OUR PRIZE COMPETITION.

DESCRIBE THE PROCEDURE OF OPERATION FOR COLOTOMY, THE NURSING, DIET, GENERAL MANAGEMENT, AND COMPLICATIONS WHICH MAY ARISE.

We have pleasure in awarding the prize this month to Miss Winifred Moss, the County Hospital, Bedford.

PRIZE PAPER.

Colotomy consists in making an opening through the anterior abdominal wall into the descending or iliac colon. This operation may be performed in cases of volvulus of the sigmoid flexure of the colon, in cases of persistent fistula between the rectum and bladder, or vagina, and in chronic obstruction of the large intestine. It is usually performed for cancer of the colon or rectum, a temporary opening being made as a preliminary to excision, or a permanent one to relieve obstruction in inoperable cases. Except in acute cases of intestinal obstruction, the operation is performed in two stages: at the first stage the bowel is fixed in position outside the abdomen; at the second the bowel is opened and a Paul's tube may be inserted.

If the opening is to be merely a temporary one the colon is simply sewn to the abdominal wall and opened in a day or two; but if it is to be a permanent one, the loop of bowel is drawn out and prevented from retracting by passing a glass rod through a hole in the mesentery.

On the third day, or before if there has been distension and the patient has had any abdominal discomfort, the loop is opened by means of an incision or the application of a cautery, and a Paul's tube is tied in, and connected with a large rubber tube which leads to a receptacle at the side of the bed containing some antiseptic.

On the seventh day the glass tube is removed, and the next day the protruding bowel is cut away with scissors flush with the skin, bleeding being arrested by cautery or ligature. An effective barrier or "spur" is thus formed between the two parts of the bowel.

An aperient is usually prescribed when the colotomy is opened, Ol. Ricini ʒ 1 being the usual one. The patient is given liquid diet, cold and in small quantities, either albumen water, barley water, meat juice, meat jelly, or milk and water, until good actions through the artificial opening are established, when light solid diet, increasing to full diet, is allowed.

Some surgeons order a daily plain water washout to be given through the opening. This is administered with a soft rubber catheter, tubing and funnel, and should be given at the same time every day in order to train the bowel to act regularly. This obviates attention being required at odd times and so causing inconvenience to the patient.

The stitches may be removed on the eighth day, or earlier if they are cutting through, and the skin protected by an ointment dressing, such as vaseline or simple ointment, in order to prevent excoriation. The dressing is done twice a day, and when necessary, and although these cases are necessarily non-aseptic, yet the usual aseptic precautions must be taken to prevent further infection.

After a month a colotomy cup and belt may be worn. These belts are made of rubber, and it is important that no grease should come in contact with them, otherwise the rubber will quickly rot. A dusting powder should be thickly applied under the belt, which should be removed at night, and a dressing of gauze and wool or cellulose tissue substituted. The belt should be cleansed with an antiseptic and left to air until next morning. In the case of a right-sided colotomy the cup must be replaced by a receptacle as the fæces are fluid.

The nursing care of these patients includes especial care of all pressure points, and the dressing of the wound whenever necessary, in order to prevent distress to the patient.

The complications may include the escape of small intestine, due to the strain of vomiting, which may give rise to signs of intestinal obstruction. The surgeon in this case will cleanse the intestine, and return it to the abdomen and re-suture the wound. Sometimes the intestinal wall becomes paralysed in acute obstruction and the bowels refuse to act. Purgatives and turpentine enemata and stimulants such as Hyp. Inj. Eserin gr. 1/100 or Hyp. Inj. Pituitrin .5cc are given to encourage peristalsis. Peritonitis is another complication which may occur, the colotomy opening may contract and require dilating, or the mucous membrane may protrude and form a moist bleeding mass.

Thus we see that skilled practical nursing plays an important part in the treatment of such a case. So often a colotomy is performed for inoperable cancer of the lower bowel, to give a longer and a less painful period of life, and the comfort of the patient, both mental and physical, depends a great deal upon the nursing care he receives.

Sister Paget, in the *St. Bartholomew's Hospital Journal*, in an article on the Nursing of Colostomies, writes:—

"Belts are measured for and have a rubber section over the colostomy region; a slightly convex celluloid disc is placed under the belt over the colostomy. This is worn by day. Bandage and dressing or a special webbing belt are generally employed at night. Cups are not advisable, because they encourage the evacuation of small amounts of fæces during the day which accumulate in the cup and cause great unpleasantness in every way. Frequently also fragments of fæces are sucked into the lower end. . . . Aperients must be avoided if the daily wash-out is to be effective, and the bowel kept free from trouble for the rest of the day. If scybala appear in the wash-out, then a little paraffin is taken at night. . . .

"In most instances colostomies run a straightforward course. . . . Occasionally, if the opening in the abdominal wall is longer than necessary, a loop of small gut may prolapse alongside the colostomy. This is most likely to happen in stout patients when subject to bronchitis and coughing. The size of the opening should be large enough just to admit the index finger of each hand on either side of the glass rod. If there is less space than this, the spur may be kinked and the passage of wind hindered."

QUESTION FOR NEXT MONTH.

Describe the cause and symptoms of (1) acute and (2) chronic nephritis, the treatment and nursing care.

previous page next page