

MEDICINE -- GOAL

- Hx – P/Ex – Diff. Diagnosis
-- Ixs –
Diff. Diagnosis – Ixs –
Daagnosis – Rx –
Follow up



A SURGICAL DISORDER TO TREAT REQUIRES

- Technical skill
- Basic science training
- Sympathy and love for patient



A SURGEON MUST BE

- An applied scientist
- An engineer
- An artist
- A minister



SURGERY

- Needs great judgment skills and courage as life or death depends:

on his decisions and technical proficiency



1ST IS HISTORY

All's well that ends well



HISTORY

- Get patients confidence
(Pt Edu. Exposure, etc very imp.)
 - Be gentle
 - Be considerate
- Show sympathetic concern



HISTORY

- Formally structured history
- Avoid
 - Preconceived Ideas
 - Snap judgments
 - Hasty conclusions
- Get the most important symptoms



HISTORY

- Language
- Confidence




HISTORY

Confidence is the bridge to the future



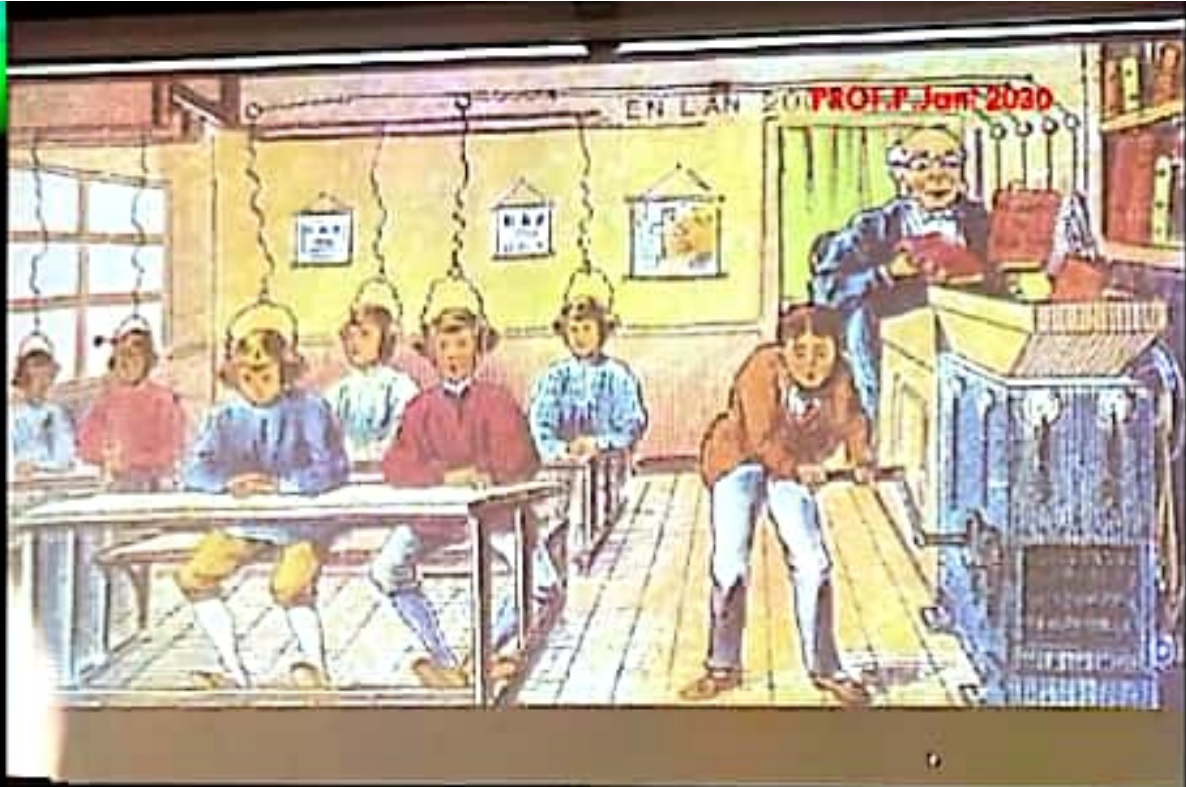
FUTURE

- YOU are the Future of Surgery
- Humans are diff from other living things because they can
IMAGINE of BETTER in the future and work to make that happen
- The BRIDGE to the Future
- Confidence
- ADVERSITY
- Anxiety



JOHN F. KENNEDY

- Imagined to put a man on the Moon May 1964 in 10 yrs
- No Technology, equipment etc was present in 1964
- In 1969 – Amstrong landed on the moon.





HISTORY

- 1. Gen Info of Pt: Name, age, sex, Occupation, Geographic location
- 2. Chief Complaints AND DURATION
- 3. HPI: ALWAYS starts with "The pt. was well ?? Days ago"
- 4. Systemic Enquiry
- 5. PMHx: Adms., Opns., Chr Diseases (DM., HT., Asthma)
- 6. FHx & Social Hx
- 7. Drug Hx and allergies
- 8. ODQ

PAIN

- Most important feature

- Onset

- Explosive – (In SECONDS) – Perf. D.I., Ruptured Aortic Aneurysm
- Acute / Rapid (In MINUTES) – Ac. Cholecystitis, Ac. Pancreatitis
- Gradual (In HOURS) – Ac. Appendicitis

- Location

Radiation, Migration, Referred

- Progression
- Severity – relief with medication
- Character: Constant / Colicky
- Nature : Burning, Piercing, Crushing etc
- Relieving and aggravating factors

- .



PAIN

- Visceral – Poorly localised (Dull), Gradual onset, slow progression and longer lasting

- Parietal Pain – Well Localised (sharp) Rapid onset and severe in short time

CLASSIC PATTERNS OF PAIN

- Pain of Renal colic- LoIn to Groin
 - Pain of Biliary colic – Round flank to tip of scapula
 - Ileal colic of obstruction, Migratory pain of App. Etc etc.
 - Limp & then pain of Claudication
 - Very severe pain due to:
 - Infection
 - Inflammation
 - vascular
- } restricts all movements

HX OF UPPER GI

- Pain
- Nausea
- Vomiting
- Heartburn
- Dysphagia
- Appetite
- WT.

HX OF LOWER GI

- Pain
- Proplase
- Pruritus
- Haematochesia
- Discharge
- Alt of Bowel Habits – Normal & Change
- Tenesmus
- Appetite
- Wt

ADDITIONAL HISTORY

- Alteration of Bowel Habits
 - Normal habit
 - Change
- Hemetemesis / Haematochesia
 - Can assist with diagnosis

TRAUMA

- Position of patient
- Consciousness Lost ?
- Amnesia = Cerebral damage
- → Gun shot, stab wounds – details imp.
- ? Pre existing epilepsy, diabetes, hypoglycemia

FAMILY HISTORY IMPORTANT IN

- Colonic polyps
- Diabetes
- Cancer
- Chronic pancreatitis



PAST MEDICAL HISTORY

- People who are well are almost never sick
- People who are sick are almost never well



HX TAKING

- In pairs/groups
 - Refine history in groups
 - Present in rounds



FIRST CONTACT

- SHOW
- AMPHATHY
- PERSONAL INTEREST
- UNDERSTANDING

PAST MEDICAL HISTORY

- PEOPLE WHO ARE WELL ARE ALMOST NEVER SICK
- PEOPLE WHO ARE SICK ARE ALMOST NEVER WELL
- PAST HISTORY OF ADMISSIONS
- PAST HISTORY OF OPERATIONS
- CHR. ILLNESSES; D.M., ASTHMA, H.T.

PHYSICAL EXAMINATION

- Make patient comfortable
- Complete exam – with P/R etc
- Routine steps – Gen Exam first
- Inspection palpation percussive, auscultation
- Compare 2 sides
- Ophthalmoscopy/ Sigmoidoscopy for complete physical exam
- Physical exam in an emergency difficult

PHYSICAL EXAMINATION

- PRACTICE MAKES PERFECT.
- COMPLETE PHYSICAL EXAMINATION IN SAME SEQUENCE
 - I. GENERAL EXAMINATION
 - II. SYSTEMIC EXAMINATION
 - INSPECTION
 - PALPATION
 - PERCUSSION
 - AUSCULTATION
- COMPARE 2 SIDES OF THE BODY

PHYSICAL EXAMINATION

- Gen Exam.
- P/A
- Resp. System
- CVS
- CNS
- Musculo Skeletal
- ETC.

ORIFICES

- ORAL
- EARS
- P/R
- P/V
- [EYES]



Ix

1.Lab investigation

2.Radiology

3.Others

- **Diagnostic Laparoscopy**

INVESTIGATIONS

- POOR PRACTICE TO INSIST ON UNNECESSARY
- THOROUGHNESS AS IT, IS TO OVERLOOK PROCEDURES THAT MAY CLINCH THE DIAGNOSIS

INVESTIGATIONS

- **FOR XRAYS –
ADEQUATE CLINICAL
INFORMATION TO BE
INCLUDED ON FORM &
POSSIBLE DIAGNOSIS
INDICATED**



LEARNING

- History taking (must know the basic conditions)
(AND Link the COMMON features of a disease with the Hx findings)
- Physical examination (Must know what you are looking for)

PHYSICIAN KNOW THYSELF

