

The question of anaesthesia in goitre operations / by William Seaman Bainbridge.

Contributors

Bainbridge, William Seaman, 1870-1947.

Publication/Creation

[Philadelphia?] : [s.l.] ; 1913.

Persistent URL

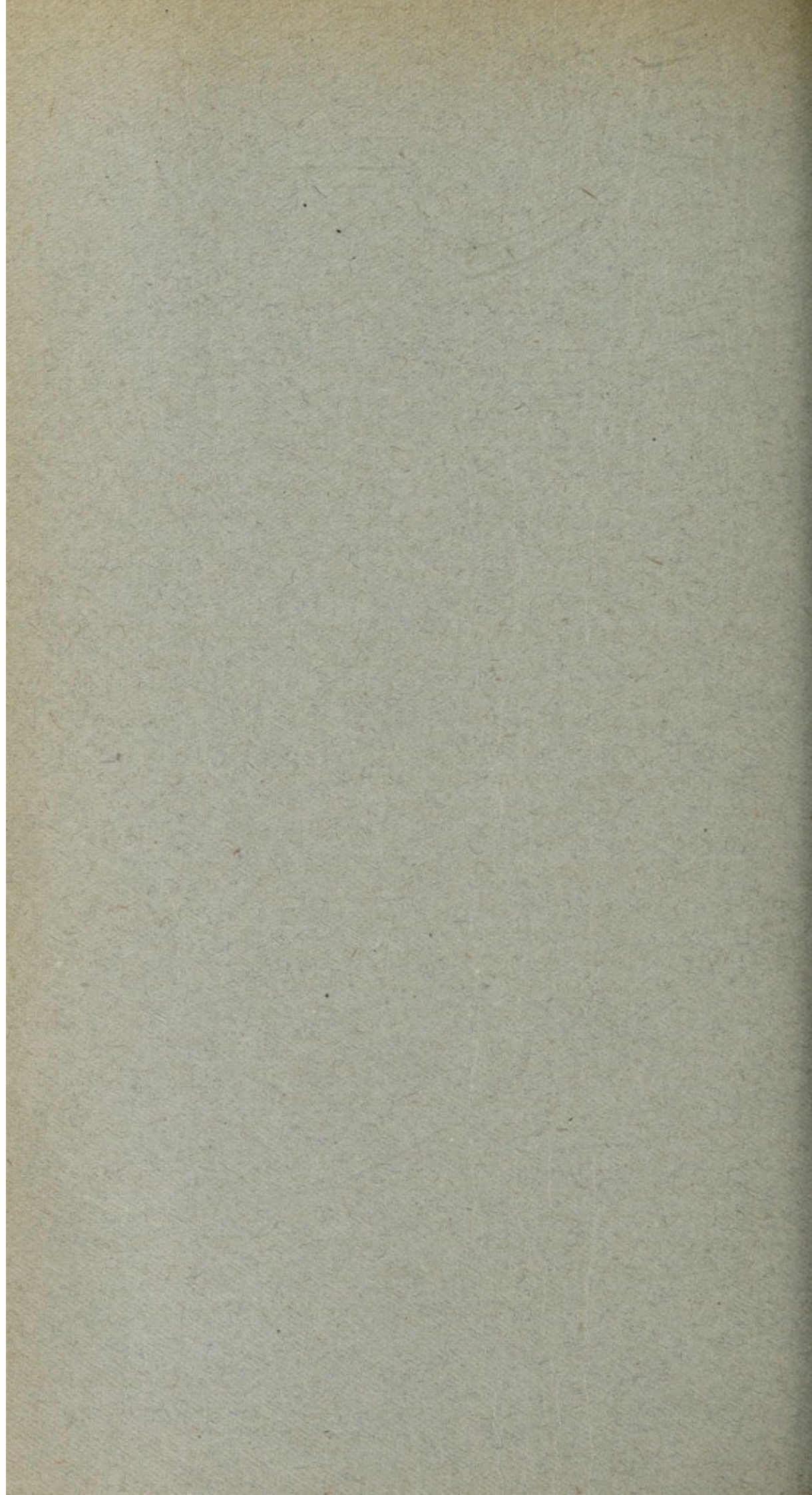
<https://wellcomecollection.org/works/zubzxt8e>



THE QUESTION OF ANÆSTHESIA IN GOITRE
OPERATIONS.

BY WILLIAM SEAMAN BAINBRIDGE, M.D.,
OF NEW YORK.

REPRINTED FROM ANNALS OF SURGERY FOR DECEMBER, 1913



THE QUESTION OF ANÆSTHESIA IN GOITRE
OPERATIONS.*

BY WILLIAM SEAMAN BAINBRIDGE, M.D.,
OF NEW YORK.

INTRODUCTORY REMARKS.—The wonderful achievements which have marked the progress of surgery during the past few years finds an especially brilliant illustration in the domain of the operative treatment of goitre, from the radical or curative to the symptomatic or palliative procedures. On the basis of new discoveries along biological lines, or because of special refinements of technic, the surgery of the thyroid gland has reached a certain stage of perfection, with constantly improving results.

The question of anæsthesia in goitre operations, on the other hand, is still an unsettled problem, and is, therefore, in the foreground of surgical interest. The particular method of inducing insensibility to pain in these operations which is given the preference varies according to the personal experience or otherwise acquired opinion of the surgeon. The different procedures now in use have been employed with more or less success, but it would seem reasonable to assume that the most satisfactory results may be obtained by the method of anæsthesia or analgesia which is most nearly in keeping with the principles involved in the surgical treatment of goitre.

It is not my purpose in this contribution to do more than touch upon the technical side of thyroid surgery. I shall confine my brief consideration of the subject rather to such aspects as are directly concerned with the selection of the anæsthetic or the method of administration.

SURGICAL CONSIDERATIONS WHICH INFLUENCE THE SELECTION OF THE ANÆSTHETIC AGENT OR METHOD OF ADMINISTRATION.—Certain surgical problems, always to be reckoned with, are particularly important in the surgery of the thyroid gland, not only because of the location of the operative field, but because of the psychical aspects which

*Read before the American Association of Anæsthetists, June, 1913.

may be involved. These problems, which need only be mentioned here, are influenced more or less directly by the anæsthetic, and it is therefore of the utmost importance that they be given due consideration. Chief among them are the following: (1) The maintenance of normal blood-pressure; (2) the determination of the amount of dyspnœa; (3) the avoidance of injury to the recurrent laryngeal nerve, or other nerves in the vicinity; (4) the control of hemorrhage; (5) the lessening of post-operative shock; (6) the lessening of psychic shock.

SELECTION OF ANÆSTHETIC AND METHOD OF ADMINISTRATION.—The following general procedures enter into consideration in the selection of an anæsthetic agent or a method of administration for any operative procedure upon the thyroid gland: (1) General anæsthesia; (2) anoci association; (3) local anæsthesia; rectal anæsthesia (ether in oil).¹

General Anæsthesia.—It is interesting to note that those whose practical work has been the most extensive are also those who are most strongly inclined toward methods of anæsthesia other than general narcosis. Kocher, with his enviable record of over 5,000 goitre operations, is unconditionally opposed to general anæsthesia in these cases. The disadvantages of general anæsthesia, according to Kocher, consist in the following:

(1) The danger of too much lowering of the blood-pressure when the heart action is weak. The falling of the blood-pressure below 120, as compared with the average of 150 mm. Hg., measured with the Riva-Rocci apparatus, endangers the outcome of the radical operation. Measuring the blood-pressure is one of the necessary preliminaries to any method of general anæsthesia in goitre operations.

(2) The difficulty of ascertaining the degree of dyspnœa.

¹Since the preparation of this paper, Dr. James Tayloe Gwathmey, in a series of 50 general surgical cases, has employed a mixture of ether in oil, administered by rectum. The anæsthesia thus induced, according to this authority, has been almost ideal, simulating normal sleep. If further experience bears out these results, the method gives promise of being one of the best, if not the very best, for goitre cases. The writer is testing the method in a series of neck cases.

(3) The increased risk of accidental injury to the recurrent laryngeal nerve.

(4) The lessened surety of a perfectly aseptic course, for the dressings, and with them the wound itself, are more apt to become contaminated by vomited matter.

Another very serious objection against general anæsthesia in goitre operations is the patient's liability to a severe attack of asphyxia, in consequence of excitement at the beginning of the narcosis, more particularly in cases with stenosis of the trachea or paralytic symptoms on the part of the laryngeal nerves.

The condition of the heart and lungs undoubtedly adds to the risk of general narcosis in a considerable number of goitre cases. Grave risk is involved in aged goitre subjects, with much enlarged thyroids, softening of the trachea, chronic bronchitis, and irregular weakened heart action. General narcosis has also been held responsible for fatal syncope at the beginning of the operation, more or less sudden cardiovascular symptoms, bronchial disturbances, and pulmonary complications. The vomiting and retching after chloroform or ether anæsthesia are extremely distressing and painful, and may induce very troublesome complications, such as severe secondary hemorrhage. The administration of chloroform is sometimes followed by albuminuria, and its toxic action is apparently increased through degeneration of the thyroid gland. Post-operative complications of a toxic character after the employment of general anæsthesia are also referred to by Kocher, who attributes the very low mortality in his last series of one thousand goitre operations to the omission of the general anæsthetic.

Goitre operations under general narcosis expose the patient to the danger of nerve-contusion through ligatures or clamps, followed by spasm of the glottis, with secondary paralysis. It should also be emphasized that a paresis which has existed prior to the surgical interference may become aggravated into a total and persistent paralysis through traction incident to the operation under general anæsthesia.

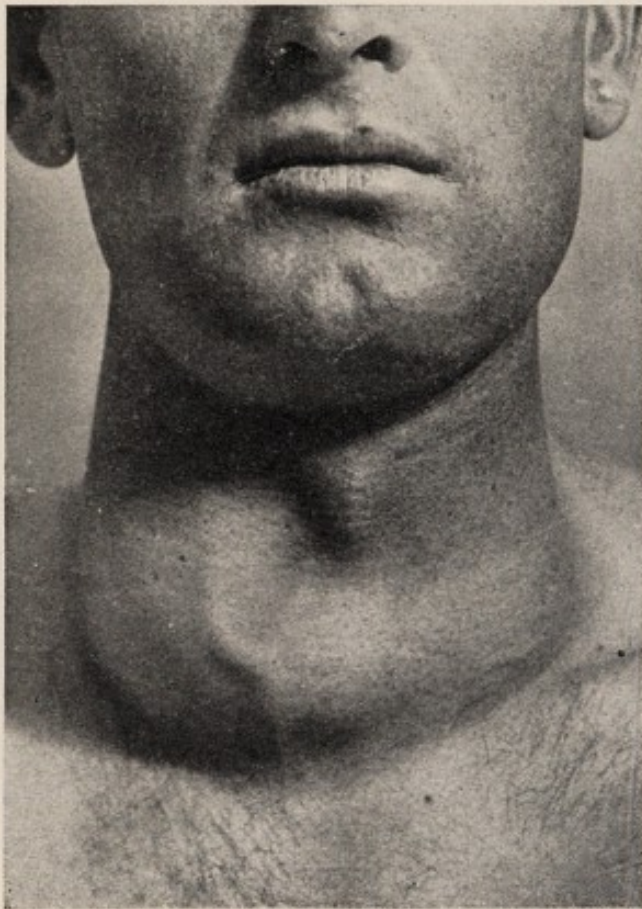
The number of surgeons who persist in the belief that

there is a tendency to exaggerate the dangers of general narcosis in goitre operations will undoubtedly diminish on the basis of increasing practical evidence. It is certainly suggestive that authorities such as Kocher, Rehn, Socin, Jaboulay, and others, unconditionally oppose general narcosis in these cases. Their operative records bear eloquent testimony to the soundness of their views.

If, for any reason, general anæsthesia must be employed, the essence of orange-ether proposed by Gwathmey, or any other vapor anæsthesia, is the most satisfactory. Vapor anæsthesia, with the apparatus first proposed by Gwathmey, in 1910, provides for the giving of a smaller amount of the anæsthetic than is required with any other method. Excitement is usually absent or inconsiderable, and unpleasant after-effects are altogether absent in ninety per cent. of the cases. All patients can be narcotized within five minutes, and a satisfactory continued narcosis is always maintained. The addition of one to three drops of the oil of orange, or three to five drops of the essence of orange (25 per cent. oil of orange and 75 per cent. deodorized alcohol) serves to disguise the odor of the anæsthetic very efficiently, in this way diminishing the undesirable side effects incident to the inhalation of the gas, and approaching this method to the principle of Crile's *anoci association*.

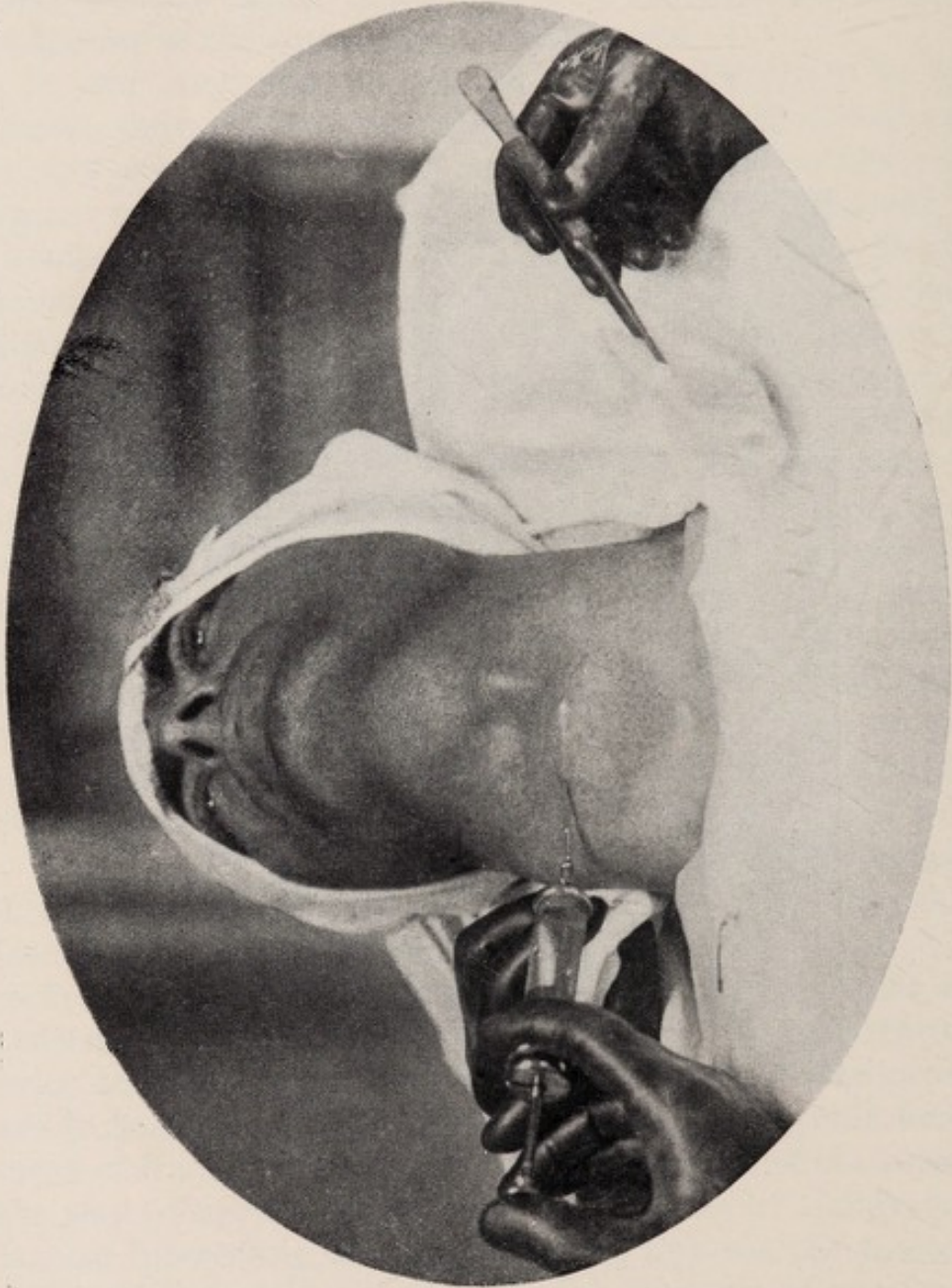
Anoci Association. The *anoci association* of Crile introduces new features into the aspect of anæsthesia, by taking into consideration the psychic side of the patient. The method consists in the injection of local anæsthetics into the field of operation, in addition to the other preparations, prior to the giving of the general anæsthetic. The procedure is based upon the observation that the psychic excitement of the goitre bearer is one of the greatest obstacles in the way of operative success. Observation of Crile's work is most interesting and cannot fail to impress the spectator with the desirability of utilizing the elements of *anoci association* in the operations under consideration. Crile claimed and showed that the general anæsthesia, more particularly with ether, fails to protect the brain cells against exhaustion from the operative traumatism. The shock incident to

FIG 1.



Exophthalmic goitre. Before operation.

FIG. 2.



Thyroidectomy. Injecting local anæsthetic, novocaine, 1 per cent. in skin; $\frac{1}{2}$ per cent. in deeper structures.

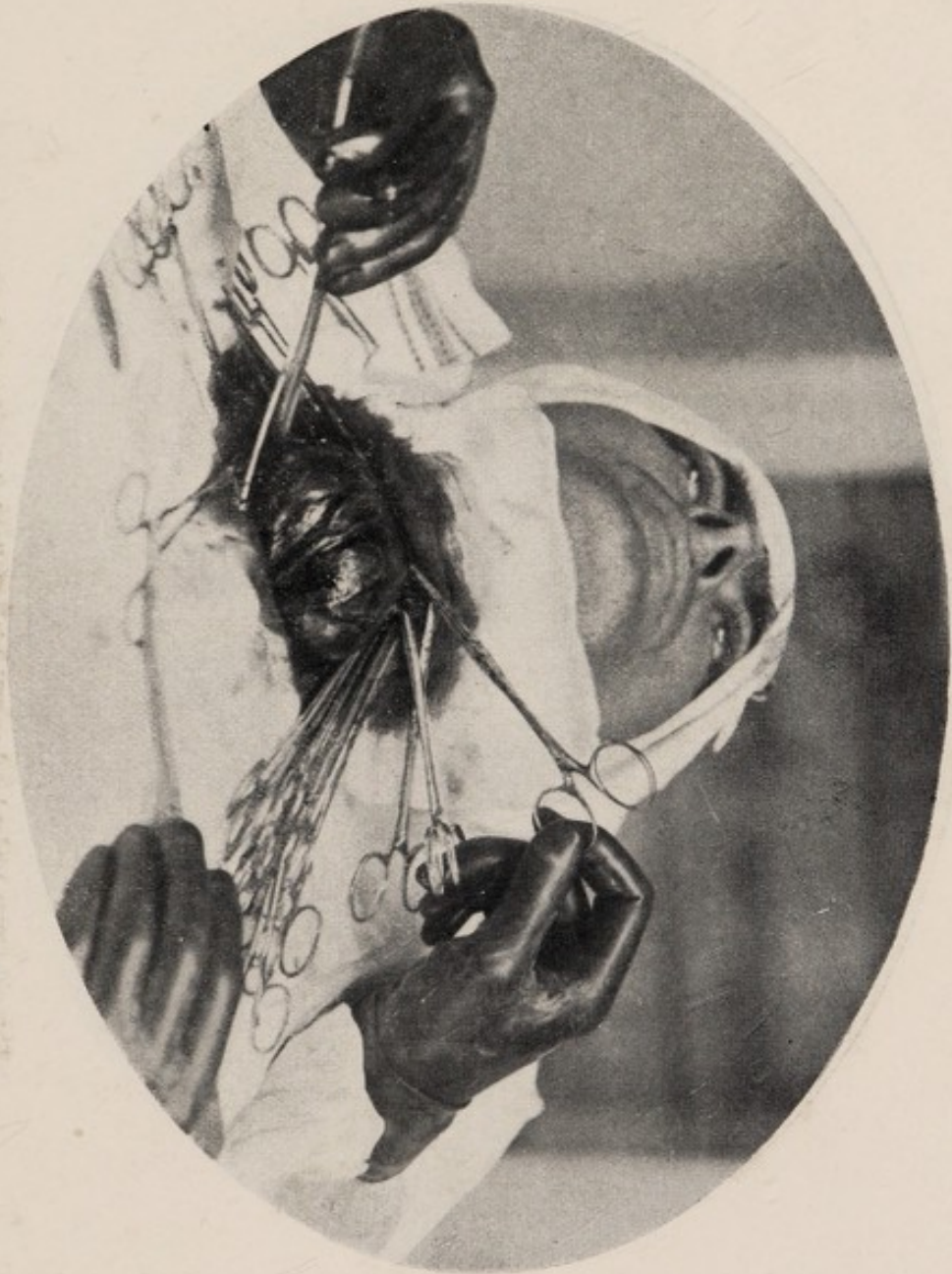


FIG. 3

Thyroidectomy under local anaesthesia. Goitre exposed and tumor dislocated from behind sternum and brought up into wound.

FIG. 4.



Thyroidectomy under local anaesthesia. Goitre-holding forceps in place.

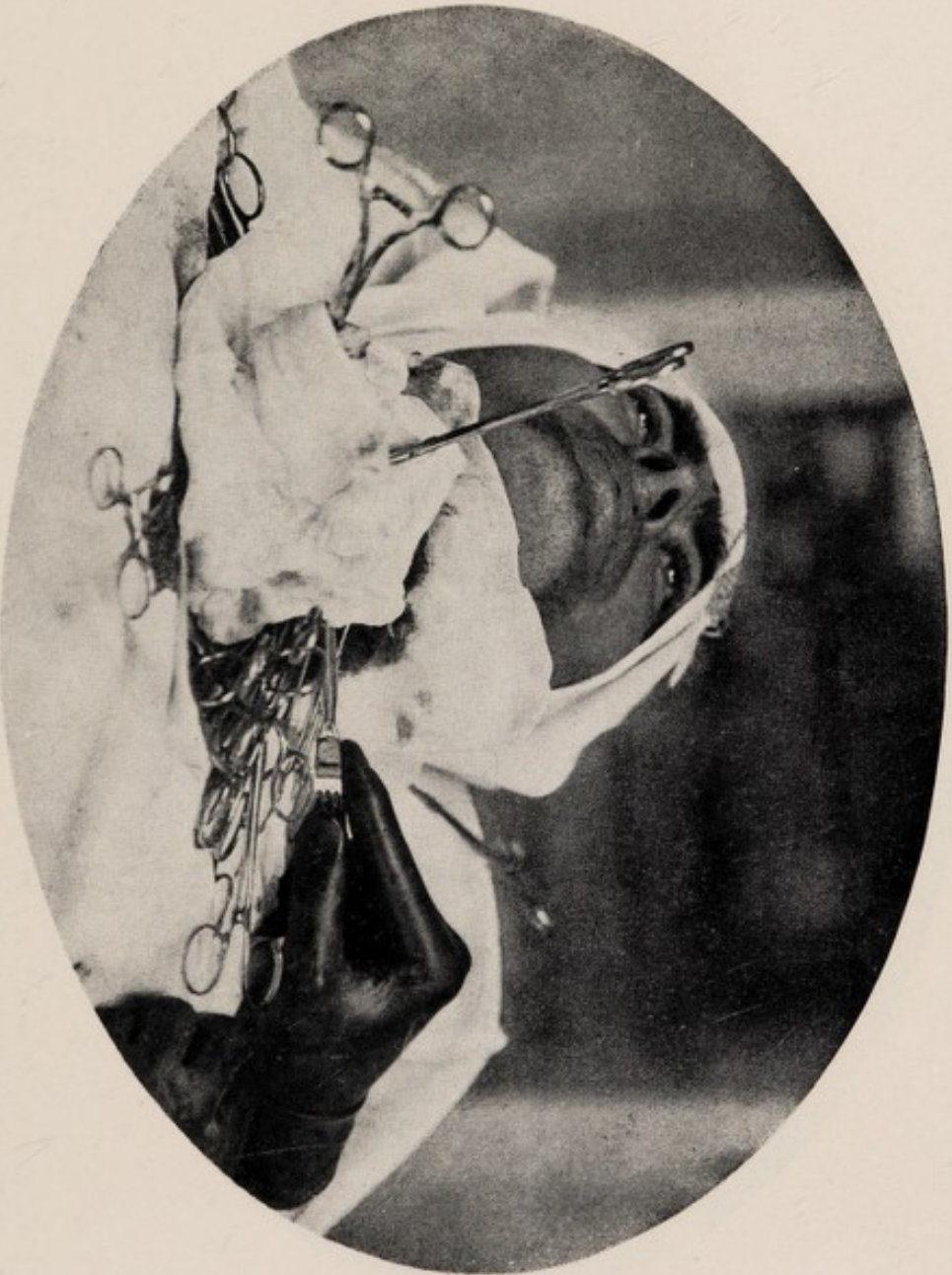
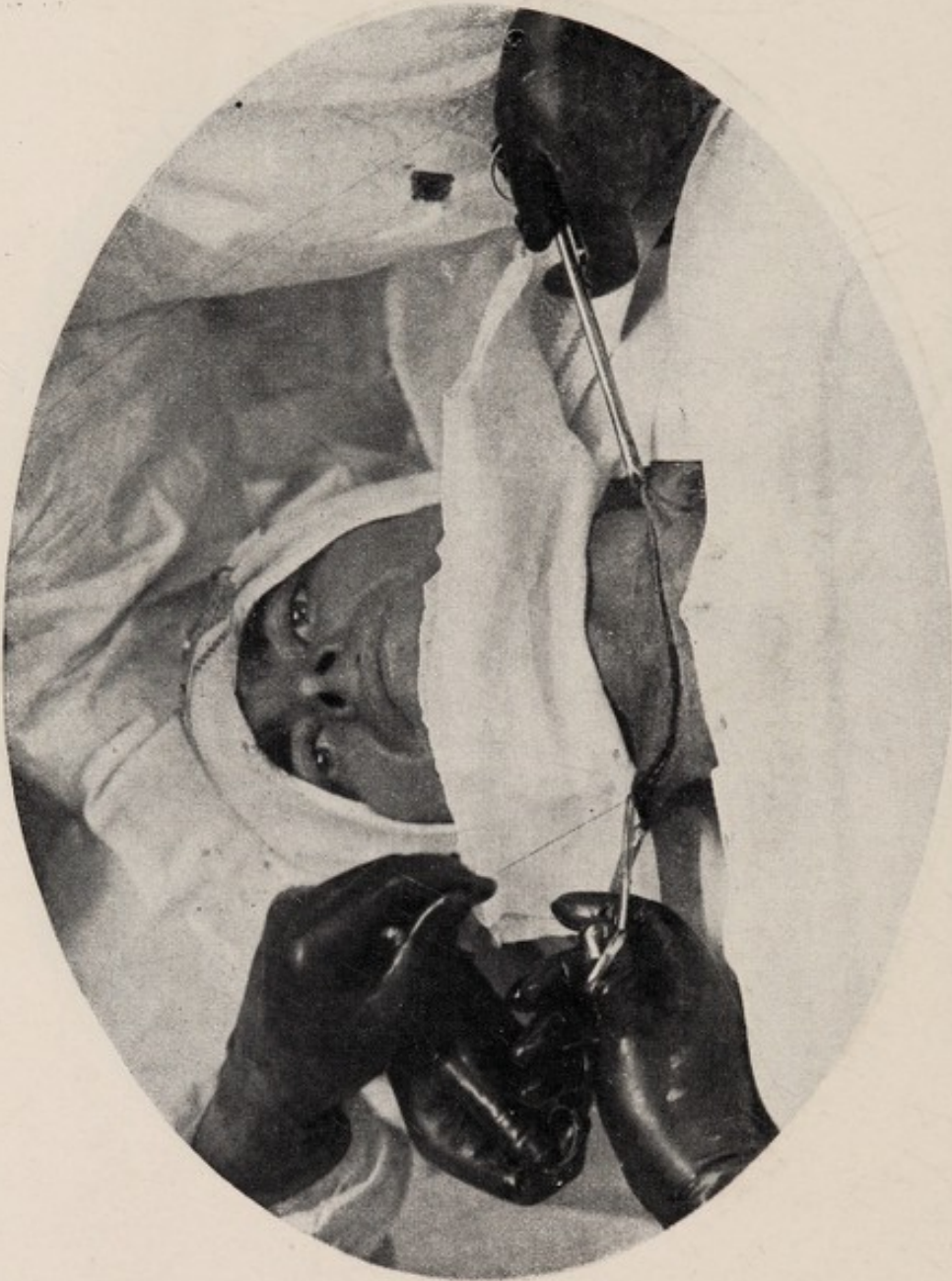


FIG. 5.

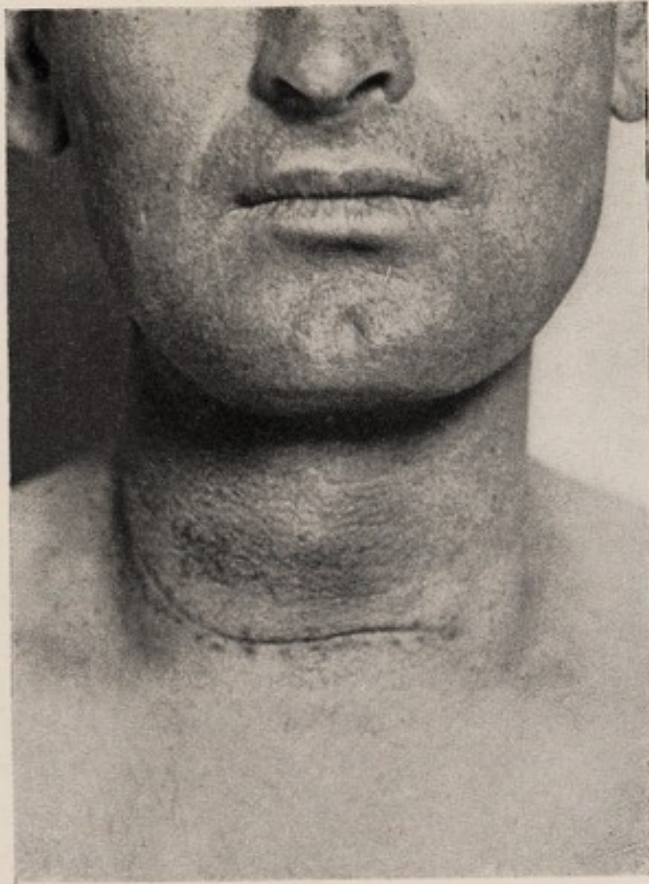
Thyroidectomy under local anesthesia. Stopping oozing with hot applications to the raw surfaces after extirpation of tumor.

FIG. 6.

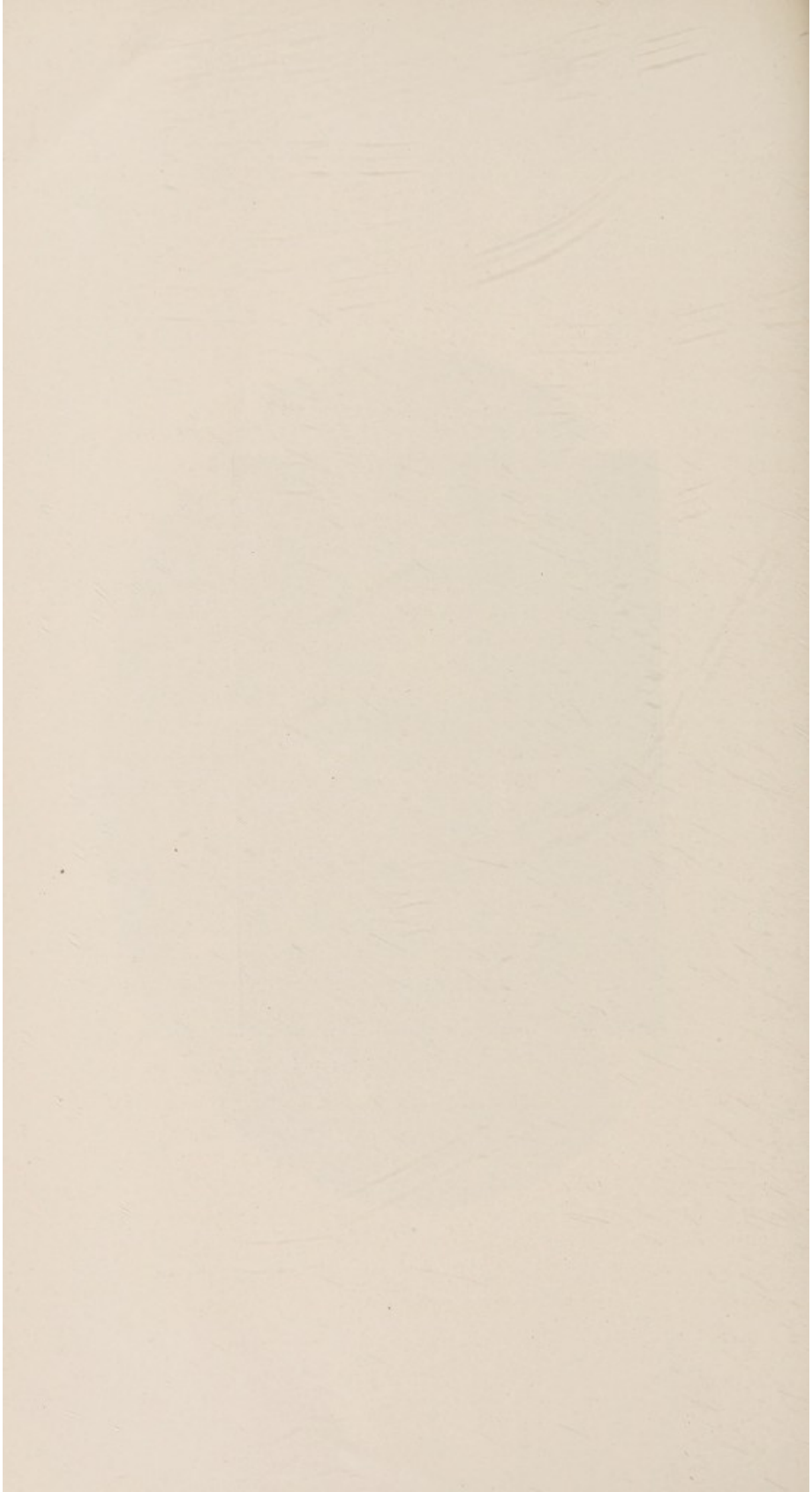


Thyroidectomy under local anesthesia. Deeper structures sutured. Skin ready for closing.

FIG. 7.



Thyroidectomy. Twenty days after operation.



fear, the shrinking of the mind no less than the flesh, and the subconscious response to pain before and during the operation, which otherwise induce a discharge of vital energy, are avoidable by the application of local anæsthesia, which bars the way of the harmful associations through the intervening nerve trunks to the brain. In connection with a local anæsthetic, the anoci method of Crile acts most beneficially through its merciful withholding, for the time being, of the messages of distress that are constantly being conveyed to the helpless brain by the nerves. "The psychic factor," according to Crile, "which is the most important in the surgical risk, may be eliminated by 'stealing' the gland. When eliminated, the operative risk seems to be greatly reduced."

Local Anæsthesia.—The advantages of local anæsthesia in goitre operations were first emphasized by Socin, and his recommendations were endorsed by Bier, Madelung, and other operators of renown. Kocher, who is an earnest advocate of local anæsthesia, is fortified in his position by an experience in a series of 5,000 goitre operations. Among 603 uncomplicated, but in part very difficult goitres, in his last series of 1,000 cases, no patient died. The same applies to 19 operations on recurrent goitres, which are apt to prove especially troublesome to the operator, on account of cicatrices and adhesions. Of 26 incisions for malignant struma, all recovered. Definite end results could be traced in only 320 of Kocher's operative cases, with a complete cure in 150 patients, while 148 are considerably improved although still showing individual symptoms of the disease. The results were unsatisfactory in only 22 cases, either because the operation could not be completed, or because recurrences followed (in five per cent.), or on account of secondary disturbances of thyroid origin failing to subside after operation.

The possible advantages of local anæsthesia, in my experience, are the following:

- (1) The hemorrhage is considerably diminished.
- (2) A free survey of the field of operation is provided, and movements of the throat at critical steps may be prevented by instructing the patient to hold his breath.

The same purpose is served by proper preliminary medication, and by the personal contact of surgeon with patient, confidence which results in a state of nerve-calm.

The possible disadvantages of local anæsthesia, in a small number of cases, consist in the added difficulty and length of the surgical procedure, the increased demands upon the operator's skill and self-possession, and the intractability or hysterical condition of certain patients. Other objections, such as an unfavorable influence of the local injection upon the repair process, are not tenable.

Goitre must be regarded as a surgical disease, and operative intervention naturally calls for the control of pain. The physician who has the comfort and safety of his patients at heart will give them the utmost benefit of what is, perhaps, the greatest blessing modern chemistry has bestowed, namely, the arbitrary arrest of pain in the field of operation, by means of local anæsthesia.

Any of the local analgesic agents may be employed—stovaine, cocaine, novocaine, etc. In the case illustrated herewith, novocaine was employed, 1 per cent. in skin, and $\frac{1}{4}$ per cent. in the deeper structure. The case was one of exophthalmic goitre, with large vascular thyroid, and with marked heart and eye symptoms. Preliminary medication of $\frac{1}{4}$ of morphine, and 1/150 of atropin, is given half an hour before operation.

BIBLIOGRAPHY.

- Kocher: Dtsch. Med. Wchschrft., No. 27-28, 1912, p. 1265; Ctrbltt. f. Chir. Beilage, No. 28, 1906, p. 70.
Kummel; Ctrbltt. f. Chir., No. 37, 1910, p. 1229.
Hackenbruch: Dtsch. Med. Wchschrft., No. 39, 1909, p. 1690.
Chaput: La Presse Médicale, No. 30, 1910, p. 265.
Berry: The Lancet, March 8, 1913, p. 668.
Crile, G. W.: Anoci Association. A new principle in operative surgery. The Journal of the South Carolina Medical Ass'n, No. 5, 1912, p. 129.
Gwathmey: Journal Amer. Med. Ass'n, December 17, 1910, p. 2150.
Hirschel: Lehrbuch der Lokalanæsthesie, Wiesbaden, 1913.
Braun, H.: Die Lokalanæsthesie, Leipzig, 1905.

