Major Greene.

PRE-OPERATIVE MEDICATION - General Surgery

1. In selected cases - morphine sulphate gr. 1/4, atropine sulphate gr. 1/150 to be given 3/4 to 1 hr. before surgery.

2. In selected cases - morphine sulph. gr. 1/4 without atropine will be given.

3. In selected cases - e.g. - acute emergencies, where time is important, morphine sulph. gr. 1/6 - gr. 1/4 may be given intravenously.

4. In selected cases avertin may be the anaesthetic of choice (Here also the pre-operative medication will be given as indicated).

5. The above likewise will hold for intravenous anaesthesia.

6. There is no contra-indication to the use of scapolamine instead of atropine. (~~I myself~~ Major Greene prefer atropine to scapolamine. ~~if I am to use any~~)

7. At times - if an operation is protracted or delayed - a supplementary dose - gr. 1/8 to gr. 1/4 may be given to the patient on the operating table.

POST-OPERATIVE DIETS FOR GASTRO-INTESTINAL CASES

1. In most cases following any surgery on the G.I. tract (except for appendix) we must rely for several days on the intravenous use of glucose and saline- or Ringers' solution. How long the intravenous solutions will be enforced will depend upon the condition of the patient. From 24 hours to many days may pass before fluids or food may be taken by mouth. In severe injury to the G.I. tract many days may pass before fluids can be safely tolerated - (this occassionally will also hold for a simple appendectomy).

2. Depending on the general condition of the patient, food, especially solid foods, will be given as rapidly as possible, compatible with the well-being of the patient. It must be remembered that in suturing the G.I. tract, the suture line is weakest on the 5 - 7 days, and it may be adviseable to hold off too much food at that period.

3. Most patients will do better if early in the post-operative regimen the patient is given substantial protein rather than an excess of carbohydrates, for the latter make for more gas with its accompanying distention.

4. In general food should be given as per patients desire and taste, regardless of the type of food. The patient is the best judge.

5. In general, after surgery on the G.I. tract, small and more frequent feedings are adviseable, rather than three full meals.

6. Nausea, vomiting, or abdominal distention should be the sign for stopping all food by mouth and resorting to intravenous fluids. Fluids per rectum may be considered, but the former is preferable.