**Mid-Term Assignment**

**Course Title: SURGERY-II Instructor: Dr Sara Naeem Total Marks: 30**

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1. A 68 years old female with a history of Diabetes Type 2 presents with plantar ulcer at the first metatarsal head of the right foot. Patient also complains of losing balance while standing and walking.
	* Ulcer shows sign of infection i.e. calluses and characteristic necrosis.
	* Timed Up and Go test: 12 seconds, this is slower than age-adjusted norm.
	* Patient reports longstanding history of type 2 diabetes.

 Keeping in mind the staging of infection, give

* + 1. Complete management of the wound

**Ans: Complete management of wound:**

* + - * Maintain positive pressure of ventilation.
			* The laminar air flow should be maintaining.
			* Proper sterilization of surgical instruments.
			* Used of epinephrine.
			* Debridement.
			* Antibiotic.
			* Reduction of edema.
			* Clean with normal saline.
			* Dressing.
			* Surgical intervention.
		1. Physical therapy treatment if needed.

**Ans:**  **Physical therapy need in wound care:**

* + - * Improve quality of life
			* Reduction of edema.
			* Reduction of pressure.
			* Pain management.
			* Used of specific modalities.
			* Provide optimal strengthening exercise.
1. Create a clinical scenario of your own targeting acute cholecystitis along with its clinical presentation, investigations and management. Rule out the distinction points of chronic cholecystitis.

**Ans: Case scenario:**

A 42 year old male presented in clinic with severe abdominal pain Nausea and vomiting on physical examination severe tenderness are found.

Initial screening was done which include ultrasound and CT scan however both are negative.

He was refer to hospital for severe pain management.

A HIDA scan was done to rule out the disorders due to severe pain.

The decision was made bye the clinical staff to proceed cholecystectomy.

After 6 month post operative their symptoms remain disappear.

**Sign and Symptoms:**

* + - * Severe tenderness on abdomen.
			* Abdominal pain.
			* Nausea and vomiting.
			* Radiating pain to shoulder.

 **Diagnosis:**

* + - * Blood tests.
			* X ray
			* CT scan
			* ERCP

 **Management:**

* + - * Anti-inflammatory
			* Analgesic
			* Cholesestectomy.

 **Distant point:**

* + - * sharp cramping pain in shoulder.
			* Pain remain up to 30 mints.
			* Blacky stool.
			* Pyrexia.

**END OF PAPER**