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NOTES ON

GYNÆCOLOGICAL NURSING

BY

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"Trifles make perfection, and perfection is no trifle"

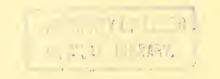
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Althorgue these "Notes" are addressed to Nurses, they will probably be of value to Students and Junior Practitioners. In Gynæcology as elsewhere the best nursing will be obtained by those who have most clearly in their minds what a nurse's duties are, and what practical details are involved in carrying them out.

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CONTENTS.

INTRODUCTION.				
PARAGRAPH				1'AGE
I. PURPOSE OF THE WORK			*	7
2. NATURE OF GYNÆCOLOOICAL CASES .		٠		9
CHAPTER I.				
HOW TO CARRY OUT THE PRINCIPLES	OF	SHR	GIC	A Ti
CLEANLINESS IN GYN. ECOLOGICAL				
3. RATIONALE AND PRINCIPLES				I 2
4. TERMS DEFINED				16
5. SPECIAL SOURCES OF INFECTION				17
6. ABUSE OF ANTISEPTICS				19
7. CORROSION OF INSTRUMENTS BY ANTISEPTI	C8			21
S. SURGICAL CLEANLINESS OF THE HANDS				22
9. ANTISEPTIC LUBRICANTS			,	25
IO. ANTISEPTIC DRESSINGS				26
II. SURGICAL CLEANLINESS IN SPONGES .				28
12. SURGICAL CLEANLINESS IN STEEL INSTRUM	ENTS,	ETC.		29
13. SURGICAL CLEANLINESS IN CATHETERS, VAC	HNAI	L TUB	ES,	
ETC	+			30
14. PRECAUTIONS RELATING TO PERSON OF PA	TUEN	т.	+	31
15. A NURSE'S PERSONAL PRECAUTIONS .			•	33
CHAPTER II.				
WHAT TO OBSERVE AT THE BED	STIM	7.1		
GYN.ECOLOGICAL CASES.	SIDE	2 1.1		
16. POINTS COMMON TO ALL CASES			,	34
17. POINTS SPECIAL TO GYNÆCOLOGICAL CASES				34
CONDITION OF EXTERNAL PARTS .				35
VAGINAL DISCHARGES				35
MENSTRUATION				35
CONDITION OF RECTUM AND FÆCES .				35 36
CONDITION OF BLADDER AND URINE.				37
CONDITION ON ADDOLUM				37

PAR	•							'A G E				
	SIGNS OF ABORTION .											
19.	SIGNS OF LABOUR .			•	,			39				
	СНА	TEI	R 111									
DETAILS OF SPECIAL MANIPULATIONS.												
20.	HOW TO PLACE PATIENTS	FOR	VAGI	NAL I	SXAMI	NATIO) N ,	41				
21.	APPLIANCES USED IN VAG	INAL	EXAM	HNAT	TON	4		42				
22,	NOTE ON OUT-PATIENT WO	ORK				1	,	45				
23.	HOW TO GIVE VAGINAL D	orci	HE8	,				45				
24.	ON VAGINAL SUPPOSITORII	88.	-					49				
25.	ON GLYCERINE TAMPONS							49				
26.	TO PASS A FERGUSSON'S S	PECU	LUM					49				
27.	TO ARRANGE A SIPHON						1	51				
28.	TO PASS A CATHETER BY	TOUG	ш.			,		51				
29.	TO WASH OUT THE BLADI)KR	3				,	53				
30.	ON THE LITHOTOMY POSIT	ION						54				
	CHAI	MAE.	B - U									
	ON THE NURSING OF S				(731) 4	N 12 - 7 1	U 62 13 63					
) פמנמ	F C.	79129	1				
	1. ABDON											
31.	TREPARATION FOR ABDOM	INAL	SECT	TON	IN A	PRIV.	ATE					
			*		•	•	4	56				
	APPLIANCES PREPARED BY							58				
	PREPARATION OF PATIENT		٠					62				
34.	AFTER-TREATMENT .		,	•	•	٠	٠	63				
	11, 03	HELL	CAS	ES.								
35.	RUPTURED PERINEUM .	•	,				•	65				
36.	VESICO-VAGINAL FISTULA				,	1		67				
37.	CARE OF ABORTION CASES	5 -						68				
38.	FIRST AID IN FLOODING					,		69				
39.	HYSTERIA		,	1	1			72				
	MALINGERING							. 0				
41.	SUNDRY PRECAUTIONS .		٠		٠	,	٠	75				
		DY232	1)13									
APPENDIX.												
	STRENGTH OF ANTISEPTI	STRENGTH OF ANTISEPTICS AND MEDICATED DOUCHES 7										

NOTES ON

GYNÆCOLOGICAL NURSING.

INTRODUCTION.

ing notes are intended for nurses who, having already received training in general medical and surgical work, are entering gynaecological wards. An acquaintance with the ordinary literature of nursing is presupposed throughout. To supplement not to supplant other works is the author's intention. Those who seek further information on the care of the sick in general will do well to consult such manuals as those of Dr. Cullingworth or Dr. Laurence Humphry, and others.

Nothing is more unsatisfactory than to have to qualify and be responsible for the performance of duties which are undefined or unknown. As a student and teacher, the author has proved how much time may be lost in finding out what has to be learned or to be taught. Experience as resident medical officer at one hospital for women, and as honorary surgeon to another, has led him to feel that a nurse who enters a special hospital will be materially assisted by a concise account of her new duties; and as he is not aware of any publication which exactly meets this requirement in regard to gynacological work, he has attempted to supply the want in the following pages.

Instruction is here given in certain duties which in many hospitals no nurse is called upon to undertake. In other hospitals, however, where there is but a single resident officer, or no resident staff at all, in private nursing homes, and in cases in private practice, it is often a great convenience to the surgeon to be able to devolve such duties upon a competent nurse, and such a course is often very acceptable to the patient. Nurses, too, often stand in need of guidance in emergencies where no immediate skilled assistance is available.

To the district nurses who visit our dispensary patients, these pages may be of some value, and there is no branch of the nursing profession which the author would

more gladly help.

But over and above all these considerations, it is desirable in the abstract that the range of duties entrusted to nurses should be enlarged. Granting the fundamental principle that a nurse only exercises her skill under authority and in accordance with instructions, there need be no narrow limit to the extent to which her skill is developed. As a matter of fact, a nurse who is already able to apply a roller bandage to the leg or scalp, or to pass a catheter sans voir, can readily be taught to give a hypodermic injection, to wash out a bladder, to pass a vaginal speculum, and remove a Hodge's pessary. In many such matters a nurse will soon be decidedly ahead of the average three-months clinical clerk or dresser.

2. Gynæcological Cases Defined and Classified.—Gynæcology means the study of the diseases peculiar to women. It does

not include the consideration of labour, and the lying-in or puerperal state, which are included in the terms midwifery or obstetrics. The cases which occupy the gynæcological nurse are :-

- (a) A large number of cases of diseases of the womb and its appendages, and of the vagina and external parts. To these will be added in most hospitals certain disorders of the bladder and lower bowel, and perhaps of the breast also. Much care and patience in the carrying out of minor local measures will be required here.
- (b) A series of most important operations involving abdominal section, such as ovariotomy,oophorectomy,abdominalhysterect<mark>omy,</mark> together with certain serious operations performed through the vagina, such as vaginal hysterectomy, and removal of tumours from within the womb. operations in surgery require more incessant care and vigilance in the preparation and after-treatment, or more conscientious ob-Wance of the conditions of surgical clean-

(c) A series of plastic operations, or

liness than these.

operations for repair, such as those for ruptured perineum and vesico-vaginal fistula. In these almost everything depends upon securing union by first intention, and here again success always largely depends upon good nursing.

- (d) That hospital is indeed fortunate which has not from time to time cases of prolonged suppuration and hectic fever, which tire the patience of all concerned, and are a source of danger to other patients. And yet some of the most unpromising of these cases can be saved by an infinity of care and trouble.
- (e) A well-marked class of so-called nervous, neurotic, or hysterical patients will be well represented in all gynæcological hospitals. To these we shall refer again. See par. 39.
- (f) All ordinary medical and surgical complications may occur from time to time. So also may miscarriage, and even ordinary labour.

CHAPTER 1.

- Y HOW TO CARRY OUT THE PRINCIPLES OF SURGICAL CLEANLINESS IN GYNÆCOLO-GICAL NURSING.
- 3. Surgical Cleanliness is of supreme importance in gynæcological wards, and it is necessary that every nurse should understand the reason why such is the case. If she do not, many of the details here enjoined will seem needless and irksome, and she will have little spontaneous zeal for carrying them out; but if she clearly grasp how wound-poisoning arises and what it means, she will not only be anxious to guard against it by the observance of all enjoined precautions but will be able to apply the same principles in many circumstances where no forewarning has been possible.

The first point to be realised is that all dirt or foreign matter in or near a wound

threatens sepsis or poisoning in the wound. The absence of such dirt is implied by the term surgical cleanliness; but this means not only freedom from foreign matter which is perceptible to sight or smell, but also from any germ or poison whatever; and the presence of some of these all too easily escapes detection by the senses.

The worst of all kinds of dirt is that which arises from putrefying organic matter, for this contains a living poison, a poison which can grow and multiply like weeds in a garden, or mould in a damp cellar, and its action can spread like that of yeast in dough. Whenever anything turns offensive or putrid such living poison germs swarm.

It must next be remembered that any raw surface, particularly a recent wound, is liable to absorb such material. So are the internal passages and cavities of the body. Dressings soaked with pus from an abscess, linen soiled by vaginal discharge, sponges soaked with blood, surgical instruments imperfectly cleaned, will all infallibly breed wound-poison if left alone; and if the discharge be offensive, the poison is already

present, ready to produce the most disastrous consequences.

If, for example, a catheter were fouled by decomposing urine, and if in this condition it were introduced into a perfectly healthy bladder, it is probable that in a day or two that bladder would be found full of ammoniacal urine mixed with mucus and pus. If a sponge that had escaped washing were used to cleanse a recently sutured perineum, the whole wound might suppurate and the operation completely fail. If just after giving a vaginal douche to a septic case a nurse took her place to hand sponges at an ovariotomy, the patient might die in consequence.

Every nurse will have been struck with the extreme difficulty of freeing the hands from odour when they have been fouled by offensive discharge. No amount of washing with soap and disinfectants seems to accomplish it. This is a valuable lesson in the subtleness and tenacity of the enemy we have to combat.

Considering that recent wounds are particularly liable to infection, and that in

gynacological wards operation cases are necessarily brought into the neighbourhood of those which are septic, or which have materials ready for sepsis to arise on the least carelessness, it must be very plain why a gynæcological nurse has so much need to be careful to preserve surgical cleanliness and to prevent the poisoning of her patients.

Here are three principles for preventing wound-poisoning.

- I. Avoid carrying poison to the patient. This embraces all we shall have to say hereafter concerning the surgical cleanliness of hands, sponges, dressings, instruments. and so on.
- II. Avoid giving wound-poison the opportunity of growing and multiplying. This especially includes the use of antiseptics and the rapid removal and destruction of everything which might become foul, such as the discharges from wounds. It means giving the poison no soil to grow on.
- III. Avoid carrying poison from the patient. This is partly included in the

above, but it embraces more particularly the subject of disinfection or destruction of poison already existing, and the special precautions necessary when a nurse has been obliged to come in contact with a septic case.

4. It will be useful here to give a definition of certain terms frequently used.

Sepsis, as we have said, means woundpoisoning.

Septic means "in a condition of sepsis,"

or "causing sepsis."

Asepsis means the absence of sepsis, and aseptic is the corresponding adjective. The term Antiseptic is applied to any material or agent which is not only free from septic matter, but has also the power of preventing or hindering its production and growth.

For instance, recently boiled water is aseptic; so is perfectly clean linen; so are new sponges properly prepared, new lint,

wool, and simple dressings.

But solution of carbolic acid, sal-alembroth wool, boracic wool, etc., are antiseptic. Pus and blood absorbed by these