

STUDENT NURSES SECTION

Case Study of Lumbar Sympathectomy for Gangrenous Toe

By

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Name of Patient. Mr. John Menezes.

Age. 45 years.

Patient admitted to the above hospital with an injury to the right big toe accompanied by rigors and fever.

Family History. Married, has three children, all living.

Personal History. Patient is a heavy smoker, and has been in the habit of taking alcohol. Gives a history of having suffered from asthma for a number of years.

Diet. Non-vegetarian.

General Examination. It was found that the big toe of the right foot had become discoloured and that a line of demarcation was clearly seen, the area painful to touch. Dry gangrene had set in due to impaired blood supply. The patient had a rise of temperature. Blood pressure 130/80.

Laboratory investigations. The routine examinations were carried out. Urine: trace of sugar; this condition was treated and the surgeon decided that a Lumbar Sympathectomy should be done in order to save the right foot. This operation is undertaken for vasospastic vascular disturbances of the lower extremities.

Pre-Operative treatment. Intravenous injection of saline and glucose 5% was given. The skin over the lumbar region was prepared in the prescribed manner, sterile towels and bandage applied. Pre-operative nursing care given. This was repeated the next morning, and injection of Atropine 1/100 gr. given before the patient was taken to the operation theatre.

Anaesthesia. Spinal anaesthetic of 5% Percain was given.

Position of the patient. The left semi-lateral position.

Procedure of the operation. After placing the sterile towels, the surgeon made a long "gridiron" incision; bleeding points were caught and the muscles were separated in layers. The peritonium was retracted medially, the sympathetic chain was identified. The 3rd and 4th lumbar veins were ligatured and the 2nd, 3rd and 4th lumbar ganglia along with the sympathetic chain was excised. The incision was closed in layers. Sterile dressings and bandage applied and the patient was returned to the ward.

Post-operative treatment. On receiving the patient on a warm bed the temperature, pulse and respiration was recorded hourly, till the patient had recovered from the anaesthetic. Intravenous saline and glucose 5% was given. Injection of Insulin 10 units was given daily. Injection of Penicillin 2,50,000 lac was ordered 6 hourly. Injection Morphia Sulphate gr. $\frac{1}{4}$ was ordered to induce rest and sleep. There were no post-operative complications. The usual nursing care was carried out. Patient was allowed liquid diet.

2nd day. The patient's condition improved. Temperature, pulse and respiration recorded 4 hourly. Penicillin 2,50,000 lac were continued 6 hourly. Injection of Insulin 10 units was continued. Patient was given diabetic diet throughout this period. The usual nursing care of back, mouth etc., was given.

On the 6th day the sutures were removed, union good. The patient was allowed to walk about. Penicillin was discontinued; Insulin continued for diabetic condition.

The blood circulation of the right foot was gradually established. The foot felt warmer than the left foot, which sign made the surgeon think that he might have to consider a left lumbar sympathectomy. This was finally decided upon and the patient was prepared for a similar operation on the right side. The same medication was repeated. The patient made an uninterrupted recovery and was discharged on the 14th day.

Advice on discharge. Patient was asked to attend the Out-Patient Department, and to keep a strict diet, have his urine examined periodically, and to give up smoking.

Per kind permission of

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