THREE IMPORTANT POINTS IN THE POST-OPERATIVE TREATMENT OF HÆMORRHOIDS.

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(1) ONE of the most trying features to the patient after this operation is the inability to micturate. Sometimes this is very distressing and the patient is surprised, and not a little worried, if he has not been previously warned. It is, therefore, always wise to caution the patient that there may be this difficulty before the operation is performed. Even though the bladder may be empty there is often a feeling of wishing to micturate without being able to do so. The difficulty usually lasts for about thirty-six hours, and in such cases where a spinal anæsthetic has been given it may last considerably longer. In an ordinary case the difficulty can be very much assisted by the administration of 5 gr. of urotropin. If the operation has been performed in the morning and the patient is uncomfortable in the afternoon, the urotropin should be administered, and in about an hour, in a large number of cases, the patient will pass urine to the great relief not only of himself but also of the nurses, whose minds are beginning to think of catheters in the middle of the night. It may be taken as an axiom that a catheter is hardly ever necessary and, indeed, should only be used as a very last resort.

Difficulty of Micturition.

(2) The next difficulty is with the bowels. When they are opened for the first time this may be an exceedingly painful process. There is no use denying that the painless operation for hæmorrhoids has yet to be devised, and the aftermath may be very little short of purgatory to a sensitive patient. It is usual to inject olive oil the night before the bowels are opened. In my own practice is to have them opened on the fifth day, and the measure that I have found very useful is to allow the patient to get out of bed and to sit in a sitzbath which is moderately full of as hot water as he can tolerate. This relaxes the sphincter, which is usually in a state of tonic contraction, and very frequently it is surprising how painless the process of defæcation can be. The risk of getting the patient out of bed for the purpose in my experience is nil. If this method is pursued for three or four days, daily action of the bowels, after the fifth day, becomes no longer a process of dread.

Painful Defæcation.

(3) There are various ways of operating on hæmorrhoids, but the operation that I perform is the one that is described by Mr. W. E. Miles. In this operation a full view of the anal canal is obtained, and the surgeon is enabled to see exactly what he is doing. After ligaturing the three hæmorrhoids, and it may be here stated that there are only three main hæmorrhoids to be ligatured: in any one particular case, the mass distal to the ligature, as in all ligature operations, is allowed to slough off. Ligatures usually separate about the tenth day. Now comes an important point in the after-treatment. When the ligatures separate, three raw, granulating areas are left, and unless care be taken to prevent these raw areas from adhering to one another, contraction of the anal canal may occur. Hence, from the twelfth day onwards, it is advisable to insert a finger very gently into the anal canal and give it one rotary turn in order to separate the three granulating areas. If this is done for about four or five days there will be no risk of a subsequent contraction. It is only very rarely that a bougie has to be passed.

Method of Operating.