

# The 'Tricky' After Pain

By

Sister Ida

Holy Cross Hospital, Kottiyam, Quilon, Kerala

## Introduction

Inflammatory lesions of the pancreas may be acute or chronic and are associated with a characteristic clinical picture. Inflammation of the pancreas is due to infection, but may also be due to necrosis of the pancreatic tissue without infection in the initial stages. Trauma to the pancreas, and obstruction in the biliary and pancreatic ducts predisposes to acute pancreatitis. The cause of inflammation may be infection which reaches the gland *via* the lymphatics, the blood stream, or the ducts. Acute inflammation may also be due to non-infective conditions, such as activation of the pancreatic enzymes, due to regurgitation of bile along the pancreatic ducts. Activation of the pancreatic juice causes autodigestion of the gland. Since the pancreas is vascular a haemorrhagic effusion develops. It is an acute inflammatory reaction, either involving the whole gland or a part of it being confined in the latter case to the head, body or the tail.

## Case Report

Juliet, a 5th para woman was admitted to this hospital on 1-12-65 with labour pains and delivered normally at 1:20 p.m., a female alive baby weighing 6 lbs. and 2 ozs. She was transferred to the post-natal ward at about 7:00 clock. Patient had a normal puerperal period. Following delivery she complained of abdominal pain which was treated as after pains. On the third day her abdomen was tender and distended. At 10 a.m. Tab. Charcoal given and flatus passed with good result. The B.P. came down so inj. Veritol 1 amp. given at 3 p.m. with no result. So enema given at 4.30 p.m. Only the water returned. The abd. girth was 86 cm. Ryles tube was put at 4:45 p.m. and aspirated 600 c.c. of fluid.

As an antibiotic Steclin 100 mg.

6th hourly started at 6 p.m. Towards 8 p.m. the B.P. came down to 100/60. Patient was restless. So inj. Pethidine 50 mg. given to quieten her. Inj. Solucortef 100 mg. and Veritol one amp. given. I.V. Dextrose 1 pint started. As the patient was dyspnoeic, O<sub>2</sub> inhalation started and it was continued throughout the night. Pulse and B.P. were checked  $\frac{1}{2}$  hourly. 6 pints of Glucose and Dextraven alternately given intravenously. 1 pint blood also was given.

Towards morning catheterization done and 300 c.c. of urine obtained. She was showing signs for the better. Morning temp. 100° F. Pulse 140/mt. B.P. 110 mm/Hg. Abd. girth 81 cm. At 10 O' clock she had 1 pint glucose saline and Inj. Veritol one amp. Condition was satisfactory. Towards evening she was again restless. At 10.30 p.m. B.P. 90. Abd. girth 85 cm. So Inj. Pethidine, Inj. Micoren 1 amp. I.V. Glucose saline, Cal. Pantothenate, Veritol 1 amp. and Solucortef 100 mg. given. 200 c.c. of blood given. Inj. Steclin 6th hourly continued and Inj. Cocktail given as the patient was restless at 12 p.m.

Patient was so restless that drugs were given to sedate her. Cardiac tonics and respiratory stimulants were administered frequently. Aspiration done often and greenish fluid obtained. Gly. enema given, no result. Flatus tube passed, no result. Temp. went up to 104° F.

Morning Temp. 103.4. Pulse 140. B.P. 120 and throughout the day temperature was ranging between 102 and 105. At 1 p.m. Inj. Novalgin 1 cc. given. As the temperature was 105°F it was repeated again at 4 p.m. At 5 p.m. temperature came down to 101.8° F. Steclin continued. Inj. Reverin given intravenously. Aspirated greenish fluid.

She was prepared for operation and Inj. Atrophine 1/100 gr. given as a premedication. She was taken to the theatre at about 6 p.m. and under general anaesthesia, abdomen was opened by right lower paramedian incision. Peritonium was found to be full of bile coloured fluid. Gall bladder, stomach, duodenum and intestine all appeared normal. It was diagnosed as acute pancreatitis.

Patient was transferred to the post operative ward at 7.30 p.m. She had I.V. glucose saline 2 pints. B.P. and pulse checked throughout the night half hourly. Morning temperature 102° F. Pulse 140. Sips of water given by mouth. Dressing changed. Catheter released. I. V. Glucose 2 points given with Synopen 1 amp. Inj. Reverin 1 vial and Solucortef 100 mg. given intravenously. Only very little stomach contents were aspirated. Back and mouth were attended frequently. At 7.30 p.m. she had Inj. Cocktail. She slept on and off at night. Had 2 motions in the night. On 11-12-65 Inj. Reverin was discontinued and instead Inj. Dicrysticin and Cap. Terramycin started as antibiotics. Tab. Vit. C, B. Complex, Neomethidine t.d.s. given. At 9 a.m. a sponge bath given. Nothing special was noticed on that day and on the following day. On 13-12-65 the drainage tube was removed.

All routine care including mouth care, daily sponge, gradual increase in dietary regime were all effectively done with the co-operation of the patient.

## Conclusion : Minor Disorders.

After pains are due to spasmodic uterine contraction and have been likened to dysmenorrhoea. They occur during the first 48 hours of the puerperium and are more commonly experienced by multi-

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