

THE NURSING OF PATIENTS WITH HYPERTHYROIDISM BEFORE AND AFTER OPERATION.*

The consideration of the management of a case of toxic goitre during the period of the operation presupposes an adequate course of preliminary medical treatment, and this article is intended to deal with the nursing of patients suffering from hyperthyroidism only during the time immediately before operation and until the stitches are removed.

DIET.

This should be liberal, containing protein of the less stimulating varieties (*e.g.*, fish, eggs, white meat), sufficient raw fat to supply the necessary vitamins, and a great deal of carbohydrate. The patient should be encouraged to drink large quantities of water, and extra carbohydrate can be given in the form of glucose in orange-juice and lemonade.

REST.

It is imperative that before the operation the patient should have at least one good night's sleep. Luminal gr. j, or medinal gr. viiss, given about 6.30 p.m., has been found useful in this respect, while in difficult cases hypodermic injections of heroin or morphia may be required to ensure sleep.

MEDICATION.

This is not, strictly speaking, a nursing point, but it is worth remembering that Lugol's solution is more efficacious when given in milk than when given in a watery solution.

The routine preoperative treatment carried out in the wards of the Surgical Professorial Unit † is as follows:

Two days before operation the patient is weighed. The intake of food is diminished slightly so as to avoid any "heavy" or indigestible substances, and the intake of fluid is increased. A mild aperient is usually administered, but if there has been any tendency to looseness of the bowels this may wisely be omitted.

On the evening before operation a soap and water enema is given.

DAY OF OPERATION.

For operation 9 a.m.

- 5 a.m. Tea. Barley-sugar to eat.
- 6.30 a.m. Lugol's solution, Mxxx in milk.
- 7 a.m. Morning toilet.
- 8 a.m. Preoperative injection (morphia gr. $\frac{1}{6}$, or morphia gr. $\frac{1}{6}$ + atropine gr. $\frac{1}{100}$).

- 8.15 a.m. Avertin given slowly *per rectum* taking 20-30 mins., using a No. 8 or No. 9 catheter. Catheter to be left in rectum, spigot inserted and strapped to buttock.

For operation 1.30 p.m.

- 6 a.m. Tea and toast.
- 7 a.m. Morning toilet.
- 10.30 a.m. Glucose 3ij in ʒviii orange-juice and water; barley-sugar to eat.
- 11 a.m. Lugol's solution, Mxxx.
- 12.30 p.m. Preoperative injection.
- 12.45 p.m. Avertin.

Note.—If the avertin solution is dispensed overnight it should be warmed by standing the bottle in a bowl of water, T. 120° F., for $\frac{1}{2}$ hour. At the end of the procedure the patient is usually asleep, and the head should be turned on one side to prevent saliva collecting in the mouth. Operation garments should then be

put on, eyes bandaged and ears covered with pads of wool.

Moving the patient to the theatre may rouse her slightly, but any conversation carried on at this time is completely forgotten later when she is fully conscious.

It is always wise for a nurse with whom the patient is familiar to be in attendance until the local anæsthetic has been injected and gas and oxygen anaesthesia is established, in case there should be this semi-conscious phase.

AFTER OPERATION.

The bed will be prepared for the reception of the patient as follows:

- 1 pillow for the head.
- 1 sheet } to cover the patient.
- 1 quilt }
- 1 thin blanket if desirable (in cold weather or for elderly patients).
- 2 bedsides.

Hot-water bottles are never required, and are, in fact, harmful, and a blanket must not be placed next to the patient. If the patient is extremely toxic, or the weather warm, a cradle may be necessary, and an electric fan near the bedside is also helpful.

On return to the ward, the patient must be lifted into bed with great care, the head and neck being supported all the time. The bedclothes should not be tucked in, as this tends to aggravate restlessness, but should be draped over the bedside (Fig. 1).

A rectal saline (ʒv to ʒviii) containing Lugol's solution Mxxx should be given immediately, the saline being regarded as a vehicle for the iodine, except in cases where there has been much loss of blood, when

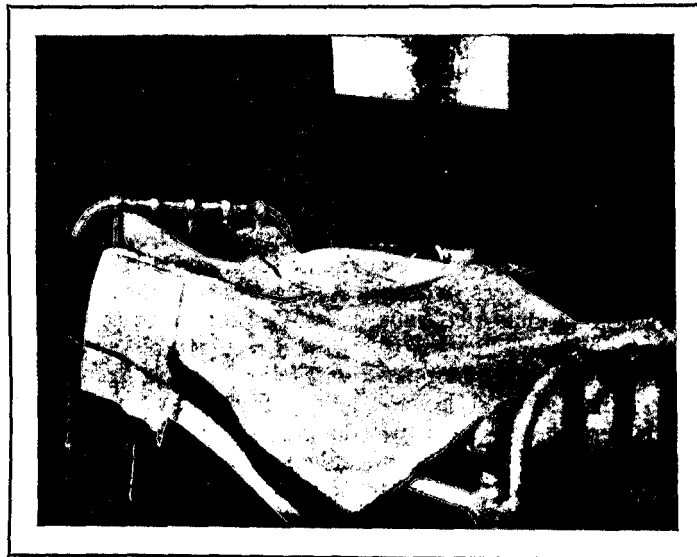


Fig. 1.—Patient shortly after return from Operation Theatre.

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† At St. Bartholomew's Hospital.

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