

Gastro-enterostomy

PAPER READ AT CONFERENCE BY MISS CHACHY THOMAS

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Gastro-enterostomy is the name given to the operation of making a short circuit between the stomach and the small intestine. It usually consists of sewing together the first part of the jejunum to the posterior wall of the stomach with an opening about one and a half inches long, so that food materials from the stomach can pass through into the intestine without passing over the ulcer, which is often situated in the pyloric region.

The symptoms of a simple gastric ulcer may be quite slight or very severe. There may be severe pain after food and hæmorrhage may occur, while perforation of the ulcer, giving rise to acute abdominal symptoms, is not unknown. Hæmatemesis may be caused by the ulceration of small blood vessels and in some cases large quantities of blood may be vomited as a result. The stools are constipated and there will probably be mælena present in them. The temperature is usually sub-normal.

As the stomach and its contents are unhealthy it is well to take an X-ray photograph to help the surgeon in his examination of the alimentary tract. A test meal should also be given and the contents of the stomach examined.

The patient should be in hospital for preparation some time before the operation. A thorough bath should be given on the day before the operation and half an ounce of castor oil is usually ordered twenty-four hours beforehand. This is followed by a simple enema on the evening before operation and the enema is repeated four hours before taking the patient to the theatre. Probably a gastric lavage will also be ordered.

The skin must be prepared for operation in the usual way, special attention being paid to the cleansing of the umbilicus where dirt may accumulate. Artificial teeth, belts, false hair, hairpins, jewelry, etc., must be removed before the patient is taken to the theatre.

An injection of Atropine gr. $\frac{1}{60}$ and probably morphia gr. $\frac{1}{4}$ is given in the ward half an hour before the operation. The patient will be taken to the operating theatre on a trolley and a nurse must stay with her while the anæsthetic is being given.

The abdomen having been opened by a midline incision above the umbilicus, the surgeon proceeds to make the artificial opening between the stomach and the small intestine. When the suture of the stomach to the intestine is complete, all used instruments and swabs are discarded and clean towels and gloves and fresh instruments are used to replace the organs and close the abdomen.

After the operation the patient is carefully put back to bed, with a pillow under her knees and as soon as she has recovered from the anæsthetic she is put into Fowlers' position.

The pulse is counted half hourly for the first six hours after the operation and the dressing must be looked at carefully on return from the theatre and every half hour at first. Temperature and respiration are taken four hourly.

The wound is dressed on the second day after operation and then on the following alternate days, the stitches being removed on the eighth to the tenth day.

Feeding depends upon the wishes of the surgeon, but in our hospital nothing is given by mouth for twelve hours after the operation. Mouthwashes are given frequently. Rectal salines, with glucose, are given four hourly on the first day and after the first twelve hours half an ounce of sterile water is allowed every hour.



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On the second day the glucose salines are only given six hourly and one ounce of sterile water is given by mouth every hour, while on the third day the salines are reduced to eight hourly and the sterile water drinks increased to two ounces every hour.

On the fourth day salines are discontinued and four ounce feeds of whey or albumen water are given three hourly to be replaced on the fifth day by the same quantities of citrated milk.

Diet is increased gradually until on the tenth day ravi congee is allowed. At the end of a fortnight twice boiled rice and curds or a very little pepper water is given.

After operation the patient must be kept very quiet and no visitors are allowed without Doctor's permission. The nurse must be on the look out for complications such as internal hæmorrhage and any unfavorable symptoms like pallor, restlessness, air hunger, subnormal temperature and thin rapid pulse must be reported immediately.

The patient may complain of flatulence, distension, vomiting or abdominal pain and the surgeon should be informed of these symptoms, the nurse doing what she can to relieve the patient, in accordance with the surgeons orders.

A simple enema is given on alternate days to induce an evacuation of the bowels.

The patient must be lifted carefully by two nurses when giving bed-pans or for bed-making. Care must be taken to prevent bedsores by treating all pressure points four hourly and by nursing the patient on an air ring or air pillow.

The mouth should be kept absolutely clean by treating it before and after every feed, in addition to the routine four hourly mouthwashes.

The patient is usually allowed up in a chair on the eighteenth day and allowed to walk at the end of three weeks.

Ode to Florence Nightingale

Oh Florence Nightingale, sweet-sounding name,
Once humble and lowly, now glittering in fame.
The soft smiling light that shone from your eyes
Was caught by a lamp that still burns in the skies.
An inspiring token through ages of strife
A love for humanity your toil for a life
As a beacon of hope, faithful and strong,
Tribute to you, we join in the throng.
Remembered by us who will follow in line
True to an ideal, a mission divine
Shadows in darkness banishing pain
From the poor and the wretched, no thought of the gain.
We'll carry your message of courage and rest,
Proud, yet unselfish when put to the test.
As a banner of victory that flutters above,
Hope and Sympathy, untiring Love.

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