

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A PATIENT AFTER REMOVAL OF STONE FROM THE KIDNEY, FROM THE POST-OPERATIVE TO THE CONVALESCENT PERIOD? TO WHAT POINTS SHOULD YOUR ATTENTION BE SPECIALLY DIRECTED DURING THIS PERIOD?

We have pleasure in awarding the prize this month to Miss Daisy Evelyn Lee, S.R.N., Royal Infirmary, Gloucester.

PRIZE PAPER.

After an operation of nephro-lithotomy, the patient must be kept very warm, and be very closely observed because hæmorrhage is likely to occur. A rectal saline may be given to counteract shock and if this is very great the foot of the bed may be raised.

The pulse should be taken, and recorded, every half-hour for the first 24 hours.

The patient should lie on the affected side if possible, to allow the kidney to drain.

Special note must be taken whether the patient passes urine, and if it contains blood. If none has been passed within 12 hours of the operation the doctor should be notified. A simple enema may be ordered, as this helps the patient to pass urine and relieves flatulence.

All urine passed should be saved and measured, and a specimen taken from the 24 hours collection, tested and charted daily. A specimen should also be saved for the doctor's inspection.

An aperient should be given on the second day, Mag. Sulph. is the most usual as it produces a watery stool, and gives less work for the kidneys; Pulv. Jalap is also given if the urine is scanty.

The dressing should be done every four hours, or oftener if necessary. If urine drains through the wound care must be taken of the surrounding skin and zinc or other ointment applied to prevent it from getting sore. The back should be well washed and powdered each time the dressing is changed.

The doctor should be asked if he wishes the wound to be irrigated, and also when the drainage tube is to be removed.

Hæmorrhage, or a condition known as hæmaturia, *i.e.*, blood in the urine, always occurs after an operation on the kidney, either in a lesser or greater degree, the bleeding usually ceases gradually, but may re-occur as a secondary hæmorrhage. It is very difficult to treat as no drugs are of use; an ice bag is usually applied over the wound.

There is usually a good deal of pain after the operation sometimes confined to the kidney region, or it may be a pain in the groin. This may be due to a clot of blood, or a piece of gravel passing down the ureter.

Morphia should be avoided if possible, especially if the patient is not secreting much urine, as it tends to reduce the secretion. Fluids should be given freely especially barley water, milk and imperial drink. After the second day, if the doctor permits, milk puddings, bread and butter, fish and fruit may be given. All meat, meat extracts and eggs should be avoided in the first week or so, as they throw extra work on the kidneys.

If possible the patient should be nursed on a water pillow, or an air cushion, with a pillow under the knees, and if he lies on the affected side a pillow should be

placed to support the back. These pillows should be covered with a jaconet cover under the ordinary pillow-slip to prevent the pillow from getting soiled from the dressing. The patient should be nursed between blankets, and have a hot water bottle at the feet.

The patient may have a high temperature (pyrexia) accompanied with persistent vomiting, and should be watched for signs of sepsis. Quinine 2 grs., may be ordered every two hours.

Rigors may occur, caused through a blood clot passing down the ureter. These should be treated with extra hot water bottles and blankets, hot drinks should be given, but brandy must be avoided if the urine contains blood.

If the wound becomes septic the condition is very dangerous, and the patient is extremely ill especially if the sepsis is in the kidney itself. The sepsis usually occurs when the urine is septic at the time of the operation, but in patients who have been previously prepared it is very rare as they have been given a urinary antiseptic for some time before the operation.

Hexamine or Urotropin are two of the chief antiseptics ordered.

The chief points after nephro-lithotomy are:—

1. To make absolutely sure that the patient is passing a sufficient amount of urine.
2. To secure a daily action of the bowels.
3. The patient must take at least three pints of fluids daily.
4. The dressing and bed linen should be changed frequently and the back attended to, to prevent the patient from getting sore.
5. To watch carefully for secondary hæmorrhage.
6. The patient must be kept as quiet, but as cheerful, as possible.

Patients suffering from kidney conditions are usually very depressed, so this point is of importance.

QUESTION FOR NEXT MONTH.

Describe fully what would be expected of a Nurse who is in charge of a baby, aged eight months, suffering from an intussusception, from the moment of the onset of the pain to the completion of convalescence after the operation.

THE MEDICAL USES OF RADIUM.

The recent report of the Medical Research Council which publishes a summary of results prepared by its Radiology Committee, strikes a hopeful note in regard to the treatment of some forms of cancer.

The report states: "It is not going too far to say that any woman suffering from early carcinoma of the cervix uteri can have the disease locally removed by means of a definitely planned course of radium treatment as surely as by surgical means, or that a man with a malignant growth of the tongue can likewise have the disease locally cured. In the latter case, even if the growth should have extended to the glands, radio-surgical methods would offer a good prospect of eradicating the disease. . . . These statements, which are put forward with conviction, spell progress. The radium therapy of cancer seems to be at that stage when the definite gains of the present will act as a stimulus to efforts in the future."

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