**Mid-Term Assignment**

**Course Title: SURGERY-II Instructor: Dr Sara Naeem 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
* **MANAGEMENT OF WOUND**
* Wound management is the treatment of wound that provide an

appropriate environment for speed up the healing process and to prevent infection and other complication caused with wound.

* First there is a process of debridement .
* **DEBRIDEMENT** :

It is the removal of devitalized ,infected or damaged tissue from the wound surface because the necrotic tissue allow the pathogen to enter and impairs wound healing. Surgical debridement for removal of necrosed tissue.

* Chronic wound would be converted into acute wound with the help of debridement, bacterial load dead tissue and callus would be decreased.
* **Apply casting** on the metatarsal head wound to protect from any foreign particle .
* Provide shoes which is stable for balance and can be removable ,made of fiber glass.
* Apply wet to dry dressing ,in which a moist saline gauze dressing is placed on wound surface and is left to dry for the removal of devitalized tissue.
* **Anti microbial therapy** include the broad spectrum antibiotic followed by swab results.
* Amoxicillin- clavulanate., cephalexin ,clindamycin, doxycycline.
* Surgical intervention to be sought.
* i/v antibiotics, ceftriaxone.
* According to swab result.
* Deep swabs to be taken after initial debridement, positive culture antibiotics according to sensitivity.
* **Metabolic management** include decrease hyperglycemia ,hyperlipidemia and hypertension.
* Amputation .
  + 1. Physical therapy treatment if needed.

**PHYSICAL THERAPY INTERVENTION** :

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* Physical therapy intervention include a variety of modalities and appropriate wound dressing to promote wound healing.
* **Ultrasound** stimulates cell activity and it accelerate inflammatory process.
* **Electrical stimulation** has effectiveness in facilitating healing the wounds.
* It eliminate bacterial load , promote granulation , reduce inflammation ,edema ,reduce wound related pain.
* Short wave diathermy have been used to treat chronic open wound.
* It increase fibroblast proliferation , collagen formation and tissue perfusion.
* **Ultraviolet radiation** has bactericidal effects and it increases blood flow, enhance granulation tissue formation and stimulation of vitamin D.

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 study**:

* A 28 years old female present with the symptoms of severe upper right abdominal pain for more than 6 hours ,she told that the pain is radiated to the right arm, scapula and back. she also has complained of nausea ,vomiting and fever .On investigation the imaging studies shows pericholecystic fluid,oedematous gall bladder wall and gall stones .in laboratory findings increase amount of white blood cells was found .
* **MANAGEMENT OF CHOLECYSTITIS** :
* Treatment of cholecystitis may involve a hospital stay to control the inflammation in gallbladder and sometimes surgery is needed.
* Treatment include :
* **Fasting :** patient may be not allowed to eat or drink in order to stress off inflamed gallbladder.
* **Fluids through a veins in arm :** to prevent dehydration.
* **Antibiotics :** antibiotics may be given to manage infection ,antibiotics include ceftriaxone 2g plus metronidazole 500mg ,piperacillin/tazobactam 4g .
* **Pain medication :** to relieve pain and provide comfort.
* **Surgery (cholecystectomy) :** to remove gallbladder.
* **ERCP (Endoscopic retrograde cholangiopancreatography) :** to remove any stones that block the bile ducts.
* **chronic cholecystitis :** characterized by repeated attacks of pain that occur when gallstones periodically block the cystic duct.
* upper abdomen is tender to touch.
* Fever rarely occurs.
* Pain is less severe.
* Long standing gallbladder inflammation.
* Murphy”s sign.
* Dyspeptic symptoms
* Intolerance to fatty meal.