

PARAPLEGIA AND INCONTINENCE

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It is never easy for a person to become a hospital patient. The dramatic change in physical environment, disruption of personal routines, separation from family, diminution of individuality and above all anxiety about the outcome of illness and hospitalisation are all disturbing. If the person happens to be a young man and intellectually unaffected but physically incapacitated by mere chance or sudden accident, then the suffering becomes all the more intolerable and even more so when he falls from a commanding social position. The following is an account of such an individual to whom I had the opportunity to render nursing care.

My patient was in tears when I looked at him. Going nearer, I found that the inner turmoil and conflict frustrated his strength of conscious control. He was sweating profusely and his extremities were cold to the touch. His abdomen was rigid and legs were swollen. Between his thighs lay a urinal in which he was trying to hold the free end of the indwelling catheter. A bead of pus dripping out of it alarmed me. The sheet underneath the hips was completely drenched and emitting an offensive urinous smell.

He was a moderately built young man of 38 years and was employed in the Police Force. His father was a retired Police Constable. He was the eldest and all the four younger brothers were also in the Police Force. He was married and had three sons, and was leading a very happy life. Suddenly one night disaster overtook him when returning from duty. He was stabbed from behind by an unknown person. He stumbled and fell on the ground but did not lose

consciousness. He called for help and was rushed to the Medical College Hospital in a taxi and admitted in ward No. 4 with complaints of stab injury in the back, inability to move his lower limbs, loss of sensation from the waist downwards and inability to pass urine.

The wound was on the right side of his back near the scapula. His chest functions were normal.

On admission he was treated for shock, wound infection and urinary retention. His blood pressure touched the danger zone of 90/70 mm. Hg. He was administered glucose saline, injection pethidine 75 mg., injection A.T.S. 1500 units, injection streptomycin 5 gm. twice a day, and injection Cryst. penicillin 5 lacs six hourly. Blood grouping was done and X-ray examination of the chest did not reveal any abnormality. Since measures taken to help him pass urine failed, catheterisation was resorted to.

Next day, the patient was taken to the operation theatre and a mid line incision from 1st to 5th dorsal vertebrae was done. It was found that the stab injury had gone through the ligamentum flava between DV 3 and DV 4. There was a gush of blood from the vertebral canal. An extensive lacerated wound on the antero-lateral aspect of dura and cord was noticed. Intensive bleeding did not allow further exploration and the wound was closed after the removal of spinous processes and the laminae.

The operative exploration and other findings had confirmed that the case was one of "complete transection of spinal cord" which resulted in paraplegia and retention of urine.

The post-operative fortnight did not bring any improvement in his condition and he developed incontinence. This necessitated in putting him on continuous catheter drainage. He developed a bed sore 4" x 2" x 1½" on the right hip and the sacral area showed signs of malnourished and discoloured skin. It was in this condition that I first met my patient and his plight was so bad that I felt that I must make an effort to console him in spite of the language difficulty.

The Nursing needs of the patient included the care of the mind, spirit and the body, but they differed from the care of an acutely ill person. I recognised his nursing needs as follows:

1. To facilitate the adequate drainage of urine.
2. To facilitate the maintenance of circulation in the lower limbs and areas subjected to pressure thereby eliminating sore formation.
3. To promote the healing of bed sore.
4. To eliminate infection of the urinary system.
5. To prevent infection of the lungs and promote normal functions.
6. To facilitate the maintenance of fluid and electrolyte balance of the body.
7. To meet the nutritional need, cleanliness and comfort of the patient and to promote normal elimination.
8. To promote safety through prevention of accidents and injuries.
9. To promote in him a feeling of trust and self-help and to educate him and his attendant to help themselves and to help him gain strength and will.