

Treatment.—Penicillin (drops, subconjunctival, systemic or irrigation of Anterior Chamber). Sulphonamides by mouth, etc.

Eye is usually lost.

4. Iritis.—Treatment as for iritis generally.

5. Striate Keratitis.—Due to oedema of the deep layers of the Cornea. Often due to a too hot, too cold or too vigorous Anterior Chamber washout.

6. Expulsive Hæmorrhage.—Usually soon after operation due to sudden lowering of pressure on intra-ocular vessels.

Eye always lost.

#### Late Complications of Cataract Extraction.

1. Sympathetic Ophthalmia.

2. Secondary Glaucoma (e.g. following iritis, posterior synechiæ and iris bombe, vitreous and soft lens matter in Anterior Chamber).

3. Detachment of the retina (e.g. Many years after dissection, after vitreous loss at operation).

#### Restoration of vision after cataract operations.

1. Absence of intra-ocular lens makes it necessary for patient to wear a strong lens in front of eye before being able to see.

2. Since accommodation is completely lost by removal of lens separate pairs of spectacles must be worn for distance and reading.

#### Pre-operative nursing of Cataract Extraction.

1. Test urine to exclude diabetes and other general diseases.

2. Culture eye to be operated on 48 hours before operation.

3. Treat with penicillin or other anti-bacterial drops to keep conjunctiva sterile or to combat any organism which may be present.

4. Observe general fitness of patient for operation and warn the surgeon of any chest condition, etc.

5. Prepare patient for operation by helping him to become acclimatised to ward conditions and routine, and by warning him of the behaviour which will be expected of him after the operation.

6. Purgative or enema to clear bowels lest complications should occur because of straining efforts soon after operation.

7. Dentures.—Ask patient if he would like them kept in or left out.

8. The lashes are cut. Eye irrigated. After culture has been taken both eyes are treated with proflavine and penicillin four-hourly until time of operation. Usually the night before operation atropine 1 per cent. is ordered by the doctor to be instilled into the eye for operation.

On day of operation premeditation as ordered is given one hour before time of operation. Local anæsthesia is started in the ward half hour before operation which consists of:—

Gutt adrenalin 1—1,000.

Gutt cocaine 4 per cent.

Gutt homatropine 1 per cent.

#### Post Operative Nursing of Cataract Extraction.

1. Patient to sit up but must not do anything for himself. Keep on bed absolute for about six days. Must be fed, have bed-pan, etc. Avoid all foods which require much chewing. No shaving, or smoking. Do not let head drop (keep chin up). Avoid startling patient with sudden noises or shocks.

2. At night, wire cage over eye bandage; sedatives; tie hands.

3. First dressing. Full aseptic precautions. Look at patient's chart to see if it is a 24- or 48-hour dressing. Be very gentle and warn patient of everything you are going to do. No drops if any complication is suspected until advice of Sister or Surgeon is obtained. Good eye usually unpadding at first dressing.

4. Dark glasses and sitting out of bed sixth day if normal case. Continue to bandage at night.

These cases are nursed in Fowlers position with a:—

Knee pillow.

Air ring.

Back rest and, if possible, the addition of a small soft head pillow.

An aperient is given on the fourth day after operation, if the case appears to be satisfactory, this is followed by liquid paraffin B.D.

The patient's back is treated on the third day and a blanket bath is given on the sixth day.

Patient is discharged on the tenth day wearing pad and bandage and dark glasses at home. Atropine  $\frac{1}{2}$  per cent. drops daily until seen again in O.P.D. two weeks later. Instructed not to bend from the waist, pick up anything from the floor or lift heavy objects.

M. B. M.

#### QUIZ CORNER.

There once was a reader who said  
"There's an answer to what I've just read  
Can you find it?" quoth he  
If you can, you will be  
Awarded a prize of five shillings.

#### DO YOU KNOW YOUR ANATOMY?

1. Which of the following is the common complaint called housemaid's-knee? Cellulitis, Gastritis, Prepatellar-bursitis, Tonsillitis, Tenosynovitis.

2. Where is Broca's area? What part does it play in the function of the individual?

3. Can you locate the following on yourselves? The olecranon, occiput, coccyx, sternum.

4. Where is the tendon of Achilles? What is the origin of the name?

5. What muscles should you exercise to obtain the "New Look" waist line?

6. If you were told to contract the sartorius muscle and flex the hip and knee joint, in what position would you place yourself?

The author of the first paper to be received at 19, Queen's Gate, London, S.W.7, giving the correct answers will be awarded a prize of five shillings.

[previous page](#)

[next page](#)