

MALE NURSES' SECTION

Contributions for this Section will be gladly received by Miss Hartley.

A Case Study: Treatment of Urinary Retention in a Patient partially Paralysed by an Injury to the Spine

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Admission History. On the 19th of October 1937, Chinnan Naidu, 45 years old, a native of Motoor village, Gudiyattam Taluk, was brought to the out-patient department of the Mission Hospital at Ambur in a bullock-cart. He was fully conscious at the time, but unable to walk and obviously in great pain. Two days previously, while chopping off leaves in a tree, his feet slipped and he fell a distance of about 11 feet to the ground, striking his back severely. He was stunned for some time. On reviving to complete consciousness, the patient experienced a severe pain in the right hip and in both shoulders, and found that he was unable to raise or even move the right leg. He was obliged to remain in bed. Since the accident (about 48 hours previously) he had passed no stools or urine, and came to the hospital complaining of a depressing pain over the bladder region (obviously due to the accumulation of urine and the inability to void), of loss of appetite, and fullness of the abdomen.

Physical Examination (first visit to the dispensary). The doctor examined the patient, but found no sign of fracture, dislocation, or any other external injury except a few minor abrasions on his shoulders. These were believed to have been caused by friction against the tree or its branches as he fell. The bladder was distended to its maximum capacity and the right leg was found to be partially paralysed. His pulse, temperature, and respirations were 96, 101.8, and 24, respectively. None of the neurological signs of syphilis were elicited, and the introduction of a urethral sound (passed after the catheterization referred to under 'Treatment') revealed no evidence of a stricture.

Treatment (preliminary). On his first visit to the dispensary the patient was treated as an out-patient. In an effort to induce him to void voluntarily, he was given a hot soap-and-water enema under considerable pressure, but he could not retain it and hardly more than 15 ounces were introduced into the rectum. The results were not satisfactory, not even a drop of urine being passed. For this reason it was believed that a catheterization was imperative. This was done under aseptic and antiseptic precautions, care being taken to withdraw the urine slowly in order to avoid a decompression of the greatly distended bladder. A large amount of urine, about 1000 cc., was removed and a sound was passed to determine the existence of a partial obstruction of the urethra, such as a stricture. None was found. The patient had the larger part of distress in the lower abdomen and he was permitted to be taken home again. The doctor gave him a diuretic, a laxative, and liniment for the massage of the partially paralyzed leg, and urged him to return to the hospital if he did not get on well.

On the next day the patient was brought to the hospital in even greater agony and it was necessary to admit him as an in-patient.

The Nursing Care and Treatment (after admission to the hospital ward): including Progress Notes.

General. The usual hot cleansing bath was given when the patient was admitted. His temperature, pulse, and respirations were taken regularly and recorded. The temperature, which was about 100 degrees at first, showed a tendency toward an afternoon rise from a morning normal, but the curve gradually levelled to a constant normal after a few days.

Care of the Bladder. Catheterization was done every 8 to 12 hours for the first five days of hospitalization, when voluntary urination resumed, after which time it was repeated only rarely to relieve unusual difficulty and distress. Of course, this treatment was carried out always with strict aseptic precautions to avoid such possible complications as cystitis and pyelitis. Twice during the whole course of these catheterizations thorough irrigations of the bladder with sterile, warm boric acid solution were given, simply to stimulate, cleanse, and disinfect the organ. In order to further stimulate or increase the muscular tone of the bladder wall, hot sitz baths were given for a period of one hour twice daily, followed by massage over the region of bladder and the continuous application of hot water bags. Diuretics and laxatives were prescribed by the doctor. No improvement in the contractility of the bladder was noted, however, until the fifth day after admission when he was able to stand and walk a few yards with the support of the attendant (on the third day he found himself able to move and flex the affected right leg as he lay in bed). On this fifth day, as he was being brought back to his bed, he expressed a desire to try urinating. To his great joy and relief he succeeded in passing about 3 ounces of urine. Since that occasion spontaneous efforts and results became increasingly frequent and copious so that the number of catheterizations were gradually reduced to nil.

Care and Progress of the affected leg. On admission to the ward the patient was unable to move the right leg in any of its parts, although no loss in sensation was noted. Heat was applied and frequent massage of the muscles was begun at once. Passive movement and later, active movement, were instituted, especially after the third day, in the form of graduated exercises. He gradually learned to walk again, on the fifth day with support, but was able to be discharged from the hospital on the tenth day as a completely ambulatory patient, extremely happy over his re-gained accomplishment.

Care of the Skin. The abrasions received in the patient's fall from the tree were given the usual antiseptic care and healed nicely. It is a known fact that patients suffering from complete or partial paralysis such as this have a decided tendency to develop bed-sores. To avert this, particular attention was given to keep the patient's skin and bedding absolutely clean.

Care of the Bowels. Daily evacuations of the rather torpid bowels were accomplished by means of soap-suds enemata and the administration of Mag. Sulph. solution.

Dietary Treatment. For the first three days the patient was allowed to take only milk and barley congee. Later on, no restrictions were made in the diet which consisted of his usual rice and curry supplied by his family. Upon being advised to do so, he took milk and eggs as additional food.

Laboratory Examinations. The first catheterized specimen of urine did not reveal the presence of sugar, albumen, pus-cells, or blood. The reaction was acid and the specific gravity 1.014. The urine obtained later in the course of his hospitalization did not show pus.

The examination of feces did not reveal anything abnormal.

Complications. None.

Final Diagnosis. Severe contusion of the spine and lower portion of the spinal cord, probably with extravasation of blood into the spinal canal, causing a compression of motor segments, resulting in a partial and temporary flaccid paralysis of the bladder and of the right leg.

Comment. It is obvious that the actual treatment and cure of a case like this falls entirely into the hands of the attending nurses (as that of cases of enteric fever). Any lack of proper care or any failure to maintain the strictest of aseptic precautions, particularly in the matter of catheterization would of certainty bring added miseries to the patient instead of a cure.