

## Lumbar Sympathectomy.

### Introduction.

IN 1924 Royle made the observation that following the operation of lumbar sympathectomy for spastic paralysis, the vessels supplying the lower extremities become dilated. Since then lumbar sympathectomy has proved beneficial in the treatment of the following conditions affecting the lower extremities :

1. *Intermittent claudication due to*
  - (a) Thrombo-angitis obliterans (Buerger's disease).
  - (b) Arterio-sclerosis of the vessels of the legs.
  - (c) Raynaud's disease.
2. *Trophic ulcers due to*
  - (a) Anterior polio-myelitis.
  - (b) Spina bifida.
  - (c) Syringomyelia.
3. *Causalgia, due to*
  - (a) Peripheral nerve injury.
  - (b) Amputations.

### Anatomy.

The lumbar portion of the Sympathetic chain lies on either side of the front of the lumbar vertebræ, at the medial margin of the psoas muscle. On the right side it is overlapped by the inferior vena cava; while on the left it lies lateral to the aorta, in this part of the chain there are four enlargements known as ganglia. Between the lumbar ganglia and the adjoining lumbar nerves there are communications called rami communicantes which are distributed along the nerves to the blood vessels of the legs. The chain also gives branches which accompany the blood vessels to the abdominal and pelvic viscera.

### Pre-Operative Tests.

One or other of the following investigations may be carried out to assess the degree of vessel dilatation which might be expected to take place after a lumbar sympathectomy, either a paravertebral injection of novocain, or heating the patient in a sweating chamber with legs protruded. The skin temperature of the limb is recorded using a skin thermometer.

### Operation.

The operation is performed under a general or spinal anæsthetic. The incision is like a McBurney Grid iron, except that it commences at the tip of the ninth costal cartilage and extends downwards and forwards to a point two inches below and lateral to the umbilicus. The muscles are split in the direction of their fibres until the peritoneum is reached. This is then brushed away from the abdominal wall towards the mid line carefully lifting the ureter with it. When the medial margin of the psoas is reached and the great vessels are seen, the lowermost part of the lumbar chain is exposed. The lower three ganglia of the chain are removed. The abdominal muscles are approximated with catgut sutures and the skin incision is closed.

### Post-Operative Care.

The only post-operative complication following the operation is meteorism, and is dealt with by intra-muscular petressin, one to be given four-hourly, and a small enema; the remainder of the post-operative treatment is as for any other abdominal operation.

SISTER M. RUTHERFORD, S.R.N., Neuro-Surgical Theatre Sister, The Royal Infirmary, Sheffield.

## Nursing Echoes.

HER ROYAL HIGHNESS, THE PRINCESS ELIZABETH, has generously consented to become President of the National Association for Maternity and Child Welfare.

We trust that this Association, which has contributed so much to the mothers and children, will continue to go still further forward under its new Royal President.

IN a course of lectures in the Post-Graduate Course in Neurological Nursing, to be delivered at the National Hospital, Queen Square, London, on April 4th, Mr. Wylie McKissock will speak on "Pre- and Post-Operative Treatment for Spinal Lesions," at 6 p.m., and on April 11th, Dr. R. Atwood Brown will lecture on "Anæsthesia in Neurosurgery," at 6 p.m. All senior nurses are invited by the Matron to attend these lectures.

WE congratulate the following nurses of the Crichton Royal who have been successful in passing the examinations held recently by the General Nursing Council for Scotland. Final examination: Ellen Doyle. Preliminary examination: Rosanna Doyle, William Garrett, Mary B. McDonald, William G. McMillan, Annie Todd.

ALL local authorities and hospital authorities have had described to them the arrangements which have been made for the provision of Rest Break Houses for practising nurses (both male and female) and midwives, whether qualified or in training. The object of these arrangements, which are being continued, is to provide a rest for nurses and midwives who are suffering from fatigue and who might without this opportunity incur a serious breakdown in health. Convalescent persons or holiday makers are not accepted at the Houses. The following Houses are open, under the management of the Council for the Provision of Rest Break Houses for Nurses and Midwives (at 106, St. Clement's House, London, E.C.4; telephone: Mansion House 7198):—

Barton House Hotel, Barton, Hants (accommodation for 48).

Dry Grange Hotel, Melrose, Rosburgh, Scotland (accommodation for 28—to be increased to 55).

Peveril House, Buxton, Derbyshire (accommodation for 27).

Applications for accommodation are to be made direct to the Wardens of the Houses.

The Minister of Health has expressed the hope that the authorities concerned will do everything possible to release nurses and midwives who are in need of a rest break and who wish to make use of the facilities offered. The granting of leave for this purpose has been a matter within the discretion of the hospital authorities.

Experience shows that the provision of rest break facilities serves a very useful purpose and the Minister expects that Hospital Management Committees and Boards of Governors will wish to continue to give the opportunity of a rest break to any nurse or midwife who needs it. The limited extent of the available provision and the staffing difficulties of hospitals will naturally restrict very severely the numbers who can be given these opportunities.

Where, on the recommendation of the Matron, supported by the advice of a medical officer, the Hospital Manage-

[previous page](#)

[next page](#)