

General Surgery & Others

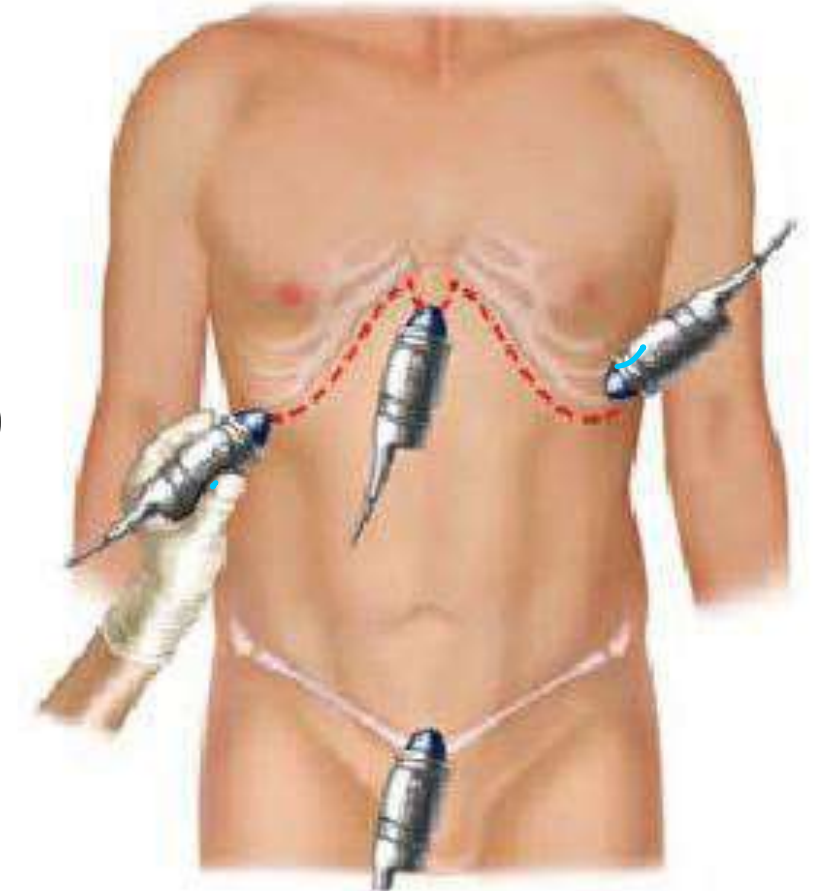
Q: A trauma pt presented to the ER and was assisted with FAST:

Q1: What does FAST stand for?

- **F**ocused **A**ssessment with **S**onography for **T**rauma

Q2: What are the 4 sites that we look at in FAST?

- 1) RUQ (Morison's pouch – Perihepatic)
- 2) LUQ (Perisplenic area)
- 3) Subcostal (Pericardiac)
- 4) Pelvic space



Q: A patient presented to the ER after RTA:

Q1: What's your 1st priority?

- ~~ABC~~

(some said only airway)

all sites in goggle saved

Q2: What's your 2nd priority?

- Stop bleeding

(some said only breathing)

mostly

But if the Q ask about

ABCs

1^{ry} & 2^{ry} assessment

stop bleeding



Bleeding Classes

Parameter	Class I	Class II	Class III	Class IV
Blood loss (ml)	<750	750-1500	1500-2000	>2000
Blood loss (%)	<15	15-30	30-40	>40
Pulse rate (beats/min)	<100	100-120	>120	>140
BP	Normal	Decreased	Decreased	Decreased
Respiratory rate	14-20	20-30	30-40	>40
Urine output (ml/h)	>30	20-30	5-15	Negligible
CNS symptoms	Normal	Anxious	Confused	Lethargic

CNS: Central nervous system, BP: Blood pressure

Q: This patient arrived to your ER after being stabbed as shown 15 minutes ago. He was anxious and his vital signs were BP: 95/55 mm Hg, pulse 105 BPM, and RR 25 Per minute.

- 1. What is his class of hemorrhage? Stage 2**
- 2. How much blood has he lost? 750-1500 ml**



Q: A patient fell and broke her leg, then the doctor who saw her put a cast on the leg, afterwards she complained from pain, swelling, redness and numbness in the same limb:

 **Q1: What is the Dx?**
- Compartment Syndrome

Q2: Next step in Mx?
- Decompression
- Remove the cast
- Fasciotomy

Q1: Name this sign?

- Seat belt sign

Q2: Name 4 associated injuries?

1) Flail chest

2) Small bowel injury

3) Cervical spine injury

4) Fracture of the sternum, ribs, clavicle & the vertebral bodies



Q1: In penetrating trauma most affected organ?

← according to the pic, it's stab wound, so the MC affected organ related to this pic is **liver** - Liver but if the Q ask

Q2: What type of injury more severe (blunt or penetrating)?

In general whatever it's - Blunt Stab wound or gunshot then

Q3: In a penetrating wound, what should you do?

- Exploration Surgery

the A is
Small intestine



Blunt Vs Penetrating abd. Trauma...

- Blunt trauma
 - spleen (45%)
 - liver (40%)
 - *Small bowel (10%)*

ہی کتاب ار
First aid
✓ غا لویسب ہون

- Penetrating injuries
 - Stab wounds:-
 - the liver (40%),
 - small bowel (30%),
 - diaphragm (20%),
 - colon (15%);
 - gunshot wounds
 - small bowel (50%),
 - colon (40%),
 - liver (30%), and
 - vessels (25%).

Abdominal injury-

Evisceration

occurs when organ protrude out of

a penetrating wound



Q: picture of multiple abdominal bruises, he asked about the zones of retroperitoneal bleeding and types of hemorrhage and where is the least likely place to check and when to go for surgery:

- Traumatic retroperitoneal hematomas divided into 3 zones:

Zone 1: Centrally located, associated with pancreaticoduodenal injuries or major abdominal vascular injury

Zone 2: Flank or perinephric regions, associated with injuries to the genitourinary system or colon

Zone 3: Pelvic location, frequently associated with pelvic fractures or ileal-femoral vascular injury

- **Indication for exploration in retroperitoneal hematomas :**
mandatory exploration should be performed in retroperitoneal hematomas resulted from penetrating injury, but the selection of treatment mode in blunt injury depend on the anatomical position of hematoma, visceral injury and the hemodynamic status of patients.

Q: Hx of surgery for diverticulitis before 10, the amount collected over 24 hr is 1500 cc:

connection between intestine or stomach to skin

Q1: What is the pathology?

- Enterocutaneous fistula
(high output)

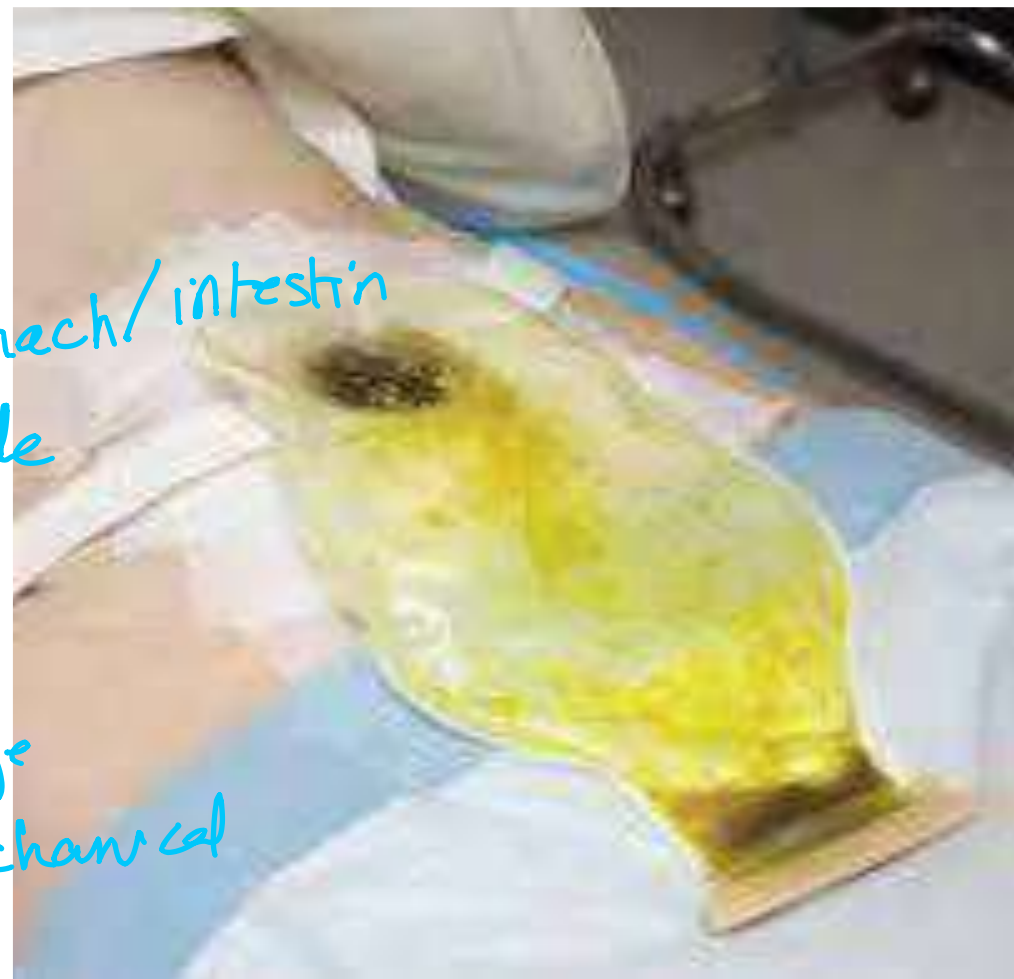
leakage of stomach/intestine content outside

Q2: What is the complication?

1) Electrolyte disturbance

2) Skin excoriation → *skin damage*

3) Sepsis *From mechanical device*



Q3: What is the prognosis?

- In most patients it closes spontaneously



*as end
of the
colon
brought
into
abdomen*

Q1: Type of stoma?

- End Colostomy

**Q2: Mention 2
indications?**

- IBD

- Rectal Tumors

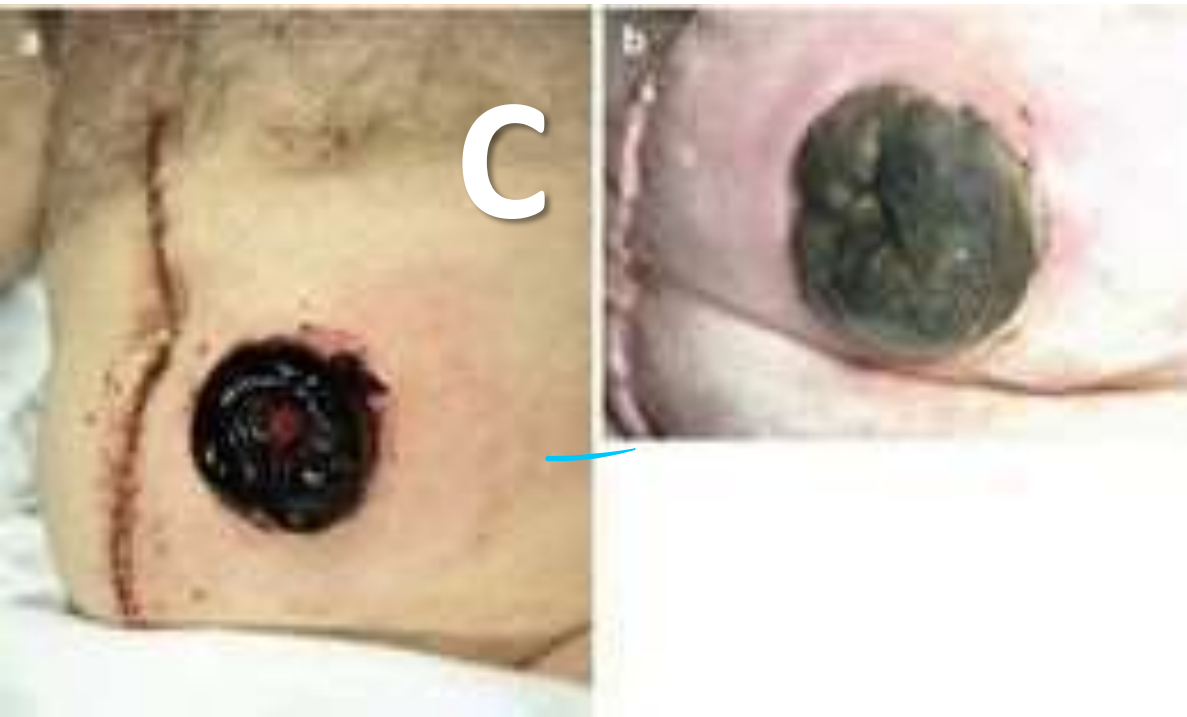
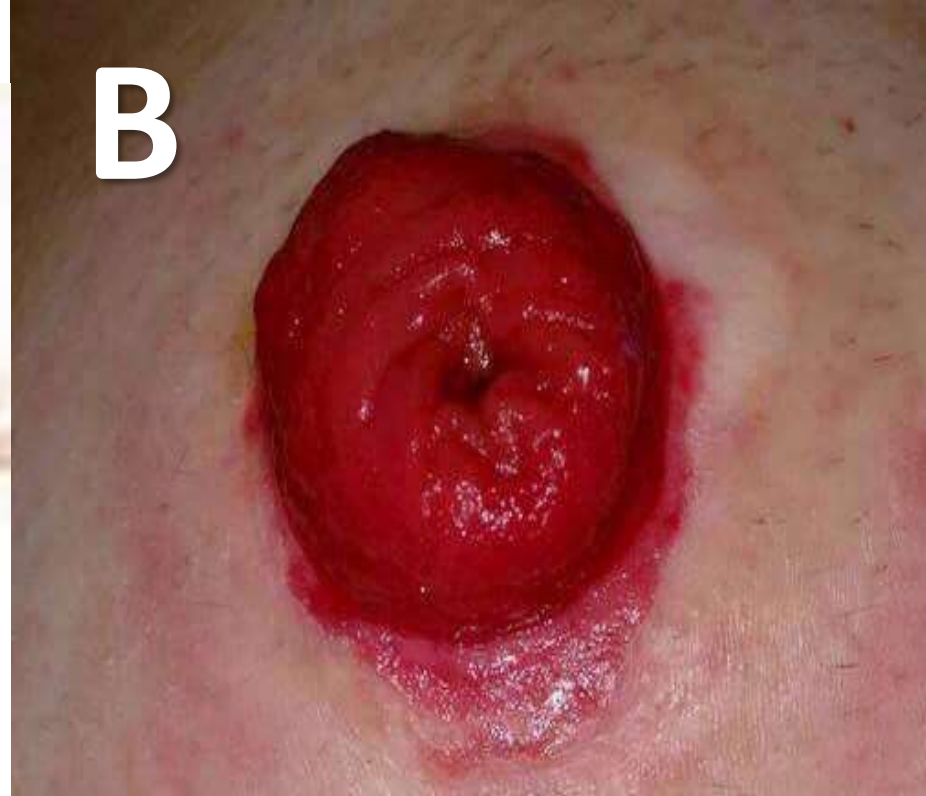
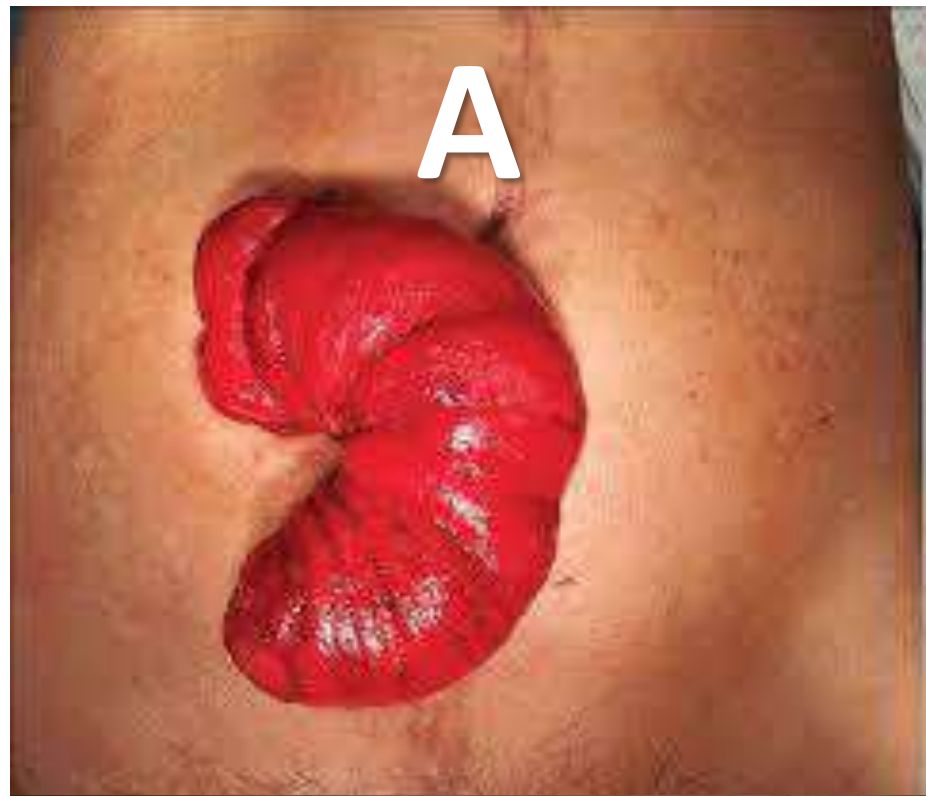


Q: What is the complications in A, B, C?

A) Prolapsed Stoma

B) Infected Stoma

C) Stoma Necrosis



Q: A 65 year old man underwent abdomino-perineal resection 2 years ago after diagnosis of rectal ca.



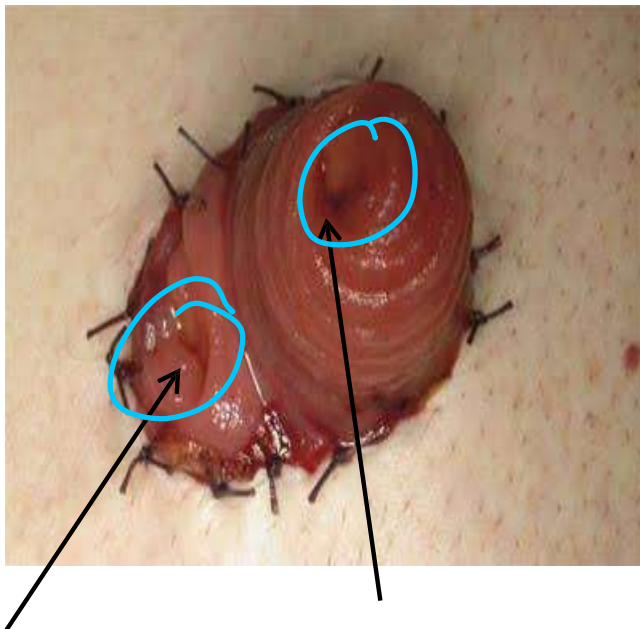
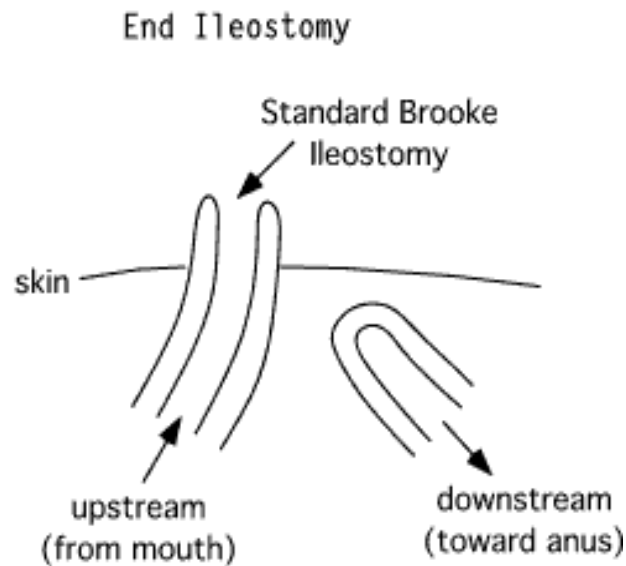
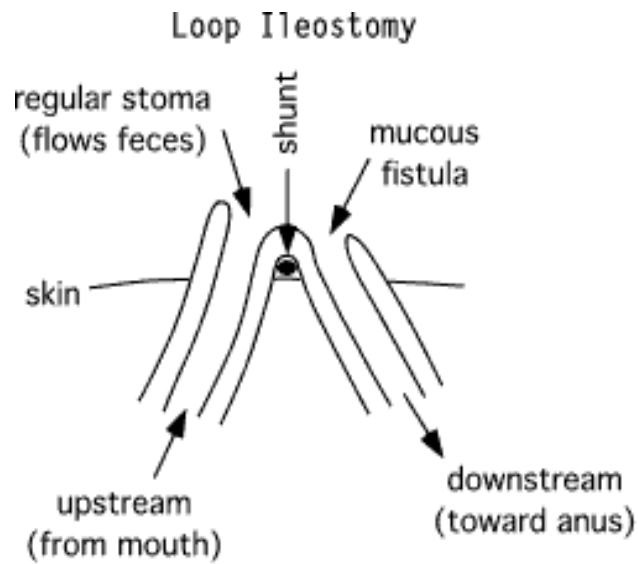
Q1: What is the type of his stoma?

End colostomy.

Q2: What is the complication shown?

Prolapse.





- Usually at the **RLQ**.
- Bag contents : watery stool.
- Offensive smell.
- Surrounding skin is usually inflamed (irritated from acid).
- Median or paramedian scar is usually seen.

Loop ileostomy
2 openings

End ileostomy

Q1: What is this?

Ileostomy.

→ *ilium is brought out through*

End Ileostomy

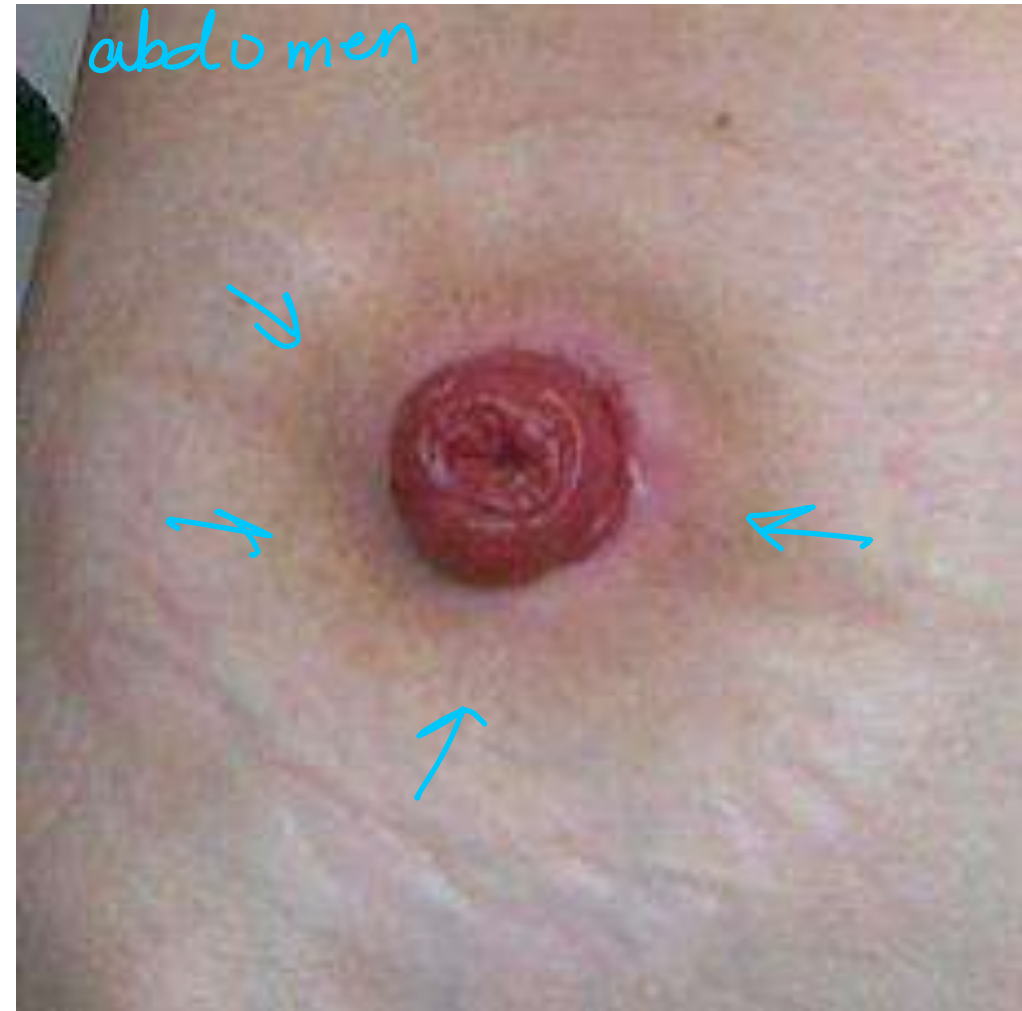
- Edges are spouted.
- Site: right iliac fossa.

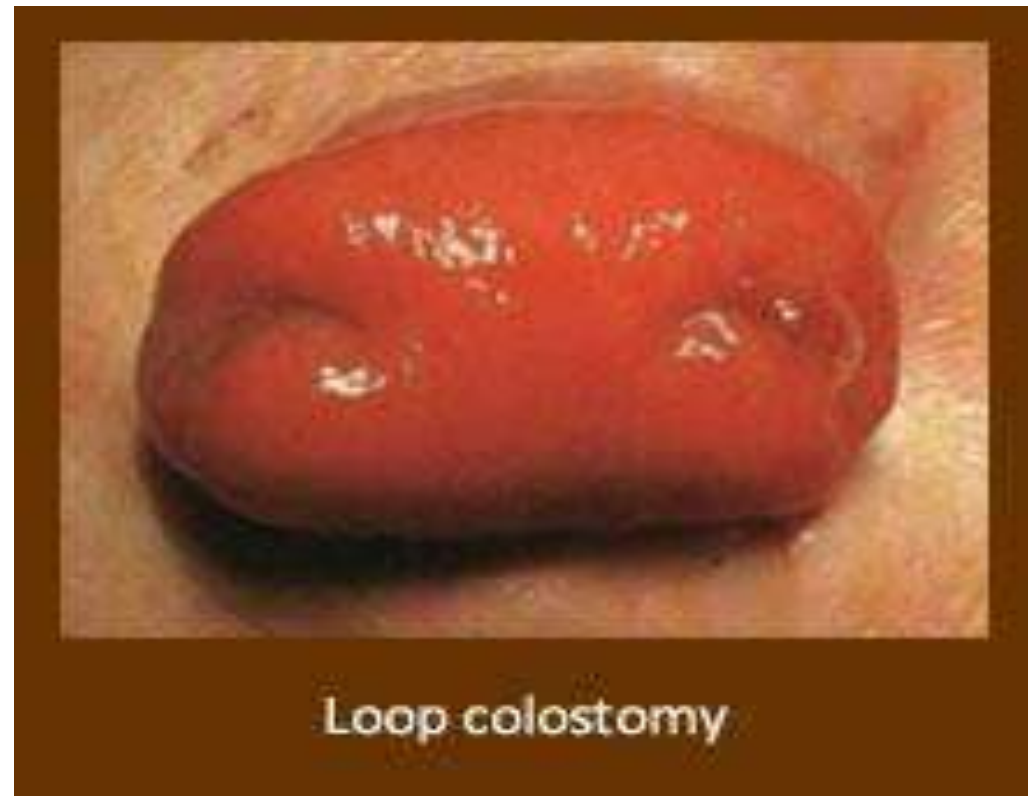
Q2: How can you confirm?

By its site and skin irritation around the stoma.

Q3: What is the disease that probably was treated by this?

Chron's disease.





Loop colostomy

End colostomy

- Sites : LLQ (sigmoid colon)/ RUQ (transverse colon) / RLQ (cecostomy)

- Formed stool in bag.

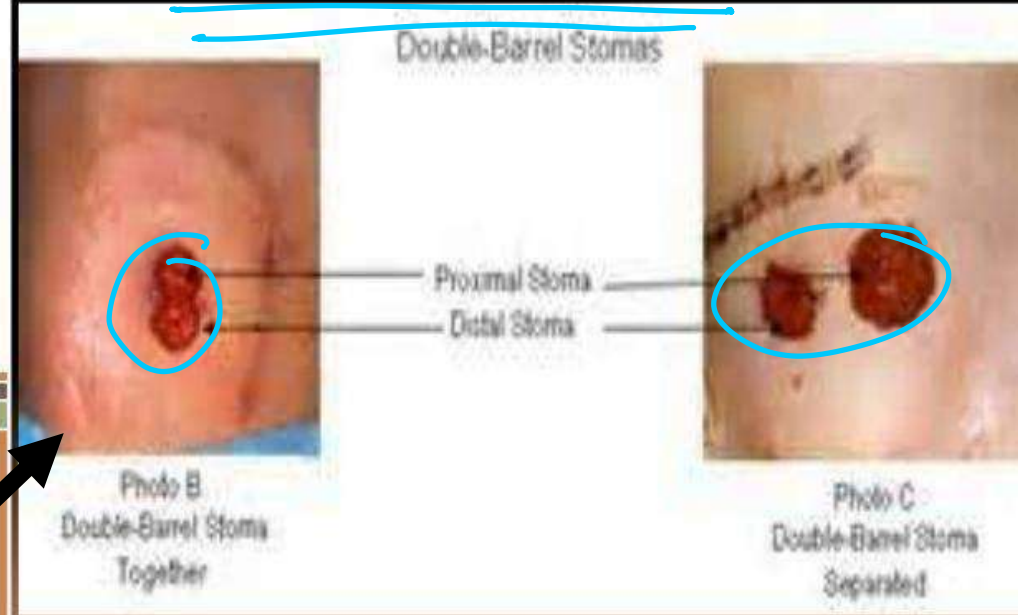
- No skin changes.

- Sigmoid colostomy expels stool 1/day.

while ilium contains gastric juice or bile

Double barrel colostomy : together on left picture and separated on right picture.

Double-barreled stoma

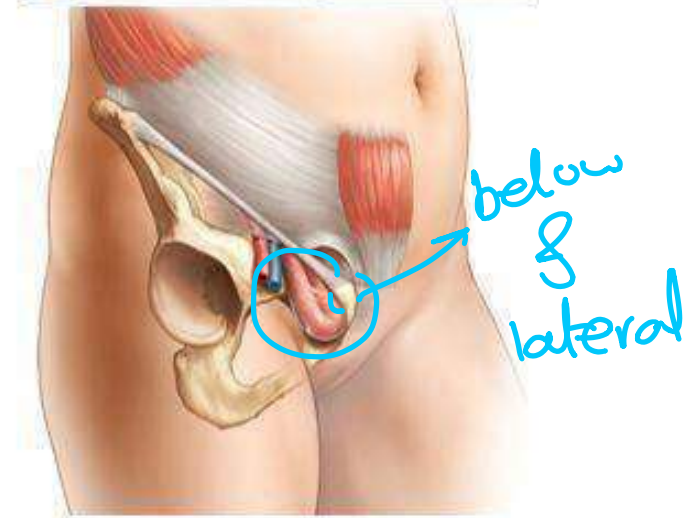




incisional hernia

(notice the surgical scar)

m.c.c is wound infection



Femoral hernia

-most common hernia in females.

- Medial to femoral vessels.

Q1: Name of the test?

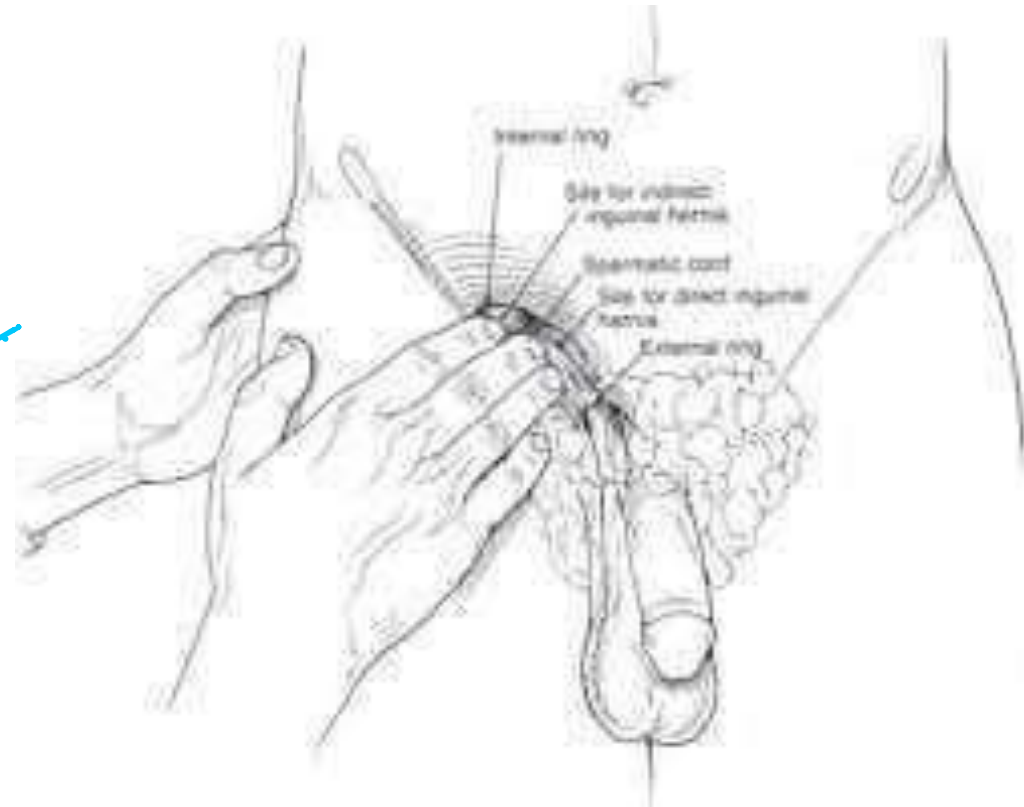
- Ring occlusion test

Q2: If you ask the patient to cough while you maintain pressure and you notice a bulge, what is your Dx?

- Direct inguinal hernia ✓

** Note: Ring occlusion test differs from 3 fingers test, You Ask the patient to cough> Impulse felt on the index finger> Indirect hernia So; Zieman's Test (3 Finger Test) is used to differentiate type of hernia.

- Index: deep inguinal hernia (indirect)
- Middle: superficial inguinal (direct)
- Ring: Saphenous opening (femoral hernia)



Indirect Inguinal Hernia	Direct Inguinal Hernia
Pass through inguinal canal.	Bulge from the posterior wall of the inguinal canal
Can descend into the scrotum.	Cannot descent into the scrotum.
Lateral to inferior epigastric vessels.	Medial to inferior epigastric vessels.
Reduced: upward, then laterally and backward.	Reduced: upward, then straight backward.
Controlled: after reduction by pressure over the internal (deep) inguinal ring.	Not controlled: after reduction by pressure over the internal (deep) inguinal ring.
The defect is not palpable (it is behind the fibers of the external oblique muscle).	The defect may be felt in the abdominal wall above the pubic tubercle.
After reduction: the bulge appears in the middle of inguinal region and then flows medially before turning down to the scrotum.	After reduction: the bulge reappears exactly where it was before.
Common in children and young adults.	Common in old age.

Inguinal hernia

DDx of inguinal hernia :

①

Hydrocele/ saphena varix/

② testicular torsion/ psoas abscess .. Etc. ②

- **Indirect** : most common type in both males and females.
- **Indirect** : lateral to the inferior epigastric artery.
- **Direct** : medial within hesselbach's triangle.



- ✓ **Herniotomy** : only in peds patients.
- ✓ **Herniorrhaphy** : tension due to approximation/ high recurrence.
- ✓ **Hernioplasty** : using a mesh/tension free/ open or laparoscopic.

Para umbilical hernias

crescent-shaped bulge develops in the navel.



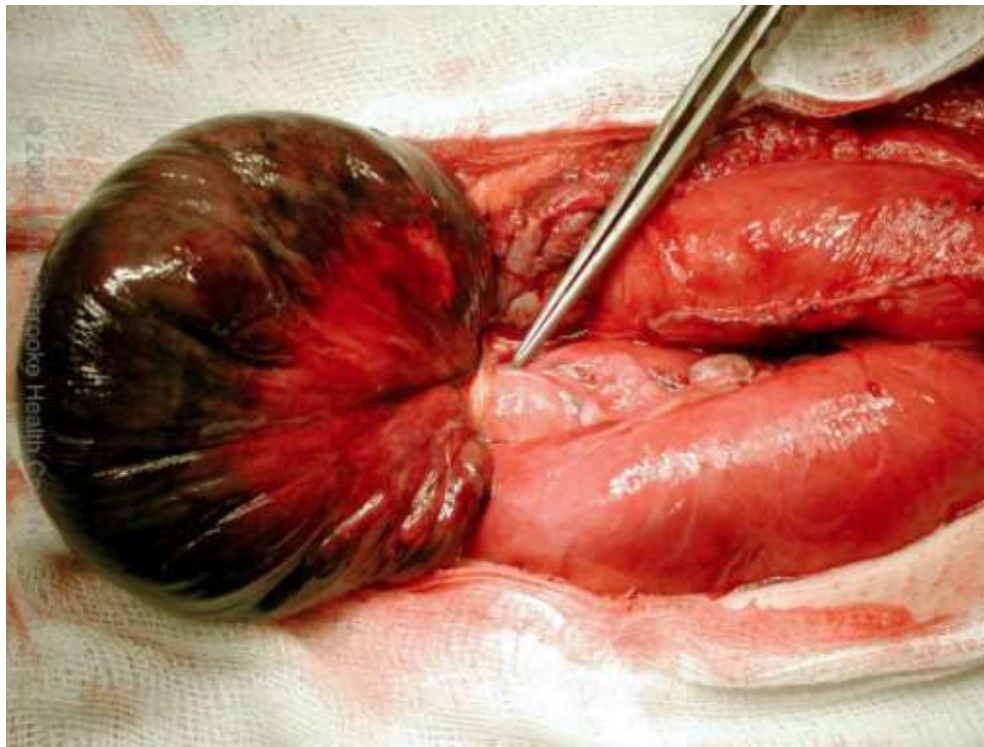
Q: Patient presented with painful lump in his belly button:

Q1: What is the Dx?

- Strangulated Hernia

Q2: If the bowel still the same despite of all measures, what's your next step?

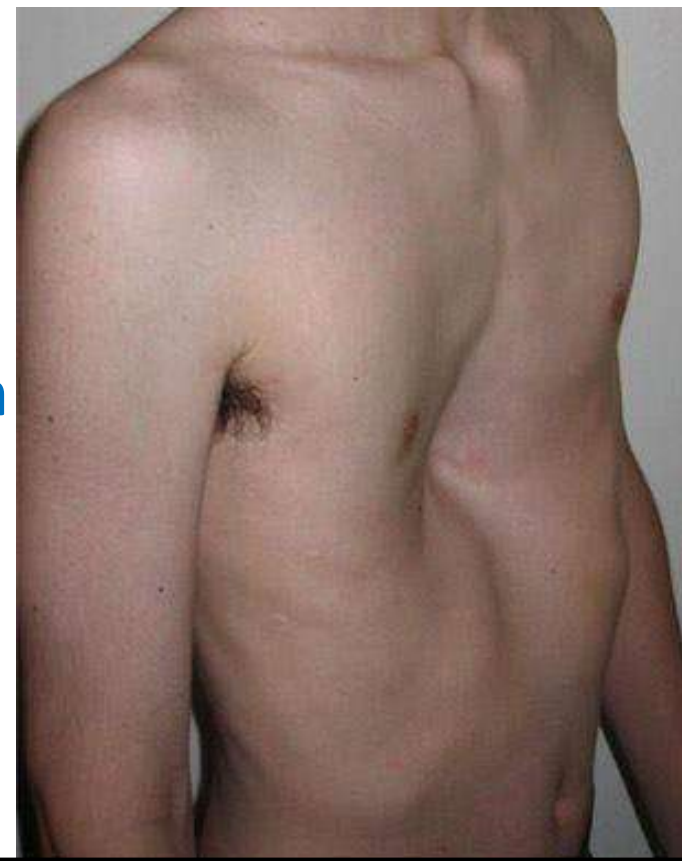
- Resection and Anastomosis





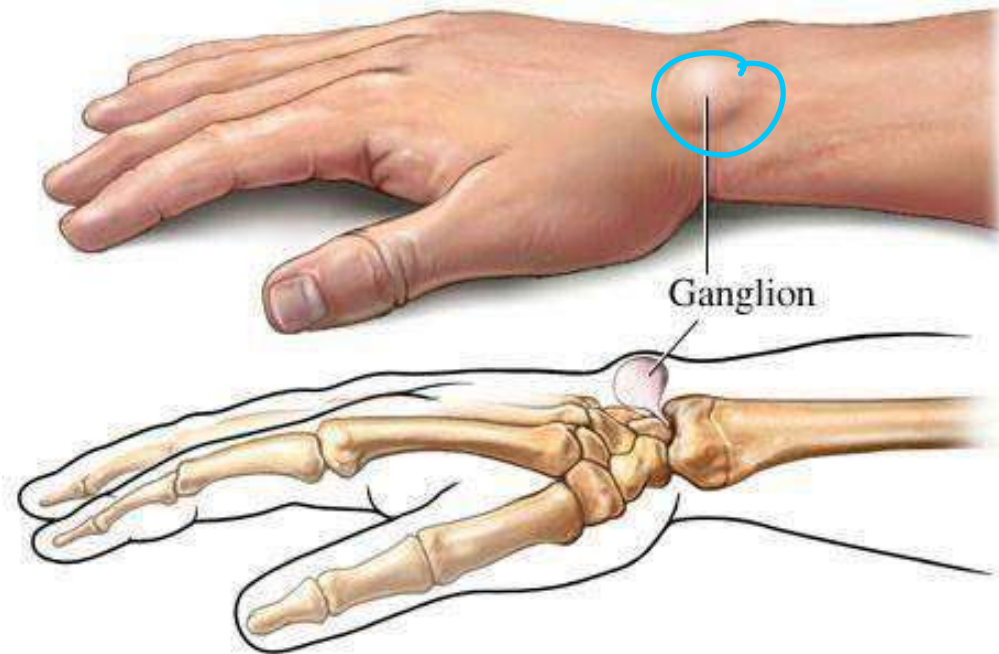
Poland syndrome

Pectus excavatum
(funnel chest)



Ganglion cyst

- is a non-neoplastic soft tissue lump.
- It's painful.
- recurrence may occur after surgery.



Lower extremity amputations

Indications : irreversible tissue ischemia & necrotic tissue/ severe infection / severe pain with no bypassable vessels, or if pt is not interested in a bypass procedure.



Bellow knee amputation



Above knee amputation



Syme's amputation
Through the articulation of the ankle with removal of the malleoli.



Transmetatarsal amputation



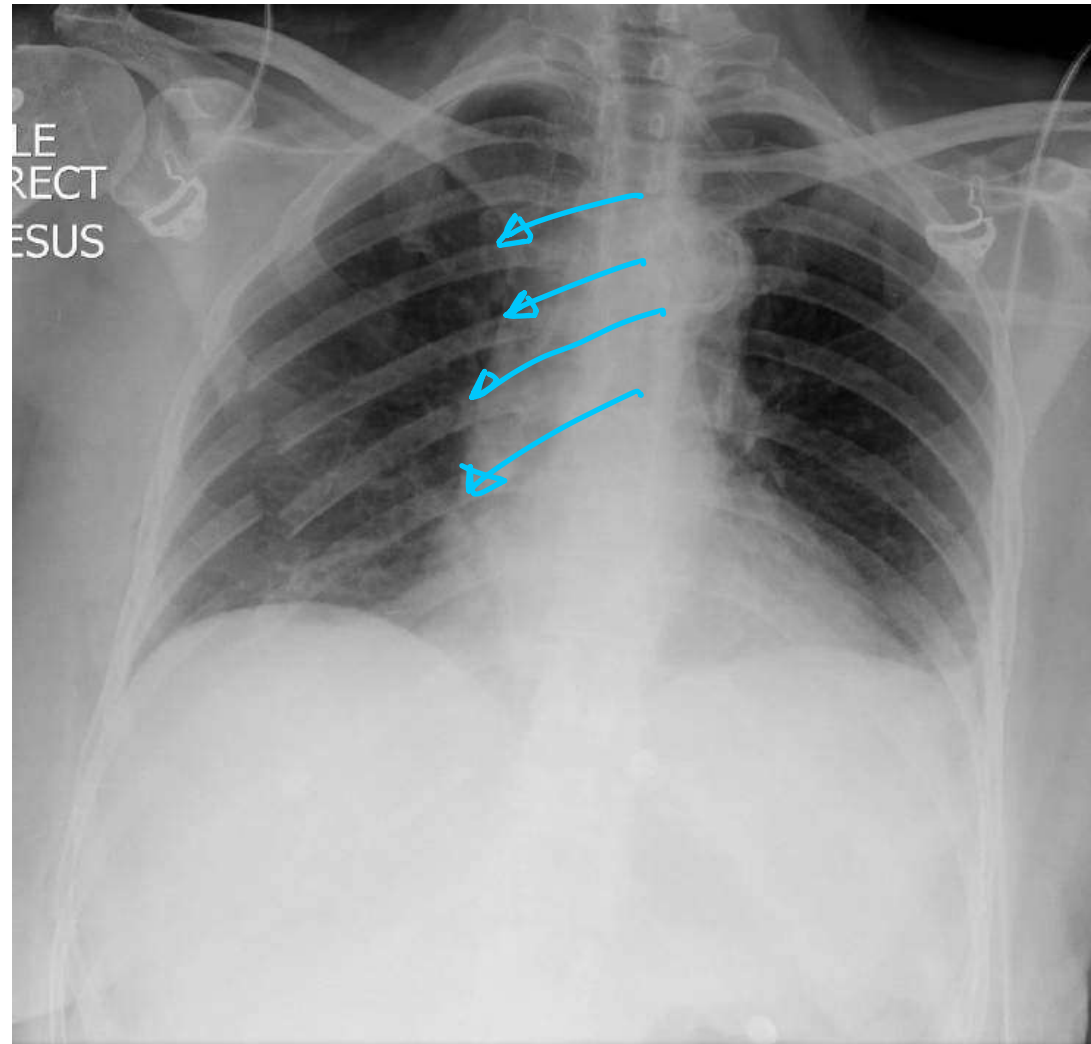
Ray amputation
Removal of toe & head of Metatarsal.

Flail chest

Segment occurs when three or more contiguous ribs are fractured in two or more places.

It typically occurs after high impact trauma.

Flail segment of chest wall that moves paradoxically (opposite to the rest of chest wall)



DOG BITE

*Management :

1) exploration

2) analgesia

3) IV antibiotics

(clindamycin + penicillin)

4) elevation

5) tetanus toxoid

6) rabies vaccine





Erythroplakia

- Reddish patch that appears on the oral mucosa.
- It has 17 X more risk of malignancy than leukoplakia.



Leukoplakia

- White patch that appears on the oral or genital mucosa.
- Risk factors : smoking / تدخين
- Premalignant (transform to SCC).

Same pic in slides

Q1: What is the Dx?

- Cushing Syndrome

Q2: Causes?

- Iatrogenic (cortisol administration)

- Pituitary Adenoma

MC cause



2nd MC



** Note: Cushing triad:

- 1) Irregular, decreased respirations
- 2) Bradycardia
- 3) Systolic hypertension



Q1: White arrow?

- Pituitary Adenoma

Q2: Syndrome name?

- MEN

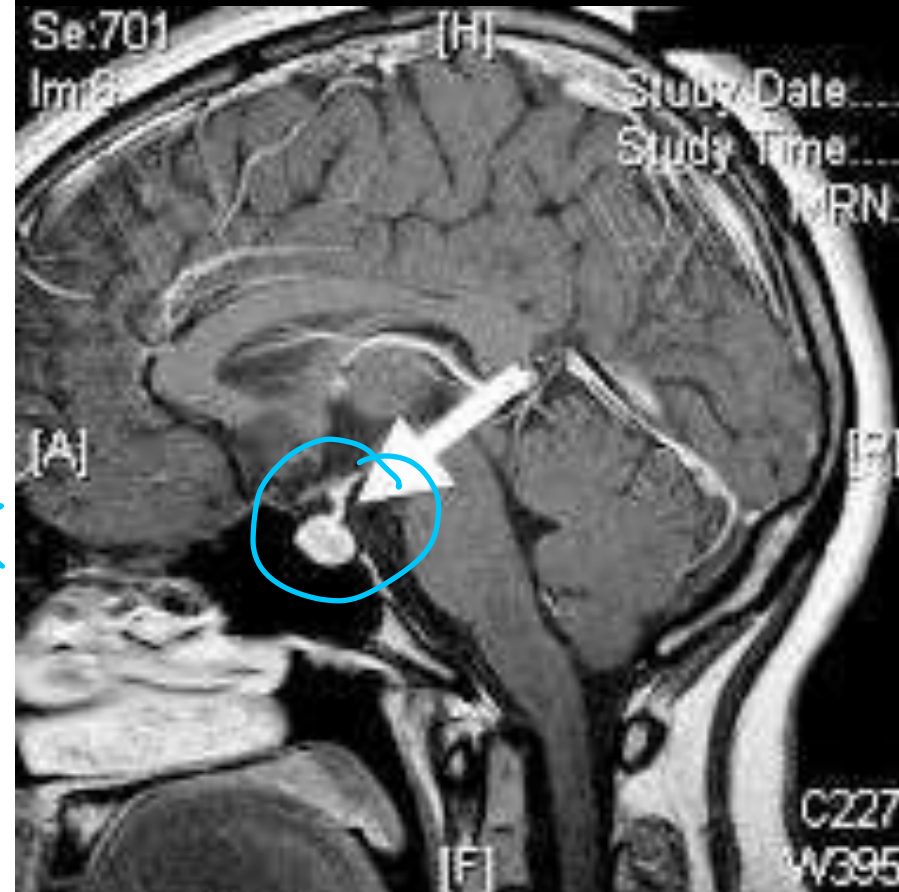
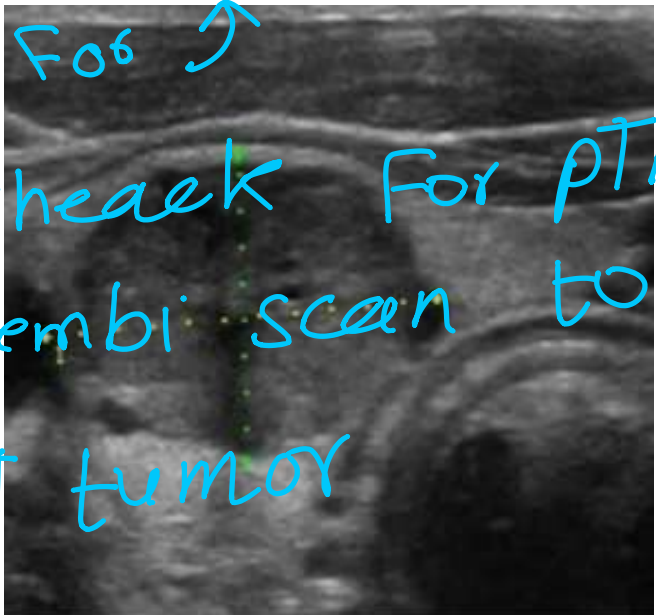
Q3: The most important thing surgically to do for this patient?

- Pancreatic tumor "~~not sure~~"

same slide pic



*check F06 ↗
then check for PTH
& sestembi scan to look
F06 PT tumor*



3P

2P 1M

1P 2M

MEN 1

Pituitary adenoma

Parathyroid hyperplasia

Pancreatic tumors

MEN 2A

Parathyroid hyperplasia

Medullary thyroid carcinoma

Pheochromocytoma

MEN 2B

Mucosal neuromas

Marfanoid body habitus

Medullary thyroid carcinoma

Pheochromocytoma

- **MEN I (3 Ps)**

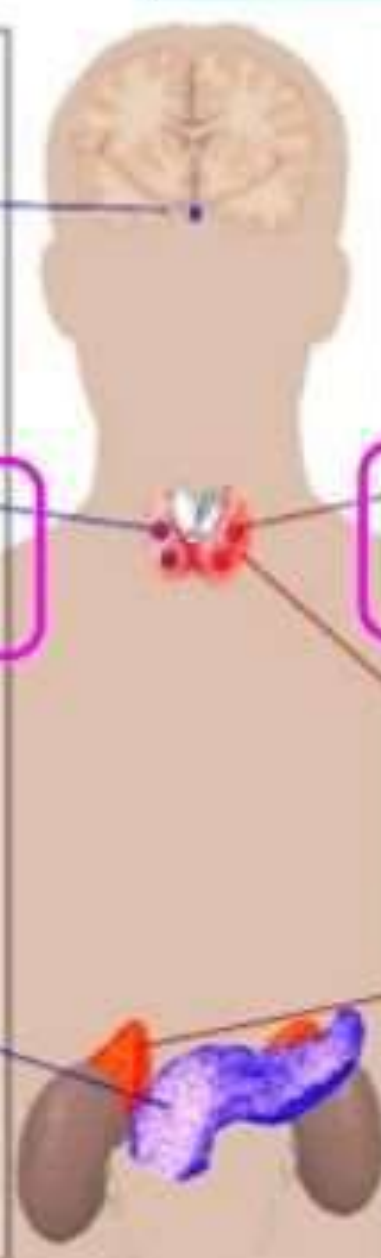
- Pituitary,
- Parathyroid,
- Pancreatic

- **MEN 2A (1M,2Ps)**

- MTC
- Pheochromocytoma
- Parathyroid

- **MEN 2B (2Ms,1P)**

- MTC,
- Marfanoid habitus/Mucosal neuroma
- Pheochromocytoma



Q: Male with heart disease:

Q1: what is the abnormality in the picture?

- Gynecomastia ✓

Q2: What drugs is the patient taking that might cause this?

- Spironolactone ✓

- Digoxin ✓

DRUGS CAUSING GYNECOMASTIA

Mnemonic: 'DISCKO'

- Digoxin
- Isoniazid
- Spironolactone
- Cimetidine
- Ketoconazole
- Oestrogen



Charcot foot



- Rocker-bottom appearance.

- Develops as a result of neuropathy such as in diabetic pts.

- ttt : immobilization/
custom shoes & bracing.



signs of basilar skull fracture



Clear rhinorrhea



raccoon eyes



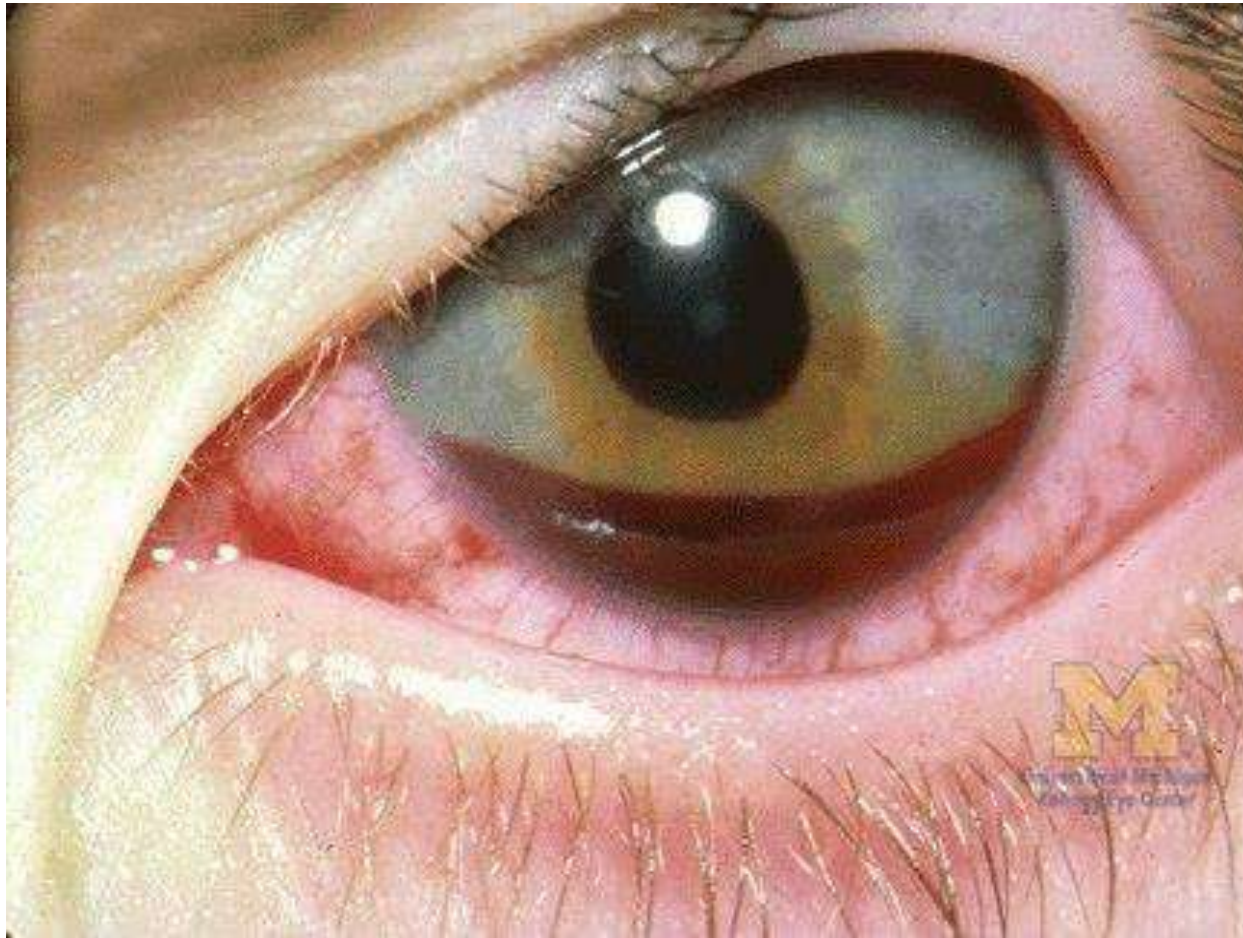
otorrhea



battle's sign (ecchymosis behind the ear)



hemotympanum



Hyphema: blood in the anterior chamber of the eye

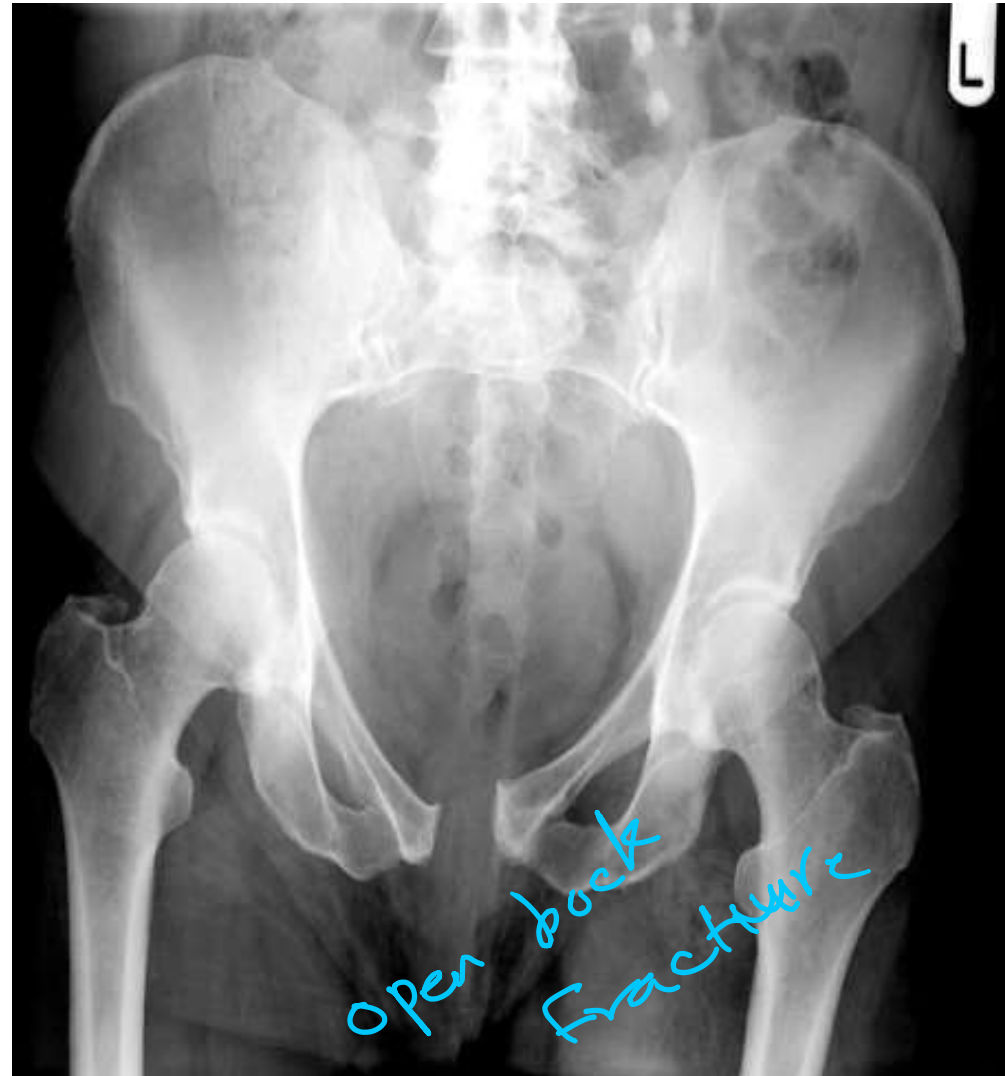
Q: This is pelvic x-ray of a patient post RTA:

Q1: What is the pathology?

- Pelvic fracture

Q2: What is the most serious complication?

- Bleeding (Femoral artery)



Question: about post-operative fever:

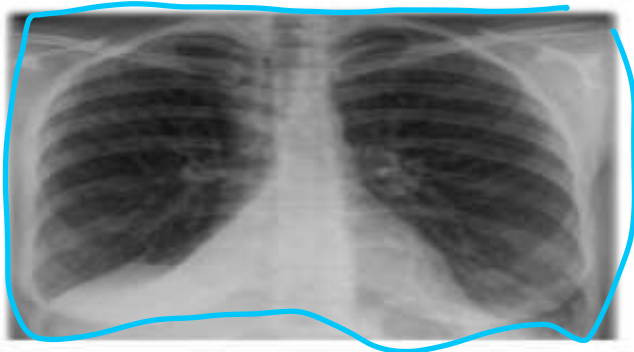
1. Lung Atelectasis
2. ECG change MI
3. UTI
4. wound surgical site infection
5. drugs

Question A: which of the following picture are consider as a source of fever after 1-3 days?

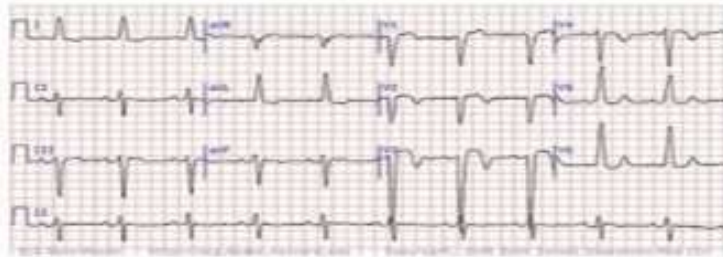
-Atelectasis (1)

Question B: which of the following picture are consider as a source of fever after 5-7 days?

-Wound infection (4)



1



2



3



4



5

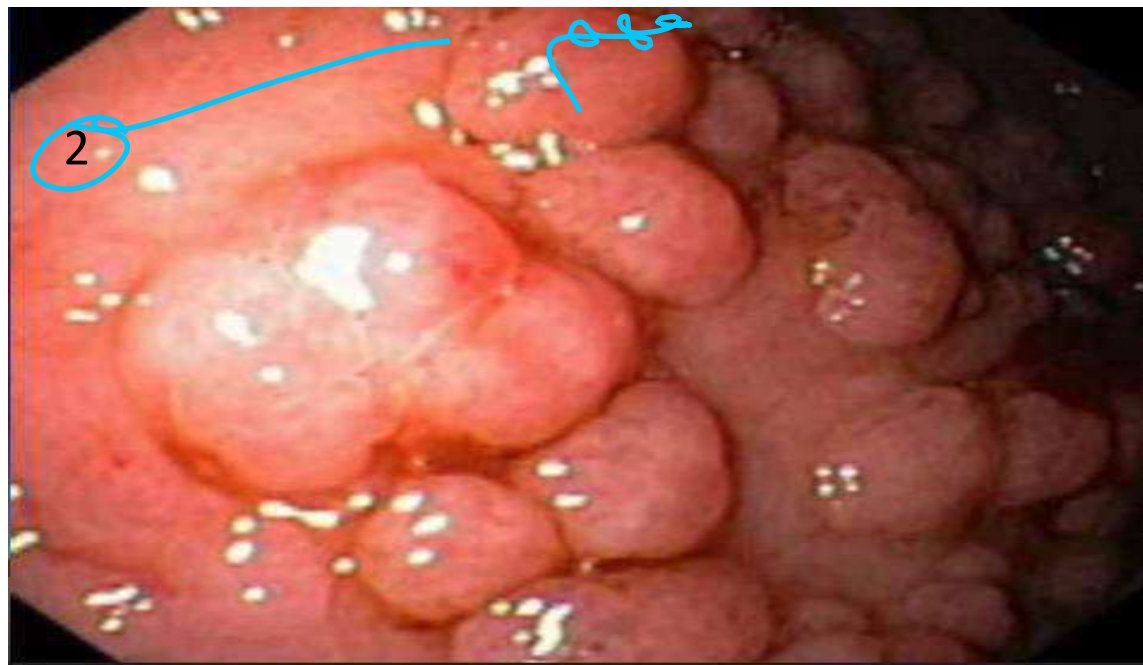
نظير، WSEP في مراحله

Category	Day	Description
Wind	POD 1-2	the lungs, i.e. pneumonia, aspiration, and pulmonary embolism; atelectasis has been commonly cited as a cause of post-operative fever, but supporting evidence is lacking ^{[2][3]}
Water	POD 3-5	urinary tract infection, possibly catheter-associated (if a urinary catheter was inserted during surgery or remains in place currently i.e. Foley catheter)
Wound	POD 5-7	infection of the surgical incision(s), either superficial or deep ^[4]
(W)abscess	POD 5-7	infection of an organ or space ^[5]
Walking (or VEINS pronounced like "Weins")	POD 5+ (risk may persist for months post-operatively)	deep vein thrombosis or pulmonary embolism
Wonder drugs or "What did we do?"	Anytime	drug fever or reaction to blood products, either a febrile non-hemolytic transfusion reaction or transfusion-related acute lung injury
Wing/Waterway	Anytime	bloodstream infection, phlebitis, or cellulitis related to intravenous lines, either central or peripheral

Pre-cancerous lesions

1. Leukoplakia of the tongue (15 % malignant transformation to SCC / DDx: Oral candidiasis, how to differentiate? Candidiasis scrapes off).
2. Colon in FAP.
3. Colon in HNPCC.
4. Thyroid gland in MENS II.
5. Breast in BRCA mutations.

- Surgery has a role in 1ry cancer prevention.



Classic physical findings that represent METS & incurable disease :

1) **Virchows node** enlargement (left supraclavicular nodes).

not Rt
Virchow's



2) **sister merry josephs nodules** : infiltration of the umbilicus.

3) **blumers shelf** : fullness in the pelvic ,cul-de-sac (solid peritoneal deposit anterior to the rectum forming a shelf palpated on PR).



4) **krukenburgs tumor** : enlarged ovaries on pelvic examination (Metz to ovaries).

5) **hepatosplenomegaly** with ascites and jaundice.

6) **cachexia**.

7) **irishs node** : left axillary adenopathy.



Virchow's node enlargement

Diagram of Tumour Markers

Oesophagus

(CEA, SCC)

Lung

parvicellular: NSE (CYFRA 21-1)
non-parvicellular: (CEA, CYFRA 21-1)

Liver/Biliary ducts

AFP, CA 19-9

Bladder

(CYFRA 21-1)

Uterus

SCC (CEA)

Prostate gland

PSA

Testes

AFP, HCG

Thyroid gland

Thyroglobulin,
Calcitonin (C-cell,
CEA)

Mamma

CA 15-3, CEA

Stomach

CA 72-4 (CEA)

Pancreas

CA 19-9 (CEA)

Colorectal

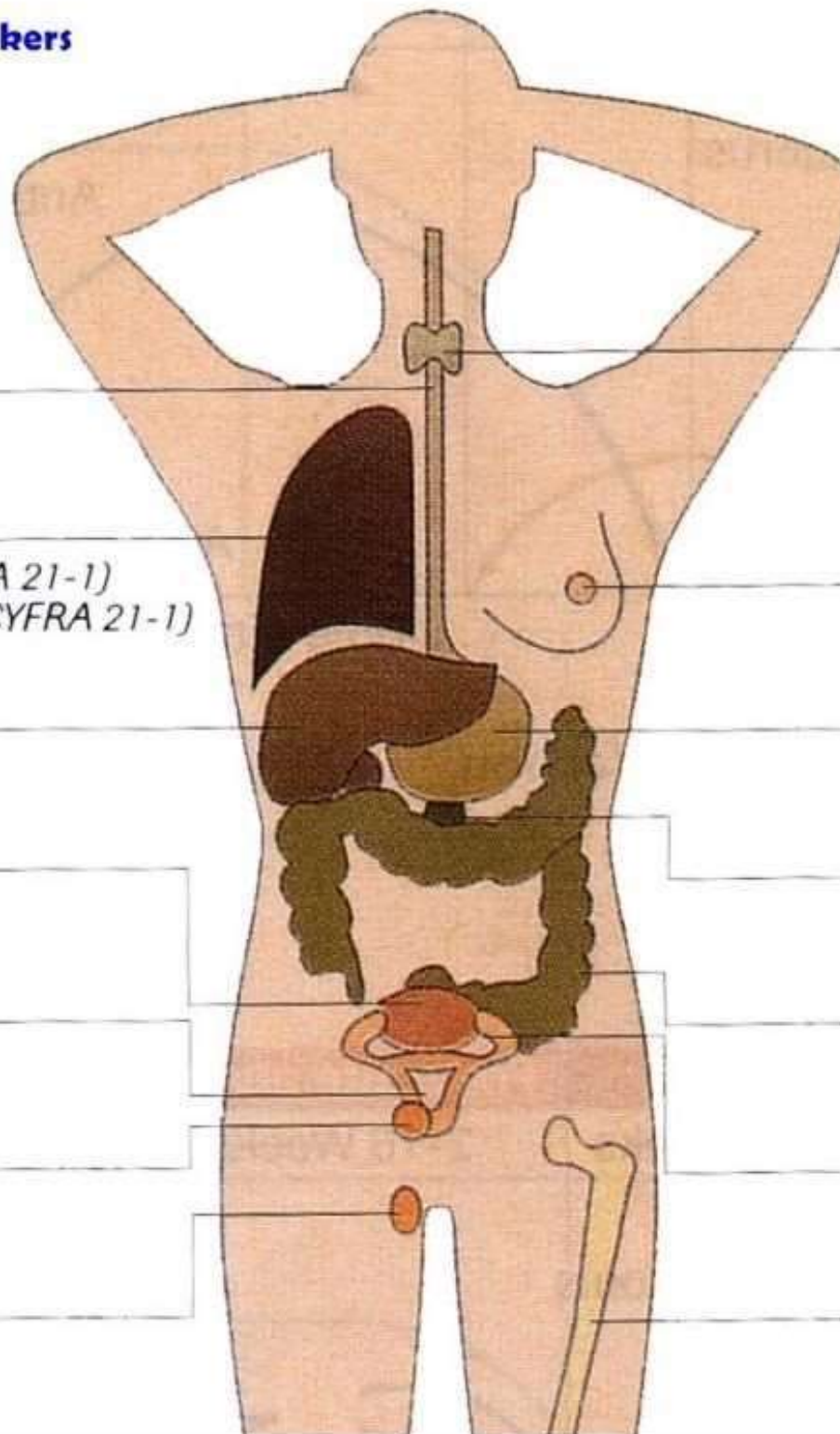
CEA (CA 19-9)

Ovaries

CA 125 (CA 72-4)

Multiple Myeloma

β_2 -Microglobulin



A gloved hand is shown holding a surgical instrument, likely a scalpel, over a tray of various surgical tools. The background is a blurred blue surface, possibly a sterile drape. The text "Tools & Instruments" is overlaid in a large, white, bold font with a black outline.

Tools & Instruments

Q1: What are the names of those tools?

- Central line and cannula

Q2: What is better to insert in a trauma patient & for fluid administration, why?

- ② - Cannula, because it is easier to use, require less experience and time, it also deliver the largest volume of fluid

③

Q3: The smallest cannula in diameter is?

- Purple

(Cannula's in the picture – Blue)

Q4: Cannula for large amount of fluid?

- Orange

(cannula's in the picture - Green)



Triple Lumen



Double Lumen



IV NEEDLE GAUGES SIZE CHART

Oh Great God, please bless Your Prophet

large → small

Gauge	Color	Outer Diameter (mm)	Length (mm)	Flow Rate (mL/min)
14 GAUGE	Orange	2.1	45	240
16 GAUGE	Gray	1.8	45	180
18 GAUGE	Green	1.3	32 / 45	90
20 GAUGE	Pink	1.1	32	60
22 GAUGE	Blue	0.9	25	36
24 GAUGE	Yellow	0.7	19	20
26 GAUGE	Purple	0.6	19	13

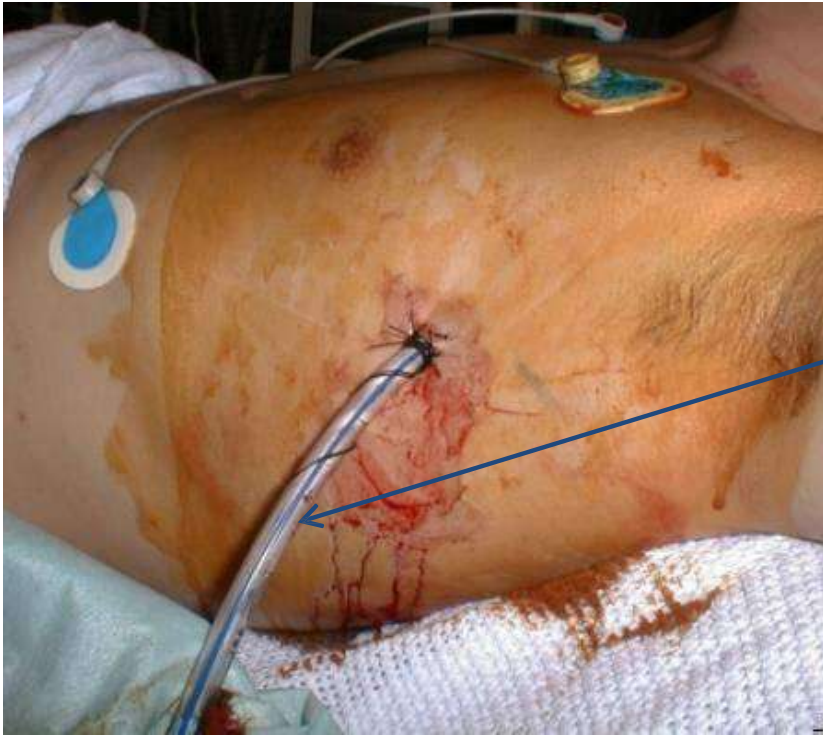
Q1: Name this tube?

- Chest tube

Q2: Give 4 indications?

- 1) Hemothorax
- 2) Pneumothorax
- 3) Chylothorax
- 4) Empyema
- 5) Hydrothorax
- 6) Pleural Effusion
- 7) Post-op





Chest tube drain

Chest drain system



Drainage chamber

Suction control

Water seal chamber (air leak)



Q1: What is this device?

- Nasogastric tube

Q2: Give 3 indications?

- 1) Feeding
- 2) Decompression
- 3) Administration of medication
- 4) Bowel irrigation

Q3: The tip of it should reach?

- Stomach body

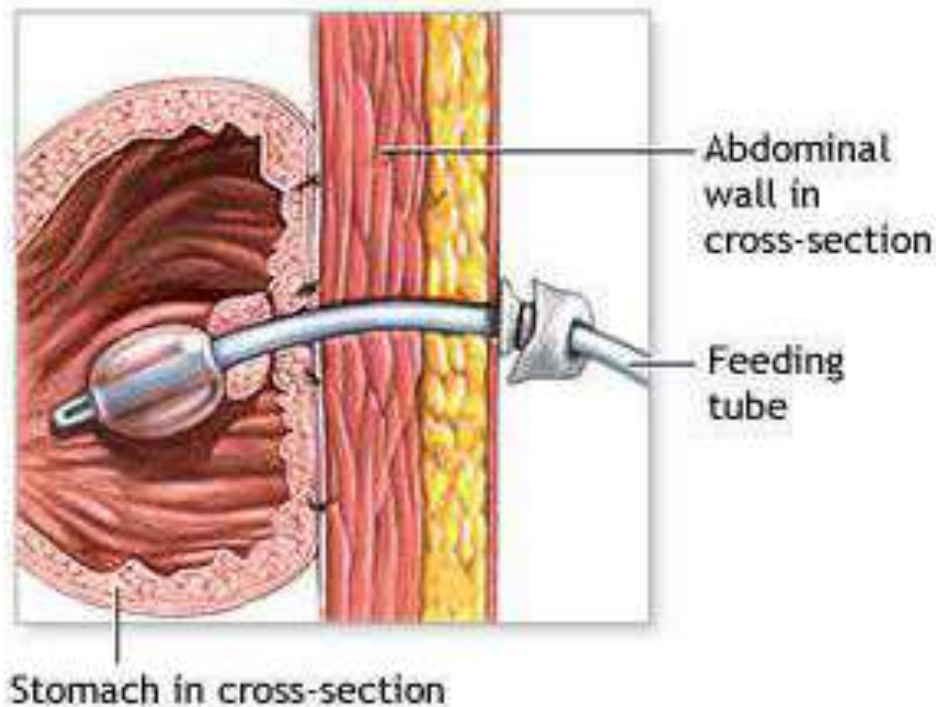
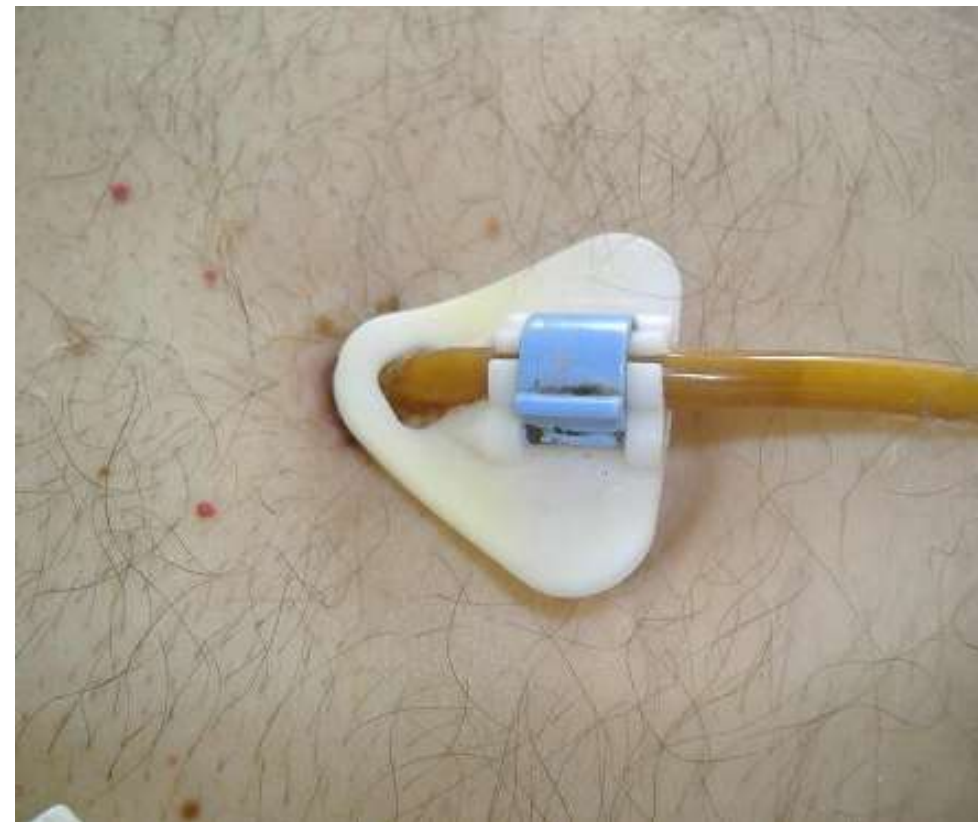


Q1: What is this?

- Gastric tube/G-tube/PEG tube/Gastrostomy

Q2: What is the main indication for it?

- Feeding



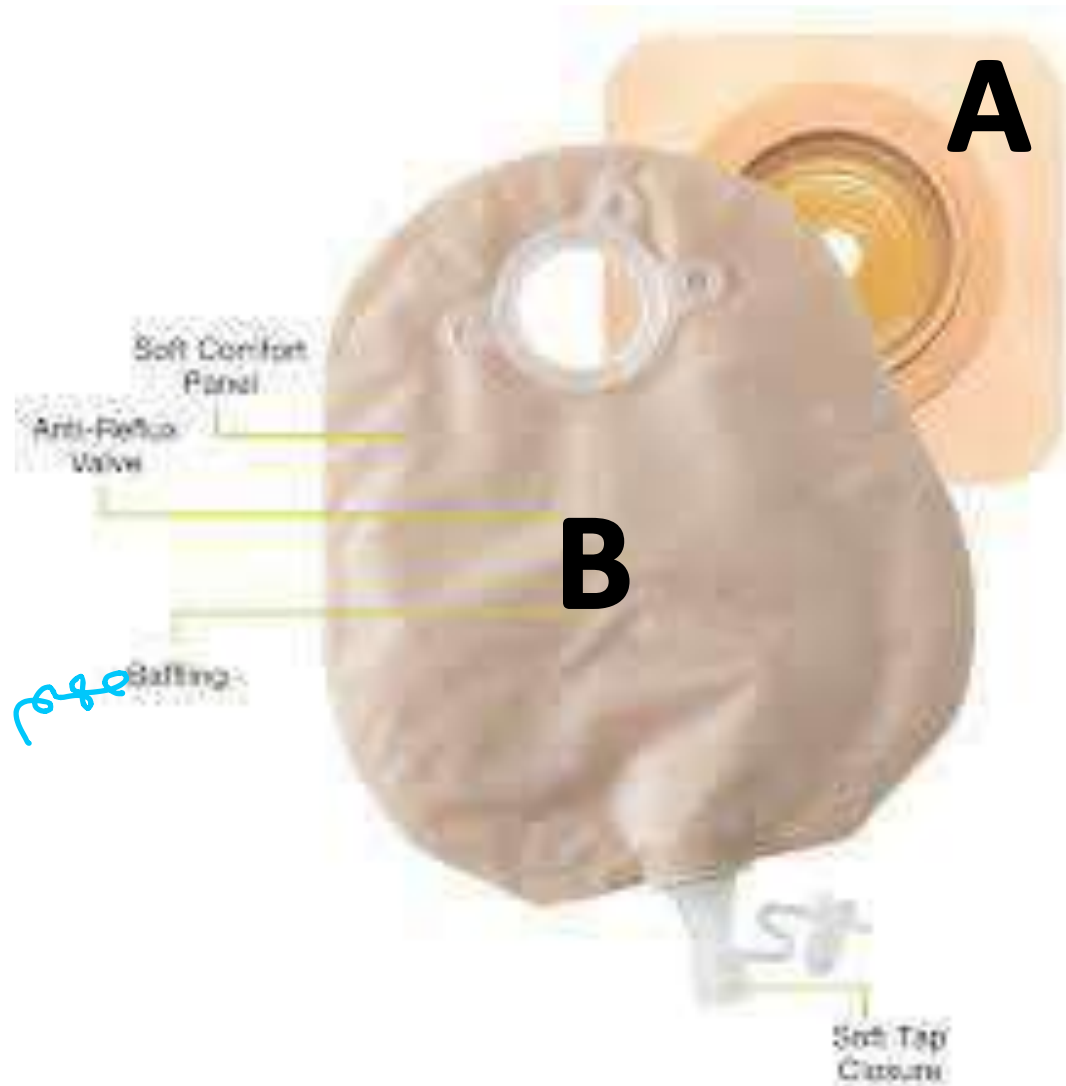
Q1: What is A,B?

A > Stroma base (Flange)

B > Stoma bag

Q2: Mention 3 indications?

- After proctocolectomy
- Imperforated anus →
- Secondary healing
- Some said (colectomy, ileostomy, double barrel)



Q1: What is this?

- Tracheostomy

Q2: Mention 2 complications?

1) Infection

2) Blockage (Obstruction)

3) Bleeding

4) Pneumothorax

2BIP

Q3: Mention 2 indications?

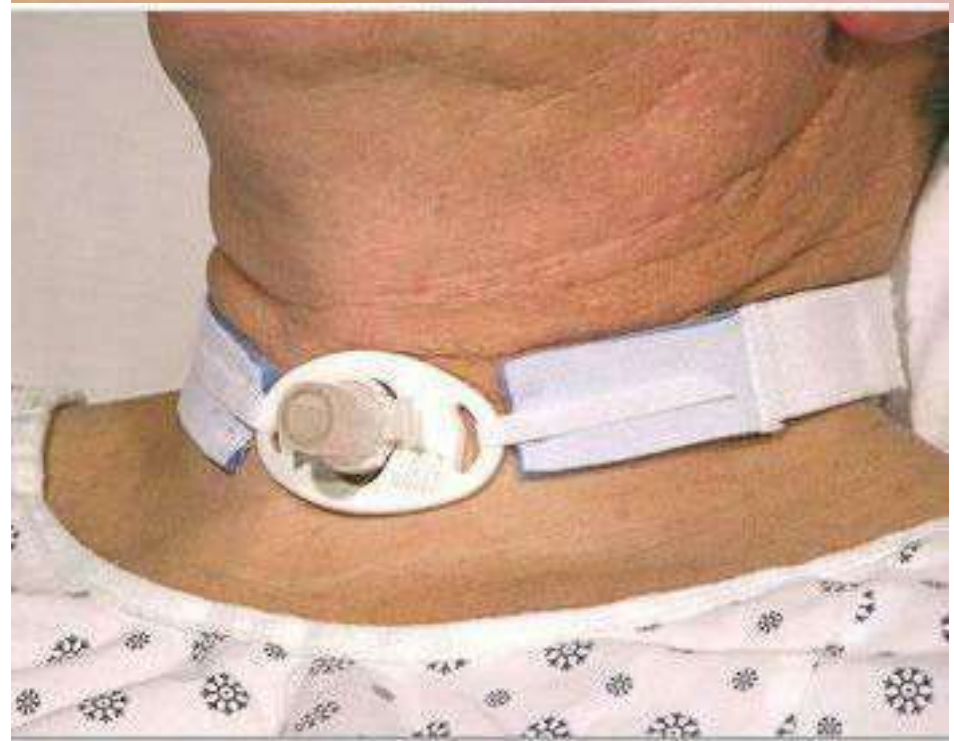
1) Upper airway obstruction

2) Obtaining an airway in severe facial or neck trauma

3) Upper airway edema and copious secretions

4) Failure to wean from mechanical ventilation

5) Acute respiratory failure with need for prolonged mechanical ventilation (mc indication, 2/3 of all cases)

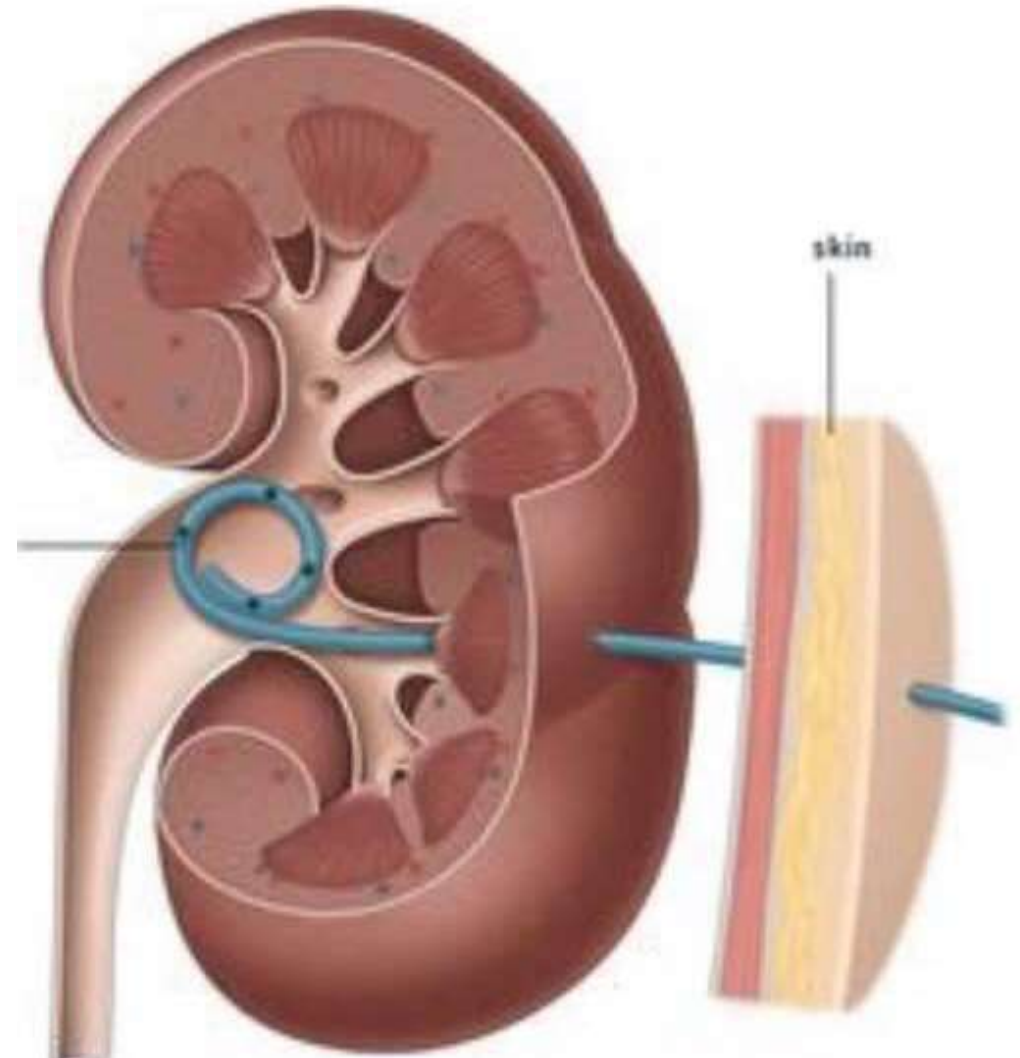


Q1: Name the tube?

- Nephrostomy tube

Q2: Write 2 indications?

- 1) Urinary obstruction secondary to calculi
- 2) Hemorrhagic cystitis



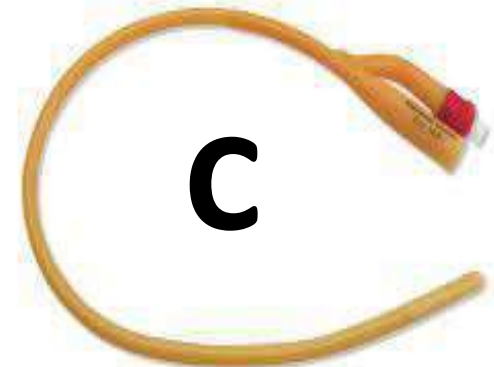
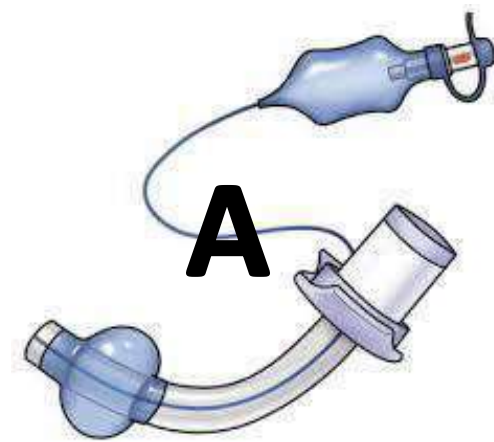
Q1: Which one is not used in primary survey?

- C (Foley's Catheter)

Q2: Which one is your 1st priority?

- D (Neck collar), some said (B)

*the most important
thing is keeping
Airway open
then the answer
is A*



Q1: What is the name of device?

- Foley's Catheter

Q2: What is the unit used in measurement??

- French



Q1: What is this? Colonoscopy

Q2: Name 2 pathologic finding?

- 1) Angiodysplasia
- 2) Diverticulosis
- 3) Colon tumor
- 4) Polyyps, masses

Q3: Name 2 therapeutic procedures done with it?

- 1) Laser Ablation
- 2) Polyyps Resection





Q1: What is this device?

- Pulse Oxymeter

Q2: What does it calculate?

- O2 Saturation
- Pulse Rate (HR)

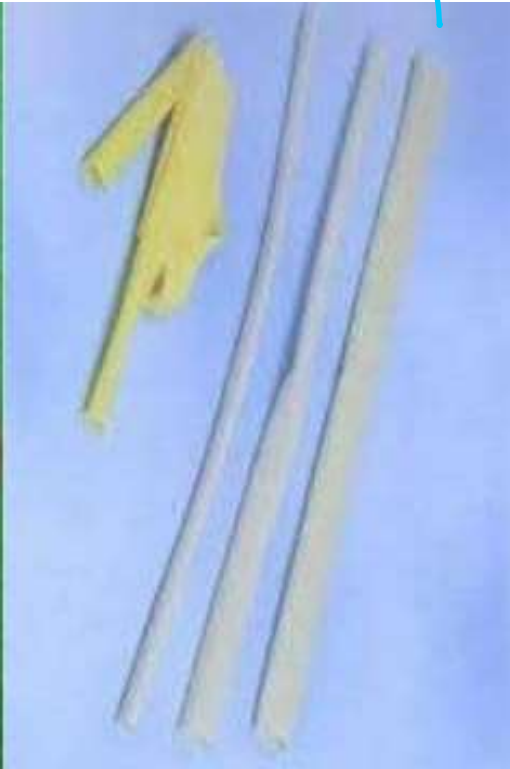
Q1: What is the name of the drain?

- Penrose

Q2: Type of the drain?

- Open drain

as pasta



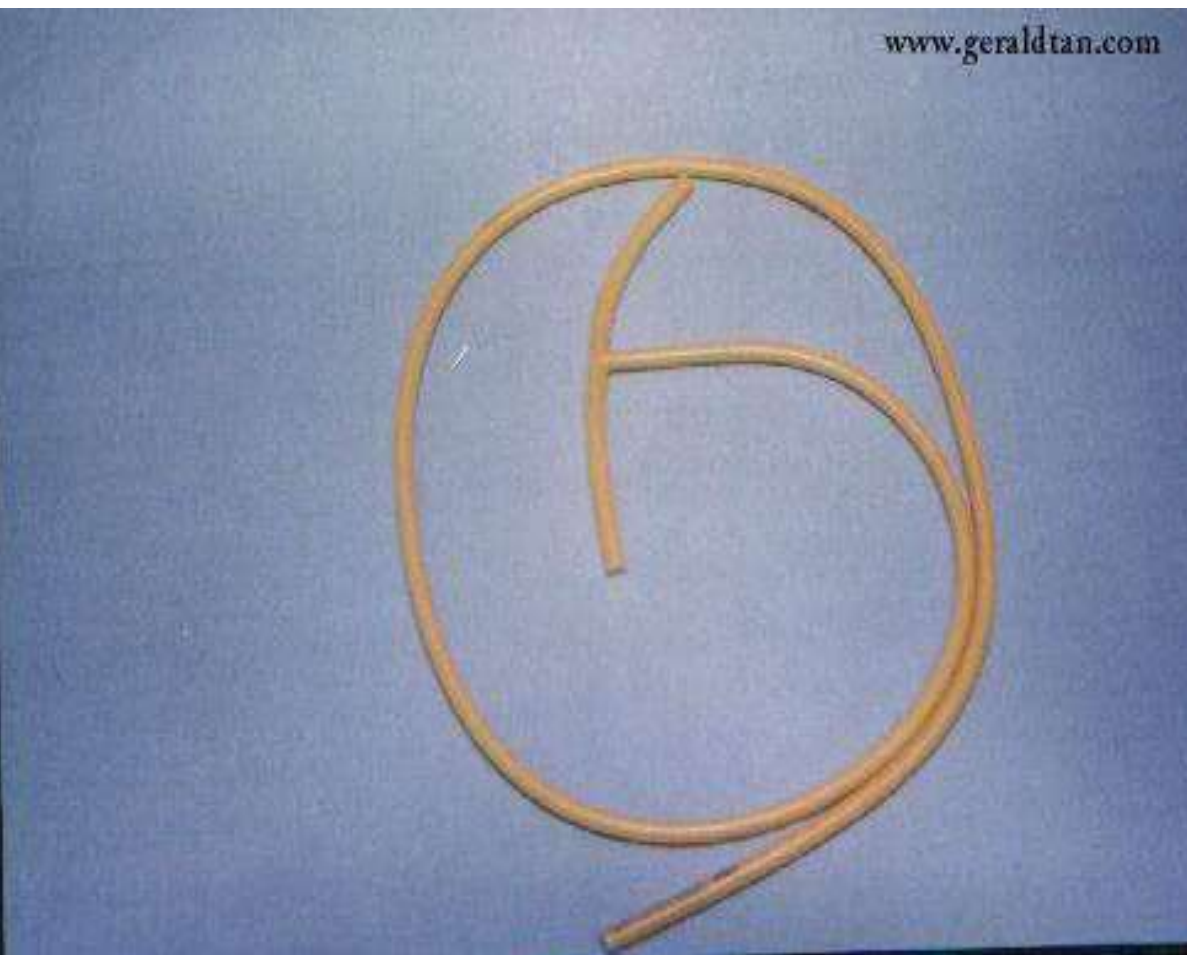
Q: Name of the drain?

- Corrugated Drain



T-tube

used for post operative drainage of common bile duct.



Redivac drain

Drains can be:

Open or closed

Active or passive:





Q1: What is this device?

Intermittent pneumatic compression technique
(Inflatable leg sleeves).

Q2: Uses?

To prevent DVT.

Q1: what is this?
incentive spirometer

Q2: Why do we use it?
used after surgery to prevent atelectasis .
(used while inspiration not expiration).

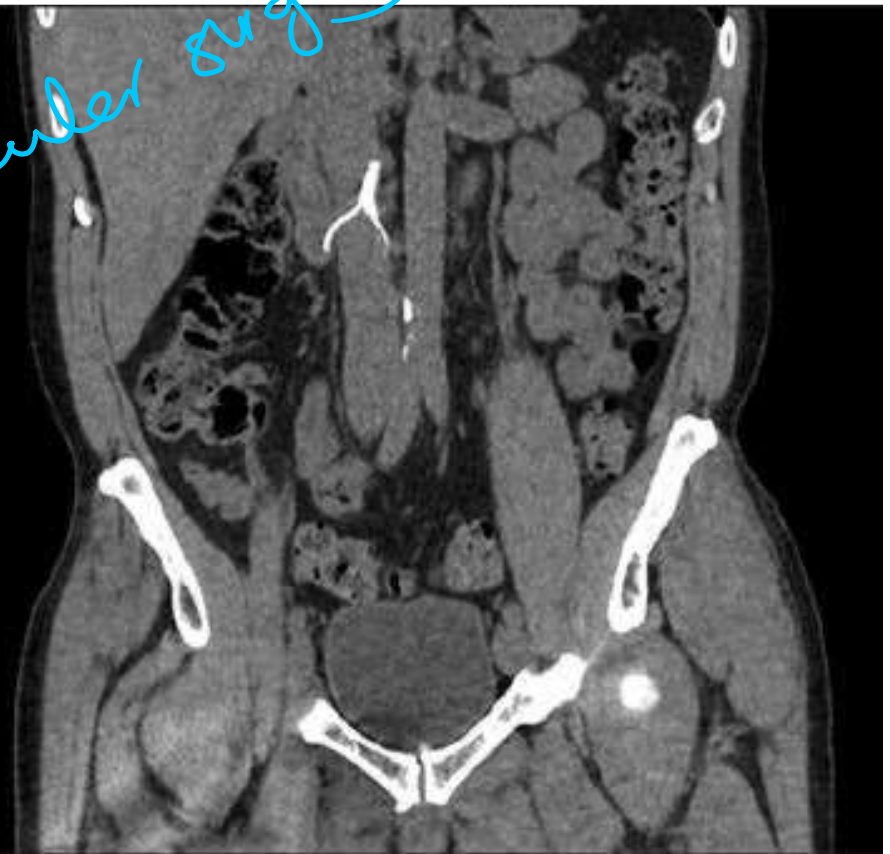
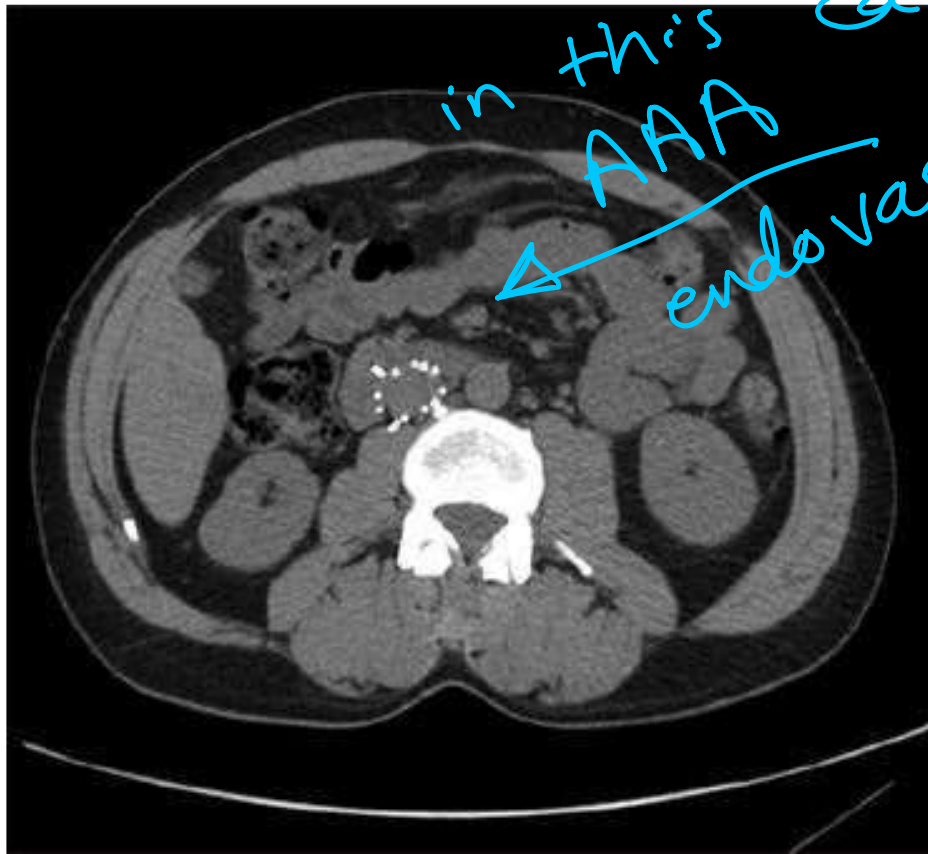


Q1: Name of device seen in the CT?

- Inferior vena cava filter

Q2: Give 1 indication for it?

- 1) Proven VTE with contraindication for anticoagulation.
- 2) Proven VTE with complications of anticoagulation.
- 3) Recurrent VTE despite adequate anticoagulation.



Q1: Name of device?

- Central venous catheter (CVC)

Q2: Where do you insert it?

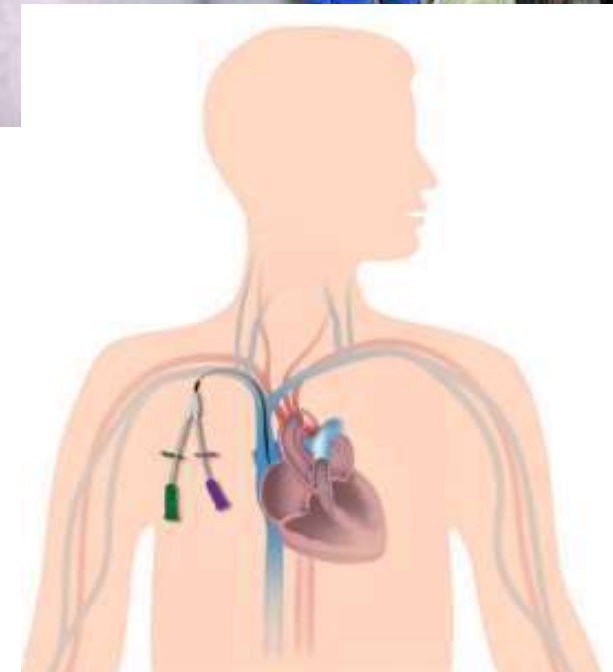
- Subclavian vein
- Internal jugular vein

Q3: Mention 2 indications?

- 1) Total parenteral nutrition (TPN)
- 2) Hemodialysis
- 3) Chemotherapy

Q4: Mention 2 complications?

Pneumothorax, Hemothorax, Recurrent laryngeal nerve injury, Arterial or Venous injury, Arterial access instead of venous, Hematoma, Infection, Thrombosis and occlusion of the line...etc



Venous access catheter

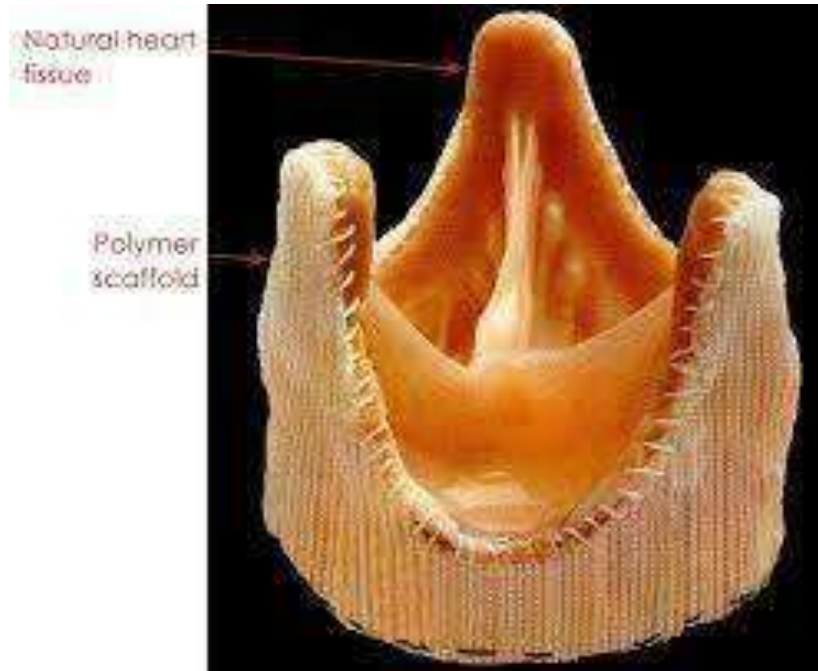
- Small, flexible hollow tube.
- Surgically placed into a large vein.
- Can be left for several months.
- Used for repeated infusions of chemotherapy drugs.



Biological heart valves

Used in the following cases:

- Age > 60
- Previous thrombosed mechanical valve.
- Limited life expectancy.
- If Coagulation is contraindicated.
- Young women wishing to get pregnant.



Mechanical prosthetic valves

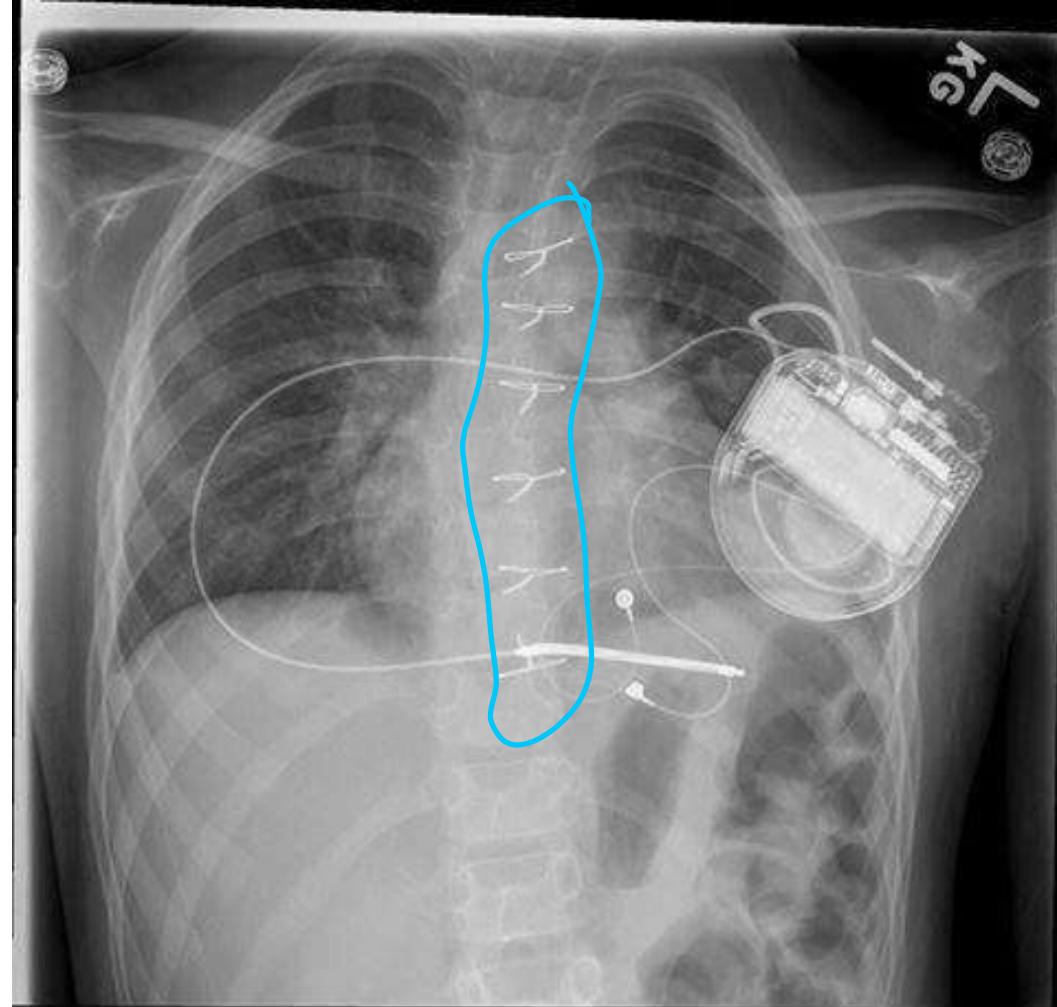
Used if the age is < 60 + long life expectancy.



Q: what can you see in this chest X-Ray ?

sternal wires in the midline (indicate that patient U/W sternotomy).

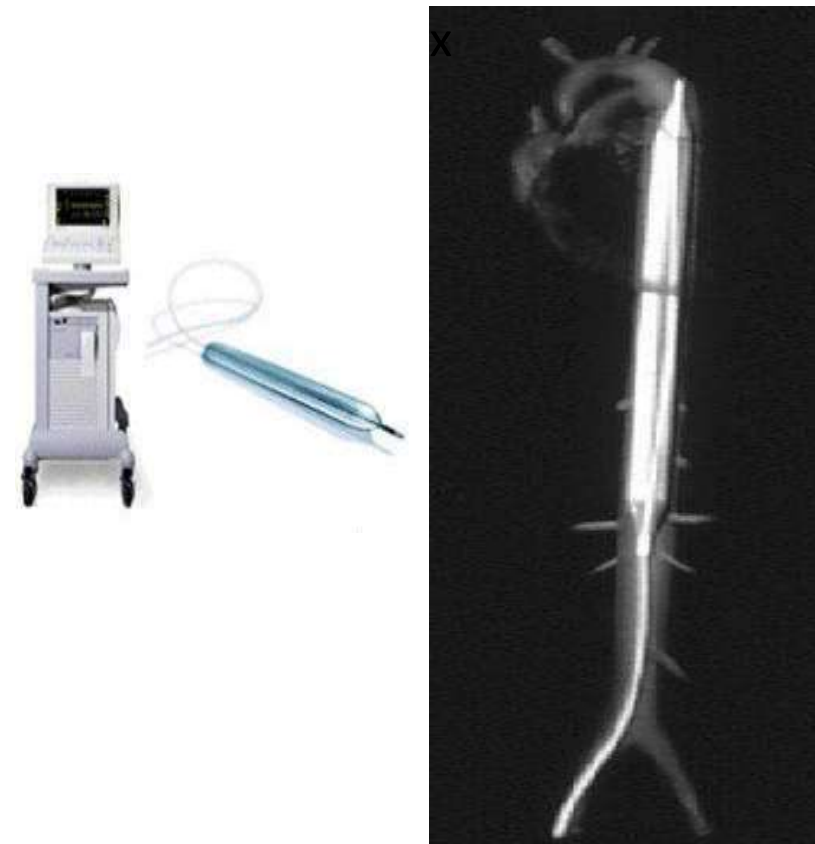
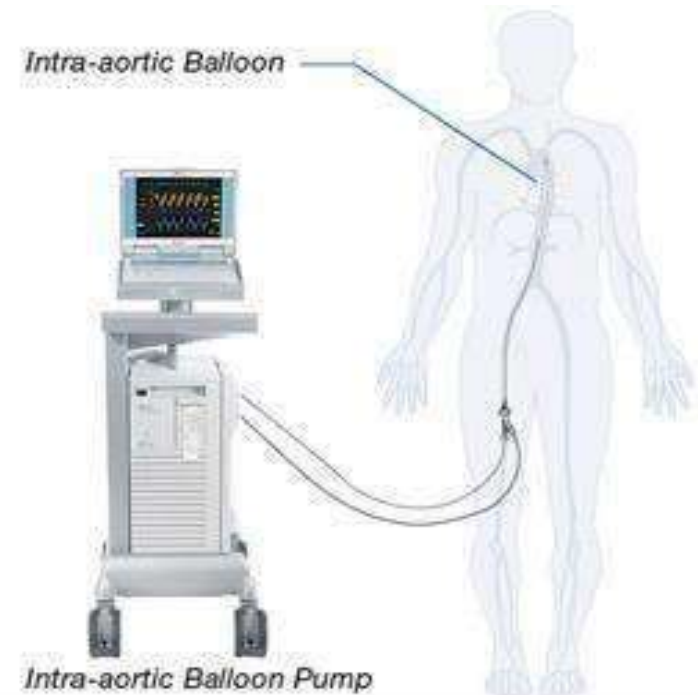
pacemaker.



Intra-aortic balloon pump (IABP) is a mechanical device that increases myocardial oxygen perfusion and increasing CO. These actions combine to decrease myocardial oxygen demand and increase myocardial oxygen supply.

Notes :

- the polyethylene balloon has a radiopaque tip.
- the balloon inflates during diastole and deflates during systole .
- indications : Cardiogenic shock post-MI , (CABG) , post cardiothoracic surgery, unstable angina .
- most important complication is lower limb ischemia, we have to check the pulse and perfusion .
- most important contraindication: aortic valve insufficiency (AR) , aneurysm .





GENERAL SURGERY

GENERAL SURGERY & OTHERS



• QUESTION

Yaqeen 2025

Patient has punching in his abdomen
and a history of laparotomy:

1. What is the diagnosis?
2. What can it contain?



• ANSWER.

عکس دیکھیں اور
تائید

- ✓ 1. incisional hernia (notice the surgical scar)
2. content of herina may be : bowel , sac , omentum , ovary



• QUESTION

Yaqeen 2025

فیکس ریون (T)

- A. Name this finding:
- B. Mention one complication.



• ANSWER

A. ~~Ileostomy~~ end colostomy [LLQ + no skin discoloration]

B. Prolapse - infection



• QUESTION

Wateen 2023

A 60 years female , previous history of laparotomy for complicated peptic ulcer .
She is complaining of abdominal bulge and frequent vomiting as shown in the
picture

A. What is the diagnosis ?

B. what is best next step in management?



- ANSWER;

A. Incisional hernia

B. Fluid resuscitation then operation Hernioplasty(Hernia Repair Surgery.)



• QUESTION

Wateen 2023

This patient presented with a non reducible painless epigastric mass

A) What is your diagnosis?

B) Mention other differential diagnosis ?



• ANSWER

A. incarcerated Epigastric hernia

B. Lipoma - lymphadenopathy



• QUESTION

Wateen 2023

This patient arrived to your emergency department after being stabbed as shown 15 minutes ago. He was anxious and his vital signs were: BP 80/60 mm Hg, pulse 130 ↑ III PPM, and RR 25 BPM:

What is his class of hemorrhage?

How much blood has he lost?



• ANSWER

A. stage 3

B. 1500-2000



• QUESTION

Wateen 2023

This patient had thyroidectomy few months ago;

A. Name wound abnormality presented in the picture

B. The likely percentage of wound infection after thyroidectomy is?



• ANSWER

رٹھ جی علی حدود ال injury

ما تجا و زنها

A. Hypertrophic scar

B. 1-2%



• QUESTION

Wateen 2023

When examining a young male patient for lower abdominal pain;

. A. What part of the examination other than the abdominal exam is vital to rule a possible surgical emergency?

B. And what other than abdominal pathology would you put on the top of your differential diagnoses?

(no picture found)



• ANSWER

A. rectum , back and genitalia

B. testicular torsion



• QUESTION

Wateen 2023

Name the maneuver



• ANSWER

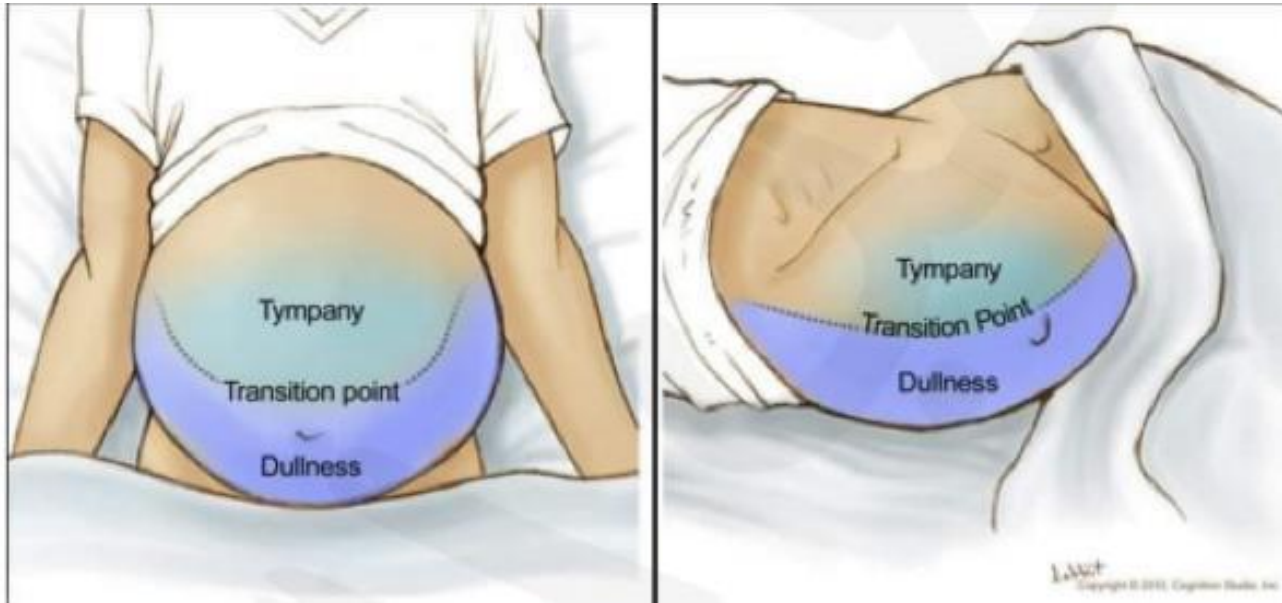
Shifted thrills [transmitted thrill]



QUESTION

Wateen 2023

Name the maneuver



• ANSWER

Shifted dullness



QUESTION

Harmony 2022

9. What type is this stoma
- a. Double barrel colostomy
 - b. End colostomy with mucous fistula
 - c. Loop ileostomy.
 - d. End ileostomy

Answer: C



• QUESTION

حکمران یون

Harmony 2022

Complications seen in the picture A,b:



• ANSWER

A. Stoma necrosis

B. Stoma prolapse -

Note :

It would be Infected irritated stoma if this picture shown



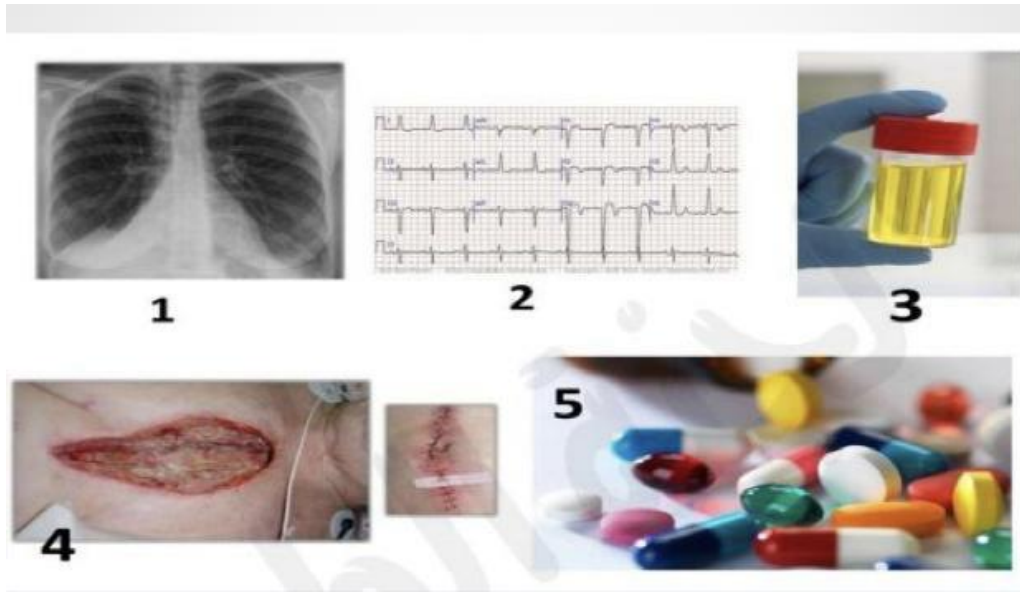
• QUESTION

Harmony 2022
صكود
نون

a postoperative fever:

A. which of the following picture is considered as a source of fever after days 1-3?

B. which of the following picture is considered as a source of fever after days 5-7?



• ANSWER

A. Atelectasis (1)

B. Wound infection (4)



• QUESTION

SOUL 2021

Hypotensive patient with shaft of femur fracture, his blood type is O neg ;

1. Estimated blood loss:
2. Blood type to be given to the patient :



ANSWER

1.(1000-1500)ml

2.O negative only



• QUESTION

SOUL 2021

58 yr old female has acute chest pain and dyspnoea postoperatively, pulmonary and cardiac examination was non specific:

A) Mention 2 possible DDX:

B) Possible investigations:

(No picture)



ANSWER

A. MI or PE or Pneumonia (the said atelectasis won't cause dyspnoea)

B. ECG, chest x-ray, CBC, ABG, d-dimer, ct angio



• QUESTION

SOUL 2021

سوال

58 yr old female has acute chest pain and dyspnoea postoperatively , pulmonary and cardiac examinations were non-specific

A) Mention 2 possible DDX:

.B) Possible investigations:

(No picture)



• ANSWER

A.MI // PE (the dr said atelectasis wont cause dyspnoea)

B.ECG, chest x-ray , CBC, ABG , d-dimer , ct angio



• QUESTION

SOUL 2021

57 year old male, presented to ER complaining of vomiting blood

A) Mention 5 questions that would help you determine the amount

(No picture)



• ANSWER

1. Amount
2. bleeding from other place (Haematochezia)
3. type(Coffee ground or fresh blood Clots)
4. how many times
5. other symptoms (Palpitation Postural dizziness fatigability)



• QUESTION

مسور

IHSAN 2020

This patient arrived to your emergency department after being stabbed as shown 15 minutes ago. He was anxious and his vital signs were BP: 95/55 mm Hg, pulse 105 BPM, and RR 25 Per minute

A. What is his class of hemorrhage ?

B. How much blood has he lost?



• ANSWER

A. Stage 2 ✓

B. ml 750-1500



QUESTION

عقود

2019 – Before

A trauma patient presented to the emergency department and was assisted with FAST

1. What does FAST stand for?
2. What are the 4 sites that we look at in FAST?
3. What's your 1st priority?
4. What's your 2nd priority?



• ANSWER

1.Focused Assessment with Sonography for Trauma

2.

1.RUQ (Morison's pouch)

2.LUQ (perisplenic area)

3.Subcostal (pericardium)

4. Peripelvic space

3.ABC (some said only airway)

4.stop bleeding (some said only breathing)



• QUESTION

2019 – Before

This patient has this severe infection after having splenectomy post abdominal trauma.

1. This severe infection is most likely due to what organism?
2. How to reduce the possibility of this infection?



• ANSWER

1. encapsulated Strep. Pneumoniae

2. (giving vaccination for encapsulated organisms



• QUESTION

2019 – Before

You are the on call medical student over the weekend. The surgical ward nurse told you that they have a 65-year-old patient who had laparotomy, anterior resection and primary anastomosis 5 days ago. The patient is now complaining from increasing abdominal pain and abdominal distention for the last 10 hours. His vital signs are as follows: BP 80/40 mm Hg, PR 115 BPM, RR 24, Temp 39.9, O₂ sat 88.

A. What is your diagnosis?

B. What is the most appropriate next step?



• ANSWER

A. Septic Shock

B. ABCDE



• QUESTION



2019 – Before

A patient fell and broke her leg, the doctor who saw her put a cast on the leg, afterwards she complained from pain, swelling, redness and numbness in the same limb

: Q1: What is the diagnosis?

Q2: Next step in the management?



• ANSWER

1. Compartment Syndrome

2. Decompression - Remove the cast - Fasciotomy



• QUESTION

2019 – Before

حشر
عن ارطصه

1. What is the diagnosis?
2. What zone?
3. Name the border or it?
4. When to intubate the patient?



• ANSWER


1. Lacerated neck wound
2. Zone.2
3. From the angle of the mandible to the cricoid cartilage
4. 1)Expanding.hematoma 2) Obstructive complication 3) Cervical vertebrae injury

PENETRATING NECK INJURIES

What depth of neck injury must be further evaluated? Penetrating injury through the platysma

Define the anatomy of the neck by trauma zones:

Zone III	Angle of the mandible and up
Zone II	Angle of the mandible to the cricoid cartilage
Zone I	Below the cricoid cartilage



How do most surgeons treat penetrating neck injuries (those that penetrate the platysma) by neck zone:	
Zone III	Selective exploration
Zone II	Surgical exploration vs. selective exploration
Zone I	Selective exploration
What is selective exploration?	Selective exploration is based on diagnostic studies that include A-gram or CT A-gram, bronchoscopy, esophagoscopy
What are the indications for surgical exploration in all penetrating neck wounds (Zones I, II, III)?	"Hard signs" of significant neck damage: shock, exsanguinating hemorrhage, expanding hematoma, pulsatile hematoma, neurologic injury, subQ



• QUESTION

2019 – Before

عكره عز ار الطيار

Q: What is the name of the management done for this patient?

-



• ANSWER

Split thickness skin graft



• QUESTION

2019 – Before



-

Q1: In penetrating trauma, what is the most commonly affected organ?

Q2: What type of injury more severe (blunt or penetrating)?

Q3: In a penetrating wound, what should you do?



• ANSWER.

1. Liver

2. Blunt

3. exploration surgery



• QUESTION

2019 – Before



A picture of multiple abdominal bruises, he asked about the zones of retroperitoneal bleeding and types of hemorrhage and where is the least likely place to check and when to go for surgery:



• ANSWER

Traumatic retroperitoneal hematomas divided into 3 zones: Zone 1: Centrally located, associated with pancreaticoduodenal injuries or major abdominal vascular injury Zone 2: Flank or perinephric regions, associated with injuries to the genitourinary system or colon Zone 3: Pelvic location, frequently associated with pelvic fractures or iliofemoral vascular injury - Indication for exploration in retroperitoneal hematomas : mandatory exploration should be performed in retroperitoneal hematomas resulted from penetrating injury, but the selection of treatment mode in blunt injury depend on the anatomical position of hematoma, visceral injury and the hemodynamic status of patients.



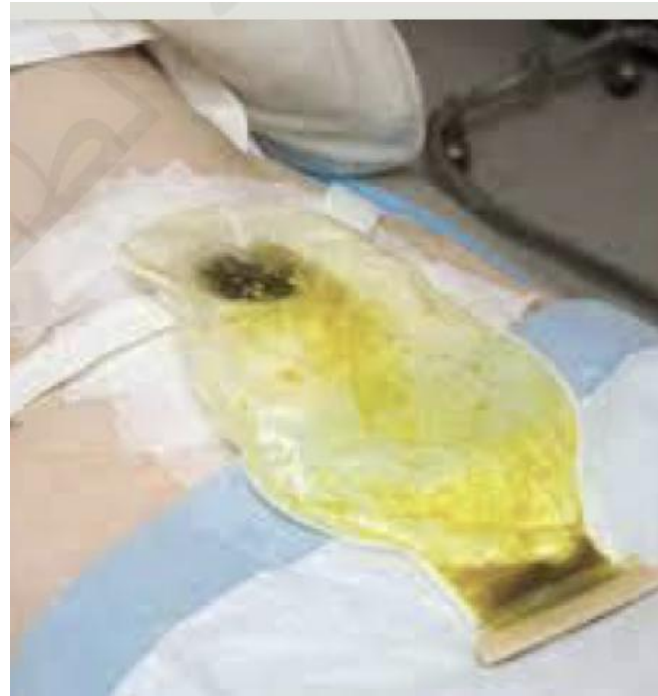
• QUESTION

عسر

2019 – Before

History of surgery for diverticulitis before 10, the amount collected over 24 hours is 1500 cc:

1. what is is the pathology?
1. What t is the complication
- 3.what is the prognosis?



• ANSWER

1. Enterocutaneous fistula (high output)

2. electrolyte disturbance 2) Skin excoriation 3) Sepsis

3. In most patients it closes spontaneously



• QUESTION

سؤال

2019 – Before

1.Type of stoma?

2.Write 2 indications?



• ANSWER

1. End colostomy

2. IBD, Rectal cancer



. QUESTION

عبر عن الفارسي

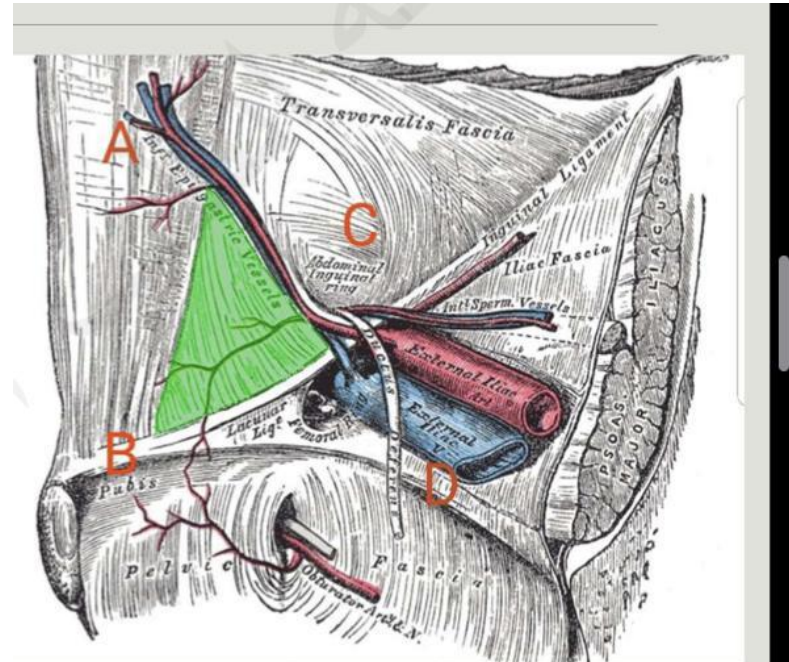
2019 – Before

What's A: inferior epigastric artery

What's B: direct inguinal hernia

What's C: indirect inguinal hernia

What's D: femoral hernia



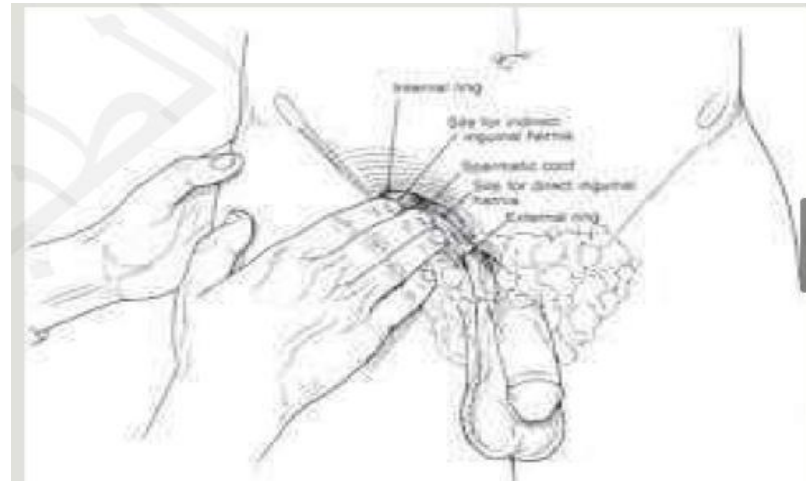
• QUESTION

2019 – Before

1/5

1. Name of the test?

2. If you ask the patient to cough while you maintain pressure and you notice a bulge, what is your Dx?



• ANSWER

1. Ring occlusion test

2. Direct inguinal hernia

Note:

Ring occlusion test differs from 3 fingers test, You Ask the patient to cough> Impulse felt on the index finger> Indirect hernia So; Zieman's Test (3 Finger Test) is used to differentiate type of hernia. - Index: deep inguinal hernia (indirect) - Middle: superficial inguinal (direct) - Ring: Saphenous opening (femoral hernia)



• NOTE

ملاحظة

Indirect Inguinal Hernia	Direct Inguinal Hernia
Pass through inguinal canal.	Bulge from the posterior wall of the inguinal canal
Can descend into the scrotum.	Cannot descent into the scrotum.
Lateral to inferior epigastric vessels.	Medial to inferior epigastric vessels.
Reduced: upward, then laterally and backward.	Reduced: upward, then straight backward.
Controlled: after reduction by pressure over the internal (deep) inguinal ring.	Not controlled: after reduction by pressure over the internal (deep) inguinal ring.
The defect is not palpable (it is behind the fibers of the external oblique muscle).	The defect may be felt in the abdominal wall above the pubic tubercle.
After reduction: the bulge appears in the middle of inguinal region and then flows medially before turning down to the scrotum.	After reduction: the bulge reappears exactly where it was before.
Common in children and young adults.	Common in old age.



• QUESTION

2019 – Before

RTA Patient ,HR = 130, he was hypotensive, a CT was done and shows the following?

Q1: How much blood did he loss?

Q2: What does the CT show?



• ANSWER

1. Stage 3 hypovolemic shock – 30-40% - 1500-2000 ml

2. Splenic Rupture



• NOTE

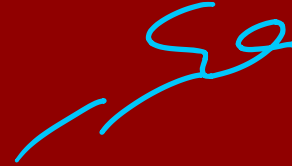
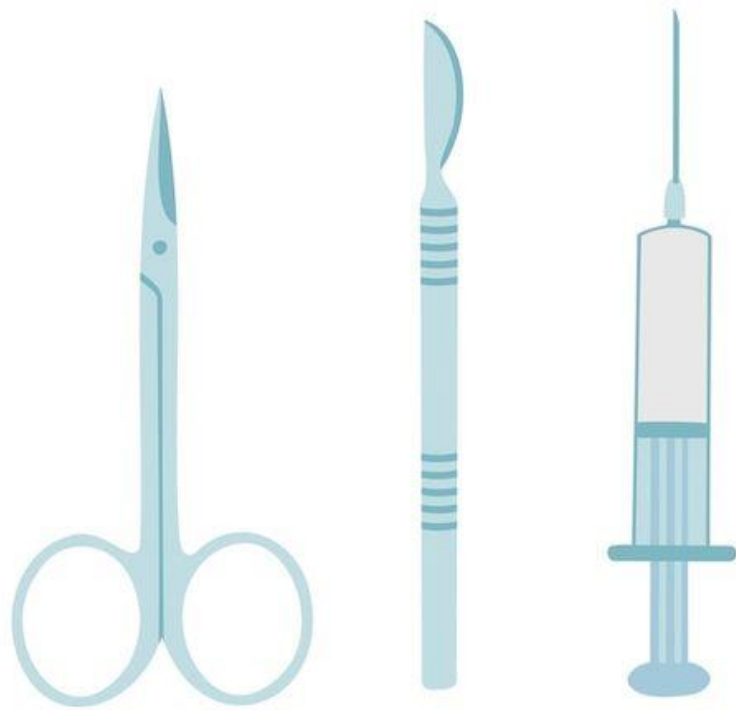


Table 7-4 Signs and Symptoms of Advancing Stages of Hemorrhagic Shock

	Class I	Class II	Class III	Class IV
Blood loss (mL)	Up to 750	750–1500	1500–2000	>2000
Blood loss (%BV)	Up to 15%	15–30%	30–40%	>40%
Pulse rate	<100	>100	>120	>140
Blood pressure	Normal	Normal	Decreased	Decreased
Pulse pressure (mmHg)	Normal or increased	Decreased	Decreased	Decreased
Respiratory rate	14–20	20–30	30–40	>35
Urine output (mL/h)	>30	20–30	5–15	Negligible
CNS/mental status	Slightly anxious	Mildly anxious	Anxious and confused	Confused and lethargic

BV = blood volume; CNS = central nervous system.





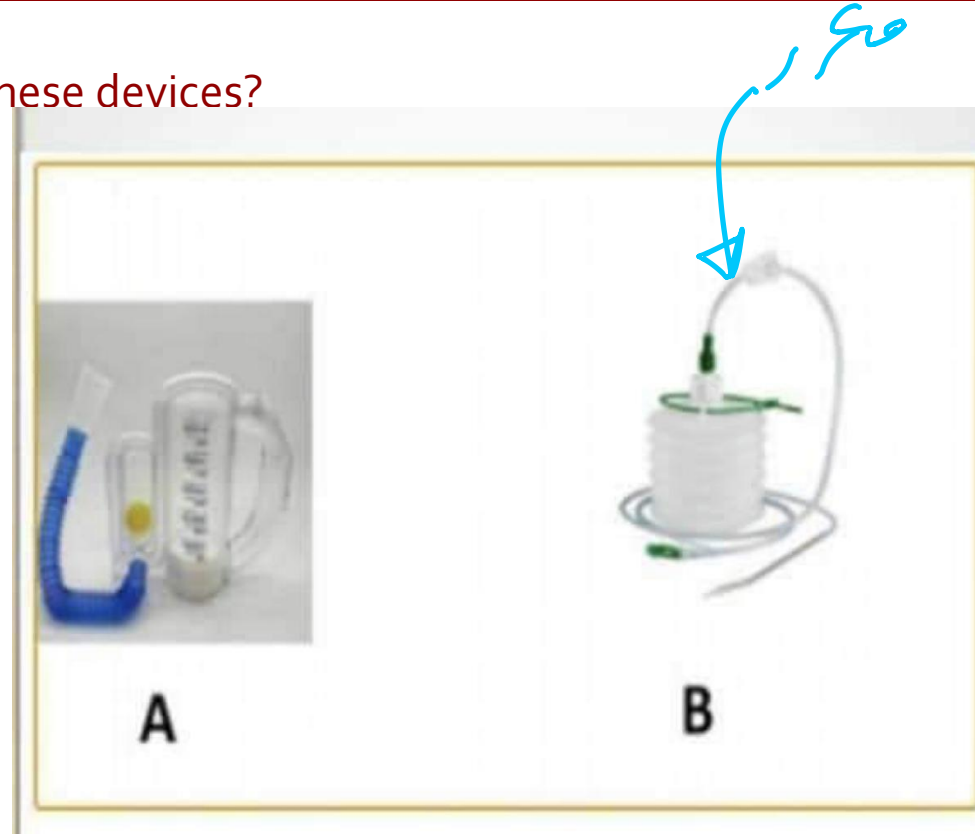
TOOLS & INSTRUMENTS



• QUESTION

Yaqeen 2025

What is the name of these devices?



• ANSWER

A. Incentive spirometry

B. Radiopaque drain



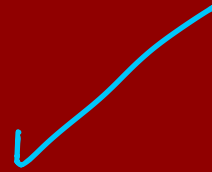
• QUESTION

Yaqeen 2025

What is the type of this fluid and its component?



- ANSWER



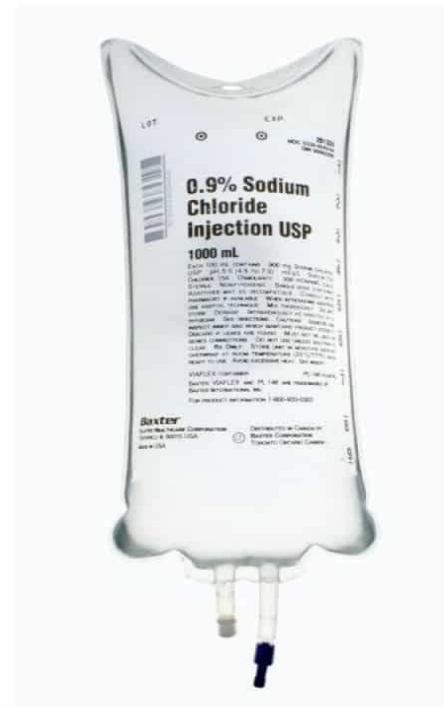
Normal saline ,contain 0.9NaCl and water



QUESTION

Yaqeen 2025

- A. What is the type of this fluid and its content?
- B. Calculate the amount of calories is in this fluid if it is 1000cc:



ANSWER

A. Normal saline 0.9 NaCl and water

B. Zero calori



• QUESTION

Wateen 2023



- A) Name the structure in the image knowing that it is used for Dialysis?
- B) What's this Device Used for ?



• ANSWER

A. Perm-cath

B. hemodialysis



QUESTION

مس
✓

Wateen 2023

- A) Name the device
- B) Name one complication



• ANSWER

A) NG(naso gastric) tube

B) Infection



• QUESTION



Harmony 2022

12. Name the line in picture
- a. Hemodialysis line permcath
 - b. Peripherally inserted central line
 - c. Hickman line
 - d. Temporary central line
 - e. Pig tube



Answer: D



• QUESTION

SOUL 2021

190

- 1 .Name the device?
2. Name complications?



ANSWER

1. Central Venous Line
- 2 . Thrombosis/ Infection/ Pneumothorax

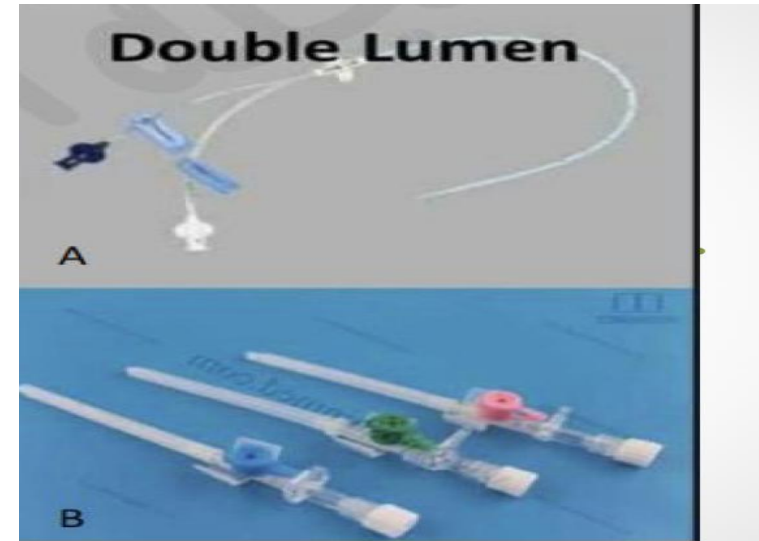


• QUESTION

سؤال

SOUL 2021

- A) Name the device in picture A:
- B) Which is better used for emergency venous access:
- C) smallest cannula in diameter is?
- D) Cannula for large amount of fluid?



• ANSWER

A. Central venous line

B. Cannula, because it is easier to use, require less experience and time, it also deliver the largest volume of fluid

~~C) Yellow~~

~~D) Green~~

violet

orange

Cannula's			
Colour Code	Gauge	Catheter Ext. DiaxLength (mm)	Water flow-rate (ml/min)
Orange	14G	2.20 x 45	310
Grey	16G	1.70 x 45	200
White	17G	1.50 x 45	140
Green	18G	1.20 x 38 1.20 x 45	105 100
Pink	20G	1.00 x 32	64
Blue	22G	0.80 x 25	38
Yellow	24G	0.70 x 19	16/22
Violet (without Injection Port)	26G	0.60 x 19	12/15



QUESTION

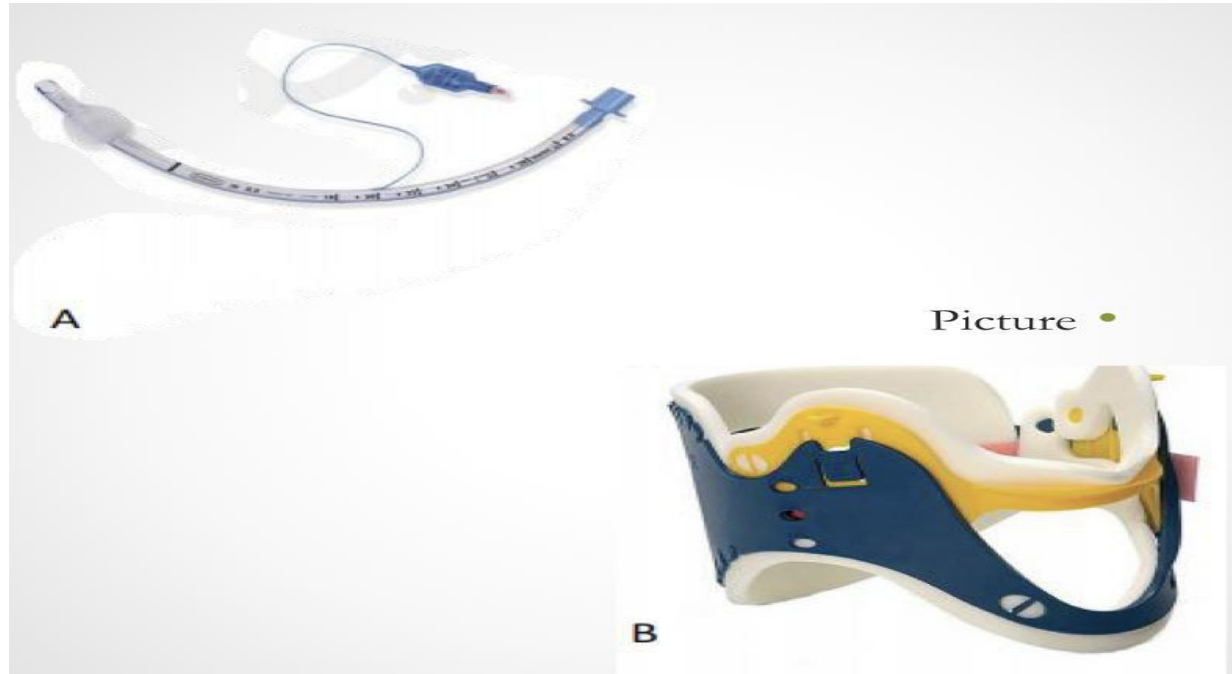
SOUL 2021

عقار

The followings are used in emergency:

A) Name A:

:B) Name B



• ANSWER

A: Endotracheal tube

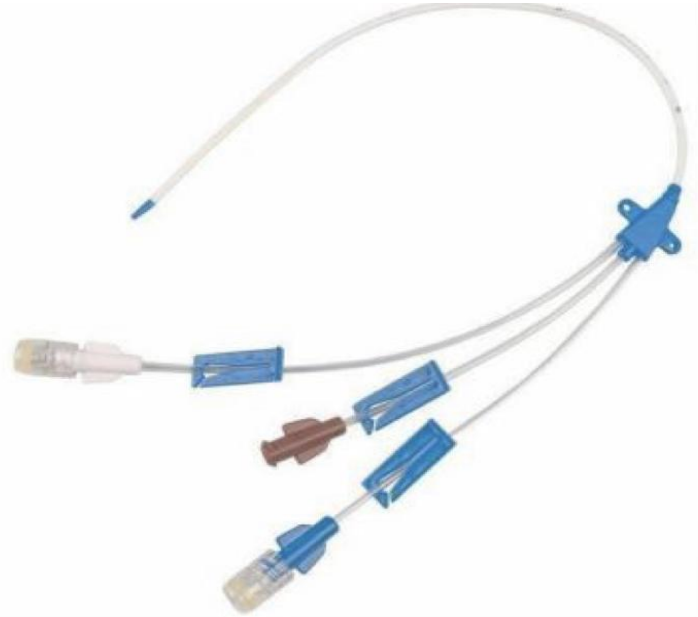
B: Hard neck collar



• QUESTION

SOUL 2021

1. What is the name of this procedure?
2. What's the smallest cannula in diameter?



• ANSWER

1. Central line triple Lumen

2. ~~Yellow~~

Violet

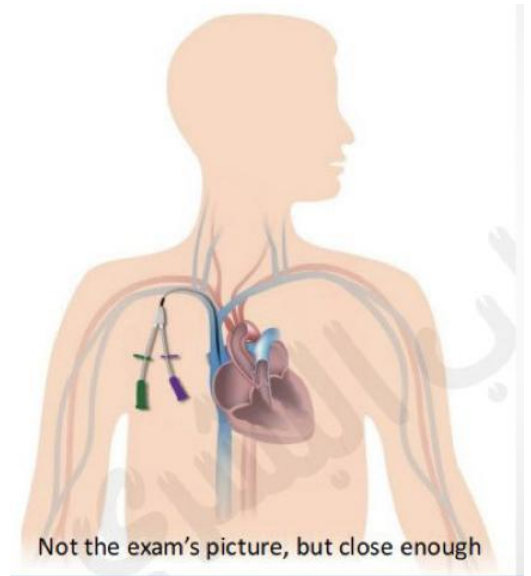


• QUESTION

IHSAN 2020

Central Venous Line

1. Name the line inserted in the patient
2. Name 2 complications that result from this line's insertion



• ANSWER.

1. Central venous line

2. Pneumothorax, Hemothorax, Recurrent laryngeal nerve injury, Arterial or Venous injury, Arterial access instead of venous, Hematoma, Infection, Thrombosis and occlusion of the line...etc



• QUESTION



IHSAN 2020

- 1: What is this device?
- 2: What does it calculate?



• ANSWER

I. Pulse Oximeter

II. - O₂ Saturation ,Pulse Rate (HR) -



• QUESTION

IHSAN 2020



- 1: What is this device?
- 2: Give 2 indications ?
3. The tip of it should reach?



• ANSWER

I. Nasogastric tube

II. 1) Feeding

2) Decompression

3) Administration of medication

4) Bowel irrigation

3. Stomach body



• QUESTION

2019 – Before

1-2

1. Name this tube?

2. Give 4 indications?



• ANSWER

1. Chest tube

2.1) Hemothorax 2) Pneumothorax 3) Chylothorax 4) Empyema



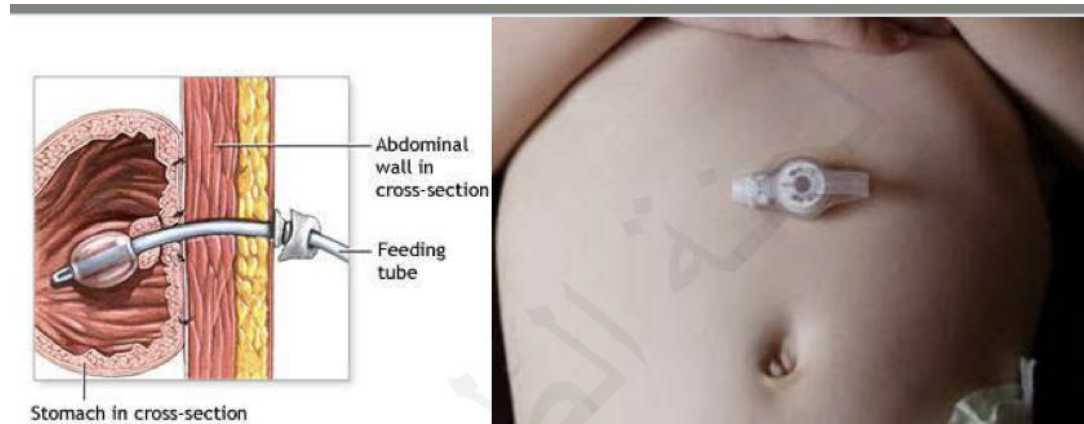
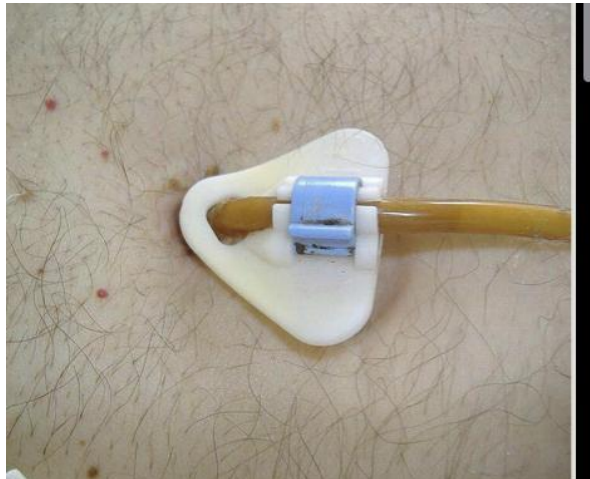
• QUESTION

سؤال

2019 – Before

1. What is this?

2. What is the main indication for it?



• ANSWER

1. Gastric tube/G-tube/PEG tube/ Gastrostomy

2. Feeding



• QUESTION



2019 – Before

1. What is this?
2. Mention 2 complications?
3. Mention 2 Indications



• ANSWER

1. Tracheostomy

2. Infection. Blockage... Bleeding. Pneumothorax

3.1) Upper airway obstruction

2) Obtaining an airway in severe facial or neck trauma

3) Upper airway edema and copious secretions

4) failure to wean from mechanical ventilation

5) acute respiratory failure with need for prolonged mechanical ventilation (most common indication, 2/3 of all cases)



QUESTION



2019 – Before

1. Name of device?
2. Where do you insert it?
3. Mention 2 indications?
4. Mention 2 complications?



• ANSWER

1. Central venous catheter (CVC)

2. Subclavian vein - Internal jugular vein

3. (1) Total parenteral nutrition (TPN) 2) Hemodialysis 3) Chemotherapy

4. Infection , pneumothorax

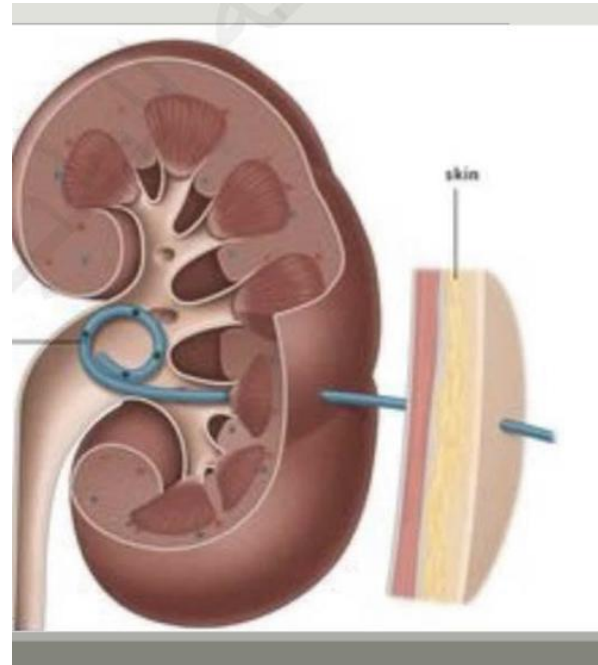


• QUESTION

2019 – Before



1. Name The tube ?
2. Write 2 indications



• ANSWER

1.Nephrostomy tube

2.1) Urinary obstruction secondary to calculi

2)Hemorrhagic cystitis



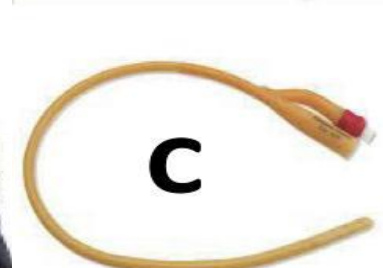
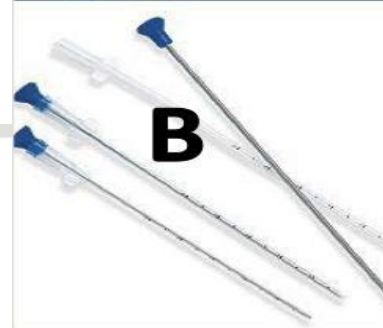
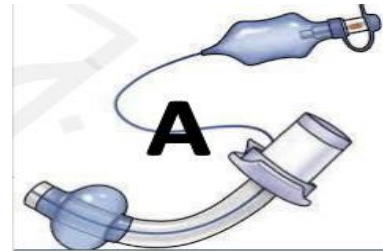
QUESTION



2019 – Before

1. Which one is not used in primary survey

2. Which one is your 1st priority?



• ANSWER

1.C Foley's Catheter)

2.D Neck collar), some said (B)

mostly A



• QUESTION



2019 – Before

1. What is the name of device?

2. What is the unit used in measurement??



• ANSWER

1. Foley's Catheter

2. French



QUESTION

2019 – Before

1. What is the name of the drain?

2. What is the name of the drain?

5-1-2-Penrose drain

Latex rubber, silicone



• ANSWER

1. Penrose

2. Open drain



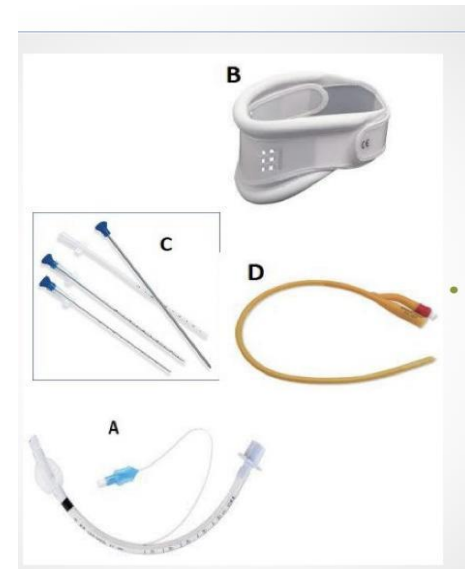
• QUESTION

2019 – Before

Of the instruments shown,

1. what is the least likely to be used in primary survey?

2. If needed, which of those has the highest priority to be used?



• ANSWER

1.(D)

2. (A or A+B)



• QUESTION

2019 – Before



1. What is A & B?

2. Mention three indications for the medical condition that (A & B) are used for



• ANSWER

1. A Colostomy Base // B Colostomy bag

2. (1) Protect distal anastomosis (2) Diversion (3) Defunctioning
Some said (colostomy, ileostomy, double barrel)



• QUESTION

2019 – Before

What's the name of this device?



2. Mention three indications for its use?

3. What's the anatomical location of its tip end in the patient?



• ANSWER

1. NGT

2. GI Obstruction, Feeding, GI Bleeding, Lavage (e.g. poisons), decompression (e.g. over an anastomosis), decrease risk of aspiration.

3. Stomach

