INTRODUCTION TO THE SURGICAL PATIENT

BY DR. ELLY NYAIM OPOT

INTRODUCTION

- A surgical patient in this context refers to an individual who has a condition that requires surgical intervention.

- It is important to evaluate the patient properly to ensure the most optimum outcomes from the intervention.

- The approach involves:
  - Clinical assessment/clerkship
  - Investigations
  - Interventions
  - Immediate follow-up
  - Long term follow up

HISTORY

- A complete history must be taken and includes:
  - Presenting complaints
  - History of Presenting Complaints
  - Family & Social history
  - Past medical history
  - Systemic enquiry

PHYSICAL EXAMINATION

- General examination
- Systemic examination

- Examination must be carried out in a logical sequence and involves:
  - Inspection
  - Palpation
  - Percussion
  - Auscultation

CONT.

- At the end of the clinical evaluation come up with differential and working diagnoses

- Investigations are mapped out based on the diagnoses.

- Investigations should not be listed just because they are available. They should be justified and cost-effective.

INVESTIGATIONS

- General
  - Should be done for all the patients and are aimed at assessing the physiological fitness of the patients. These include:
    - Full hemogram/TBC
    - Haemoglobin
    - Platelet count
    - RBCs
    - WBC count
    - U/E/Cs (Renal Function Tests)
    - LFTs – especially for patients with jaundice or a history of liver disease
    - CXRs – for the elderly and those with a history suggestive of respiratory diseases
    - Assessment of the heart function for the elderly and patient with a history suggestive of cardiac disease.
    - Culture and sensitivity tests where there are wounds or features of UTI, GIT infections
    - Tissue diagnosis (Cytology, histology) where there are masses/tumors, discharges

CONT.

- Specific
  - Are done for patients depending on the history and physical examination findings. These include:
    - TFTs
    - Blood sugar
    - Various specialized imaging studies e.g. CT scans, MRI, MRA

- At the end of the clinical assessment the clinician will have a definite diagnosis
- Planning for the next intervention follows:

INTERVENTION

- Can be:
  - Surgery alone
  - Combination
  - Follow up
- Intervention before surgery is referred to as **neo-adjuvant**. Intervention after surgery is referred to as **adjuvant therapy**.

CONT.

- Whatever planned intervention the following must be considered:
  - Diagnosis
  - Available options
  - Educating the patient and relatives
  - Obtaining consent for the planned procedures
  - Carrying out the procedure as planned
  - Immediate post-procedure management e.g. post-operative management post discharge follow – up which may include rehabilitation where appropriate. Ensure the patient has fitted back into the society post-operatively.

END

TYPED BY DR. NAILA KAMADI