IQRA NATIONAL UNIVERSITY

PAPER…SURGERY 2

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SECTION B

QUESTION#1

DIFRENTIATE BETWEEN COMMUNICATING AND NON- COMMUNICATING HYDROCEPHALUS GIVE PROGNOSIS OF HYDROCEPHALUS.

ANSWER#1

HYDROCEPHALUS

HYDROCEPHALUS MEAN A CONDITION IN WHICH CEREROSPINAL FLUID (CSF) ACCUMULATION IN WITHIN BRAIN WHICH IS CAUSED BY INCREASED PRESSURED IN THE SKULL

DIFFERENCE

1. COMMUNICATING HYDROCEPHALUS

BENING EXTERNAL HYDROCEPHALUS ALSO CALLED EXTERNAL HYDROCEPHALUS WHICH IS OCCURS WHEN ACCOMULATION OF (CSF) IS OCCURE OUTSIDE THE BRAIN WHICH IS PRESENT ITSELF AT BIRTH OR SOON AFTER THIS CONDITION USUALLY CORRECT ITSELF WHITHIN 18 MONTH OF AGES

1. NON- COMMUNICATING HYDROCEPHALUS

ITS ALSO CALLED NORMAL PRASSURE HYDROCEPHALUS WHIICH IS HAPPEN TO EVERY AGES OF PEOPLES. BUT MOST COMMON AMONG THE OLDERY AGES. IT MAY RESULT FROM SUBARCHNOID HEMORRHAGE, HEAD TRAUMA, INFECTION, TUMOR, OR COMPLICATION OF SURGERY MANY PEOPLE DEVOLOP NORMAL PRESSSURE HYDROCEPHALUS EVEN WHEN NONE OF THESE FACTOR. ALSO CALLED OBSTRUCTIVE HYDROCEPHALUS.

PROGNOSIS OF HYDROCEPHALUS

THE PROGNOSIS FOR HYDROCEPHALUS DEPEND ON THE CAUSES. THE EXTENT OF SYMPTOM AND THE TIME USES OF DIAGNOSIS AND TREATMENT SOME PATIENT SHOW A DRAMATIC CAN BE REVERSED BY SHUNT PLACEMENT OTHER SYMPTOM SUCH AS HEADACHE MAY DISAPPEAR IMMEADETLY IF THE SYMPTOM ARE RELATED TO ELEVATED PRESSURE.

QUESTION#2

IDENTIFY POPULATION AT RISK OF DEVELOPING NEPHROLITHIASIS. GIVE SURGICAL MANAGEMENT OF KIDNEY STONES.

ANSWER#2

KIDNEY STONES

KIDNEY STONES ALSO CALLED RENAL CALCULI, NEPHROLITHIASIS OR UROLITHIASIS, ARE HARD DEPOSITS MADE OF MINERALS AND SULTS THAT FORM INSIDE YOUR KIDNEY

POPULATION RISK FACTOR OF NEPHROLITHIASIS

1. INCREASES WITH AGE OF 65 YEARS
2. GEOGRAPHIE LOCATION (HOT, ARID, CLIMATIC)
3. POLYCYSTIC KIDNEY DISEASE
4. RENAL TUBULAR ACIDOSIS
5. CYSTIC FIBROSIS
6. INFLAMTORY BOWEL DISEASE
7. GOUTY ARTHRITIS
8. HYPERPARATHRODISM
9. HIGH RISK OF CALCIUM OXALATE STONES
10. MEDICATION CUASES OF NEPHROLITHIASIS
11. LOW URINE VOLUME
12. HYPERCALCIURIA

FORMATION

1. CALCIUM PHOSPHATE STONE
2. INFECTED ASSOCIATE STONE
3. URIC ACID STONE

SURGICAL MANAGEMENT OF KIDNEY STONE

1. URETEROSCOPIC SURGERY

USED TO STENT TO PLACEMENT OF URECTERAL A SMALL TUBE EXTENDING FROM THE BLADDER UP THE URETER AND INTO THE KIDNEY TO PROVIDE IMMEDIATE RELIEF OF AN OBSTRUCTED KIDNEY

1. PERCUTANEUS NEPHROLITHOTOMY(PCNL)

IT’S A TECHNIQUES FOR THE TREATMENT OF LARGE KIDNEY STONES (OVER 2CM IN DIAMETER) LOCATED WITHIN THE KIDNEY IT INVOLVED KEYHOLE SURGERY THAT IS PERFORMED THROUGH A 1CM INCISIONIN THE SKIN

1. OPEN SURGERY

THE SURGEON USES AN INCISION IN THE PERSON ABDONEN OR SIDE TO REACH THE KIDENY AND THE REMOVE THE STONES

QUESTION #3

GIVE LAB AND RADIALOGICAL INVESTIGATIONS FOR INTESTINAL OBSTRUCTION. WHAT CAN BE POSSIBLE SURGICAL MANEGMENT OF INTESTINAL OBSTRUCTION

ANSWER#3

INTESTINAL OBSTRUCTION

ANY CONDITION WHICH INTIREFERE WITH NORMAL PROPULSION AND PASSAGE OF INTISTINAL CONTENT

LAB

1. FBC
2. ABGS
3. BUSE
4. ESR AND CRP ARE OPTIONAL

RADIOLOGICAL INVISTIGATION

1. ABDOMEN X-RAY
2. TLC IV
3. USG ABDOMEN
4. AXR…( AIR FLUID LEVEL AND MASSES SHADOW)
5. COLONSCOPY AND ENDOSCOPY ARE OPTIONAL
6. CT..LEVEL, EXTENT AND CAUSE OF OBSTRUCTION

SURGICAL MANAGEMENT

1. PASS IV CANNULA
2. GIVE IV OR IM ANALAGESIC
3. ADMIT IN HOSPITSL
4. GIVE IV FLUID SPECIALLY RINGER LACTASE
5. PASS N/G TUBE AND ASPIRATE STOMACH + DUODENUM
6. START ANTIBIOTIC E.G CEPHALOSPORIN OR FLOROQUINOLONE + METRONIDAZOLE
7. OPRETION IS USUALLY NEEDED TO REMOVE OBSTRUCTION
8. REPAIR OF HURNIAS
9. REMOVAL OF FOREIGN BODIES
10. RESECTION
11. COLOSTOMY

QUESTION#4

WHAT ARE THE CLINICAL MANIFESTATION OF SUBARACHNOID HEMMORRHAGE EXPLAIN GCS

ANSWER#4

SUBARACHNOID HEMORRHAGE

BLEEDING OCOUR IN BETWEEN THE ARACHNOID MATER ANND PIA MATER ARROUND THE BRAIN THIS CONDITION IS CALLED SUBARACHNOID HEMORRHAGE

CLINICAL MANIFESTATION

CLINICAL MANIFESTATION ARE GIVEN BELOW

1 NAUSEA

2 VOMITING

3 NUCHAL RIGIDITY

4 NEUROLOGICAL PROBLEM

5 LOSS OF CONSCIOUSNESS

6 PHOTOPHOBIA

7 LOSS OF VISION

GLASGOW COMA SCALES(GCS)

THIS SCALES IS STARTED FROM 1 TO 15

1 GCS 15 NO MOTOR DEFICITS

2 GCS 13 TO 14, NO MOTOR DEFICITS

3 GCS 13 TO 14, WITH MOTOR DEFICITS

4 GCS 7 TO 12, WITH OR WITHOUT MOTOR DEFICITS

5 GCS 3 TO 6, WITH OR WITHOUT MOTOR DEFICITS

QUESTION#5

ENUMERATE VITAL CLINICAL SIGN FOR CONFORMATION OF APPENDICITIS,HOW YOU CAN MANAGE PATIENT WITH ACUTE APPENDICITIS

ANSWER#5

APPENDICITIS

THE APPENDIX BECOME INFLAMMED AND EDENUTUES AND EVENTUALLY FILLS WITH PUS THIS CALLED APPENDICITIS

CLINICAL SIGN

1. LOWER RIGHT PAIN
2. LOW GRADE FEVER
3. NAUSEA
4. CONSTIPATION
5. DIARHHEA
6. LOOS OF APPEPTITE
7. VOMITING
8. TENDERNESS
9. PAINFULL URINATION
10. SEVERE CRAMPS
11. PAIN ON EXTENATION TO RIGHT THIGH
12. ABDOMINAL BLOATING

MANAGEMENT

1. APPENDECTOMY A SURGICAL PROCEDURE TO REMOVE THE APPENDIX
2. ANTIBIOTICS ARE OFTEN USED IN CONJUNCTION WITH APPENDECTOMY AND SOMETIMES INSTEAD OF THE SURGERY IF THE CASE IS UNCOMPLICATED
3. ANTIOBIOTICS MAY CURE APPENDICITIS WITHOUT SURGERY