

## PERFORATED DUODENAL ULCER

by  
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and

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(This article has been written with reference to a particular patient)

Patient: X Age: 30 years. Admitted  
at 9.45 p.m. on 18.1.1950.

### On Admission.

Temperature:— 98.4°F. Pulse:— 96.  
Respirations:— 24. General Condition:—  
Fair.

### History.

Patient went to his work as usual on day of admission. At 6 p.m. after an early dinner, he suddenly developed pain in the Right Hypochondrium. There was no vomiting reported. On careful questioning no symptoms suggestive of previous Gastric or Peptic Ulcer.

On Examination— Temperature— 98.4°F; Pulse—96; Respirations—24. Blood Pressure 150/100 m.m.Hg. Urine— No albumin or sugar.

The patient was prepared for immediate operation as experience has proved to our surgeons that often these acute attacks of abdominal pain, accompanied with tenderness of the right hypochondrium are clinical manifestations of acute perforation of the duodenum.

### Local Preparation.

The skin was shaved from the axillae, over the abdomen down to the mid-thigh. This area was next washed with other soap and water, and having been covered with a sterile towel, a many tailed binder was adjusted. The antiseptic is applied when the patient is in the operation theatre under the anaesthetic.

Suction started before the patient left the ward for the theatre. A Rhyles Tube was passed and as much of the contents of the stomach syphoned and the tube clamped and left in situ.

The premedication was Morphia  $\frac{1}{4}$  gr.

with Atropine 1/100 gr. at 10.15 p.m. Urine was passed and the patient left the Ward for the Operation Theatre at 10.45 p.m. Temperature 98.4 F. Pulse 96. Respirations 28. Time taken for diagnosis and transit to theatre being exactly half an hour.

It may be of interest for readers to know that at this time nurses in the post-operative ward sent an operation bed complete with hot water bottles to the theatre to receive the patient after operation.

### Operation Notes.

The abdomen was opened by a right Para-media incision. The perforation was noted in the first part of the duodenum. This was closed and covered with an omental graft.

The abdomen was closed in layers. Sutures removed on the 9th day after operation. Wound healed by first intention.

### Clinical Observations.

Perforation of a Duodenal Ulcer is much more common than the perforation of a Gastric Ulcer. It is also one of the commonest surgical emergencies of our hospital. Early diagnosis and prompt treatment secures a cure in the majority of cases.

The common complications have been found to be:—

1. *Pain.* This is relieved by Morphia  $\frac{1}{4}$  gr. 6 hourly. Also the Fowler position has been found to be very helpful in alleviating pain.

2. *Retention of Urine.* It is for this reason that nurses have been asked to note whether the patient passes urine

prior to operation. "Mist. Alkaline Diuretica" one ounce 4 hourly is given. Prescription is Sodii Bicarb—20 gr. Pot. Citras—20 gr. Aqua—one ounce.

3. *Distension of Abdomen.* A flatus tube can be passed. One should note how much flatus is passed; has there been any sound or has the passing of flatus been accompanied by faecal matter? Hypodermic injection of Prostigmine 0.5 grams in 1 c.c. distilled water, greatly relieves distension of the abdomen. Turpentine stupes may help. No nutrient enemata are given unless very specially ordered.

4. *Variation in Respiration and Pulse.* Continuous Oxygen inhalation has been efficacious. Breathing exercises with the nurse watching the patient breathe in deeply, and breathe out accordingly, or exercises with the two Wolf's bottles joined by means of rubber tubing. The patient is instructed to blow the water steadily from one bottle to the other. At first this is difficult because of the abdominal sutures but the patient can soon learn the art of increasing the duration of a blow.

5. *Vomiting.* May be caused through

a dilated stomach. Also irritation caused by tension sutures, or the reaction of the blood vessels of the viscera to quick handling. No matter how excellent the surgeon's technique, these complications are difficult to avoid. Vomiting may also be caused by a paralytic ileum.

The treatment, no matter what the cause, is best when the surgeon resorts to a continuous suction drainage. Wangensteen's is the most modern method of suction drainage—Electrical drainage may also be installed in post-operative wards.

Each bed has its own equipment and switches. Nurses should in these cases be careful to see that an expert electrician examines the equipment every day to see that its function is correct.

The combat of infection must not be forgotten. This can be either Local or General treatment. The starting of prophylactic chemotherapy is of great advantage.

Intravenous injections of Sulphadiazine 1 gramme B. D. were given simultaneously in the Penicillin, in oil, one lak B. D., and were given for three days.

IN TAKE AND OUTPUT CHART FOR THE FIRST THREE DAYS (i.e., including the first 24 hours on day of operation).

| Day of Operation. | I.V. Transfusion. | By Mouth or Rectum                    | Urinary Out put and Suction.                  |
|-------------------|-------------------|---------------------------------------|-----------------------------------------------|
| Day of Operation. | 6 pints.          | Nil by Mouth<br>Nil per Rectum.       | Urine—36 ounces.<br>Stomach Suction 8 ounces  |
| 1st Day.          | Nil               | By Mouth 30 ounces<br>Nil per Rectum. | Urine—32 ounces.<br>Suction 9½ ounces.        |
| 2nd Day.          | Nil               | By Mouth 46 ounces<br>Nil per Rectum. | Urine—36 ounces.<br>By Suction Nil aspirated. |

#### Diet

Nothing was given by mouth, but intravenous Saline 6 pints were given in the first 24 hours, being started in the

### Operation theatre.

2nd Day—Glucose water and albumin water, alternate feeds of two ounces 2 hourly.

3rd Day—The same diet was given.

4th—Orange Juice and diluted milk feeds.

5th Day—Bread six ounces boiled with milk, at noon was added to the above diet.

8th Day—Curds and double boiled rice 6 ounces.

9th Day—Rice and curd morning and evening added to diet.

10th Day—Patient was discharged.

### Applied Psychology.

With the suddenness of the onset of sickness in the life of a person who has felt well and has been at work all day, there is sure to be a great upheaval in the home.

The patient himself may be most anxious, and should he be the bread

winner then this makes the whole three hours from 6 p.m. to 9 p.m. become a calamity in his life. Quiet assurance and gentle speech with all thoughts centred on a speedy recovery is necessary. The nurse may have to be firm with relatives. The less disturbances the patient has the better. The chief aim must be to inspire confidence in her patient.

Authorities and Employment Bureau should come forward to see that their employees have sufficient financial aid.

Visits from social organisations whose chief aim is the welfare of the nation will greatly facilitate and hasten convalescence.

Statistics of these patients would be of interest; ninety-five cases were treated, there was only one death.

On discussion with the Medical and Surgical Staff, we have found no apparent reason why the percentage of Duodenal Ulcers should be higher than Gastric Ulcers; whether the nervous system may be the cause, is yet to be proved.

### LETTER TO THE EDITOR

Madam,

I wish to draw the attention of the author, Kumari Lakshmi Devi, who made certain remarkable suggestions on Male Nurses in the March issue. There are some veritable factors which ensure the dire need for Male Nurses. It is a well-furnished fact that from times immemorial the duty of nursing humanity was entrusted in the tender hands of women. Creation has ordained her to comfort mankind. Her beauty, delicacy, vivacity and silence can bring back life by her soft touch. "The Eternal Feminine draws us upward". It is her duty, nay, birthright to console human beings, when their body and soul are ill. "A woman is the Sunday of man's life". So the universal applause of womanhood is well-deserved in this pioneering.

But we should not omit to focus our views on the dexterity of males in competing with the other sex. It may be well argued that the effeminate touch of a woman acts as a natural and rational recipe to the human woes. How to gather such 'quality nurses' is the dilemma, haunting us. The Government of India is quite aware of the fact that it is in dire need of more nurses, setting aside sex problem. The educated woman population in India is not coming forward to take the reins of this humane office. Every other nation in the world is advancing in the health field, but India, with her ancient superstitious background, does not allow the free flow of woman to public service. Certainly women must realise their venerable part to be played on the human stage. Now, are we prepared to endure the ever-increasing human suffer-