

# SURGERY 2 PAPER

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**Q.1**

## **Management of the Wound:**

- 1. Debridement:** Debridement is the excision of necrotic, devitalized or infected tissue from a wound, leaving healthy and vascular tissue behind. Surgical debridement is the usual method used. It is necessary for optimal healing of the diabetic foot ulcer.
- 2. Wound dressings:** Wound dressings represent a part of the management of diabetic foot ulceration....foam and alginate dressings are highly absorbed and effective for heavily exuding wounds. Hydrogels facilitate autolysis and may be beneficial in managing ulcers containing tissue.
- 3. Antimicrobial Therapy:** Patient with mild infections can be treated in outpatient settings with oral antibiotics that cover skin flora including streptococci and staphylococcus aureus. Agents such as cephalixin, dicloxacillin, amoxicillin or clindamycin are effective choices.

**4. Metabolic management:** Decrease the intake of sugar in patient's diet.

**5. Amputation:** When ulceration and necrosis become worst which can leads to amputation of toes, feet, and lower legs.

### **Physical Therapy Treatment:**

- 1.** Low level laser irradiation for 10 to 15 minutes/session on the ulcer.
- 2.** Laser bio stimulation on peroneal nerve trunk at 1000 Hz for 15 minutes.
- 3.** Specific dorsiflexion and ankle ROM exercises.
- 4.** Education on foot care and home exercises.
- 5.** The physical therapist is also involved in the rehabilitation process after an amputation.

### **Q.2: CASE SCENARIO ON CHOLECYSTITIS:**

A 54 years old female presented with a 3 month history of abdominal pain and nausea. She reported recent bought of pain associated with large Italian meal, but noted that she did experience pain unrelated to oral intake. In the emergency department, she underwent US and CT scan, both of which were negative for acute disease. She was admitted to the hospital for pain management and further workup, including a CCK-HIDA scan which was also negative.

#### **Investigation test:**

- Ultrasound
- Biliary scintigraphy
- HIDA scan

**Management:** In acute cholecystitis, the initial treatment includes bowel rest, intravenous hydration, correction of electrolyte abnormalities, analgesia, and intravenous antibiotics. For mild cases of acute cholecystitis, antibiotic therapy with a single broad-spectrum antibiotic is adequate.

**Distinction points of chronic cholecystitis:**

- Severe abdominal pains that may feel sharp or dull.
- Abdominal cramping and bloating.
- Pain that spreads to your back or below your right shoulder blade.
- Fever
- Chills
- Vomiting
- Loose, light-colored stools.