



Surgery Checklists

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History

CC	Dx	Hx	#
Abdominal pain	Ruptured colonic Ca	Abdominal pain + constipation	6
	Intestinal obstruction	55 yo male pt, with abdominal pain	
		45 yo male admitted via ER due to abdominal pain for 12 hr duration	
Bleeding PR		70 yo male	5
		+ Constipation	
		Acute/Chronic	
Obstructive Jaundice			3
Hematemesis			2
Nipple discharge		Rt nipple discharge and mass in the UIQ of the breast	2
Male Breast Mass		70 yo male with breast painful mass and a hx of CKD	1
Leg pain		45 yo male Right leg pain in calf region like cramps for 8 months	2
Vomiting	Gastric Ca	57 yo male + Abdominal pain	1
Mandibular pain			1
Crying Baby	Intussusception	Constipated for 12 hours + current jelly stool	1

History – Bleeding Per Rectum

Questions	Answers
Introduction, consent, privacy and position	
Chief complain, duration	
Characters of bleeding PR (you have to ask for each)	
Color	Old dark blood not fresh
Mixed with stool or not	Mixed not separated
Amount	3 Cups
Previous episodes	Once 2 months ago
Clots	No
Melena	No
Hematemesis or coffee ground vomiting	No
Anal pain	No
Tenesmus	No
Anal lumps	No
Shape & Caliber of feces	
Constitutional Sx	No
Change in bowel habits	Constipation but no diarrhea
Abdominal pain	No
Jaundice	No
Dizziness or LOC	No
Drug usage (Anti-coagulants)	Takes aspirin, no warfarin
Mention 3 DDx	Colonic tumor, diverticular disease, angiodysplasia, anorectal condition
3 Diagnostic tests to locate the bleeding	CT angio, Angio, Radio isotope scan, colonoscopy

History – Dysphagia

a 57 year old female patient complaining of difficulty swallowing.
Take a relevant history.

Questions	Answers
Proper introduction.	
Solid, fluids or both.	Both
Onset and duration.	
Pain on swallowing.	No
Progression.	Progressive
Indigestion, heart burn, abdominal pain.	Positive GI Sx
Early satiety.	No
Fever, weight loss, anorexia.	Positive Constitutional Sx
Hoarseness of voice.	No
Chest pain, cough, wheezes.	No
Limbs Discoloration, skin tightness.	No
Fatigue, ptosis, diplopia.	No
Past medical.	GERD
Surgical Hx	Free
Drug history.	Free
Social history: smoking and alcohol.	Smoker 2 packs a day for 25 years, Drinker
Family history of any illness.	DM & HTN
Mention 3 DDx	Esophageal Ca Achalasia GERD Hiatal Hernia
Mention 2 investigations to do	Endoscopy Barium swallow CT, MRI, Esophageal Manometry 24 hour pH monitoring CBC

History - Abdominal Pain

45 yo male admitted via ER due to abdominal pain for 12 hours duration

Question	Answer
S ite	Central
O nset	Gradual
C haracter	Colicky
R adiation	No radiation
A ssociated Sx	Mentioned below
T iming	The pain comes as attacks, with pain free interval now the attacks became more and pain free interval shorter
E xacerbating/Relieving	Did not eat any odd food, try to drink herbal tea but not improved
S everity	Intensity of pain became more in the last 8-12 hours Severity 7-8
Ask about vomiting	4 times , first two food contents then became yellow green in color
Ask about abdominal distension & defecation	Abdominal distention with no pass of stool or flatus
Ask about feeling of thirst	Patient feels thirsty
Ask about urine color	Urine become dark
Ask about Micturition	Less frequent go to toilet
Medical Hx	2 times of hospital admission for the same complaint without surgical intervention
Medications	Free
Surgical Hx	Hx of laparotomy 5 y ago due to perforated appendix
Family Hx	Free
Social Hx	Smoking 1. Pack a day
Main DDX	Adhesive Small Intestinal Obstruction
Name 2 Labs	CBC, KFT, Electrolytes
Radiological order	Erect & Supine X-Ray

History - Abdominal Pain

55 yo male admitted via ER due to abdominal pain

Question	Answer
Site	Central
Onset	Sudden
Character	Colicky
Radiation	No radiation
Associated Sx	Mentioned below
Timing	Pain now is diffuse and dull
Exacerbating/Relieving	Aggravated by food, relived by vomiting
Severity	10/10
Previous episodes	No previous episodes
Ask about vomiting	Gastric vomiting then biliary
Ask about abdominal distension & defecation	Abdominal distention with no pass of stool only gasses
Ask about Nausea	Positive
Ask about anorexia	Positive
Ask about fever, chills	Positive
Systemic Review	Free
Medical Hx	Free
Medications	Free
Surgical Hx	Hx of laparotomy 40 y ago due to perforated appendix
Family Hx	Free
Social Hx	Free
Most likely Dx	
	Intestinal Obstruction
Name 3 causes	
	Adhesions, Strangulation, Perforation
Imaging diagnostic tests	
	AXR, CT
Mx	
	Conservative v.s laparotomy

History – Gastric Outlet Obstruction

58 yo male complaining of vomiting for the last 3 days

Question	Answer
Nature of the vomit	Undigested food
Color	No yellow discoloration
In relation to meals	1 hour after each meal
Anorexia	Present for the last week
Bloating & Indigestion	Present for the last week
Abdominal distension	Present in the epigastric area
Weight Loss	Yes I lost significant amount in the last 6 months
Hematemesis	No
Previous abdominal pain	I had a vague epigastric pain for the last 4 months
Previous attacks	No
Hx of diagnosed PUD	No
Past Medical Hx	Free
Past Surgical Hx	Free
Medications	Free
Family Hx	Father died of gastric cancer
Social Hx	Smoker, non-drinker
Give 3 possible DDx	Gastric Cancer, Foreign body in the esophagus, GERD
Give 2 diagnostic investigations	Abdominal X-Ray, CT
What is your initial Mx plan for acute condition	gastric decompression by NG tube and suction and prevent aspiration

History – Obstructive Jaundice

53 yo male complaining of yellow discoloration of 2 w duration

Question	Answer
Introduction: Permission, Privacy, Position	
CC and duration	Yellow discoloration of eye for 2 w
HOPI	
“each point must be said”	
Urine color	Dark
Stool color	Pale
Itching	Present
Nausea / Vomiting	Nausea but no vomiting
Change in bowel habits	Loose stool
Weight loss	8 kg in 1 month
Loss of appetite	Present
Abdominal Pain	No
Fever & Chills	No
Abdominal Distension	No
Contact with sick patients	No
Recent blood transfusions	No
No Hx of drug abuse or injection	No
Surgical Hx	Lap chole for GS
Social Hx	Drinks alcohol 3 units per day Non-smoker No recent travel
“must ask for each point”	
Mention 3 DDX	Peri-ampullary tumors, CBD stricture, CBD stones
Mention 2 blood tests to confirm the Dx	ALT, AST, ALP, Bilirubin, GGT
Mention 2 imaging diagnostic tests	Abdominal US, CT scan, MRCP

History – Leg Pain

45 yo male Right leg pain in calf region like cramps for 8 months

Question	Answer
Site	Right leg in the calf region
Onset	Gradual
Character	Cramping
Radiation	No radiation
Associated Sx	Mentioned below
Timing	Claudication
Exacerbating/Relieving	exacerbated by walking after 100 m and relieved by few minutes after stopping “Claudication” not relieved by laying down or elevate the leg
Severity	-
Occupation	delivery man
Effect on life	my hoppy is playing football Now I can't work or run
Ask about MI/Angina	history of MI last year with catheterization and stent
Ask about Stroke	No
Ask About HTN/DM	newly diagnoses with HTN and DM
Ask about Hyperlipidemia	No
Drug Hx	Drug history for DM, HTN, angina and aspirin
Surgical Hx	No previous surgery in the leg
Social Hx	Smoking 4 packet/day and shisha
What is the Sx mentioned by the patient (exacerbated by walking, relived by stopping)	Intermittent claudication, caused by atherosclerosis in the artery
DDx for intermittent claudication	PVD most likely, arterial (not venous)
Specific PE to do	pulses, AB index, burger
2 imaging modalities	Doppler US, CT Angio
Advise the patient	1) Diet: low fat diet 2) Induce exercise 3) Medications: Dm, HTN, Antiplatelet 4) Stop smoking
If the pt not improved and came again after 4 months what will you do	Surgery : angioplasty

History – Nipple Discharge

52 yo female, divorced, housewife and smoker. Presented to the clinic complaining of right nipple discharge & mass in the upper inner quadrant of the breast.

Question	Points	
Duration	Nipple Discharge for 1 month	
Discharge Analysis	Bloody, Amount	Bloody, small amount
	Previous episodes	No
	Spontaneous or not	Non-spontaneous
	Uni/bilateral	Unilateral
Nipple	Pain, Inversion, Retraction	No
Areola	surrounding skin changes	No thickening/changes
Mass Analysis	Palpable/not	Self-palpable
	Onset, how discovered	Accidentally during showering
	Duration	4 month duration
	Location, size	Upper inner breast, olive size
	Painful/not	Painless
	Changeable/not	Minimal increase in size
	Other masses	No
	Skin changes or dimpling	No
	Contralateral breast	No
Previous breast or radio	No previous clinical breast exam or radiologic examination,	
Previous Mammogram	Never done before	
Gyne Hx	Menarche	At 13
	Menses	Regular cycles
	Menopause	At 49
Marriage Hx	Marriage	At 29
	Pregnancy	1 st pregnancy at 31
	children	3 children
	lactation	Never
	Ovarian cancer Hx	Grandmother died from it at 65
	Breast cancer Hx	Mother alive with bilateral breast cancer at age 55
Medications	OCPs, HRT	No
METS Hx	Weight loss, bone pain, jaundice	No
Social Hx	Smoker (1 pack/day for 20 years), non-alcoholic	
Mention 2 DDx	Mastoiditis, Breast Ca	
Mention 2 things for Dx	Mammogram, MRI, Hormonal level	

History – Nipple Discharge

70 yo male with breast painful mass and a history of CKD, take a relevant Hx

Question	Points
Duration	Nipple Discharge for 1 month
Discharge Analysis	Bloody, Amount
	Previous episodes
	Spontaneous or not
	Uni/bilateral
Nipple	Pain, Inversion, Retraction
Areola	surrounding skin changes
Ask about the pain	SOCRATES!!!
Progression	
Mass Analysis	Palpable/not
	Onset, how discovered
	Duration
	Location, size
	Painful/not
	Changeable/not
	Other masses
	Skin changes or dimpling
	Contralateral breast
Previous breast or radio	No previous clinical breast exam or radiologic examination,
Previous Mammogram	Never done before
Ask about Fever	
Hx of Trauma	
Malignancy Sx / METS	
FHx	
Medical Hx	
Surgical Hx	
Medications	Anticoagulants
Social Hx	
Mention 3 DDX	Mastoiditis, Breast Ca, Inflammatory breast cancer, Abscess, Hematoma
Mention 2 things for Dx	US, Mammogram, MRI, FNA/Core biopsy

History – Mandibular Pain

65 yo male patient retired, complaining of one year history of recurrent attacks of right sub-mandibular pain during eating especially sour food, pain is accompanied with swelling

Questions	Answers
Introduction, consent, privacy and position	
Chief complain, duration	
Site	Right sub-mandibular
Onset	Gradual
Character	Dull aching pain
Radiation	Tongue & Right Ear
Associated Sx	Swelling and bad taste discharge
Timing	Peri-feeding period
Exacerbating & Reliving factors	Exacerbating: eating sour food mainly, Reliving: spontaneous 3 hr after eating and by massaging the area
Severity	7/10 stop him from eating
Progression of pain	Worse and more frequent
Xerostoma	No
Dry Eyes	No
Arthritis	No
Fever, Sweating, Hemoptysis, Weight loss	No
Ill fitting denture Hx	No
Past Medical Hx	No DM or TB
Past Drug Hx	No current medications
Past Surgical Hx	Free
FHx	Free
Social Hx	Smoker, non-alcoholic
Most likely Dx	Sialadenitis (infection of the salivary glands)

Physical

Exam	Dx	Hx	Repetition
Thyroid Exam	Thyroiditis	Pain in the neck	7
Lower limb arterial exam	Acute lower limb ischemia	Pain, numbness, no pulsations and ulcer	7
	Critical lower limb ischemia	45 yo male Right leg pain in calf region like cramps for 8 months	
Lower Limb Exam		Mostly pt with ulcer	4
Signs of chronic liver failure		A patient with hematemesis 3 times last month (due to esophageal varices)	3
LN Above Umbilicus Exam			1
Abdominal Exam			1
Organomegally			1

Physical Exam – Abdominal Exam

a 22 year old female complaining of RIF pain. Please examine her.

Steps

Proper introduction, introduce yourself, permission

Exposure, position

Inspection

Foot of the bed	General observation of the patient, Vital Signs
	Normal contour, Central inverted umbilicus, Moves with respiration, Symmetrical with no bulging
Right side	Scars, dilated veins, skin lesions, change in color, normal male/female hair distribution
	Inspect for hernia orifices / cough reflex
Palpation	Ask the patient if there is any pain
	Keep eye contact with the patient
	Superficial & Deep palpations
	Organomegaly: Liver, spleen, kidney, liver span
Percussion	Palpate hernia orifices
	General Percussion
	Transmitted thrills
Auscultation	Shifting dullness
	Bowel sounds
	Renal arteries, Common iliac arteries, common femoral
	Abdominal aorta
Special tests	Liver (liver hum – friction sound), Spleen (friction sound)
	Rovsing's sign
	Rebound tenderness
LN Exam	Obturator and psoas signs
	Examination of regional lymph nodes.
DRE	Digital Rectal Examination

Q1: mention 2 possible causes of this patient's pain.

Appendicitis, Diverticulitis, Abscess, Ureteric colic (stones), salpingitis, Ovarian torsion, Ectopic pregnancy.

Q2: mention 2 investigations you want to do.

CBC, US, B-hCG, CT scan, Urinalysis, stool for occult blood.

Physical Exam – Abdominal Exam

Do a focused examination (percussion, palpation)
for organomegally

Steps

Introduce your self

hand hygiene

privacy

Exposure

Ask if the patient complain of any pain

Liver	Start from RIF Flat hand on the abdomen, parallel to the costal margin
	Look to patient eyes
	Ask patient to take deep breath
	Liver span
Spleen	Start from right iliac fossa
	Ask patient to take deep breath
	Catch the left rib cage
	Ask patient to turn to the right side and feel it again
Kidney	Put the left hand below the loin Put the right hand on the abdomen “Ballottement test”
	Ask the patient to Take deep breath
Name 2 Causes of Splenomegaly	Lymphoma, Leukemia, Hemolytic Anemia (Spherocytosis, G6PD), Infections

Physical Exam – Chronic Liver Disease

60 yo male. Came with hematemesis 3 times in the last month.
 Other: Examine a patient with a bleeding due esophageal varices

Steps

Introduce yourself, permission, privacy, position, exposure

Mental Status	Awake, Drowzy, Comatosed
Face	Jaundice
	Oral Foeter
Hand	Palmar Erythema, Dupuytren's contracture
	Finger clubbing
	Leuconychia
	Flapping tremor (asterixis)
Chest	Spider nevi (upper chest, face, upper limb)
	Gynecomastia
Abdomen	Dilated superficial abdominal veins
	Abdominal distension (Ascites)
	Examination of the liver (palpate, span)
	Examination of the spleen
	Testicular Atrophy
Other	Peripheral Edema
	Bruising
	Hair distribution (feminizing hair distribution)
Mention 3 lab investigation for child's score	Bilirubin Albumin INR
Mention 3 complications of chronic liver disease	HCC / Spontaneous bacterial peritonitis Hepatorenal syndrome / Encephalopathy Variceal bleeding / Ascites

Physical Exam – Thyroid Exam

Steps

Proper introduction.

General inspection	Body build, Anxiousness, Sweaty, Shivering
Hand Examination	Pulse Rate & Rhythm
	Tremor
	Skin
Face Examination	Wasting Of Muscles
	Hair Loss
Eye Examination	Exophthalmos
	Lid Lag
	Lid Retraction
	Chemosis
	Ophthalmoplegia
Neck Inspection	Swelling Site, Size & Shape
	Scars
	Dilated Veins
	Skin Color
	Pulsatile
	Ask Patient To Swallow & Protrude Her Tongue
Palpation	Start From Anterior (Tenderness, Consistency)
	From Behind (Right & Left Lobes, Isthmus, Single/Multiple)
	Cervical Lymph Nodes
	Tracheal Deviation
	Percussion At The Sternum & Auscultation
	Offer To Do DTR, Lower Limb Exam For Pretibial Myxedema
Give DDX	Multinodular goiter, thyroid carcinoma, Thyroiditis
Relevant tests	Lab tests (TSH, T3, T4), FNA, Imaging (US)

Physical Exam – Lower Limb

Steps

Introduce yourself, permission, privacy, position, exposure

General	Body build, comfortable, pallor
	Exposure of both lower limbs
Inspection “must mention them all”	Site, size, shape, edge, margin
	Floor, base, discharge
	Hair distribution, shiny skin
	Muscle wasting, swelling
	Discoloration, varicosities, guttering of veins
	Amputations, nails, between the toes
Palpation	Temperature
	Tenderness
	Capillary refill
	Pulses: DP, PT, Popliteal, Femoral
Special tests	Burgers Angle
	ABI
Mention 2 labs	HBA1C, FBS, CBC, KFT
Mention 2 imaging	US Doppler, Angiography, CT Angio
Mx plan	Control sugar, local wound care Assess vascularity, antibiotics

Physical Exam – Arterial Leg Exam

45 yo male Right leg pain in calf region like cramps for 8 months

Steps

Introduce your self

hand hygiene

privacy

Exposure (umbilicus and below)

Inspection	Color
	Shiny skin
	venous guttering
	dilated vein
	thickened nail
	Ulcers
	pigmentation
	Amputation
	inspect between the toe
	hair distribution
	Muscle Wasting
Palpation	Temperature
	Tenderness
	Capillary refill
	Pulses: dorsalis pedis, posterior tibial, popliteal, femoral
Abdomen! - Abdominal aortic aneurysmal exam	
Special Tests	Burger test and explain how to do it
	ABPI "inflate the cuff on ankle and brachial and determine the pulse by either hand or pencil"

The pt has rest pain and multiple ulcers, most likely Dx	"critical" arterial lower limb ischemia Acute ischemia is wrong (most say critical!) <i>6 P's: pain, pulseless, paralysis, pokilothermia, pallor</i>
2 relevant radiological tests	Doppler US, CT Angiography, Angiogram
Mx	Fogarty catheter embolectomy, Thrombolysis
2 causes for arterial ischemia	Emboli, Thrombi

Physical Exam – LN Exam

Examine the lymphatic drainage above the umbilicus

Steps

Introduce yourself, permission, privacy, position, exposure

Ask if there is any painful areas

During the exam name each group of the LN

Head & Neck

Submental, Submandibular,
Tonsillar,
Parotid,
Pre-auricular, Post-auricular,
Superficial cervical, Deep cervical,
Posterior cervical,
Occipital,
Supraclavicular

Axilla

pectoral (anterior),
central (medial),
subscapular (posterior),
humoral (lateral), and apical

You should know the relation of:

A. anterior axillary LN →
posterior to pectoralis major,

B. posterior axillary LN → anterior to
latissimus.

Epitrochlear LN

Examine Liver

Examine Spleen

Examine Para-aortic LN



Best Wishes & Good luck

"Wake up with Determination, Go to sleep with Satisfaction"