

MINISTRY OF HEALTH OF UKRAINE
POLTAVA STATE MEDICAL UNIVERSITY
Department general surgery with care of the patient

“APPROVED”
on the meeting of the chair
of the general surgery with care of the patient
head of the chair
professor _____ Ligonenko O.V.
“ _ ” _____ 2021

METHODICAL INSTRUCTIONS
FOR INDEPENDENT WORK OF THE STUDENT
IN TIME FOR PREPARATION TO THE PRACTICAL STUDY
(auditorium work)

Study discipline	Care of the patients (practice)
<i>Module №2</i>	CARE FOR SURGICAL PATIENTS
Lesson theme №5	<i>Surgery, preparing patients for surgery. Care of the patients in the postoperative period.</i>
Course	II
Faculty	Medical, Foreign students training faculty

Poltava 2021

Study discipline	Care of the patients (practice)
Lesson theme №5	Surgery, preparing patients for surgery. Care of the patients in the postoperative period

1. Actuality of the theme:

Often after surgery complications arise that impede the healing process. Therefore, preparation of the patient for surgery involves a series of preventive measures, both general and local, to prevent complications, such as during surgery and in the postoperative period. Surgery and anesthesia lead to certain changes in the body, which are general in nature and is a response to surgical trauma. Proper care of the patient in the postoperative period, the organization of his stay in office, the implementation of the necessary procedures for the handling and care are essential for the prevention of complications and patient outcome. The favorable outcome of the treatment of the patient in the postoperative period is largely dependent not only on the adequacy of the operation, but also on the knowledge and professional skills of middle and junior medical personnel. After mastering the practical skills and professional skills to care for the sick, that survived the procedure is important for all employees of the surgical department.

2. Educational aims:

- Be familiar with the preoperative period.
- Know the classification of surgical interventions, depending on the urgency of their implementation.
 - Know the features of preparation of patients for planned and emergency surgical intervention.
 - To be able to transport the patient to the operating room and out of the operating room.
 - Students should be familiar with the concept of operation, types of surgical interventions.
 - Learn the basic laying the patient on the operating table.
 - Know the definition of post-operative period and its phase.
 - Learn the basic biochemical changes in the body as a result of surgical trauma.
 - To get acquainted with the course of postoperative major complications and their prevention, cure.
- Learn the techniques of artificial feeding of patients in the postoperative period, to learn the basic dietary tables.
 - Be able to conduct a comprehensive prevention of bedsores in bedridden patients, patient care, which has a bedsore.

3. Basic knowledge, skills necessary for studying the topic (inter-disciplinary integration)

The names of the preceding disciplines	Acquired skills
1. Biological and bioorganic chemistry	To be able to assess the concentration of disinfectant solutions. Know the principles of chemical disinfectants and tests for sterility and hidden blood
2. Microbiology	Know the characteristics and conditions of the existence of spore forms of microorganisms and the mechanism of action of different types of disinfectants on microorganisms.
3. Biophysics	Know the types and principles of physical methods of sterilization

The student must have an idea:

- About the medical diets

- About the the characteristics and conditions of the existence of spore forms of microorganisms and the mechanism of action of different types of disinfectants on microorganisms

- On the principles of action of physical methods of sterilization
- On the main biochemical changes in the body as a result of surgical trauma

The student should know:

- Classification of surgical procedures, execution steps.
- preoperative period, its tasks.
- Features of the preparation of patients for planned and urgent operations.
- Preoperative period: skin care patient, rehabilitation of the mouth, the hair shaving, cleansing bowel enema, hygiene underwear and clothing of patients.

- Basic principles of patient care in the postoperative period. Prevention of possible complications.

Patient's nutrition.

The student should be able to:

- prepare patients for planned and urgent operations
- to care for the patient's skin, sanitation of the mouth, the hair shaving, cleansing bowel enema
- to prevent possible complications in the postoperative period

The mastery of the practical skills by students:

- Previous preparation of the surgical field.
- Rehabilitation of the oral cavity prior to surgery.
- Preparation of the gastrointestinal tract in a patient that is in operation.
- Gastric lavage with a thick probe.
- The methodology of the enema.
- Transport the patient in the operating room.
- Bed linen patient.
- Comprehensive prevention of bedsores.
- Caring for a patient with pressure sores.
- The power of seriously ill.
- Feeding a sick with a spoon and feeder cup.
- Feeding the patient through a nasogastric tube with a syringe Janet.

4. Task for self-study in preparation for the lesson.

4.1. The list of basic terms, parameters, characteristics, which the student must learn in preparation for the class:

Term	Definition
Enema	Medical procedure that involve setting the fluid into the colon through the anus
Bedsore	Soft tissue necrosis, which develops as a result of constant pressure on the tissues
Before-operative period	The period of time from the date of hospitalization of the patient in department and before the beginning of his surgery
Surgery	Performing of special mechanical action on tissues and organs for therapeutic or diagnostic purposes.
Postoperative period	The period from the end of the operation to the recovery of the patient or transfer it to a disability.

4.2. Theoretical questions for the class:

1. The concept of the surgery.
2. Classification of surgical procedures, execution steps.
3. Preoperative period, its tasks.
4. Features of preparation of patients for planned and urgent operations.
5. Preoperative period: skin care patient, rehabilitation of the mouth, the hair shaving, cleansing bowel enema, hygiene underwear and clothing of patients.

6. The basic principles of patient care in the postoperative period. Prevention of possible complications. Patient's nutrition.

4.3. Practical activities (tasks) that are used in class:

- Previous preparation of the surgical field.
- Rehabilitation of the oral cavity prior to surgery.
- Preparation of the gastrointestinal tract in a patient that is in operation.
- Gastric lavage with a thick probe.
- The methodology of the enema.
- Transport the patient in the operating room.
- Bed linen patient.
- Comprehensive prevention of bedsores.
- Caring for a patient with pressure sores.
- The power of seriously ill.
- Feeding a sick with a spoon and feeder cup.
- Feeding the patient through a nasogastric tube with a syringe Janet.

5. The content of the topic.

Preoperative period - a period of time from hospital admission to the department and to top it of the surgery. Its duration depends on the nature of the disease (acute or chronic), the amount of future operations on the patient and his body's reserves. The operations are performed in the acute condition, which directly threatens the life of the patient, carried out after the minimum amount of preoperative preparation. In the case of elective surgery preoperative period lasts from a few hours (usually one day) to a few days, at least - of the week and very rarely - weeks.

The main objectives of the preoperative period:

- 1) to establish the diagnosis,
- 2) to determine the indication of the urgency and nature of the operation,
- 3) prepare the patient for surgery.

The main purpose of the preoperative period: to minimize the risk of surgery and the possibility of complications after surgery.

The operation - is a special implementation of the mechanical action of the organs and tissues for therapeutic or diagnostic purposes.

Surgical operations are separated depending on the duration of their performance, and depending on a cure or alleviate the patient's condition.

By due date for share transactions:

- Emergency - operations which are carried out immediately or in the near future from the moment of the patient in the surgical department;
- Deadline - the operations that are performed in the first days after admission to the surgical ward;
- Scheduled operations that are routinely performed (unlimited periods for implementation).

Depending on the therapeutic effect of the operation is divided into:

- 1) radical;
- 2) palliative.

Radical surgery - is surgery, after which, by removing the pathological formation of a part or the entire organ recovery occurs the patient.

Volume surgery which defines radicalism operation depends on the nature of the pathological process. So in benign tumors (lipoma, fibroma, polyps), removal of the tumor results in cure the patient. Malignant tumors of the radicalism of the operation is not only in the removal of part or the whole body, but also in the removal of adjacent organs, in which the tumor invades surrounding tissue, lymph nodes. Since cancer of the stomach, removes the stomach with large and small glands.

In inflammatory diseases of the amount of interference is limited to removal of diseased tissue or organ (osteomyelitis - osteonekrectomya; acute appendicitis - apendektomiya).

The second group of transactions - palliative surgery. They are executed in order to eliminate hazards to the patient's life or improve its condition

So when a large tumor of the esophagus, which grows into the mediastinal organs, patients underwent palliative surgery - the imposition of a fistula (fistula) in the stomach, the patient did not die of hunger. When bowel tumors, which covers the clearance of the latter, and has metastasized to the liver, and the general condition of the patient difficult due to bowel obstruction - the patient is performing a blend of artificial anus (ie bowel opens to the anterior abdominal wall, and by the tumor remains).

Most often, palliative surgery performed in patients with cancer, in advanced cases (for inoperable patients), when radical surgery is not possible because of the spread of the process, and the goal of palliative surgery at least temporarily improve the patient's condition.

Depending on the stage of the operation, they are cross-sectional - apendektomiya, cholecystectomy, when all the stages go one by one and multiple moment: dvuhmomentnye prostate adenoma (first stage - the imposition of a fistula of the urinary bladder, and after a while the second stage - the removal of the adenoma); trehmomentnye - for example, in trauma, cosmetic surgery.

With the development of general anesthesia and intensive care more often in surgery performed two or more operations at the same time - the so-called simultaneous operations. For example, gastric ulcer and chronic calculous cholecystitis - gastrectomy and cholecystectomy. When BPH and inguinal hernia ring - removal of the prostate gland adenoma and herniotomy with plastic hernial.

There are also test the operation - this operation, during which it appears that radical surgery is not possible. This is especially common in oncology, when due to tumor invasion into adjacent organs surgeon becomes helpless against the disease.

There are cases where the latter method for the diagnosis of the disease is surgery. Such operations are called diagnostic.

A distinction is also typical and atypical transactions.

Typical operations are performed on well-designed schemes, methods of surgery. Atypical operations occur in the event of unusual character of the pathological process that led to surgery. Here belong to the difficult traumatic injuries, gunshot wounds. In these cases, the operation can take place in several organs: blood vessels, bones, joints and hollow organs.

A distinction is also blood and bloodless surgery (reduction of bone fragments, podalic).

The surgery consists of the basic steps:

- 1) surgical access;
- 2) The main phase of the operation (surgical admission);
- 3) stitching wounds.

The postoperative period - a period from the end of surgery to cure the patient or transfer it to a disability.

Postoperatively distinguish three periods: early (since the end of the operation up to 4-5 days after), late (with 6-7 days after surgery until discharge of the patient from the hospital), remote (from the time of discharge from the hospital to rehabilitation).

Distinguish normal postoperative course, when there are no abnormalities in the organs and systems, and complicated as a reaction to the operative trauma pronounced and developed significant functional impairment.

While observing the patient to focus on the critical parameters of the organs and systems that must serve as a basis for clarifying the causes of the deterioration of the patient and the provision of emergency care.

- condition of the cardiovascular system: heart rate over 120 beats / min, a decrease of blood pressure to 80 mmHg and lower or raise to 200 mm Hg, heart rhythm disturbances, decreased or increased central venous pressure.

- The status of the respiratory system: respiratory rate greater than 28 for 1 minute, no breath sounds over portions of the lungs.

- The state of the skin and visible mucous membranes: marked pallor, acrocyanosis, cold clammy sweat.
- State of the excretory system: reducing urine (urine is less than the number of 10 ml / h), the absence of urine (anuria).
- The state of the gastrointestinal tract: a sharp strain abdominal muscles, black stool, blood in stool, marked abdominal distention, lack of gas, lack of peristalsis.
- The state of the central nervous system: loss of consciousness, hallucinations, agitation
- The status of surgical wounds: marked with blood soaking bandages, wound dehiscence, going out of the abdomen into the wound (eventeratsiya) thick bandages getting wet pus, intestinal contents.

Preparation of the surgical field.

Before surgery the patient shave their hair at the site of the future operative field dry method. After shaving blade and shaving machine disinfected appropriately antiseptic blade utilized. The patient receives a hygienic bath or shower, then it is replaced linen.

When preparation of a wound surgical field as follows. The bandage is removed, the wound is covered with a sterile cloth and wipe the skin around the wound with gasoline or ether, and shave the hair dry method. All movements - rubbing the skin, shaving hair - should be carried out in the direction of the wound to reduce the level of pollution. After shaving the hair tissue is removed, the skin around the wound smeared with antiseptic solution (Betadine, yodobak, yodonat, alcoholic chlorhexidine, etc.), and the wound is covered with a sterile cloth.

You cannot shave the hair at the site of the future operational fields later than 6 hours before surgery.

Sanitation of the oral cavity prior to surgery.

Before the surgery, the patient should rinse the mouth. To do this, you can apply toothpaste (10-15 drops in a glass of water), the aqueous solution of common salt (1/2 teaspoon per cup of water), a solution of potassium permanganate (1:1000), rivanol (1:1000), or sage tea chamomile (1 teaspoon per cup of boiling water). Mucous membranes lubricated glycerin, petrolatum rare.

You must remove dentures, clean them thoroughly with running water and soap and put into dry storage cup, covert cloth.

A seriously ill patient who can not itself carry toilet mouth, performs this procedure a nurse. The nurse should: offer to open the patient's mouth, sterile gauze to wrap the patient's tongue, the left hand slightly pull it out of the mouth, moistened swab forceps to gently remove plaque from the tongue and release the tongue. Another wet swab to wipe the inner and outer surfaces of the teeth. Wiping the upper molars with a sterile spatula to take the cheek to not infect the parotid duct. For this reason the buccal mucosa wipe is not desirable. After wiping the tongue, teeth and gums - to give the patient boiled water for rinsing the mouth

A patient who is unconscious, toilet mouth to this: to provide a horizontal position, head down and removing functional bed pillow under the head (to the washings were not included in the respiratory tract). Under the head podstelit oilcloth and diaper. The patient's head turned to the side, under the corner of the mouth substitute kidney-shaped tray. In the presence of plaque on the tongue with a little yazikoderzhatelya pull it out of the mouth, rub it with a sterile swab moistened with a solution of furatsilina (1:5000) or dekasana. Another moistened swab to treat foreign and, if possible - the inner surfaces of the teeth. Rinse mouth with warm water using a sterile syringe 50-100 ml or rubber balloon, pulling alternately the right and left cheeks. Gubi wipe with a towel.

Preparation of the gastrointestinal tract patient who comes to the operation.

Patients must be operated on an empty stomach, so the day before the operation, they receive only digestible food (broth rare soup, etc.). When emergency operations, unless the meal and the start of operations was less than 5 hours to wash the stomach through a tube. This prevents vomiting and regurgitation during anesthesia. The day before and the day of surgery for 3-4 hours to clean the colon by enema. Last contraindication in some acute surgical diseases of the abdominal cavity (acute appendicitis, intestinal gangrene, etc.).

Transportation of the patient to the operating room.

Transportation of the patient to the operating room is only using wheelchairs, which was covered with plastic wrap or oil cloth, wipe with a cloth moistened with a solution of 3% hydrogen peroxide with 0.5% detergent. On top of oilcloth veiled clean sheet or blanket. Transportation must be careful with the exception of aftershocks. Transfer the patient on the hands are 2 and 3 men. In the first case one of them brings his hands under the shoulder blade, close to the neck and lower back, the other - under the buttocks and legs. If the patient is in need of heavy or very gently shifting, taking part three men, one holding his head and chest, the second - the lower back and hips, and the third - the tibia. If the patient has a well-established system for intravenous infusion, an additional shifting to participate nurse who is responsible for the conservation and its performance. In the preoperative patient on a gurney shift operation unit and delivered to the operating table.

Bed linen patient.

Linens should be cotton and Underwear - cotton or flannel. There are several ways to change the sheets recumbent patient. The first method is used in the case where the doctor allows the patient to turn in bed on his side, the second - when active movements in bed prohibited. Replacement of linen patient should be exercised so as not to cause him further pain and suffering.

6. Materials for self-control.

6.1. The tasks for self-control.

Questions:

1. The concept of the surgery.
2. Classification of surgical procedures, execution steps.
3. Preoperative period, its tasks.
4. Features of preparation of patients for planned and urgent operations.
5. Preoperative period: skin care patient, rehabilitation of the mouth, the hair shaving, cleansing bowel enema, hygiene underwear and clothing of patients.
6. The basic principles of patient care in the postoperative period. Prevention of possible complications. Patient's nutrition.

Tasks:

1. Prepare the surgical field.
2. Spend a sanitation of the mouth prior to surgery.
3. Prepare the gastro-intestinal tract of a patient who comes to the operation.
4. Rinse the probe stomach fat.
5. Spend a cleansing enema.
6. Spend feeding a sick with a spoon and feeder cup.
7. Spend feeding the patient through a nasogastric tube with a syringe Janet.

6.2. Situational tasks:

1. Meditsinskaya sister to feed the patient S., who had surgery 2 hours ago about traumatic lesions of the oral cavity. Feeding should be done via the established patient nasogastric tube. To do this, the nurse has attached to the probe Janet syringe with a nutrient mixture and slowly began to enter the last gavage. In this case, the patient began to complain of a feeling of fullness in the chest, pain in this area. Why does the patient have these complaints? What mistake allowed the nurse?

2. Patient M., 69 years old, was operated for peritonitis that developed as a result of acute perforated appendicitis. After the operation was 4 hours. The patient was allowed to take food by mouth (Table 1a). The patient's condition is difficult, the patient weakened, is in the supine position. How does the feeding to this patient?

3. Patient U., 77 years old, 1 hour ago underwent surgery - amputation of the left leg over the wet gangrene. The patient's condition serious. Independently she can not move. On examination revealed redness of the skin in areas of the angles of both blades, sacrococcygeal area. What complication can occur in this patient? What should I do in this situation?

6.3. Tests for self-control (basic knowledge):

1. When is shaving the skin before elective surgery?
 - A. After a day.
 - B. In the evening before the operation.
 - C. On the morning of surgery.
 - D. Shaving is not carried out.
 - E. Not until as 6 hours prior to surgery

2. The source of endogenous infection can be anything except:
 - A. Chronic tonsillitis.
 - B. The presence of carious teeth.
 - C. Pustular skin diseases.
 - D. Chronic osteomyelitis.
 - E. occlusive disease

3. For diagnostic operations are:
 - A. Apendektomiya.
 - B. herniotomy.
 - C. A biopsy of lymph nodes
 - D. Reduction of dislocation of the shoulder.
 - E. Disclosure felon.

4. For the urgency of the operation is divided into:
 - A. Ekstrennye, emergency, palliative.
 - B. Plan, ekstrennye, multi-step.
 - C. Ekstrennye, urgent, routine
 - D. Radical, planned, palliative.
 - E. Diagnostic, non-urgent, single stage.

5. Planned operations are subject to:
 - A. Acute appendicitis.
 - B. strangulated hernia.
 - C. Bleeding from a damaged vessel.
 - D. Asphyxia.
 - E. Kalkuloznom cholecystitis

6. The operation is performed under vital indications at:
 - A. The bleeding that lasts
 - B. Benign tumors.
 - C. Malignant tumors.
 - D. OBLITERATING endarteriite
 - E. varicose veins of the lower extremities.

7. Trombembolicheskikh Prevention of complications after surgery include:
 - A. bandaging of the lower extremities with an elastic bandage.
 - B. The use of anticoagulants.
 - C. Application of antiplatelet.
 - D. Early rising from bed.
 - E. All of the above

8. What are the measures that are aimed at prevention of pulmonary complications after surgery:

- A. Purpose of iron.
- B. Inhalation of nitric oxide.
- C. Gastric lavage.
- D. Breathing Exercises
- E. Chill on the stomach.

9. Prevention of suppuration of the wound.

- A. Frequent stitches in the wound.
- B. Razsasyvayuschie stitches to the wound.
- C. Drainage of wounds
- D. Exercise therapy.
- E. Tight bandage.

10. Complications from the surgical wound is everything except:

- A. Bleeding.
- B. hematoma.
- C. infiltrates.
- D. Pain in the wound
- E. Eventeratsiya

11. In the presence of pressure ulcers should all except:

- A. Positioning of the patient on a firm mattress
- B. Using a backer rubber rings.
- C. Wiping the skin with camphor spirit.
- D. Changing the position of the patient in the bed.
- E. Tissue Trituration of bedsores perestilanie bedside.

12. Patient B., 38 years, operated on for gastric ulcer. Performed gastrectomy Billroth - II. During the operation, the probe is set to power. When you can feed the patient through a tube?

- A. Immediately after surgery.
- B. 6 hours after surgery.
- C. After 2-3 days after surgery.
- D. After 24 hours of operation.
- E. After the restoration of peristalsis

13. The patient himself had bought scarce medicine. It can enter the patient:

- A. At the insistence of the patient.
- B. After consultation with the nurse.
- C. According to the recommendations of the department head.
- D. Following the appointment of the attending physician
- E. After consultation with the chief physician.

14. In the surgical ward admissions with a diagnosis of acute appendicitis, two hours ago, the patient had lunch. How to prepare the patient for surgery?

- A. Statement of the enema
- B. Statement of the nasogastric tube
- C. Promyvanie stomach
- D. Introduction of atropine in premedication
- E. No special training is needed

15. For radical surgery include:

- A. cholecystectomy
- B. Application of gastrostomy
- C. Application of gastroenteroanastomoza
- D. biopsy
- E. arthrocentesis

16. What is the preparation for the planned operation to-day operations:

- A. Shave the surgical field
- B. Taking a bath or shower
- C. Blood transfusion
- D. Gastric lavage
- E. cleansing enema

17. From what was the beginning of preoperative

- A. With the onset of the disease
- B. From the moment of diagnosis
- C. Since hospitalization
- D. Since the consent of the patient for surgery
- E. Since the start of preparation for surgery

18. What diseases are in need of surgical intervention ekstremom

- A. Cancer
- B. Perforated ulcer
- C. Incarcerated hernia V.
- D. Lipoma
- E. Tonzilektomiya

19. Over the period of the surgery are:

- A. planned
- B. timely
- C. urgent
- D. palliative
- E. radical

20. Preoperative measures that reduce the risk of postoperative wound infection is:

- A. bed rest
- B. shaving hair at the site of the future of the surgical field 2 hours before surgery
- C. the use of alcohol compress to the area of the future operating field
- D. Applies hypnotic drugs before surgery
- E. sanitation mouth

21. For what purpose do not allow the patient to eat before surgery?

- A. food hampers to the stomach probe
- B. food hampers breathing control during surgery
- C. eating before surgery can cause vomiting during general anesthesia
- D. eating before surgery can cause the development of acidosis
- E. Availability of content in the stomach during tracheal intubation can cause regurgitation

22. For the prevention of allergic reactions during the execution of surgery and in the postoperative period, all patients received:

- A. inner-skin test novocaine
- B. inner-skin test an antibiotic that is used in the treatment of
- C. inner-skin test analgin
- D. inner-skin test chemical antiseptics
- E. inner-skin test antihistamines

23. How should the patient be transported to the operating room?

- A. a patient goes to the operating independently if he allows his condition
- B. on a gurney in a supine position
- C. on a stretcher in the supine position
- D. wheelchair
- E. on a gurney in a sitting position

24. The postoperative period is:

- A. a period from the end of surgery to cure the patient
- B. From the moment of hospitalization before his discharge from the department
- C. From the moment of the operation to discharge the patient from the department
- D. The period from the date of the operation to move the patient to outpatient treatment
- E. From the end of the operation to transfer the patient to a disability

25. The postoperative period is divided into:

- A. The average
- B. early
- C. small
- D. remote
- E. urgent

26. Progress of the postoperative period may be:

- A. balanced
- B. functional
- C. normal (uncomplicated)
- D. physiological
- E. complicated

27. In the postoperative period are following phases:

- A. anabolic
- B. Reversal of
- C. pathological
- D. physiological
- E. decompensation

28. Among the activities for the prevention of pressure sores include:

- A. rubbing of the "dangerous" parts of the patient 5% alcoholic solution of iodine
- B. the use of bags filled with millet seeds or ethylene
- C. wiping "dangerous" parts of the body the patient a 10% solution of camphor alcohol
- D. attachment to the places of possible defeat alcohol compress
- E. ensuring patient standing position on the back

29. Meals patient after surgery may be:

- A. interstitial
- B. enteralnim
- C. internal
- D. parenteral
- E. parenchymal

30. Change of bed linen is carried out:

- A. immediately after fouling fluids
- B. 2 hours after contamination of fluids
- B. once daily
- G. once per 15 days
- D. once 7-10 days

6.4. Tests and tasks to check initial level of knowledge

1. Patient M., 77 years old, which is in the supine position, in the sacrococcygeal area there is a flushing of the skin, blisters available with bloody contents. What complication rozvilos the patient what to do in this case?

2. Patient S., 70 years old, operated on for strangulated inguinal hernia. Since the operation was 20 hours. The patient alone can not pee. What complication occurred in a patient, what assistance should be provided to the patient.?

3. The patient D., 46 years old, who underwent surgery for cellulitis right thigh 10:00 ago, filthy bedding and underwear secretions from the wound. How should I handle this?

4. Patient K., aged 35, was operated on 1:00 to nazadpo about multiple traumatic injuries of the face, mouth, lips both. How does the feeding of the patient in the postoperative period?

5. In the surgical ward admissions 80 years. Surgeon on duty diagnosed strangulated femoral hernia and offered emergency surgery. Patient categorically refused, what actions of the doctor?

6. Surgeon during surgery for umbilical hernia removed navel, without first obtaining the consent of the patient. Whether the actions of legitimate surgeon?

7. Patient S., 36 years old, hospitalized in urgent order with a diagnosis of "carbuncle back of the neck." Surgeon on duty ordered the nurse to prepare the surgical site to the urgent intervention. What should the nurse do?

8. Patient M., 45 years old, getting ready for surgery for peptic ulcer. How can we feed the patient on the day of surgery?

9. Patient K., 35 years old, must be transported to the operating room, where he will conduct surgery for varicose veins of right leg in a planned manner. 20 minutes ago it was Tailor premedication (promedol 2% -1 ml, diphenhydramine 1% -1 ml).The patient tries to go to a block on their own. How, then, must be received by the nurse?

10. During a probe for gastric lavage in a patient appeared unstoppable cough.What could be causing this, what to do in that case?

11. The patient S., 23 years old, should be operated on an emergency basis over the penetrating knife wound to the abdomen. He will be laparotomy, inspection of the abdominal cavity. The operation will be performed under a combined endotracheal anesthesia. The last time the patient was fed 2:00 back. How to prepare the gastrointestinal tract of a patient to this operation?

12. Patient D., 66, has operated for inguinal hernia. The patient was surveyed and prepared for surgery in an outpatient setting. On the day of the surgery, he enrolled in the Department of Surgery. Nurse to prepare the surgical field took the patient to the treatment room. There, she told me to shave my patient of the future of the field house. On the skin of the inguinal area are pustules with yellow contents. How should the nurse do? Or, you can submit the patient to the operating room?

7. Literature:

General:

1. General Surgery. Textbook for students of higher medical educational establishments / [Lihonenko O.V., Chorna I.O. , Zubaha A.B., Khimich S.D et all.]; Edited by Prof. S.D. Khimich, Prof. M.D. Zheliba Kyiv AUS Medicine Publishing, 2019.- 608 p.
2. General Surgery. Textbook for students of higher medical educational establishments / [Lihonenko O.V., Chorna I.O. Khimich S.D et all.]; Edited by Prof. Ja.S.Bereznickij,M.P.Zacharash, M.P.Mishalov,. Vinnica: New book, 2019-344c
3. General Surgery / For Ed. S.P.Zhuchenko, M.D.Zheliby, S.D.Himicha - Kiev.: Health, 1999 - P. 81-101, 395.
4. Cherenko M.P., J.M. Vavryk General surgery in anesthesiology, intensive care, and the basics of patient care - Kiev.: Health, 1999. - S. 60-67.
5. Gostishchev V.K. General Surgery: Textbook. - 3rd ed., Rev. and add. - Moscow: GEOTAR-MED, 2004. - Pp. 26-31, 53-67.
6. "General surgery", S. Petrov - Moscow, "GEOTAR" 2005 - P. 17-34.
7. Surgery Vol.1. For Ed Bereznitsky Y.S. - Dnepropetrovsk, PBA "Dnepr-VAL». - 2006. - P.78-101.

Additional:

1. Lecture notes.
2. Timofeev, N.S., N. Timofeev Aseptic and antiseptic. - 2nd ed., Rev. and add. - L: Medicine, 1989. - S. 3-17, 52-65, 202-203.
3. Antiseptics in the prevention and treatment of infections / For Ed. G.K. Pyro - Kiev.: Health, 1997. - S. 3-90.
4. "General Surgery", ed. S.P.Zhuchenka, M.D. Zhelibi, S.D.Himicha - Kiev, "Healthy" I ", 1999 p.15-19

The distribution points that awarded to students:

At mastering topic № 5 for the learning activities of students rated a 4-point (traditional) scale, which is then converted into points as follows:

<i>Rating</i>	<i>Points</i>
“5” (excellent)	5
“4” (well)	4
“3” (satisfactorily)	3
“2” (unsatisfactorily)	0

Guidelines prepared

Associate Professor, Department of General Surgery

Chorna I.O._____