Nursing Care Study of a Cholecystectomy

By

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My patient, Mrs. A., was admitted to the female surgical ward at 7 p.m. on November 5th. She was suffering from Cholecystitis.

I met her for the first time when I reported on duty the next day. I found her lying in bed and looking very sad. While giving her a bath, I talked to her. She responded by telling me all about her illness. She said that she had been suffering from pain in the right hypochondrium radiating to the right shoulder over a period of two years. Although she appeared well nourished, she said she could not tolerate greasy food. She said that she had fever periodically, and had received treatment for this.

After several days she began to talk about her family and home life. She is forty years old and married to a merchant. She has one son who is also married, and a daughter thirteen years old who is at home. They live in a village near Patna. The daughter does not attend school but stays at home to help her mother in the house. I urged my patient to send her daughter to school in order that she would have the advantages that both she and her husband did not have.

My patient said that six days before admission she had severe pain and vomitted after taking food. On admission she was still having this pain, and was given Atrophine gr. 1/100 I. M. which gave her some relief. The doctor also ordered Terramycin 100 mg. I. M. q. 6 hourly, pethidine 50 mg. q. 4 hourly for pain as needed, nothing by mouth and fluids to be administered intravenously. A Levine tube was introduced and kept open for drainage. Her blood examination on admission revealed the following:

<table>
<thead>
<tr>
<th>Mrs. A.</th>
<th>Normal</th>
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<tbody>
<tr>
<td>Haemoglobin 9 GM</td>
<td>12 GM</td>
</tr>
<tr>
<td>White Blood count</td>
<td>2,300</td>
</tr>
<tr>
<td>Lymphocytes 33</td>
<td>25—33</td>
</tr>
<tr>
<td>Monocytes 2</td>
<td>1/2—2</td>
</tr>
<tr>
<td>Basophils 1</td>
<td>1—2</td>
</tr>
<tr>
<td>Eosinophils 18</td>
<td>1—4</td>
</tr>
<tr>
<td>Segmented Neutrophils 46</td>
<td>60—70</td>
</tr>
<tr>
<td>Bilirubin</td>
<td>Direct 3.25 mg.</td>
</tr>
<tr>
<td>Total 4.15 mg.</td>
<td>0—0.8 mg.</td>
</tr>
<tr>
<td>Serum Glutamic Pyruvic Transaminase 98.2 Units</td>
<td>10.30 Units</td>
</tr>
<tr>
<td>Alkaline Phosphate 9.5 units</td>
<td>1.5—4.0 Units</td>
</tr>
<tr>
<td>Serum Amylase 220.0 Units</td>
<td>80—150 Units</td>
</tr>
</tbody>
</table>

Mrs. A’s Haemoglobin was low. Although the white blood count was not alarmingly low, there was sufficient indication of low resistance to infection. The white blood cells, or leucocytes, act as scavengers and resist infection; they aid other body cells in growth and repair. The various types of white cells studied in this blood test were Lymphocytes, Monocytes, Basophils, and segmented Neutrophils. All of these are phagocytes and thus act to engulf bacteria. The Lymphocytes, Monocytes, and Basophils were within normal range. The Eosinophil count was markedly elevated. This could be caused by inflammation. The Segmented Neutrophils are mature white blood cells. Bilirubin is pigment present in the red blood cell. The life span of a red blood cell is 100 to 120 days. When the red blood cell is destroyed, pigment is liberated. This pigment is excreted by the liver. In liver disease this function is impaired, so there is an increase of pigment in the blood circulation. Mrs. A’s Bilirubin level was elevated. In liver disease there is an increase in certain enzymes in the blood. The tests for Serum Amylase, Alkaline Phosphate, and Serum Glutamic Pyruvic Transaminase are tests used for determining if these enzymes are increased; all the tests were elevated.

Mrs. A’s urine examination revealed the following:

- Reaction: Acid
- Albumin: Trace
- Sugar: Negative
- Bile Pigment: Positive
- Bile Salt: Negative

A chest X-ray taken on the 6th was negative.

On the 6th her pain subsided somewhat and the Levine tube was removed. She was placed on liquid diet—fat free. The terramycin which was being given intramuscularly was now ordered to be administered by mouth. The patient was given one unit of blood to prepare her for surgery. She had no untoward reaction.

She was posted for surgery on 10th morning. She was afraid of the operation, and expressed this to me amid tears. She was sure that she would not live to see her children again. As she cried, I spoke to her gently of the necessity of the operation and reassured her. She finally concluded that she was willing to do anything that would rid her of the pain. While doing her skin preparation, I told her that she would be sleeping during the operation and would not feel any
pain. After the preparation, I taught her the breathing exercises that she would have to do after the operation, and taught her to cough while gently holding her abdomen for support. At 8 p.m. I gave her an enema, and she had good results. I instructed her to fast from midnight, and gave her sedation to ensure good sleep before her operation.

She received an intravenous infusion in the morning. A Levine tube was inserted and kept on constant drainage in order to keep her stomach empty. At 11 a.m. she received a promedication of Morphinum gr. 1/6 and Atropinum gr. 1/6. After this she dazed until the nurse from the operating room came to take her on the stretcher. As she was still somewhat apprehensive, I accompanied her to the operating room. She appreciated this, and asked that I remain with her always.

At 12 noon, anesthesia was started, and within 30-45 minutes she was fully anaesthetized. The surgery was then begun, and a Cholecystectomy performed. It was found her gall bladder contained multiple stones.

She returned to the ward at 4 p.m. I received her into a warm bed and checked her vital signs. Her blood pressure was 100/60, her pulse 90, and her respirations 24. The T tube was then connected to a drainage bottle, and kept on constant drainage. I kept her head turned to one side, and kept the airway in place in order to maintain a clear air passage. The Levine tube which was still in place was connected to a venous suction apparatus and kept on constant suction. This helped to prevent vomiting and abdominal distension. Side rails were placed on her bed.

Each day I gave my patient a good bath to make her comfortable. She co-operated well in doing the breathing exercises I had taught her, and coughed at my request. This helped to prevent any chest complications. Her position was changed frequently, and she was given back rails to keep her skin in good condition. She remained on Intravenous fluids for 2 days, after which the Levine tube was removed and she was started on clear liquids by mouth. The T tube drained well, and she had little difficulty with abdominal distension. Early ambulation helped to prevent post-operative complications. The drain was removed on the 5th day post operative the T tube on the 9th, and the sutures on the 12th. She was discharged on a low fat diet.

It was a joy to care for this patient as she was co-operative with all her nurses.

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\(\text{(Cont'd from page 61)}\)

5. City Clinical Hospital No. 57.
6. Children's Psychoneurological Dispensary.

\(\text{B. The Ukraine Republic} \)

\(\text{Kiev} \)
2. Hospital No. 2 of the Darnitsa Rayon.
3. City Ambulance Station.

\(\text{Vinnitsa} \)
1. Oblast Hospital.
2. Tulchin Rayon Hospital.
3. Uchastok Hospital of the Village of Klenov.

\(\text{C. The Georgian Republic} \)

\(\text{Tbilisi} \)
2. Polyclinic No. 27.
3. Feldscher Unit at champain factory.
4. Women's Consulting Clinic.
5. Children's Hospital No. 3.

\(\text{Sukhumi} \)
1. Medical School.
3. Republic Hospital.

\(\text{S. N. A. Secretary's Itinerary} \)

\begin{tabular}{|c|c|c|}
\hline
\textbf{Dates} & \textbf{Leaving} & \textbf{Arriving} \\
\hline
1.3.1967 & Delhi & \textbf{Kanpur} \\
2.3.1967 & & \\
3.3.1967 & & \\
4.3.1967 & Kanpur & Allahabad \\
6.3.1967 & Allahabad & Kachhwa \\
7.3.1967 & Kachhwa & Varanasi \\
10.3.1967 & Varanasi & Gorakhpur \\
11.3.1967 & Gorakhpur & Lucknow \\
14.3.1967 & Lucknow & Fatehgarh \\
15.3.1967 & Fatehgarh & Kasganj \\
16.3.1967 & Kasganj & Bareilly \\
18.3.1967 & Bareilly & Saharanpur \\
19.3.1967 & Saharanpur & Meerut \\
21.3.1967 & Meerut & Delhi \\
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\end{tabular}

I am looking forward to meeting as many members as possible of the S.N.A., TNAI, H.V.L. and M.A. during my tour.

\textit{—M. Philip}