**Gul rukh**

**Id# 13372**

**Paper dr.sara**

**Surgery**

***Question no 1***

**Complete mangment of wound**

**In diabetic foot patients**

***Debridment***

Remove all necrotic tissues

To drain pus and absecess cavities

***Dressing***

Wound dressing is done to maintain adequate moisture and or remove

Dead tissues

***Metabolic therapy***

Hyperglycemia causes increased risk of micro and macrovascular

Complications in diabetes so the patient must care of our diet

***Infection control***

Some pathogens bacteria are involved in this antibiotic slelected to treat

Sever or limb threathing infection should include coverage of gram

Positive and gram negative organisms and provide both aerobic and anerobic

Coverage patients with such wounds should be hospitalize and treated

With intravenous antibiotic

***Mechanical relif***

Patient should be aware of the need of foot care

**Physical therapy treatment**

Ist of all patients education

To care of our nail toes etc

To exercise daily

Some modalities are use for this

**Heating agents**

* Superfical heaters
* Infraed treatment
* Global heat treatment
* Deep heat ultrasound therapy

**Electrotherapy methods**

* Electical stimulation
* Shock wave therapy
* Laser treatment

**Exercise treatment**

Exercise may be an effective theraputic modality

For patient with diabetic foot ulcer range of joint motion

Exercise stretching exercise

**Shoe mofication**

Such patients should use specially manufacture shoes

With large and high finger toe box and rockers bars made

From soft and flexiable leather

**Hydrotherapy**

Wounds sometime improves with hydrotherapy using saline

Pulse lavage

**Question no #2**

**Case study**

*A 46 year old female who came with a complain of epigastric and upper*

*Quardant pain her cT shows a stone in the neck of gall bladder her chief complain*

*Was fever ,nauseas and its acute cholecystitis*

*What are the clinical presentation ,investigation and mangment*

**Clinical presentation**

* Abdominal pain
* Commonly radiated to the back
* Episodic
* Nausea
* Vomiting
* Fever some time
* Tenderness

**Investigation**

*Blood test*

In some cases blood test are performed for markes of inflamation

I-e blood count ,c -reactive protien

As well as bilirubin level

*Imaging*

Abdominal ultrasound

HIDA scan

CT scan

X- rays

**Manegment**

*General mangment*

Intravenous fluids

Analgesia

Iv antibiotic

***Cholecytectomy***

Either at initial attack

Or 2-3 months after acute episodic settles

**Surgery**

The treatment of choice is surgical removal

**Difference between acute and chronic cholecystitis**

***Acute cholecystitis***

Inflammation of gallbladder because of the obstruction

Of cystic duct

***Chronic cholecytitis***

Occur after repeated episodes of acute cholecytitis and is

Almost due to gallstone chronic cholecytitis may be asymptomatic