

PROFESSIONAL CONTRIBUTIONS

RADICAL CURE OF HEMORRHOIDS

Charles J. Drueck, M.D.,

Professor of Rectal Diseases, Post-Graduate Medical School and Hospital,
Rectal Surgeon to the People's Hospital, Chicago, Ill.

Preparation of the Patient.—The patient is to be as carefully and thoroughly prepared for a hemorrhoid operation as for a laparotomy. If a cathartic is deemed necessary, an ounce of castor oil is given twenty-four hours before the operation, to sweep out septic and decomposing material from the intestines. This cathartic must be given long enough in advance of the operation to allow the patient to get rid of it, and for the increased peristalsis to subside. If the patient already has been taking a cathartic daily, the physic, in some instances, may advantageously be omitted, to avoid exhausting him. Most patients do not eat much previous to the operation, still some consider it a last chance for several days, and consequently, unless warned, will gorge themselves. Hence, I request the patient to abstain from meat, vegetables containing much cellulose and gas-forming foods, and to subsist for the day before the operation on broths, cooked pulpy vegetables, and other readily absorbable foods. The patient enters the hospital on the evening before the operation, and if restless is given 20 grains of bromides, in order to insure sound sleep for the night. That same evening he is given an enema of physiologic salt solution, and then is left undisturbed. Early on the morning of the operation, the perianal region is shaved and cleansed, and a sterile dressing is applied. Three hours before the operation the patient is given a one-pint enema. One hour before the operation he is given a cup of soup or else coffee and toast, for it is better not to operate when the stomach is empty. He is given a hypodermic injection containing morphine 1-4 grain, hyoscine 1-100 grain, and atropine 1-150 grain; after which all visitors must leave the room. This injection quiets him and obviates psychic trauma.

The Operation in Detail—My operative technic is the same whether performed under local or general anesthesia.

If a local anesthesia is decided upon, a little extra detail is necessary in preparing the patient.

The table should be covered with a thick pad and the patient should be provided with a pillow to help make him comfortable. Always re-