

## OUR PRIZE COMPETITION.

WHAT IS CÆSARIAN SECTION? WHAT ARE THE INDICATIONS FOR THIS OPERATION? HOW WOULD YOU PREPARE FOR IT, AND TO WHAT POINTS WOULD YOU PAY SPECIAL ATTENTION DURING THE OPERATION AND SUBSEQUENTLY?

We have pleasure in awarding the prize this month to Miss B. Nockolos, Sisters Mess, Royal Naval Hospital, Haslar, Gosport, Hants.

### PRIZE PAPER.

Cæsarian Section is an abdominal operation for the delivery of a child—so called because Julius Cæsar is supposed to have been delivered that way.

This operation is indicated when it is impossible or inadvisable to deliver the patient in the ordinary way. A deformity, small pelvic measurements of the mother, or a large baby may make it impossible; heart disease, or severe antepartum hæmorrhage may make labour inadvisable.

The preparation for this operation may be considered under two headings—the preparation of the patient, and the preparation of the theatre.

The patient is prepared as for an abdominal operation. This operation is frequently performed as an emergency, in which case the preparation consists of shaving and preparing the patient's skin, passing a catheter, and administering atropine hypodermically. The nurse looking after the patient would, of course, reassure her and explain the nature of the operation. If the operation is not performed as an emergency one, the patient is given a light diet the day before the operation and an aperient that night. She is shaved from above the waist to halfway down the thighs and then given a blanket bath. The next day the skin is cleaned with ether soap. The nurse then scrubs up and swabs the area with ether to remove any grease or soap; then she paints the skin with spirit, or picric, or iodine according to the wishes of the surgeon; covers the area with sterile lint or towel, and bandages in position. This is left on until the patient is anæsthetised. A light breakfast is given on the day of the operation and a glucose drink two hours before the anæsthetic. The patient's urine is tested for albumen, sugar, and acetone in the morning. A catheter is passed half an hour before the anæsthetic to guard against the possibility of injury to the bladder during the operation. Some surgeons like the catheter left *in situ* during the operation. A hypodermic injection of atropine sulphate gr.  $\frac{1}{100}$  is usually ordered by the anæsthetist to be given half an hour before the operation. The nurse who accompanies the patient to the theatre should stay beside her during the induction of anæsthesia, and reassure her if she seems nervous.

The theatre is prepared as for an abdominal operation; the table ready to be put in trendelenburg position, and a screen ready if spinal anæsthesia is being used. A general anæsthetic trolley, cylinders of oxygen and carbon dioxide mixture, as well as a spinal anæsthetic and gas and oxygen apparatus are prepared. A general set of instruments with gate (or other abdominal) retractor are sterilised; also vaginal specula, vulsellum forceps, swabs and gloves would be ready. The usual sterile bowls, hot and cold lotions, needles, ligatures,

swabs, dressings and towels, would be prepared. An injection of pituitrin or infundin would be ready, and a bowl to receive the placenta, and sterile towel for the baby.

During the operation the nurse would notice what kind of an anæsthetic the patient was having, whether her colour and pulse were good and whether there was much hæmorrhage. The nurse taking the case would be responsible for checking the swabs before the peritoneum was closed, and the instruments after the operation. She would see that the many-tailed bandage and abdominal binder were firmly applied, and a sterile pad placed over the vagina and kept in position with a T bandage.

The midwife would receive the baby in a sterile towel, resuscitate it if necessary with the usual methods, ligature and dress the cord, treat its eyes, and keep it warm until it can be weighed and measured and bathed.

After the operation the patient would be covered with hot blankets, and taken back to a well-warmed bed, to receive the usual post-operative nursing care. The patient would be carefully watched on returning from the theatre, the nurse taking care that she did not swallow her tongue or inhale any vomit. She would watch her colour to see that there was no respiratory obstruction or failure, and her pulse rate for signs of hæmorrhage, shock, or heart failure. As soon as the patient had recovered from the anæsthetic she would be propped up in Fowler's position if her pulse was satisfactory. It is important to do this as soon as possible to assist drainage and involution, and prevent displacement of the uterus. The nurse would keep an hourly pulse chart, and watch for hæmorrhage from the abdominal incision and from the vagina, changing the sterile pad when necessary. Considerable hæmorrhage may be treated by intravenous injection of gum acacia solution or blood transfusion. As soon as vomiting has ceased the patient may be given drinks. An injection of morphia or other narcotic is usually ordered for the evening after the operation, or before if there is much pain or hæmorrhage. The nurse would take note of the amount of urine passed by the patient, as catheterisation is sometimes necessary after this operation. An aperient is usually ordered on the second night. When lactation is established, the mother if well enough may feed her baby.

### HONOURABLE MENTION.

Miss Dorothy Margaret Wilkins, who receives Honourable Mention, writes: "There is little risk to the mother, and little danger of sepsis, if the operation is performed before the rupture of the membranes and in the absence of vaginal examinations." Amongst points to which special attention should be paid after the operation Miss Wilkins mentions: "Note involution of uterus, the quantity and colour of the lochia, the amount of sleep, and the pain experienced by the patient. Any engorgement of the breasts must be relieved by hot sponging, and expressing the milk. Put the infant to the breast twice during the first twenty-four hours, and four-hourly subsequently."

### QUESTION FOR NEXT MONTH.

What are the symptoms of the invasion of measles, its characteristics and special dangers? Describe the course of the disease and the nursing treatment.

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