

BUERGER'S DISEASE

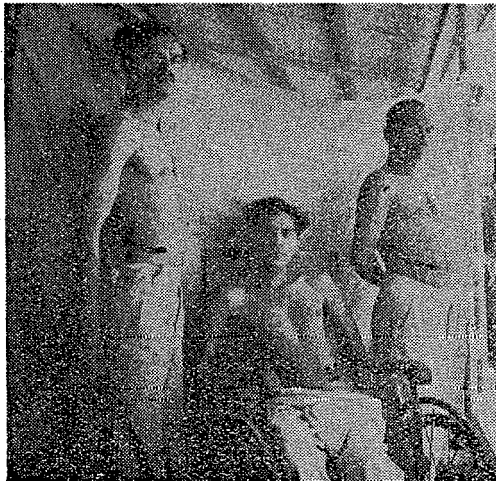
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The news of the cancellation in 1948 of the projected royal tour to Australia as a result of the discovery that the King was suffering from Thrombo-angiitis obliterans, aroused much interest. It will be recalled that a successful operation was performed on the distinguished patient in Buckingham Palace, and this helped to focus public attention not only on vascular diseases, but also on their surgical treatment.

*- Thrombo-angiitis obliterans, or Buerger's disease, is by no means uncommon in South India, and the illustration shows three patients who have recent-



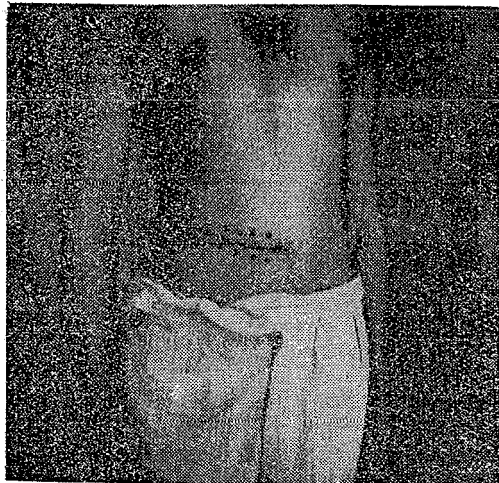
ly been successfully operated upon for this condition in the Kolar Gold Field Hospital, South India. In South India, as elsewhere, the disease appears to be practically restricted to males, chiefly affecting the lower limbs, patients usually presenting themselves for treatment in the forties. The pathology is indicated

by the name of the disease, there being an inflammatory thickening of the artery which diminishes its lumen, a tendency which is frequently unfavourably affected by the superimposition of thrombi. In consequence the blood-supply of the lower extremities becomes progressively diminished, although periods of improvement occasionally take place when collateral channels open up and temporarily improve the circulation. Eventually serious circulatory embarrassment takes place, giving rise to intermittent claudication, cyanosis, pector with elevation, and trophic changes, such as ulcers, fissures, or actual gangrene.

Thrombo-angiitis is the commonest cause of claudication in men under 30 years of age. Most of the cases seen in this hospital are late when they present themselves, and already have trophic changes in the toe or foot and have posterior tibial and dorsalis pedis arteries (and sometimes popliteal arteries) which cannot be palpated, and are rather too late to respond well to graduated vascular exercises to encourage the collateral circulation.

The operation of sympathectomy gives good results, especially in the earlier stages of minor nutritional inadequacy, by dilating collateral arteries, abolishing spasm of affected vessels, and by relieving pain. The operation is performed by an extraperitoneal approach. In the 3 cases illustrated the Harris incision has been employed, which is transverse and reaches from the umbilicus to the quadratus lumborum. The patient is placed upon the good side, and the cholecystectomy bridge is raised. The rectus sheath is opened, and the rectus retracted medially, the oblique muscles being divided. The peritoneum is not opened,

but it is retracted towards the middle line. The lumbar sympathetic chain is



located, first by touch and then by sight, on the sides of the lumbar vertebral bodies, overlapped by the inferior vena cava on the right side, and the aorta on the left. After identification the chain with the second, third, and fourth lumbar ganglia, are removed by dissection, cutting its small filamentous connexions, and avoiding the large lumbar veins. The muscles and rectus sheath are then

repaired in layers. Post-operative course is generally smooth, but a minor degree of inhibition ileus is common for 2-3 days. Increase in heat of the affected limb, and relief of pain, are noticeable on the day of operation.

In the post-operative nursing in such cases particular attention will be directed towards the following :—

(i) posture and protection of the limb the viability of which is threatened,
(ii) temperature observations on the affected limb,

(iii) general nursing care follows the lines of a major abdominal operation, because although this is not a true abdominal in the usual sense of the word, since it is in fact an extra-peritoneal operation, it is nevertheless a procedure which is frequently followed by a variable degree of "inhibition ileus" with its concomitant abdominal distension. In some cases decompression by continuously indwelling Ryle's tube may be very advantageous. This distension apart, immediate relief of pain in the affected limb is a common post-operative development, and the general course of such cases is as a rule smooth and trouble-free.

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Applicants must possess good professional qualifications, and preferably have had secretarial training and experience of office administration and committee work. A knowledge of languages is desirable. Applicants must be members in good standing of their National Nurses' Association. Salary is at the rate of £800, increasing by £50 per annum to £1100, the appointment to be made at the appropriate stage in the

scale in accordance with professional qualifications and experience. The selected candidate will be required to join the superannuation scheme adopted by the Council.

Applications, stating age and giving full details of general and professional education and experience, together with the names and addresses of three persons able and willing to testify as to the professional capabilities of the applicant, should reach the Executive Secretary of the International Council of Nurses, 19 Queen's Gate, London S.W. 7., England, not later than 15th October, 1950. The selected applicant will be required to take up her duties early in 1951.