THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS
SEND UP EXAMINATION 2018
SURGERY 1
(SEQs)

Roll No. ______________

Time Allowed: 2HOURS

Total Marks: 50

Instructions

1. Attempt all questions.
2. All question carry equal marks.
3. The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
4. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
5. Do not write your name or disclose your identity in anyway.

1. Draw and label extrahepatic biliary tract — 3
   Describe boundaries of Calot's triangle — 2
2. A 35 years female patient is brought to Emergency with H/o road traffic accident. Her vitals are pulse 115/min, BP 90/50mmHg, RR32/min and she is unconcious
   a. Write down initial steps in management — 119.D — 2
   b. Enlist initial radiological investigations CT, xrays, MRI — 2
   c. What is ideal fluid for resususcitation Ringer's lactate — 1
3. A 38 year female patient is seen in emergency with sign and symptoms of intestinal obstruction.On call consultant advised Abdominal xrays Erect and supine views
   a. What are different abnormal findings you would look for in both views of xrays — 2
   b. How would you identify and diffrentiate dilated bowel loop on abdominal x-ray to diagnose level of obstruction

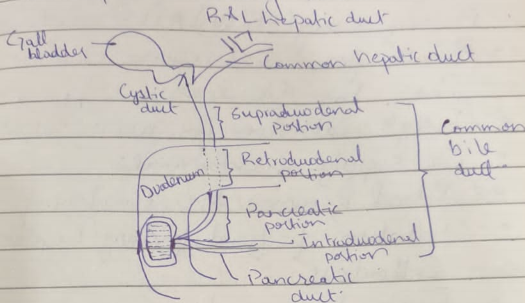
   On erect: Multiple air fluid levels are seen. Dilated loops on supine view

4. A 45 years old male patient who is known Diabetic and IHD, diagnosed as case of right indirect inguinal hernia. He is planned for hernioplast on elective list
   a. What essential preopertive investigation need to be advise in this patient — 3
   b. Write down preoperative orders for this patient in management of diabetes — 2 — 20 D
5. A 65 year old patient is diagnosed as advance case of Cancer rectum. He is being seen by an oncologist.
   a. What do you understand by adjuant and Neo-adjuant type of chemotherapy (After the surgery → Before operation)
   b. What are different methods of radiotherapy — 3
6. What are different methods for enteral feeding in a surgical patient — 2
   Describe complications of enteral feeding — 3
7. Describe different classes of Hemorrhage — 2
   What is the difference b/w reactionary and secondary hemorrhage — 3
8. A 52 year old man undergone right extended hemicolectomy for cecal cancer. He is in his 4th postoperative day and developed high grade fever — 2
   a. Enlist possible causes of his fever 49D — 3
   b. How will you investigate this patient CBC, chest x-ray, urine culture, blood culture, ultrasound — 2

Q3 (a) Erect → Multiple air fluid level
Spine → Level of abstruction, Dilated loops of small intestine proximal to obstruction.
(b) Jejunum → Valvulae conniventes
Colon → Haustration
Illeum → Centrally located with no mucosal folds

Send-up 2018 S1

Q. Extrahepatic billiary tract:-



b) Boundaries of Calot's triangle:-

This is bounded by cystic duct, the bile duct, the cystic artery. In it is formed by the inferior surface of the liver (Upper border), the cystic duct (inferior border) and the bile duct (medially) it contents usually includes the right hepatic artery, the cystic artery, the cystic lymph node, connective tissue & lymphatics. It is the triangular space which is dissected in cholecystectomy to identify the cystic artery and cystic duct before ligation & division.

Q2a) Initial steps in management:-

- Admission to hospital / History from attendant
- Primary survey (ABCDE) ATLS guidlines.
- ~~P~~ Call for help (Trauma team)
- Pass two I/V lines. ~~+ NG tube~~
- Foley's catheter for urine output.
- O_2 supply maintainance.
- Blood grouping & cross matching.
- Intiation of fluid therapy (Crystalloid, Colloids).
- Fresh frozen plasma.
- Treat the underlying life-threatening condition.
- Continuous Vital monitoring.

b) Radiological investigation:-

1- CT Scan 2- MRI 3- Fast scan
4- X-ray 5- USG 6- PET scan

c)

Ideal fluid is Ringer lactate (Isotonic) Crystalloid.

Q3a) Erect X-ray finding of Abdomen:-
- Multiple air fluid level.
- Air Thickened bowel wall.

Supine X-ray finding of Abdomen:-
- Level of obstruction.
- Dilated loops of small intestine proximal to obstruction.

b) Jejunum:- Valvulae Conniventes
Colon:- Presence of haustrations.
Ileum:- Centrally located with no mucosal infoldings.

Q4 a) Pre-operative investigation:-
- CBC
- Ultrasound.
- Electrolytes & Creatinine
- Echocardiography
- ECG
- Blood sugar and HbA1c
- LFT's, RFT's

b) Management of diabetes:-
- Admit on the day before surgery.
- Be first on list.
- Stop long acting insulin night before

surgery.

- Check glucose & electrolytes on the morning of surgery.
- Do not give normal insulin dose — start sliding scale.
- For patients who are afternoon list breakfast can be given with half of their normal dose of insulin.

Q5 a)

Adjuvant Chemotherapy	Neo-adjuvant Chemotherapy
- Chemotherapy, radiotherapy or a combination of the two may be used with curative intent. - The use of chemotherapy after surgical excision of tumor is called adjuvant therapy.	- In certain cases where the tumors are locally advanced and are inoperable they are treated with neo-adjuvant chemotherapy. To reduce size, extent & burden.

b) Different methods of Radiotherapy:-

- External beam radiotherapy
- Brachytherapy
- Intraoperative radiotherapy

o- Intensity modulated radiation therapy (IMRT)
o- Radioisotope therapy.

Q6 a) Different methods of enteral feeding:-
o- Oral Supplements
o- Nasogastric/Nasojejunal Feeding.
o- Tube Gastrostomy / Enterostomy.
o- Oral = It provides 200 kcal and 2g of Nitrogen in each 200ml of feed.
o- Nasogastric = Start at 40ml/hr initially and advance to goal rate in the increment of 10-20 ml every 8-12 hrs.
o- Tube = Indicated when the duration of feeding is prolonged (4-6wks).
Tube is inserted by the stomac or jejunum:-
* Open surgical procedure.
* Percutaneous endoscopic gastrostomy (PEG) / Jejunostomy (PE).

b) Complications:-
o- Malposition
o- Breakage/leakage
o- Peritonitis
o- Tube dislodgement.
o- Aspiration.
o- Intestinal obstruction.

Q7a) Diff classes of hemorrhage:-

- Class I (15%)
- Class II (15-30%)
- Class III (30-40%)
- Class IV (>40%)

b)

Reactionary hemorrhage	Secondary hemorrhage
- It follows primary hemorrhage and occurs within 24 hrs. It is mainly due to slipping of a ligature or loss of arterial spasm or increase in BP after resuscitation	- It occurs after 7-14 days and is due to infection & sloughing of the vessel wall due to infection a pressure necrosis. Bcoz of pressure of bones & drainage tube

Q8 a) Post-op causes of fever:-

- Wound: Discharge, pus, infection.
- Wind: Breathing (24-48 hrs) = Atelectasis is most common cause. Auscultate the chest for crepitations, get X-ray and treat chest infection.
- Wondering drugs:- Check antibiotics given to the patient and if necessary change the drug and send blood sample for culture & sensitivity.

Water: Urinary tract infection should be ruled out.
Vessels: - Check for DVT.
b) Investigation:-
o - CBC (leucocytosis) o - Urine Culture (UTI)
o - Blood culture & Sensitivity o - USG
o - Chest X-ray (Consolidation, opacity)
Q9 Repeated Annual 2017 Varicose

Q10 a) Diag:- (Decubitis Ulcers) Bed Sores
b) Management:-
o - History / Examination
o - Assesment of patient.
o - Characterization of wound.
o - Provision of adequate oxygenation.
o - Provision of adequate nutrition.
o - Treatment of infection.
o - Removal of foreign bodies.
o - Irrigation of wound
o - Provision of moist bed.
o - Management of pain.
o - Antiseptics & topical antibiotics.