

OUR PRIZE COMPETITION.

IN WHAT WAYS CAN AN OVARIAN CYST CAUSE INCONVENIENCE AND EVEN ENDANGER LIFE? DESCRIBE THE NURSING TREATMENT AFTER OPERATION FOR THE REMOVAL OF AN ADHERENT CYST.

We have pleasure in awarding the Prize this month to Miss I. C. Finlayson, S.R.N., F.B.C.N., Glorat Auxiliary Hospital, Milton of Campsie, Stirlingshire, N.B.

PRIZE PAPER.

An ovarian cyst causes inconvenience by its size, and if large by its weight. Its gradual and sometimes rapid growth causes pressure on the surrounding organs and tissues, and if adhesions form to any of these the condition is more serious. Pain and discomfort are experienced by the patient, as in many cases the cyst contains several pints of fluid. It may become displaced, and the pedicle by which the cyst is connected to the ovary, and by which it receives its blood supply, is twisted. Should the latter occur gangrene would supervene. Rupture of the cyst allowing an escape of its contents into the abdominal cavity would cause peritonitis.

The cyst might be adherent to a ureter or to a portion of the bladder wall. Rupture of either of these organs would allow of an escape of urine into the pelvic cavity, and again would be dangerous and the infection be a likely cause of peritonitis.

Adhesions between the cyst and a portion of bowel would be sufficient to cause gangrene of that part if a loop of bowel was fixed by a band of adhesions. The blood supply would be interfered with or cut off. Perforation of a part of the bowel from the same cause and the escape of faecal matter into the peritoneum would be sufficient to set up a general peritonitis.

After operation the patient will be put into a warm bed and treated for shock by warmth. A rectal infusion of $\frac{1}{2}$ pint of normal saline with 1 oz. of glucose, 100° Fah., will be given, and repeated at four or six hourly intervals for the first 24 or 48 hours after operation. Should the patient be suffering severely from shock, 1 oz. brandy may be added to the saline given on return from theatre. Morphia gr. $\frac{1}{4}$ H.I. will be ordered to relieve pain and shock, and further doses of morphia will be ordered by the doctor in charge as required, at six or eight hourly intervals during the first 48 hours.

The nurse will also have ready (on the patient's return from operation) everything necessary for the administration of subcutaneous or intravenous injection of saline.

The patient will be nursed in Fowler's position, and necessary comfort and support given with pillows carefully arranged.

If a drainage tube has been inserted in the abdomen the discharge (if any) must be carefully watched for and noted, changing dressings when necessary.

Post-operative sickness may give rise to much discomfort for the patient. Soda bicarb. 1 dram in warm water 6 oz. may give relief in acting as a stomach lavage. If sickness and vomiting persists and the patient is unable to retain fluids given by mouth, saline injections per rectum will require to be increased; and if the patient's strength shows signs of failing, an intravenous saline may be necessary.

Inability to pass urine may give rise to much uneasiness, and the nurse will encourage the patient to pass urine normally in every way. Should it become necessary to pass a catheter, this will be done with the utmost care, and every precaution taken against infection of the bladder. If a ureter or the bladder has been ruptured before or during operation, a daily bladder washout may be ordered, when the same aseptic precautions must be observed. The amount of urine passed (or withdrawn) for the first few days will be measured and reported.

Reactionary hæmorrhage may occur soon after operation, and signs and symptoms must always be watched for by the nurse. If a drainage tube has been inserted blood escaping might appear on the dressing covering the tube. Signs of internal hæmorrhage are: pallor, restlessness, feeble pulse, skin cold and clammy. A dose of morp. Sulp. gr. $\frac{1}{4}$ will be ready to give if ordered by the doctor. The bed will be lowered from the top and raised at the foot. Heat will be applied by means of hot bottles. Lower limbs may be bandaged with flannel bandages. Cold or warm fluids given to drink frequently. Camp. in oil $\frac{1}{6}$ Ether 1 c.c. prepared to be given hypodermically to stimulate the heart, if required. If the patient's condition does not improve, operation may be decided on by the surgeon, who will suture the bleeding point.

Paralysis of the bowel may occur, the first symptoms being distension and discomfort in the abdomen from air and gas in a part of the bowel. Severe pain is felt by the patient, and a flatus enema of 10 oz. of thin boiled starch with $\frac{1}{2}$ oz. of turpentine or soap, and water 1 pint with turpentine $\frac{1}{2}$ oz.; either will be given by funnel and catheter, the foot of the patient's bed raised meantime.

Should this not give relief, a hypodermic injection of esserin gr. 1-100, followed by an enema as already suggested, might help. Further symptoms will be carefully watched for and treated.

Should the patient progress favourably from the time of operation, fluid diet may be given for the first three days. On the third day an aperient is usually ordered, and if the result is satisfactory the patient will be given a semi-solid diet, and on the fifth day this will be increased and a light nourishing diet given.

The patient may be allowed up in 21 days if progress is uninterrupted.

QUESTION FOR NEXT MONTH.

Describe the nursing care of a marasmic baby; what may bring about such a degree of wasting?

THE BATTLE OF FLANDERS.

This is not the place to discount black treachery. Suffice it to say, French and British land, sea and air forces covered themselves with glory in their bitter fight at Dunkirk to resist the German drive and to assure evacuation.

Courage my soul! now learn to wield
The weight of thine immortal shield;
Close on thy head thy helmet bright;
Balance thy sword against the fight;
Now, if thou be'st that thing divine,
In this day's combat let it shine.

ANDREW MARVELL.

[previous page](#)

[next page](#)