

FPW

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The Patient who was expected to die but survived

History of the Case:

A 35 year old farmer fell from a palm-tree and had penetrated stick in the abdomen. His son who went with him in the bush, left him there and brought the news in town, Tewor. The family went for him and pre-informed the hospital that they were bringing an accident case to the hospital. The physician in charge informed there operating room to prepare for an emergency.

In the operating room, general preparations were made. Suction machine was perfectly tried and set in place. Oxygen machine was also prepared. Drugs like Ketamine, atropine and Valium were placed in an emergency kit with other drugs all in readiness. I was very much fortunate to have added Norcuron.

This patient took almost 2-3 hours before reaching the hospital because the patient was transported in a native manner with sticks on peoples heads. The stomach was tied up with pieces of ropes and abdomen was distended.

Our operating room nurses quickly carried the stretcher and transported him to the theatre, where equipment for surgery have been prepared for the case. In the operating room, two nurses scrubbed for the case and urgently prepped the patient. All the workers were in their scrub suits and in readiness. The first thing the nurse anesthetist did was to open an IV fluids line with a cannula 16G. And hung up Ringer's Lactate 1000ml bag to the patient, quickly resuscitated and passed an (N.G.) naso-gastric tube and connected to a bag – draining greenish fluids and accumulated blood about 1 ½ litres. Intake and output was done and registered. Foley catheter size 16 was inserted draining clear colour and urine about 150cc in the urine bag.

While building up the hypovolemic patient, another cannula 16G was started on the other arm, ready for blood transfusion.

The patient who came with BO 80/50, pulse very faint and gasping with respiration, started building up his volume.

This patient was pre-oxygenated with 1.5 litres of O₂ before induction.

Pre-meds – Atropine 1ml/amp was given plus Ketamine 75mg because he was so weak. An induction was made with Norcuron 2mg/cc. 7.5 cuffed. Tube was used. My pre-anesthetic evaluation was quickly done on the surgical table. There was no dentures and the mouth could open well.

Exploratory Laparotomy was performed and a diagnosis made of multiple perforation of the bowel and intestines. The perforations were repaired and surgery ended with BP 110/80 P100 R16.

The hypovolemic patient who was gasping and weak was regaining strength gradually. Naso-gastric tube was still in place draining, urine output increased , from 50cc to 100cc with normal colour. This patient was well reversed with neostigmine and atropine without problems. Even though there was much strain in the operating room, all the nurses and doctors felt happier for such a case. Only two units of blood O+ was transfused during and after surgery. The laboratory technician also did well.

All the family thanked hospital workers for such a hard work.