

PART I
OPERATIONS ON THE UPPER EXTREMITY

CHAPTER I

**PRELIMINARY CONSIDERATIONS. EXAMINATION AND
PREPARATION OF THE PATIENT**

PATIENTS requiring surgical operative treatment may roughly be divided into two groups: I. Those in whom the operation is urgently required for some injury or disease which seriously imperils life. II. Those in whom the condition is less urgent, so that there is no immediate necessity for the operation.

In the first group, cases of acute intestinal obstruction for instance, the symptoms may be so grave that previous examination of the patient may be undesirable; any risk must be taken in the attempt to save life.

In the latter group undue haste is not only unnecessary but should be avoided; a careful examination and preparation of the patient should always be made before the operation. The preliminary examination will frequently enable the surgeon to decide upon the most desirable treatment, *i.e.* as to whether, in elderly patients, a palliative or a radical operation will give the best prospect of ultimate success; it will also aid the anaesthetist in the selection and the administration of the anaesthetic. The preliminary preparation, too, will usually play a very important part in determining the success of the operation.

In addition to an examination of the physical condition and the functional activity of the chief organs it is also necessary to take into consideration the age, sex, occupation, habits, and temperament of the patient, and to make inquiries as to the existence of any general constitutional or hereditary disorder.

Age. It was formerly thought that operations were not well borne in childhood and in old age. Though to a certain extent still true, modern methods and precautions have considerably diminished the risk of operations at the two extremes of life. Young children are said to stand hæmorrhage badly, but as Sir Frederick Treves has pointed out, if the relation of the amount of blood lost to the total amount in the body is considered, young children are probably not more seriously affected than adults. Post-operative shock is often excessive in infants and young children, and is a frequent cause of death after abdominal and other operations which necessitate the manipulation of the intestines or other important viscera. On the other hand, children often show a remarkable power of recuperation and may recover from an apparently desperate condition. Both these points are illustrated by the results obtained by the modern method of treating an intussusception by laparotomy (*q.v.*). Difficulties with children often arise from the restless character of the patients, which may make it almost impossible to keep the affected part at rest; displacement of dressings may also occur, which is likely to interfere with the healing of the wound. When the