necessary, and should be prepared in readiness before the patient is placed on her back with knees apart, while with clean disinfected hands the labia are separated, the parts round the meatus carefully cleansed

and sponged with boracic lotion, and the catheter, lubricated with sterile oil introduced, care being taken not to touch any part but the entrance to the urethra.

If ordered, now give hypo. injection of atropine $\frac{1}{100}$ gr. and morphia $\frac{1}{8}$ gr., and after artificial teeth are removed patient is ready for the anæsthetist. The bed, protected with mackintosh and drawsheet, warmed with hot-water bottles in flannel covers, is prepared for patient's return, with long knee pillow, also towel and small receiver, in case of sickness, at head of bed.

If the operation is performed in a private house a warm (70° Fahrenheit at least) clean room, free from dust, well lit but not overlooked, is prepared reas a theatre, and contains only the necessary things, which are, if there is not running water, a table for wash-hand and solution basins. Four other tables, covered with clean sheets. The first one for the surgeon's instruments, the second for his dressings, the third for bottles, basins, drums, towels, T. and scultetus bandages, and the fourth for the anæsthetist's use. One chair for the operator, one stool for the anæsthetist, two clean slop pails and warm blankets, sheets and mackintosh for the operating table, which the surgeon will probably bring with him, as also his instruments and dressings already sterilised.

An important point in the after-treatment of a hysterectomy is care of the nervous system. Not infrequently a patient suffers from "nerve storms," but calmness, sympathy, wisely expressed, patience and moderation will help the sufferer.

Vaginal discharge is important—note, report and deal with it.

Other points are abdominal pain, rigidity and distension. Four-hourly condition of temperature, pulse and respiration. Difficult micturition, requiring patience and encouragement. After vaginal hysterectomy the catheter will probably be necessary. In any case, after passing urine, the patient must be cleansed by means of a suitable douche, and dried with sterile gauze.

Later there may be vaginal packing to remove, and douches to give—but only by medical orders.

HONOURABLE MENTION.

Miss Amy Phipps and Miss J. Green are accorded honourable mention. Miss Phipps writes:—

A bed cradle may be necessary for the patient's comfort and should be at hand. Preparations for use in case of severe shock will include a plentiful supply of hot and cold sterile saline, thermometer for same, etc., distilled saline for intravenous saline injection; apparatus for giving intravenous, rectal, or intramuscular salines. These should be at hand throughout recovery, as secondary shock is likely to occur at any time. Sal-volatile, brandy and morphia should also be at hand, and when there is great difficulty in re-establishing the body's heat an electric cradle is invaluable if the patient can be watched carefully and the warmth regulated.

QUESTION FOR NEXT MONTH.

What is meant by Eclampsia? Give the causes, and state how you would nurse the case.

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