

A Surgical Nursing Case Study

By

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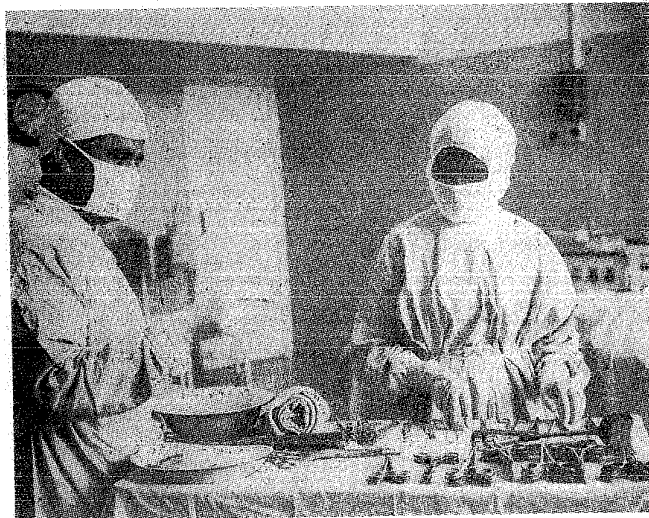
Mr. M. 55 years old, a strong looking man was admitted on June 11th complaining of distention and a burning sensation in the abdomen.

Personal History

This patient of Indian nationality was born in a village named Bainia. He does not read and write his language—Hindi. His family is very poor, so that he has to work very hard in order to feed himself and his family. He is the youngest son of his parents. Mr. M. was married when he was 25 years old. He had six children who all died in infancy.

While taking care of him I came to know more about his sickness. He told me that he was suffering for 5 years with gastric pain and abdominal distention, vomiting, loss of appetite and constipation.

He was brought to our hospital at 4-30 p.m. in acute distress with temperature of 97°F. Doctor examined him and diagnosed an intestinal obstruction. It was decided to operate that morning. I.V. saline 1500 c.c. with 5% glucose was started; and a nasal tube inserted and suction apparatus set up on admission. Complete blood count and urinalysis was ordered.



In the theatre nurses and doctors form a team and the student nurse has much to learn.

Mr. M. had never been a patient before, so this was his first time in the hospital. While taking care of him I came to know more about his sickness. He told me that he was suffering for 5 years with gastric pain and abdominal distention, vomiting, loss of appetite and constipation.

Result.

Haemoglobin — 90 %
R.B.C.—4820,000. W.B.C.—15,400 E.O.S. 1%, Seg. 90%. SI—5% L.L.—2% and mono.—2%.

Urine : Trace of sugar.

Pre-Operative Care.

B.P. Checked : 120/80. Usual preoperative care given. Nothing was given by mouth after admission.

At 8 a.m. doctor came to see the patient again and told him about the operation. Mr. M. refused surgery against medical advice. I tried my best to

gain Mr. M's confidence and make him understand the necessity of the operation.

Even though he knew the operation was very necessary for him, his poverty and fears were stronger than his pain. At that time I did not know what else to do. All of us—doctor, staff nurse and nurses tried our best to make him understand, but our efforts were in vain and Mr. M. went home.

At 11 a.m. he returned. This time asking for surgery. At 11.30. a.m. morphia 1/6 gr. and atropine 1/100 gr. given. At 11.45 a.m. a tube was inserted for continuous gastric drainage. I.V. saline 1500 c.c. with 5% glucose was started. Operation was done under general anæsthesia. Patient's condition was good throughout the operation.

The diagnosis made in the Operation Theatre was that of a volvulus of the sigmoid colon.

Volvulus is a condition in which a loop of intestine or colon becomes twisted on itself. The operation is to untwist the bowel. In this particular case the volvulus was reduced, the distended portion of the bowel resected, and an end to end anastomosis was made.

Post-operative Nursing Care.

The patient returned to the ward in good condition with a nasal tube and a urethral catheter *in situ*. Post-operative orders were carried out i.e., checking B.P., pulse and respiration. Position was changed frequently.

Other post-operative orders included—

1. Penicillin 500,000. Q x 12 doses.
2. Streptomycin $\frac{1}{2}$ gm. q6h x 6 doses.
3. Morphia 1/6 grs. P.R.N.
4. Nasal tube to remain till 8 p.m. and then patient to be allowed to moisten lips with water.

In case of distention to replace nasal tube.

5. I.V. fluids as ordered.
6. V. syneral amp. T.M.O.D.
7. Ice cap and sponge.

Patient was very co-operative after operation. He stated that the pain after operation was nothing compared to the

pain he experienced before. At 8 p.m. his temperature went up to 104°F and really worried me. A tepid sponge was given and ice cap applied to forehead with very little effect. Sponge and compress to forehead were continued. Temperature gradually came down. By next morning it was 100°F.

On morning of the 12th my first attention went to Mr. M. He was very anxious to know whether his operation was over or not, and what would happen to him through the coming days. I made him understand that the operation removed his trouble and that he was already on the way to recovery. Mr. M. was happy.

After a cleansing bath and mouth care, I got him out of bed as instructed. A second abdominal binder was applied to give support. Mr. M. walked 4 or 5 steps, with help, from his bed and to a chair which was prepared for him. He was quite comfortable. I really admired his co-operation and patience because we seldom see such patients. On that day he only had sips of water even though he wanted to drink a full glass of water at a time.

In order to prevent dehydration and to supply some nourishment, 1500 c.c. of I.V. saline with 5% glucose was given.

The urethral catheter was removed this morning and the patient voided urine shortly after. To his satisfaction, as well as mine, he also had two bowel movements the day after operation. His position was changed several times and back attended to. Morning care and evening care were given. Mr. M. appeared quite comfortable throughout the day and night. No distention and no vomiting. Temperature was gradually coming down to normal.

On 13th (2nd day post-operation), I could see a special smile on his face. It really stimulated me to help him more and more in his recovery. After the usual morning care, he was helped out of bed. By this time he had improved, walked about 10 steps from his bed and placed himself on the chair, still with help. On that day he was given 100 c.c. of clear liquid every hour and was put in a semi-

Fowlers position.

On the 3rd day, he greeted me with a bigger smile. He took about 20 steps without anybody's help this time. He was allowed to have full liquid diet and was very happy because he could drink all he wanted. Petrolagar B.I.D. was ordered as he did not have any bowel motion for 2 days.

On the 4th day Mr. M. was given soft diet. Petrolagar B.I.D. was continued. Also his exercise was increased.

5th and 6th day, there was nothing special. Our only concern was his persistent constipation. Since he had the operation on the lower part of the colon, doctor did not want to give him an enema as yet. I tried my best to make him drink plenty of water and to eat well in the hope that this would help. He ate well. The usual dose of Petrolagar and Carbocol pills ii were given.

On the morning of the 9th day liquid

Paraffin and Milk of Magnesia was given. In the evening an olive oil retention enema was given. Everything was in vain.

On the 19th day (8th day of postoperative) the first thing that I reported early to doctor was that Mr. M. had not had a bowel movement. Doctor advised me to give a small low soap solution enema, but before the enema was given the patient finally had a motion. All of us, including patient, were very happy. On the same day stitches were removed by doctor. Gention Violet was applied and a dressing ; the incision healed by first intention. Mr. M. stayed three more days with us. Discharged in good condition.

I used this opportunity to teach him something about good habits and I did not forget to put into practice what I learned in class. I advised him in what he should do if he or anyone in his family fell sick and how to take care of them without any delay.

A Student's Plea

I'd rather see a sermon
Than hear one any day ;
I'd rather one should walk with me
Than merely show the way.
The eye's a better pupil,
And more willing than the ear ;
Fine counsel is confusing,
But example's always clear.
And best of the preachers
Are those who live their creeds ;
For to see good put into action
Is what everybody needs.
I soon can learn to do it,
If you'll let me see it done,
I can see your hands in action,
But your tongue too fast may run.
And the lectures you deliver
May be very fine and true.
But I'd rather get my lesson
By observing what you do.
For I may misunderstand you
And the high advice you give,
But there's no misunderstanding
How you act and how you live.

EDGAR A. GUEST