

PART VI

OPERATIONS ON THE ABDOMEN

CHAPTER I

PREPARATION OF THE PATIENT FOR ABDOMINAL OPERATIONS

THE CHOICE OF INCISIONS, AND SOME POINTS IN THE AFTER-TREATMENT

PREPARATION OF THE PATIENT

EXCEPT in emergencies it is advantageous to admit the patient into the hospital or nursing home a day or two before an abdominal operation. Not only is the rest valuable for the patient, who also gets used to his attendants and surroundings generally, but he can be *systematically examined* with the double object of ascertaining if he is a fit subject to undergo the operation, and of making a more accurate diagnosis. For instance, X-ray examinations of the stomach and intestine after bismuth oxychloride has been given often reveal new and valuable facts.

The *preparations* already described in vol. i (ch. i.) can be carefully carried out. After a hot bath the abdomen is generally shaved, rubbed with ether or acetone, painted with tincture of iodine, and covered with a sterile pad. This is done in the ward. On the table the abdomen is again painted with iodine. For all abdominal operations it is important to pay special attention to the *diet and to get the bowels thoroughly emptied*, for in this way the virulence of the intestinal contents is lowered and the comfort of the patient during the first few days after the operation is greatly increased. In nearly all cases a brisk aperient like calomel gr. 5, or castor oil 1 oz., is given about thirty-six hours before the operation, and this is followed by a saline aperient early next morning and if necessary by a soap enema. In some cases the enema is repeated on the evening before the operation. The patient should keep in bed on the day before the operation, and should take only light and sterilised food. This consists almost entirely of liquid such as milk, soup, and beef-tea. In some cases, especially of gastric dilatation, it is an advantage to give only solid sterilised food, such as eggs, jelly, and salad oil, by the mouth, and all necessary liquid in the form of saline enemata night and morning. In some cases it is an advantage to have the patient admitted three or four days before the operation. This is particularly so in cases of extreme pyloric obstruction requiring gastric lavage and saline enemata, cases of chronic intestinal obstruction requiring repeated doses of aperients, and obscure urinary cases requiring careful investigation. It is also valuable when the mouth is septic and there are carious teeth or pyorrhœa alveolaris. The teeth may require scaling, some of them may have to be removed and others temporarily stopped. In any case a clean tooth-