PRACTICAL SKILLS IN SURGERY
(IV year)

Basic skills

1. Novocain blockage.
2. Insertion of nasogastric tube.
3. Rectal examination.
4. To perform cleaning, hypertonic, Ognev enema etc.
5. Postoperative wound care (change of wound dressing, stitches’ removal etc.).
6. Care of patients with enterostomy, colostomy.

Acute appendicitis

1. To show the points of pain in acute appendicitis (Lanz, McBurney, Morris-Kummel, Sonnenburg).
2. To perform the characteristic signs of the acute appendicitis: Rovsing, Blumberg, Voskresenski, Sitkovski, Bartomie-Mihelson, Cope, Obraztsov.
3. To perform differential diagnosis of acute appendicitis with acute salpingitis, rupture of a tubal gestation, renal colic, perforated ulcer, intestinal obstruction.
4. Interpretation of total blood count in a patient with acute appendicitis.
5. Diagnosis of appendicular infiltrate.

Abdominal wall hernias

1. Manual exploration of the weak areas and points of the abdominal wall (inguinal, femoral, linea albae, umbilical).
2. Diagnosis of postoperative hernias.
3. Diagnosis of uncomplicated, irreducible and strangulated hernias.
4. Differential diagnosis of direct and indirect inguinal hernias.
5. Suspensory application.

Intestinal obstruction

1. Assess the Wahl, Sklyarov clinical signs.
2. Appreciation of the obstruction level upon the clinical data.
3. Interpretation of x-ray films in the Schwartz’ test.
4. Interpretation of a abdominal radiography in high intestinal obstruction.
5. Interpretation of a abdominal radiography in low intestinal obstruction.
6. Interpretation of barium enema examination in low intestinal obstruction.
7. Prescribe preoperative treatment for a patient with acute intestinal obstruction.

Peptic ulcer disease

1. Interpretation of radiographic film of a patient with chronic ulcer.
2. Interpretation of radiographic film of a patient with perforated ulcer.
3. Interpretation of radiography of a patient with suspected perforated ulcer after the Petrescu maneuver.
4. Assessment of the Eleker, Blumberg, Mendel-Razdolski signs, Mondor triad, and “board-like” abdomen in the first period of the perforated ulcer.
5. Assessment of the hepatic dullness disappearance in a patient with perforated ulcer.
6. Assessment of the Kerven, Kulencampf-Grassmann signs in the second period of the perforated ulcer.
7. Assessment of the Vigiazzio and Podlah signs in atypical perforation.
8. Insert the nasogastric tube in case of ulcer bleeding and aspirate gastric contents.
10. Assessment of the bleeding severity upon the clinical and laboratory data.
11. Assessment of the bleeding activity upon the clinical and endoscopic data.
14. Assessment of the Kussmaul sign and Patkin’s triad in pyloroduodenal stenosis.
15. Interpretation of radiography in a patient with pyloroduodenal stenosis.
16. Which of the following laboratory data of hydro-electrolytic embalances are characteristic for pyloroduodenal stenosis (Darrow syndrome)?
17. Prescribe medical treatment for a patient with anastomositis (parenteral and local with Gurvich solution).
18. Insert the Blackmore tube in case of oesophageal varices complicated by bleeding.
**Cholelithiasis**

1. Manual examination of the patients with acute, chronic cholecystitis and biliary stones: abdominal wall rigidity, Blumberg, Murphy, Ortner, Mussi – Gheorghievski, Courvoisier signs.
2. Interpretation of the blood test, urine test, biochemical tests in the patients with acute, chronic cholecystitis and biliary stones, choledocholithiasis, mechanical jaundice.
3. Interpretation of radiographies: oral and intravenous cholecystography, ERCP and Percutaneous transhepatic cholangiography, fistulographies.
4. Interpretation of ultrasonography and CT findings.
5. Prescribe treatment for a patient with acute cholecystitis before and after surgery.

**Acute and chronic pancreatitis**

1. Assessment of Bereznigovski, Mondor, Grey-Turner, Cullen, Bonde, Gobief, Körte, Voskresenski, Mayo-Robson signs.
2. Interpretation of blood count, urinanalysis, peritoneal exudate, pleural fluid in the patients with acute and chronic pancreatitis.
3. Interpretation of abdominal and chest X-ray examination, in acute pancreatitis.
4. Interpretation of ERCP in acute and chronic pancreatitis.
5. Interpretation of the ultrasonographic and CT examination in acute and chronic pancreatitis.
6. Prescribe treatment for a patient with acute and chronic pancreatitis on different stages of the disease evolution.

**Abdominal trauma**

1. Assessment of abdominal tenderness, Blumberg sign, free fluid (displaceable dullness) in the abdomen.
2. Interpretation of panoramic and contrast X-ray films in patients with abdominal trauma.
3. Prepare the necessary tools for vulnerography. Examination results.
4. Prepare the necessary tools for paracentesis. Name the criteria for positive paracentesis and peritoneal lavage.

**Thoracic trauma**

1. Assessment of chest wall injuries, auscultation, percussion (respiratory sounds, tympanic sound, dull sound, intestinal sounds).
2. Interpretation of panoramic and contrast X-ray films in patients with chest trauma.
3. Prepare the necessary tools for pleural and pericardium puncture. Examination results.
4. Prepare the necessary tools for thoracentesis. Name the indications for thoracothomy.

**Peritonitis**

1. Physical examination of the abdomen: abdominal tenderness, Blumberg sign, free fluid.
2. Assessment of the intestinal sounds.
3. Prescribe medicamentous stimulation of the interstitial peristalsis.
4. Prescribe antibacterial and infusion treatment to a patient with general peritonitis.

**Surgical pathology of the venous system**

3. Marc the varicose veins with a marker.
4. Interpretation of the distal and proximal phlebography results.
5. Interpretation of the coagulogram results.
6. Assess the following clinical signs: Lovenberg, Denecke and Homans in a patient with acute thrombophlebitis.
7. Stop the bleeding from an injured varicose vein.
8. Indicate the treatment tactics in superficial and deep vein thrombophlebitis.