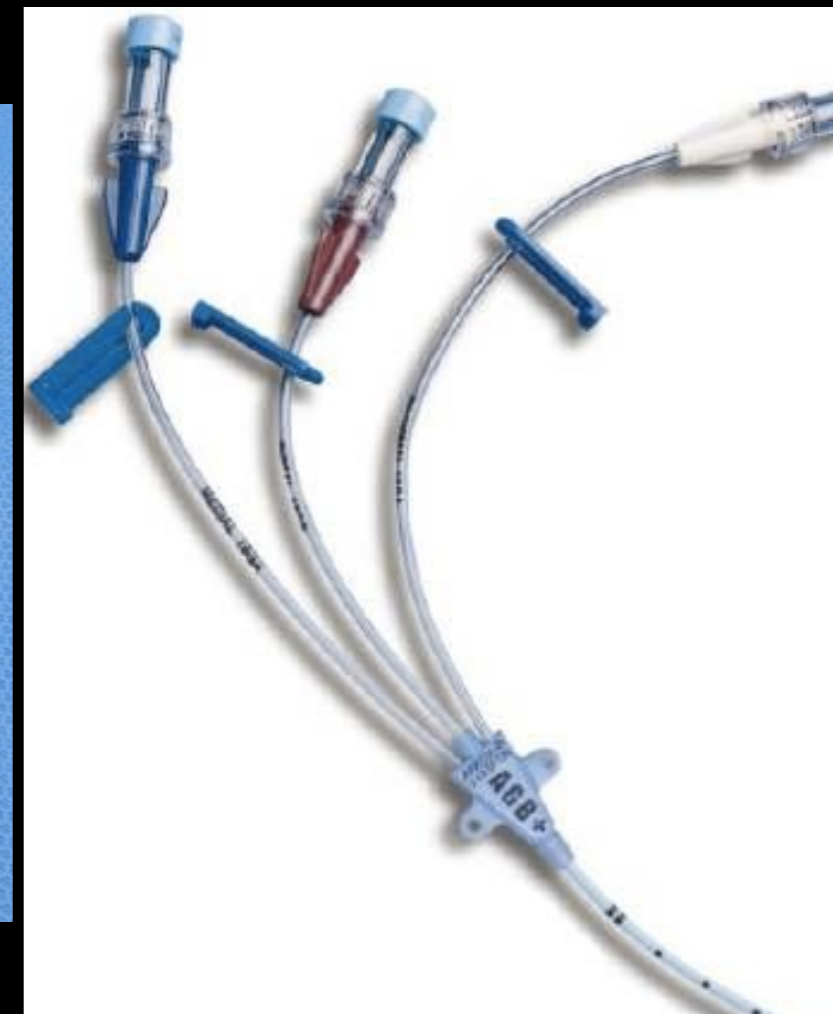


OSCEs

(Specials)

Anaesthesia

- Identify
- Name all the parts of an ET tube
- What is the dosage of lidocaine with & without lidocaine
- Complications of spinal anaesthesia
- Classify L.A.s (2 e.g. of each), antidote to L.A. toxicity, 4 other ways L.A. can be administered
- Layers passed during spinal anaesthesia



ENT



UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
SCHOOL OF MEDICINE
DEPARTMENT OF SURGERY

OSCE - ENT CLINICAL MANAGEMENT STATION

This patient presented to the Casualty department 3 days ago with 1 year history of hoarseness of the voice, stridor and progressive difficulty in breathing

Q1 Name and define the procedure performed to relieve the airway obstruction. (5 m)

Q2 Name different types of tracheostomy tubes. (5 marks)

Q3 Name the 5 main indications for the surgical procedure giving examples (10 marks)?

Q4 What is the post-operative care for the patient (10 marks)

Q5 What are the possible complications that may arise from the surgery. (20 marks)

Tracheostomy - surgical opening through the ant. neck into trachea. tube with adjustable flange, tube with suction side, tube with speaking valve.

- Types of tracheostomy tubes: cuffed/uncuffed, single/double lumen.
- Indications
- 1 Bypass an upper airway obstruction
 - 2 Prolonged ventilatory support
 - 3 Tracheobronchial toiletting
 - 4 Prevent aspiration (in coma, neurological dx e.g. GBS)
 - 5 As part of another procedure before doing surgery

Post-op care

- 1 Constant supervision (breathing? tube patency? * 2 fingerbreadths above sternal notch.
- 2 Prevent crusting, humidification, N/S drops, mucolytics
- 3 Tube care - cleaning of inner cannula if double lumen, cuffed tubes to be deflated periodically to prevent pressure necrosis of the trachea (< 15 min every hr), clean outer tube every
- 4 Local dressing to avoid infections.
- 5 Suction

Complications: Immediate (hemorrhage, local injury e.g. RLN, air embolism, apnea esp. in pts with prolonged upper airway obstruction - resp drive, cardiac arrest), Intermediate (blocked, displaced, scab formation, crusts, tracheostenosis, subcutaneous emphysema, pneumothorax); Late (difficult decannulation - tube addiction, TEF, tracheo-cutaneous fistula, subglottic stenosis, tracheomalacia, scar formation)

- How will the patient present = triad of choking, wheezing, & coughing (also fever, signs of resp. distress, stridor)
- Diagnosis x-ray (AP & Lateral)
 - * Audible click as the FB moves up & down, expiratory wheeze)
- Management

Supplement O₂, Prep-up pt; FB in larynx (laryngoscopy), Bronchi (rigid bronchoscopy), if they can cough it up = conservative.

- Complications if untreated

Edema of larynx, resp. tract infections, Bronchointerstitial fibrosis



usually on the R cos
it's wider, more in line with the trachea

- x-ray
- Maybe (N) early / if FB not radiopaque
 - Radiopaque FB
 - Mediastinal shift
 - Pneumothorax

A 42 year old female presents with epistaxis for the last 6hrs. She also complains of dizziness, palpitations and a throbbing headache. She is a known hypertensive on follow up at MOPC on Enalapril 10mg OD and reports good compliance to medication

12:12 PM

a) Which is the most common site where nosebleeds arise from in the anterior nose? (1mark)

12:14 PM

b) Name 4 arteries that anastomose in this region (4marks)

12:15 PM

c) How would you investigate this patient? (2marks)

12:16 PM

d) Name causes of epistaxis (8marks)

12:19 PM

e) What supportive management would you give to this patient?

12:19 PM

f) Name two nasal packing techniques you know (2marks)

12:21 PM

- Little area / Kisselback's (Sphenopalatine & superior labial & greater palatine, ant-ethmoidal)
N.B: Ant. venous bleeds = Retrocanal vein.
Post. venous bleeds = Woodruff plexus.

- Investigations: FBC, Coag profile, GXM, Hred, CT, rhinoscopy

- Causes: ✓ Primary (Idiopathic)
✓ Secondary - systemic vs local

e.g. Juvenile angiofibroma (exchoire in adolescent males), Osler Weber Ranu

- ABC: N/S (3 for every 1 blood lost), firm pressure to nostrils (5-10 mins) upright seated / looking down / breathe through mouth; vasoconstrictor (oximetazoline), anaesthetic (xylocaine)

- Packing ① Anterior
② Posterior (done in theatre)

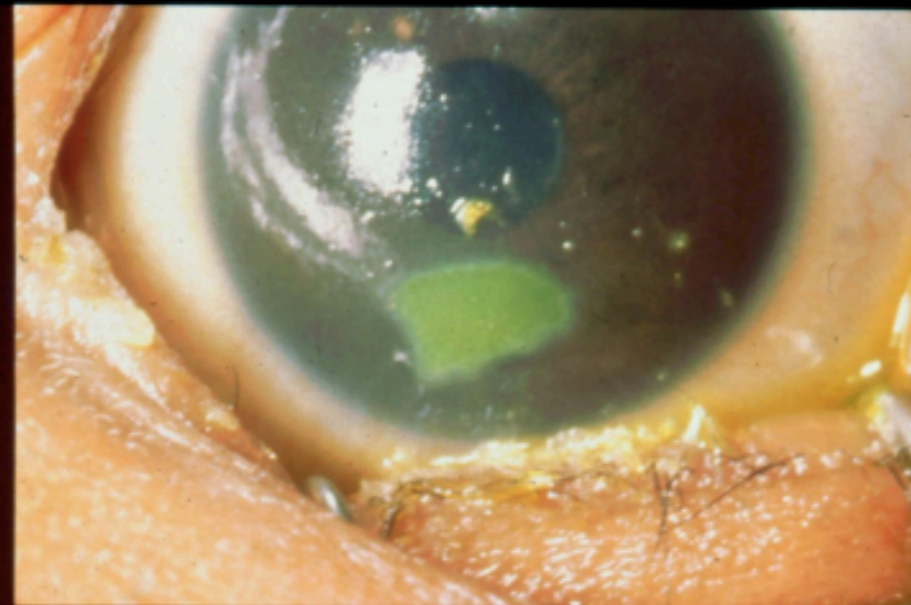
Mgmt: Intermittent high dose vit-A supplementation (200,000 IU STAT @ day 2 & @ 4 weeks)

Ophthalmology ^{1, 2, 4.}

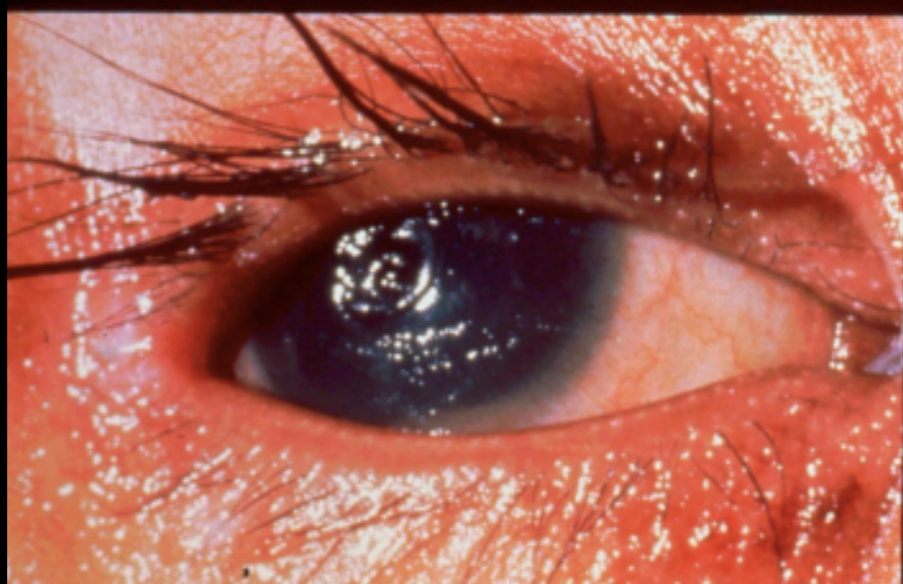
- The following eye signs are related to a single condition:
Name the signs; identify the condition; manage. *Vit. A deficiency*



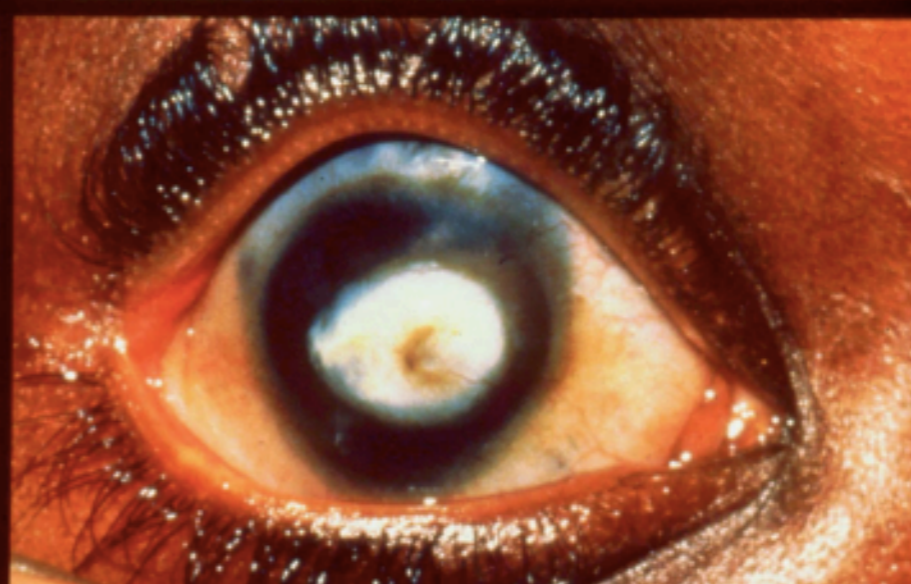
① Bitot spots
(Build-up of
keratin in the
conjunctiva)



② Xerosis



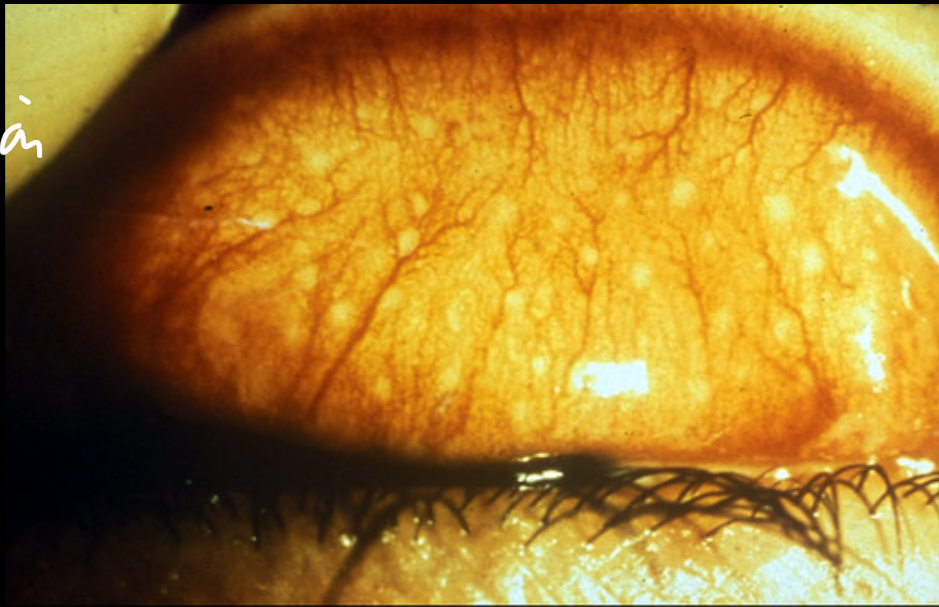
③ Keratomalacia



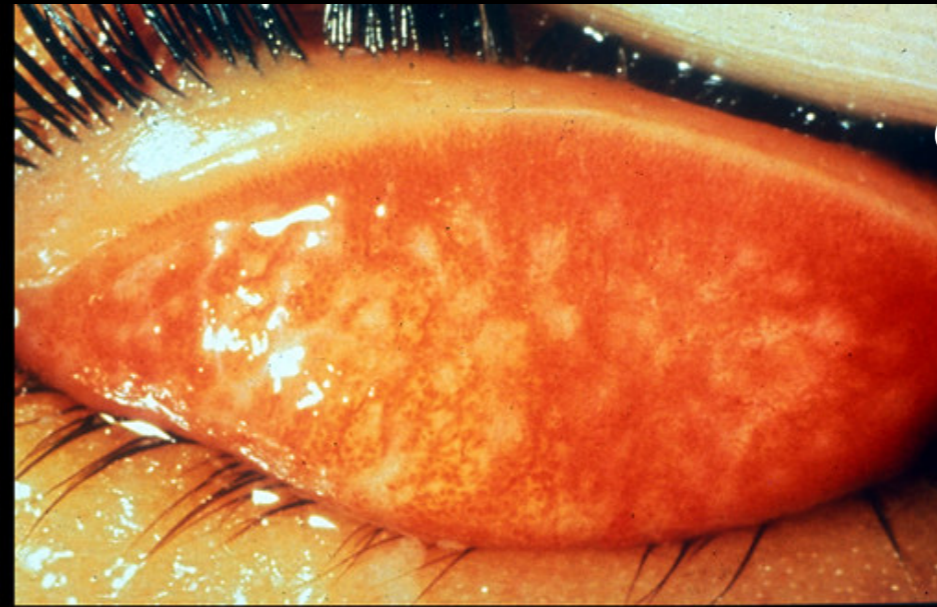
④ Corneal
scarring

- The following eye signs are related to a single condition:
Name the signs; identify the condition; manage. Trachoma
(Chlamydia trachomatis)

① Inflammation



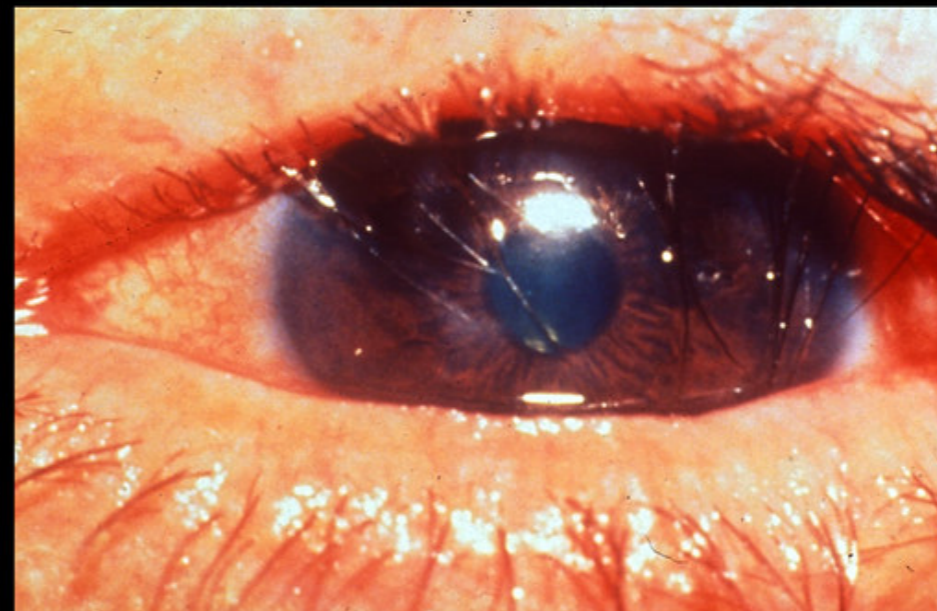
② follicular



(Trachomatous)
③ Scarring



④ Trichiasis



Management: SAFE (Surgical / Antibiotics / Facial hygiene / Education)
↳ Azithromycin, Tetracycline eye ointment

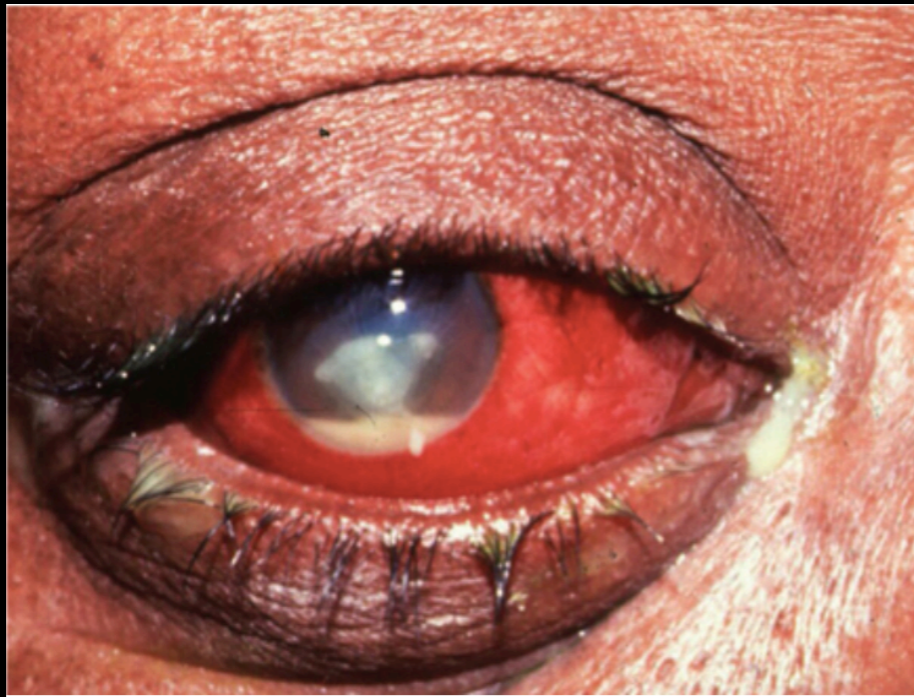
Corneal ulcers

- The following eye signs are related to a single condition (but different aetiologies): Identify the condition; the different signs (+possible causative organism); principles of management.

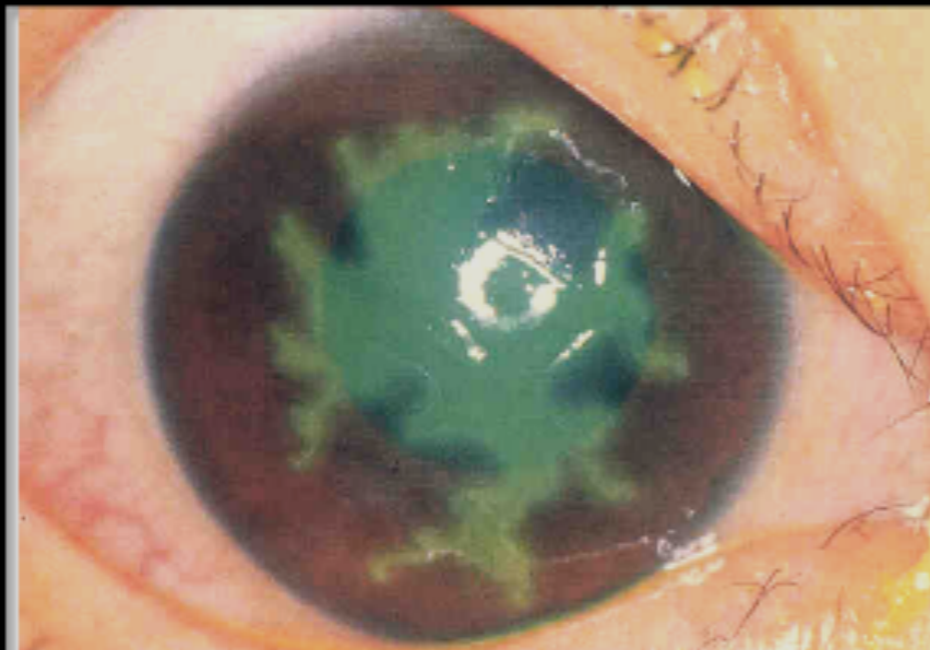
Principles

- ① Do NOT pad/cover
- ② Do NOT give steroids
- ③ Refer
- ④ Swab for M/C/S
- ⑤ Pain = analgesia / cycloplegics
- ⑥ Broad spectrum ab / Acyclovir

Bacterial ulcer



Geographical ulcer = HSV



Hutchinson sign = HHV 3

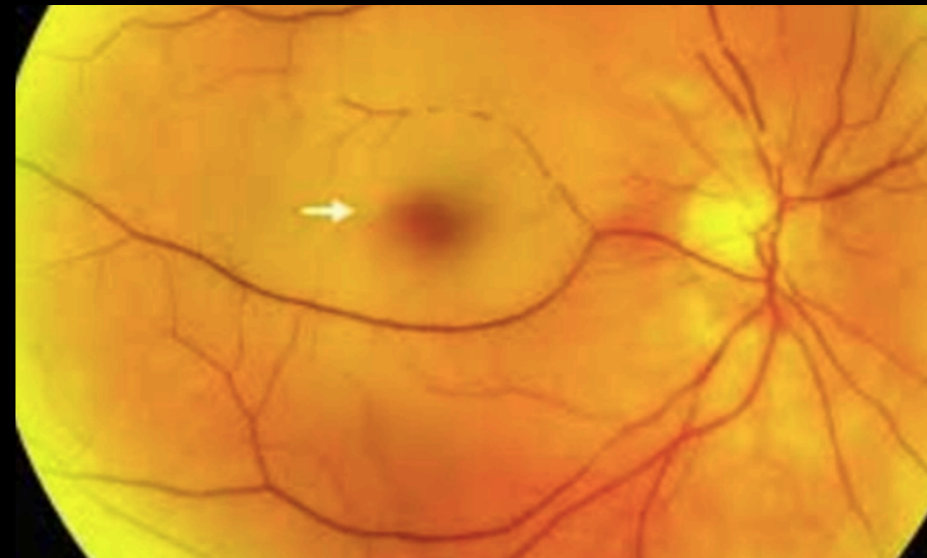
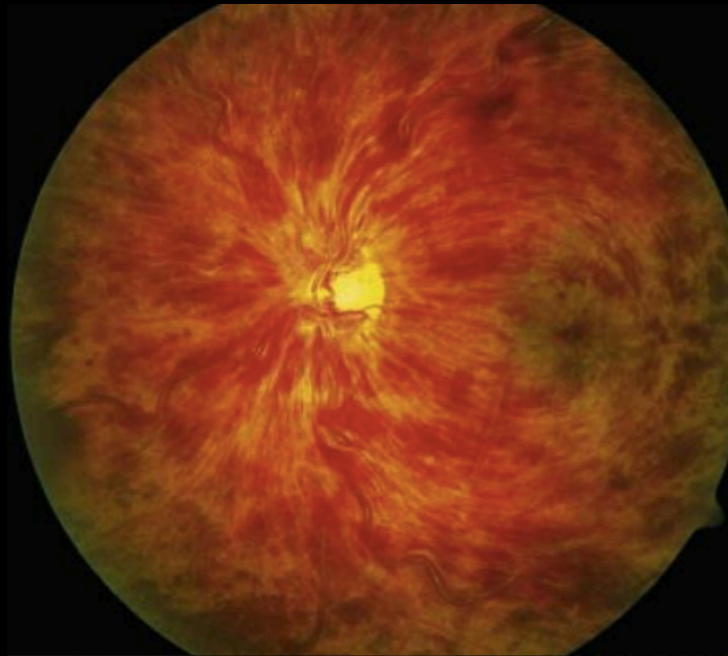
- Describe what you see = Lid edema, hyperemia, chemosis, discharge, epiphora
- Diagnosis = Neonatal conjunctivitis
- Risk factors = Infection of the maternal birth canal by an STI
- Management = M/C/S, PCR, Gonorrhea (Pen G), Chlamydia (Azithromycin), Herpes (Acyclovir)
- Prevention



Non-infectious systemic disease

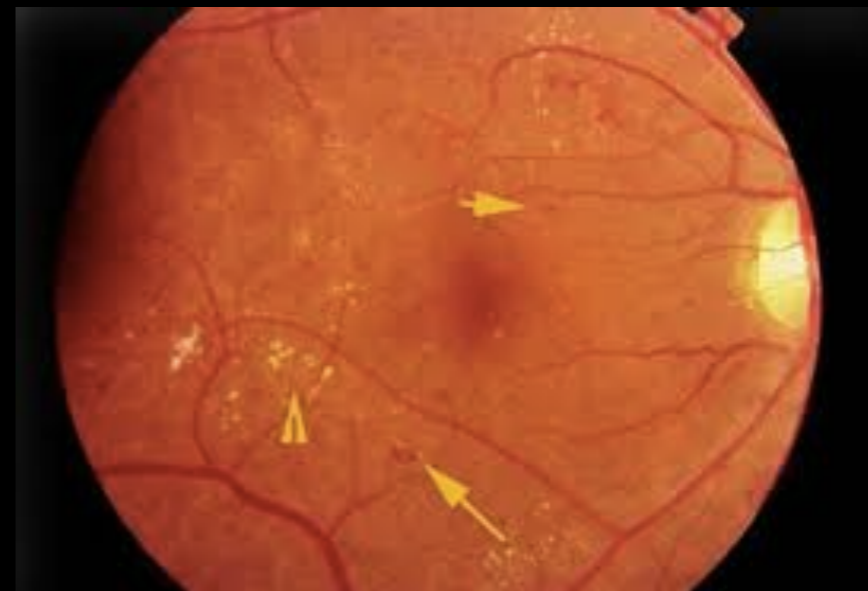
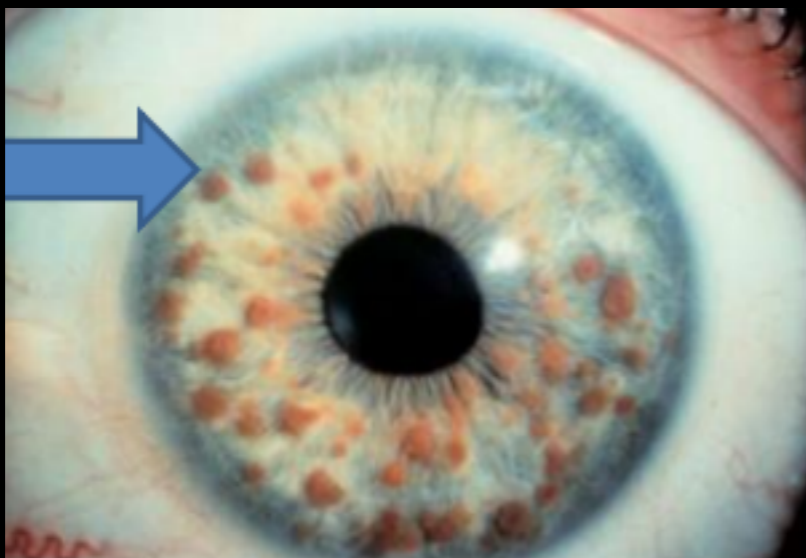
- Spot diagnosis

CRVO



CRAO

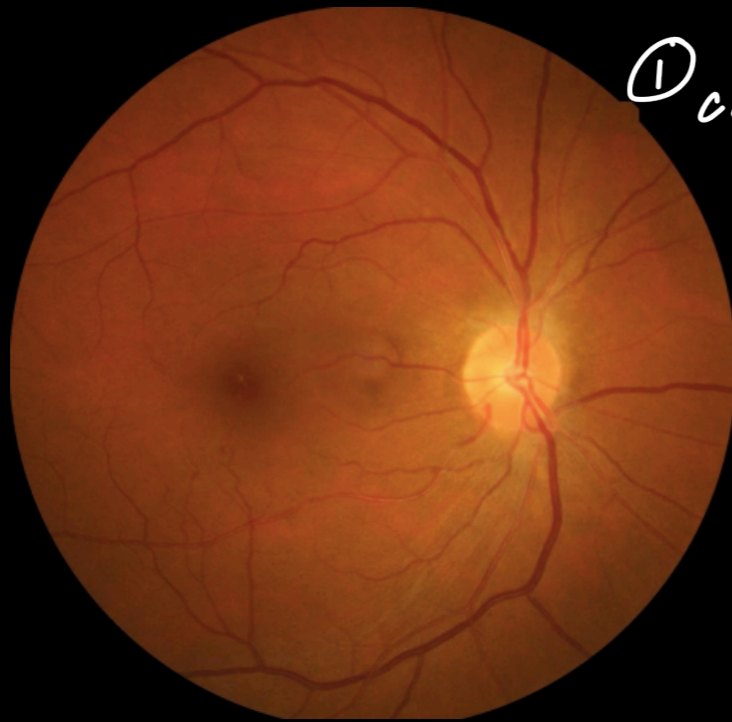
Lisch nodules
(NF)



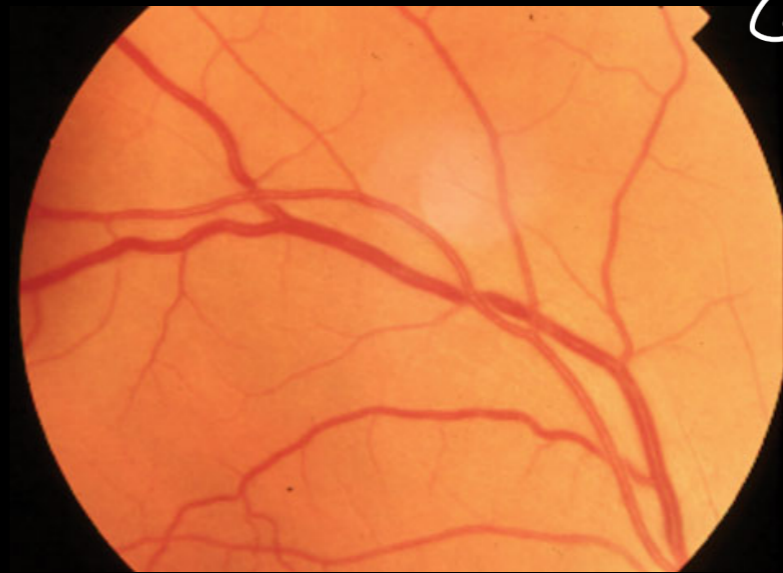
DM
retinopathy

Hypertensive retinopathy

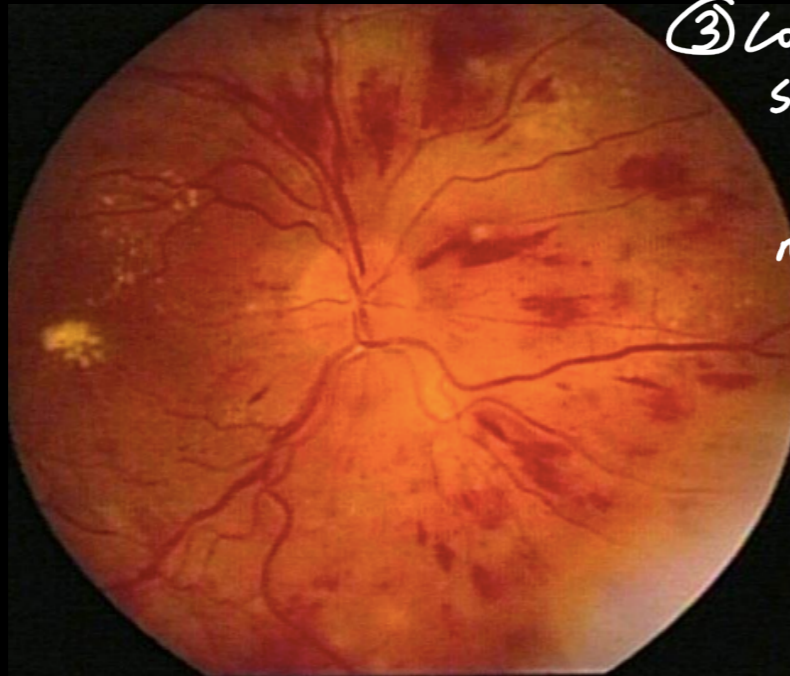
- The following retinal signs are related to a single condition: Identify the condition; stages and the different signs.



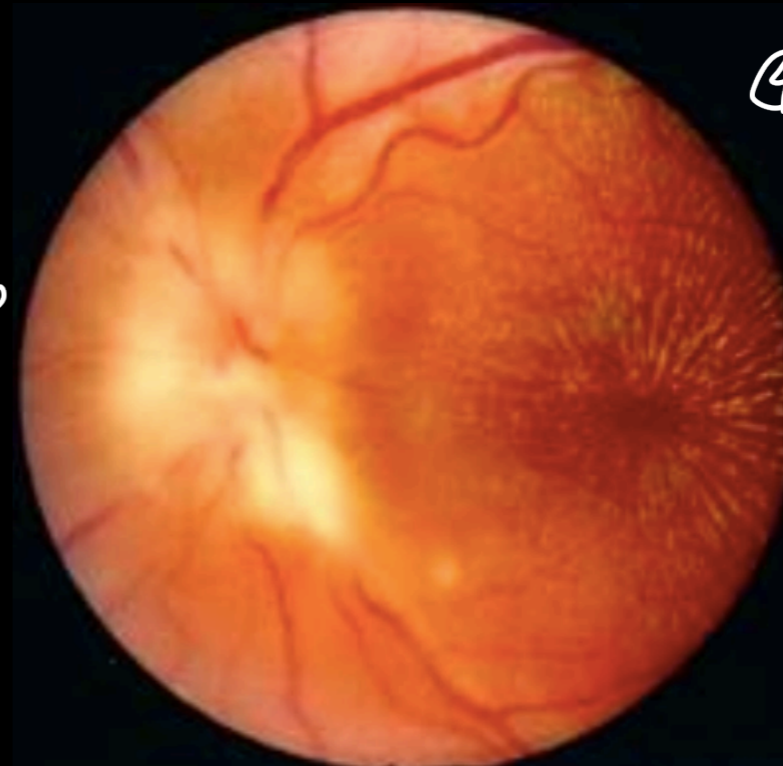
① copper wiring



② AV nicking



③ Cotton wool spots, flame hemorrhages, microaneurysms



④ Papilloedema

- State finding; list 7 differential diagnoses



Leukocoria (PREDICT)

- ① Persistent hyperplastic 1° vitreous
- ② Retinoblastoma
- ③ Endophthalmitis
- ④ Dysplastic retina

- ⑤ Inflammatory cyclitic membrane
- ⑥ Cataracts / Coats' dx
- ⑦ Toxocariasis

Trauma

- Primary & secondary survey (ABCDE)
- Eye shield
- * Tetanus prophylaxis
- Antibiotics (Topical, IV - ceftazolin / gentamicin / chloramphenicol, PO - cipro)
- * Refer to an ophthalmologist

- Management of ocular trauma
- Management of a chemical burn