THE AFTER-TREATMENT OF CASES OF ABDOMINAL SECTION

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CHRISTOPHER MARTIN

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Trieste

To Dr. Gibbons
Los Gatos Cal. from
June 12th, 1894. his friend,
R. A. K. -

THE AFTER-TREATMENT OF CASES OF ABDOMINAL SECTION.

BY

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PREFACE.

I HAVE now had under my care over one thousand abdominal sections; and in this little volume I have endeavoured to crystallize my experience of the after treatment—gained for the most part during the years when I was intimately associated with the work of Mr. Lawson Tait.

I cannot let this occasion pass without acknowledging my deep indebtedness to the teaching of that distinguished surgeon.

It will be found, however, that I have ventured to differ from him on several important points—notably as to the value of antiseptic measures.

CHRISTOPHER MARTIN.

22, BROAD STREET,
BIRMINGHAM.
December, 1893.

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NEXT to the skilful performance of the operation, the most important factor in securing the patient's recovery is the correct management of the case after the operation, and the prompt and judicious treatment of the various complications that may arise. With the operation itself I am not now concerned; but I propose to indicate the lines on which the after-treatment should be conducted. Other methods there are, but I shall not refer to them, believing as I do that the following is the best.

With certain exceptions, the after-treatment of all cases in which the peritoneal cavity has been opened is practically the same. In some cases, especially enterectomies and hysterectomies, there are important deviations from the routine treatment. But these exceptions are few in number, and do not affect the general principles.

Most abdominal surgeons insist on the operation being performed, whenever possible, in a special hospital—public or private—where the after-treatment is conducted by the surgeon himself and his own trained nurses. But this is not always feasible; and not infrequently the surgeon is obliged to operate at the patient's own home, situated it may be in the heart of Wales or in some out-of-the-world village in Devonshire. The operation safely over, the surgeon departs; and the after-treatment of the case is left in the hands of the family attendant, who perhaps has never before seen an abdominal section, and who has the vaguest notions of the complications that may arise. To such an one the following notes may be of service.

There are several matters which the medical attendant is expected to attend to before the arrival of the surgeon; and as these have an important bearing on the after-progress of the case, I shall now briefly allude to them.

The Nurse.—Most abdominal surgeons have their own staff of nurses specially trained by them; and they wisely insist, wherever it is possible, on one of these taking charge. In other cases the family attendant has to engage a nurse before-hand. He should choose, if possible, one who has had some previous experience of abdominal surgery. In addition to having a full knowledge of her profession, she must be young and robust, quiet and quick in her movements, firm and yet kind, scrupulously clean in her person and work, and above all, implicitly obedient to instructions.

The Room.—A suitable bedroom must be selected for the operation. It should be remembered that the patient and nurse after the operation will have to share the same room; so two beds should be provided. The bed chosen for the patient's use must be small and narrow, to facilitate moving her, dressing her wound, and giving her the bed-pan. It must be provided with a firm hair mattress—a feather bed is an abomination. The room must be large, well ventilated, heated preferably by a gas fire, and situated in the quietest part of the house. There must be a good morning light. There must be no suspicion of bad drains in or near the house. But although the operation has to be performed in the patient's bedroom, care must be taken that she is not horrified by the needless introduction of the operating table or an array of surgical instruments. These must be all arranged outside the room, and not brought in until the patient is anæsthetised.

Preparation for the Operation.—On the previous evening an aperient should be given, and on the morning of the operation the lower bowel emptied by means of a simple soap enema. For twelve hours before the operation no food must be taken. When not otherwise contra-indicated, she should have a hot bath the night before, and in all cases on the morning of the opera-

tion the skin of the abdomen must be thoroughly cleansed with turpentine followed by the free use of soap and hot water. At the same time the nurse should wash out the vagina. The surgeon brings his own instruments, sponges, and dressings. The medical attendant, however, must provide or rig up an extempore operating table. A narrow kitchen table answers very well, or two dressing tables, placed one at right angles to the other (in the form of a letter T) may be used. At the Hospital for Women, and also in Mr. Lawson Tait's private hospital, a simple board supported on two tressels is found to answer all purposes; it is of the simplest possible construction, is easily kept clean, and is readily moved from room to room. It is to be covered with a folded blanket and over this a sheet of mackintosh. He must also see that there is a copious supply of hot and cold clean water, plenty of basins and towels, and half a dozen hot water bottles.

The patient must have on her stockings, her night-dress, and a warm bed-jacket. All being ready, the catheter is passed (and it must be absolutely certain that there is an emply bladder), the patient's denture is removed, and the anæsthetic commenced. She must be anæsthetised in her bed—not on the operating table. For the great majority of cases the best anæsthetic is a mixture of two parts of ether and one of chloroform given with Clover's inhaler. But for patients who are under fifteen or over fifty, or who have renal disease, or who are bronchitic, pure chloroform administered on a towel is preferable. The bronchitis which ether is apt to cause is a serious complication after an abdominal section, and the suspension of the functions of the kidney involved in its use renders it dangerous in renal surgery. Mr. Lawson Tait pointed out years ago that, in the human being at any rate, ether stops the secretion of urine during the period of anæsthesia. Chloroform on the other hand has no such baneful action.

The Operation.—As soon as the patient is unconscious, the operating table, the trays of instruments, the basins, and sponges, are brought into the room and arranged as the surgeon