**PAPER.SURGERY** 2

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QUESTION#1

A 68 YEARS OLD FEMALE WITH A HISTORY OF DIABETES TYPE 2 WITH PLANTER ULCERS AT THE FIRST METATARSAL HEAD OF THE RIGHT FOOT. PATIENT ALSO COMPLAINS OF LOSSING BALANCE WHILE STANDING AND WALKING

=ULCERS SHOW SIGN OF INFECTION I-E CALLUSES AND CHARACTERISTICS NECROSIS

=TIMED UP AND GO TEST 12 SECONDS.THIS IS SLOWER THEN AGE-ADJUSTED NORM

=PATIENTS REPORTS LONGSTANDING HISTORY OF TYPE 2 DIABETES

KEEPING IN MIND THAT THE SRAGES OF INFECTION GIVE

1. COMPLETE MANAGEMENT OF THE WOUND
2. PHYSICAL THERAPY TREATMENT IF NEEDED

ANSWER#1

COMPLETE MANAGEMENT OF DIABETIC FOOT WOUND

Management of diabetic foot wound is given below

1 IMPROVE VASCULAR SUPPLY

1. Maintaining a healthy weight helps to promote good circulation .if a persons is overweight .it negatively affected their circulation
2. Jogging regular cardiovascular exercise such as jogging
3. Practicing yoga is a low impact exercise that is easy to modify for beginner .these involves bending, stretching, twisting
4. Eating oily fish the omega 3 fatty acids in oily fish promote cardiovascular health
5. Drinking tea the ani oxidant and tea promote cardiovascular health
6. Keep iron level balance

**2 MANAGE INFECTION CONTROL**

Infection is controlled by local wound care and wound dressing and anti biotics

1. Wound care by dressing which is suitable for systemic infection in diabetic control
2. Wound dressing is maintaining the balance of wound
3. Honey ,iodine , silver , hydrogels , normasaline is the type of dressing which control infection from further disorder

**3 PRESSURE OFFLOADED :**

IN a patient which is suffering from diabetic neuropathy its important for the patient to offload in that area where the foot is suffer

Use assistive devices like crutches, walker and wheel chairs which distributes the pressure in the area of diabetic foot

**4 Surgical procedure**

Amputation ( removal of necrotic tissue )

Endoscopic procedure in which sympathetic nerve track in the region of diabetic foot is dest**royed**

**2:PHYSICAL THERAPY TREATMENT :**

Research has shown that strengthening training can moderately improve muscle function in the people with diabetic neuropathy . regular exercises can also help to reduce the neuropathic pain and help and control the blood sugar level

Four best workout for the peoples with diabetes who are managing neuropathy

1. Low impact cardiovascular exercise .
2. Strengthening and training
3. Balance and stability work
4. Mind body exercise

**QUESTION # 2 :**

**CREATE A CLINICAL SCENARIO OF YOUR OWN TARGETING ACUTE CHOLYCYSTITIS ALONG WITH ITS CLINICAL PRESENTATION , INVESTIGATION AND MANAGEMENT .**

**RULE OUT THE DISTINTION POINTS OF CHRONIC CHOLYCYSTITIS .**

**ANSWER :**

**CASE SCENARIO**

A 25 years old man came to Hayatabad medical complex in emergency department who have severe pain in abdomen and continuously vomiting from last 6 hours the physician diagnosed the abdominal swelling and irritating pain , the current situation of the patient may be suspected as cholecystitis , so he reffered him to GENERAL SURGERY DEPATMENT

**ACUTE CHOLECYSTITIS :**

It means the inflammation of gall bladder , your GB is the small pear shaped organ on the right side on the abdomen beneath the liver , the GB hold the digestive fluids that release into your small intestine in most cases gallstone blocks the tube lead out of your GB cause cholycystitis this results in a bile build up that can cause inflammation

**CLINICAL PRESENTATION :**

1 Severe irritating pain in right in the center of the abdomen

2 Pain which spreads out to the right shoulder and back

3 Tenderness and abdomen when palpate

4 Nausea

5 Fatique

6 Diarrheoa

7 Constipation

**INVESTIGATION :**

**TEST AND DIFFERENT TECHNIQUES USED TO DIAGNOSE DIFFERENT TECHNIQUES :**

1. BLOOD TESTS :
2. CBC
3. LIPID PROFILE

BLOOD TEST TO CHECK FOR THE SIGN AND SYMPTOMS OF INFECTIONS

INFECTIONS OR GB ABNORMALITIES

4.CT SCAN

ENDOSCOPIC ULTRASOUND ,CT SCAN OR ABDOMINAL ULTRASOUND CAN BE USED TO CREATE PICTURES OF GB THAT REVEAL SIGN OF CHOLYCYSTITIS OR STONE IN THE BILE DUCT

5 HIDA SCAN :

HEPATOBILLIARY IMMUNO DIACETIC ACID SCAN SHOWS BLOCKAGE OF HIDA SCAN INVOLVE INJECTING A RADIOACTIVE DYE INTO YOUR BODY WHICH ATTACK TO BILE TO PRODUCE CELLS

**MANAGEMENT :**

TREATMENT FOR CHOLYCYSTITIS INVOLVE A HOSPITAL STAY TO MANAGE THE INFALAMATION IN YOUR GALLBLADDER

SOMETIMES SURGERY IS NEEDED AT THE HOSPITAL DOCTOR WILL WORK TO MANAGE YOUR SIGN AND SYMPTOM

1 FASTING

YOU MAY NOT BE ALLOWED TO EAT OR DRINK AT FIRST IN ORDER TO TAKE STRESS OFF YOUR INFLAMMED GALLBLADDER

2 ANTIBIOTIC TO FIGHT INFECTION

PAIN MEDICATION(NSAIDS)

3 PROCEDURE TO REMOVE STONES ( LAPROSCOPIC CHOLECYSLECTOMY)

4 GALLBLADDER REMOVAL SURGERY

CHRONIC CHOLECYSTITIS

CHRONIC INFLAMATION OF GALLBLADDER AND SECONDARY TO GALLBLADDER

FEATURES

1 METAPLASIA

2 MUSCULAR HYPERTROPHY

3 TRANSMURAL FIBROSIS

4 ABDOMEN DISCOMFORTABLE

5 BLOATING

6 FOOD UNDIGEST

7 GALLBLADDERMAY APPEARS CONTRACTED

8 DISTENDED GALLBLADDER WITH STONES

9 THICKED GALLBLADDER WALL WITH STONES

TREATMENT

CHOLECYSTECTOMY