POST-OPERATIVE DISTENSION.

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SUMMARY.

It is well known that air may be swallowed during the early stages of anaesthetization. In three of the cases observed, 115, 67 and 54 swallowing movements, respectively, were observed. Again, it is a matter of common observation that great dryness of the mucous membrane of the mouth and pharynx is one of the after-effects of ether, and that many patients make an effort to relieve this by swallowing motions which carry air into the stomach. It was also observed that many of our patients, following operation, complained of gas in the stomach, which they often attempted to relieve by belching, and undoubtedly more air was swallowed in an attempt to relieve the gastric distress. Air thus swallowed may be passed from the stomach into the intestine as we have demonstrated in other experiments. Inasmuch as analyses showed always a high percentage of nitrogen it seemed reasonable to try a small stomach tube as a means of treatment. Accordingly, while the patient was still under ether, a small stomach tube was passed through the nose and the gaseous content of the stomach drawn off. The tube was left in place for a day or more and gaseous contents aspirated twice daily. Incidence of post-operative distention was much reduced by this procedure—only one patient in eight distended, as against one in three without the stomach tube.

Air swallowed during anaesthesia may be passed into the intestine and, owing to its high N₂ content and slow rate of diffusion, may be an important factor in post-operative distension.

In the treatment of such cases the small stomach tube has been shown to be of great value.