**NAME MUHAMMAD JAMAL UDDIN KHAN**

**DEP: ALLIED HEALTH SCIERNCE**

**ASSIGMENT SURGERY**

**SUBMITTED TO: DR SARA NAEEM**

 **Mid-Term Assignment**

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

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 Management of wound infection:** The following are the step wise management of wound infection.

**1:** Sustain positive pressure of ventilation in operating condition

**2: The** laminar air flow should be maintaining in highly risk area where required.

**3: There** should be properly sterilized of surgical instrument etc.

**4: use** of epinephrine in order to promote

* vase constriction
* increase the duration of action
* it also promotes hemostasis

 5: **debridement** and reduction of bio burden: The debridement should be done by surgical enzymatic method (papain with urea collagenase and by mechanically through the process of pressurized water jet

 6: Use of antibiotic: The antibiotic will remove the cellulitis and intern decreceasesthe rate of healing and also increase pain perception

 7: Removal of Fb

 8i: Surgical intervention: it may include flaps and grafting.

 9; Dressings

 **Goal**

**The** following are the main goal of the wound management.

* Facilities hemostasis
* Decreases tissue loss
* Promote wound healing
* Reduce scar formation.

**Management of suspected deep tissue injury**

* **Clean with normal saline, apply form dressing change every day.**
* **Off load area of pressure ulcer with pressure relieving**
* **Use foam dressing from drainage management**

 **!!**Physical therapy treatment if needed.

 Ans The physical therapy during wound care is only possible in case of open wound that is due to pressure, vascular insufficiency and even trauma and diabetic related wound.

Moreover, the most common wound treated by Pt are necrotic wounds and related infection.

 **PT role:**

* It promotes the quality of life.
* It promotes optimal strength.
* It improves the quality of life
* It reduces the chances of edam
* It reduces the pressure on the affected area
* Position exercise
* Pain management
* Electric stimulation through different modalities

**Q2:** 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.

Case sanario: A 42 year old female presented to u with abdominal pain ,nausea and vomiting .On physical examination it show tenderness on bladder .the initial screening included abdominal ultrasound and CT Scan but both of them are negative .She was referred for this reason to manage the sverarity of their pain .A HIDA scan was done for her to rule out the disorder that she was suffered ,but due to continuous pain the decision was by the clinical team to proceed with cholecystectomy for clinical cholecystitis .A !0 month post-operative she remain symptoms free.

. **Sign and symptoms:**

* Sever pain in your upper right or central abdomen
* Radiating pain that spread to the right shoulder and even back
* Sever tenderness on palpation over abdomen
* Nausea
* Vomiting
* Epigastric pain.

**Diagnosis/investigation**

* CT scan
* X ray
* Blood test
* Cholescintignaphy or HIDA scan
* End scoping retrograde cholingopancreatigraphy

**Management:**

**It** includes the supportive care like

* Anti-inflammatory
* I V fluid resuscitation
* Analgesic
* Gall bladder decompression to remove irritants(cholecystectomy)

**Acute and chronic cholecystitis distant point**

* Sharp, cramping or dull pain in upper right or middle of belly
* Pain lasting up to 30 min
* Clay colored stools are present in case of chronic cholecystitis
* Fever may be present

**Differences between acute and chronic cholecystitis**

**Chronic:**

* Poor localized pain
* Remit spontaneously in a hour
* Localized tenderness
* Laboratory test remain normal
* Diagnostic test: it in cliude ultrasound oral cholecystography

**Acute cholecystitis**

* **Sver RUQ** pain
* **Sever tenderness**
* **Pyrexia**
* **Leukocytosis is mild increased**
* **Mildly increased alkaline phosphatase**

 **END OF SMART PAPER**