

A useful method of continuous stomach drainage for cases of post-operative dilatation, intestinal obstruction and peritonitis / Anthony Bassler.

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A USEFUL METHOD OF CONTINUOUS
STOMACH DRAINAGE FOR CASES OF
POST-OPERATIVE DILATATION,
INTESTINAL OBSTRUCTION
AND PERITONITIS.

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There are three kinds of cases in which the rather constant use of the stomach tube is called for:

1. Cases of post-operative gastro-duodenal dila-

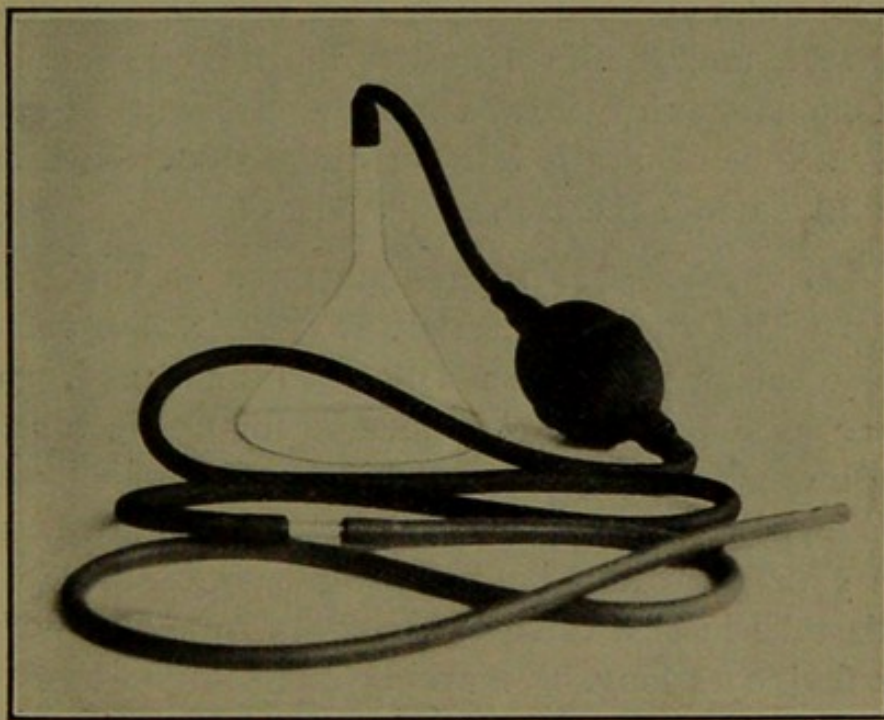


Fig. 1. Continuous drainage stomach tube apparatus.

tation. In these the frequent cleansing of the stomach is essential.

2. The intestinal obstructions, in which the cleansing of the organ minimizes the degree of

toxic absorption so that the case is a better operative risk when the laparotomy is performed.

3. Cases of septic peritonitis, in which the gaseous distension of the peritoneal cavity and the paresis of the gut crowd the stomach into the left dome of the abdomen. In these cases to allow the drinking of water in the large amounts demanded by these patients would cause an increase of the intraperitoneal pressure, but to give them cool water by tube which can be immediately drained out again is a most humane act.

In each of these three kinds of desperate cases the suffering of the patients usually is intense, and the frequent passing of a stomach tube adds to their distress. The method here described is comfortable and painless, obviates the frequent passing of the stomach tube, and has the advantage of having a tube always *in situ* for drainage or delivering of fluids into the stomach.

The method was suggested to me on conversation with Dr. A. G. Gerster, after which the necessary tubing, etc., was assembled and used, and then an apparatus was perfected for use in a general way for all adults. This consists of a small calibred stomach tube made sufficiently stiff for easy delivery into the organ by way of the nose, this tube in size being 23 F. or 15 A, and 150 c.m. or 60 inches long. A marking on the tube 61 c.m. or 24 inches from its lower end shows when the latter is in the stomach and lying well along the greater curvature when this marking is at the nostril. The openings are like those of the Boas tube, namely, two in number, one on either side and arranged one above the other, both being velvet eyed, and the extreme end being closed. A rather thin

walled, small-sized bulb is supplied to cleanse the tube should it become obstructed, and there is a length of tubing beyond it to give further length for siphonage and attachment to a glass funnel instead of rubber to give weight to the lower end so that it always remains submerged in the water in the basin.

The introduction is made with the patient on the back. The tube, lubricated with glycerine, is

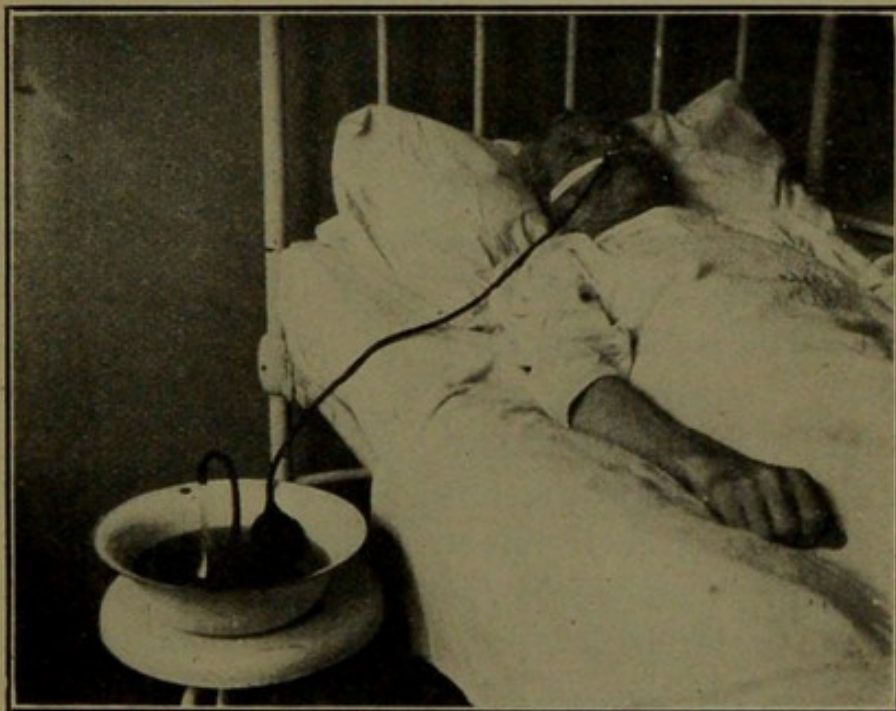


Fig. 2. Tube in use.

passed down through the nostril on the side of the bed at which the basin stands. When the proper level in the stomach is reached for easy ingress and egress of fluids, the tube is bound in place by means of a tape or string making a turn around the head, over the ears, and tied at the occipital region; or by a short tape with plasters on the sides of the face to hold it. The outside length of the apparatus permits of a reach to a basin of water,

the upper level of which should be situated about a foot below the back of the patient or on a level with the mattress; a siphonage to the floor can easily be secured by adding a further length of tubing from the bulb to the funnel, but this is rarely necessary.

It is surprising how comfortably this apparatus is borne. The majority of patients will lie perfectly at ease, can talk and even swallow, and not a few who have experienced the benefit from the frequent lavages possible by it—every fifteen minutes if necessary—will fight against its removal.

Taking the tube out for cleaning is not essential during the short time its use is called for. When, however, there is doubt as to whether the stomach contains solid particles of food, it is wise to wash the organ in the usual way with an ordinary larger sized stomach tube before this apparatus is installed. Fluid foods and medications may be introduced through the tube, a stop cock on it being necessary for their retention. In many cases when drainage is sought for, just to raise the funnel out of the water is sufficient to drain the organ without the addition of water through the tube first, and it is not unusual to see fluid from the stomach trickling down the sides of the funnel into the water as fast as it had accumulated in the stomach. In peritonitis cases, cool water may be delivered into the stomach to allay the thirst, and quickly drained out again.