

**OPERATING ROOM  
PROCEDURES FOR NURSES**

**JEAN D. JOLLY**

# OPERATING ROOM PROCEDURES FOR NURSES

BY

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## FOREWORD

**T**HE development of modern surgery is proceeding both extensively and intensively, and in both respects rapidly. In other words, wider use is being accompanied by refinement in technique. It becomes therefore increasingly difficult for a nurse to keep abreast of the tide in her time.

This book will prove a real help and will commend itself both to those who know and to those who do not know, for its author has had quite unusual experience in the technique of a surgical theatre, not only as regards general surgery but also in respect of its special branches. She is better equipped for this than any theatre nurse in my long experience.

JAMES ADAM, M.A., M.D.

## PREFACE TO FIRST EDITION

**I** TRUST this little book will fulfil the purpose for which it was written, namely, to help the nurse in training with her practical work in the operating theatre.

I gratefully acknowledge all help received; I wish especially to thank Dr. James Adam, Hamilton, for his kindness and helpful suggestions on reading my manuscript; Messrs. Allen & Hanburys, Ltd., for the loan of electros for illustrations; and Messrs. Faber & Faber for their great courtesy and assistance throughout.

*September, 1936.*

JEAN D. JOLLY

## PREFACE TO SECOND EDITION

**I**N revision of this book I have found it necessary to alter and enlarge the chapter on "Blood Transfusion." I gratefully acknowledge the help and collaboration of Dr. A. M. Giles, B.Sc., M.B., Ch.B., D.P.H. (Obstetrical Register, Senior Medical Officer in charge of the "Blood Bank," Southern General Hospital, Glasgow), who is also responsible for the excellent diagrams illustrating this section. My grateful thanks to the publishers for their help and consideration.

*June, 1941.*

JEAN D. JOLLY.

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## INTRODUCTION

THE aim of these lectures is to try to make the nurse familiar with the general principles of operating room procedures. In different hospitals these will vary somewhat in minor methods of detail and technique, depending on the type of operation and the preference of the surgeon.

The methods used should aim at simplicity, and in turn this will imply economy in supplies, time and the number of assistants required. The aim is to get the patient well with as little loss of time as possible, and whatever method contributes to this end should be adopted.

Good operating technique is not measured by the number of assistants present in the operating room, any more than asepsis by the pile of soiled linen. It is more than half true that the more skilled the surgeon, the fewer the appliances and instruments required. It is the duty of a theatre nurse at all times to carry out the wishes of the surgeon regarding the preparation of his instruments and so forth.

Above all things a theatre nurse must be conscientious ; the conscientiousness of the theatre nurse regarding asepsis is almost as important in saving the patient's life as the skill of the surgeon.

The nurse must have a thorough knowledge of elementary bacteriology before she will understand theatre or surgical ward work, because the presence of those minute organisms which cause the damage should be ever before her.

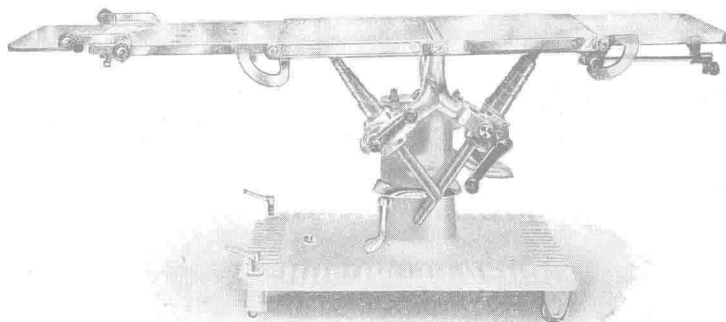
Nurses of to-day can hardly realize how great an advance has been made in surgery since the middle of the

nineteenth century. Before that, methods were rather crude, methods of hæmostasis inefficient ; anæsthetics were almost unknown, as were the quiet and decorum of the operating theatre, which formerly rather resembled the shambles. Humanity owes much to such men as Simpson, who discovered the advantage of using drugs (anæsthetics) which rendered the patient insensitive to pain ; to Spencer Wells, who introduced suitable hæmostatic forceps ; to Pasteur, who discovered that suppuration and putrefaction were due to invasion by bacteria ; and to that great surgeon, Lord Lister, who in 1867 introduced his antiseptic technique to his surgical department in Glasgow Royal Infirmary, and thus, despite the scepticism of his colleagues, revolutionized surgery. As an antiseptic he first chose the chemical substance phenol or carbolic acid, pure and in solutions of strengths 1-20 to 1-60. Solutions were used for the patient's skin, for the surgeon's and assistants' hands ; towels and swabs were wrung out of such solutions. A carbolic spray over the operating table was employed, perhaps not unnecessary in a theatre with wooden floors and fittings and as many as a hundred students present. The aseptic and antiseptic methods are combined in modern surgery.

## SECTION I

### A GOOD OPERATING THEATRE

As a theatre is the centre of a surgical unit in hospital, we shall consider the essentials of a good one. It should be roomy, bright, well ventilated, yet without draughts. Walls should be tiled (or of marble where expense is not considered). In the most up-to-date

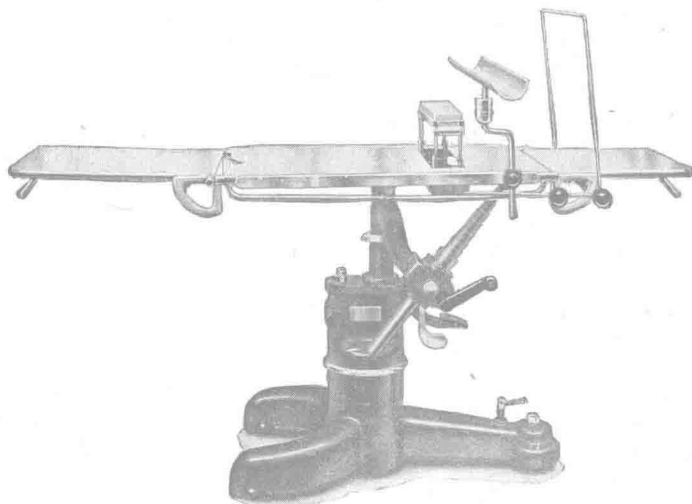


OPERATING TABLE—HORIZONTAL POSITION

theatres walls and table linen are of a green shade, as this is restful to the eyes. These walls can be frequently washed down or sprayed, without damage. The floor should be of square, closely fitted tiles, or terrazzo, sloping to a good-sized gutter (leading into drain) for hosing purposes. The windows should face north, to get the maximum lighting without heat or glare of the sun. Electricity gives the most efficient artificial lighting, but should have the mini-



mum of fittings to harbour dust. There should be as few ledges as possible. Doors should have a smooth surface ; all corners must be rounded, and the necessary shelves of glass or stainless steel. Heating should be by means of steam radiators, which can be easily regulated as required and swung out for cleansing purposes. The temperature



OPERATING TABLE—KIDNEY AND GALL BLADDER POSITION

of the theatre is kept about  $10^{\circ}$  F. higher than that of the ward— $72^{\circ}$  F. to  $76^{\circ}$  F. Taps are made to be manipulated by elbows or feet, as hands when rendered surgically clean cannot be allowed to come in contact with any non-sterile substance. All theatre furniture should be made of stainless steel, or enamel and glass, so that it can be washed over freely with antiseptic solutions, without damage. The most necessary piece of furniture is an efficient operating table with fittings, suitable for adjustment into