Date: _____ Day: M T W T F S

Ixt: Appendectomy

1. **OPEN APPENDECTOMY**

→ **INCISIONS**

i. **GRID IRON INCISION**
↳ M/C used incision
↳ Given at McBurney's Point.

ii. **TRANSVERSE SKIN CREASE (LANZ) INCISION**
↳ 2cm below umbilicus

iii. **RUTHERFORD'S MORRISON INCISION**
↳ A bit higher incision
↳ Given during Pregnancy

APPENDICULAR MASS
↳ Aka periappendicular Phlegmon
↳ Sometimes in accute appendicitis, small bowel and Greater Omentum form walls around the inflammed Appendics to prevent further inflammation. So, this Results in mass formation in the RIF.

→ Do not perform Appendectomy, As it will lead to fecal fistula.
↳ So, the standard Ixt is conservative which is called "Oschner Sherren Regimen"

CARCINOID TUMOR
↳ Aka Argentaffinoma
↳ M/C Appendicular Tumor
↳ Formed At tip of Appendics.

Ixt
if <2cm → Appendectomy
if >2cm → Right hemicollectomy

Date: _____ Day: M T W T F S

ACUTE APPENDICITIS

→ Inflammation of Vermiform Appendix

CAUSES

1. Obstruction with fecoliths (MC)
2. Ceacum Carcinoma

PATHOLOGY

→ Mucosal inflammation and Submucosal lymphoid hyperplasia

C/F

1. periumbilical pain initially, then Gradually Radiates towards RIF
2. Aggrevates on Coughing and laughing.
3. Nausea, Vomiting.

SPECIFIC SIGNS

A. **POINTING SIGN** → Pt. points that pain was in the periumbilical Region initially and then shifts to RIF

B. **ROVSING SIGN (McQ)** → Deep palpation of LIF causes pain in RIF

C. **PSOAS SIGN**: → pt. flexes hip joint as hyperextention causes pain

D. **OBTURATOR SIGN** → hip flexion and internal Rotation causes pain

ALVERADO SCORING SYSTEM

→ used to assist Dx

→ mneumonic "MANTRELS"

M → Migratory RIF pain (1)
A → Anorexia (1)
N → Nausea, Vomiting (1)
T → Tenderness (2)
R → Rebound Tenderness (1)
E → Elevated Temp (1)
L → Leucocytosis (2)
S → shift to left (↑ Neutrophils) (1)

IMP

< 5 → No Appendicitis
5-6 → perform CT
≥ 7 → Appendicitis

Date: _____ Day: M T W T F S

ESOPHAGEAL CANCER

Two types,

A. Squamous Cell Carcinoma (SCC) → M/C
- ↳ causes
  1. Alcohol
  2. Tobacco
- → This is Radiosensitive Tumor

B. Adenocarcinoma
- ↳ causes
  1. GERD
  2. ~~Barret Esophagus.~~
- → This is Radioresistant.

C/F
1. Progressive Dysphagia
2. Weight loss

Inv. OF CHOICE
Endoscopy with Bx.

STAGING
T1a → Tumor invade Lamina Propria, Muscularis Mucosae
T1b → Tumor invade Submucosa
T2 → Tumor invades Muscularis Propria
T3 → Tumor invades Adventitia
T4 → Tumor Invades Adjacent Structures.

TxT
T1a → Esophagectomy
T1b, T2 → Esophagectomy + Local lymphadenectomy
T3 → Esophagectomy + Lymphadenectomy + Radio and chemotherapy
T4 → Only Palliative Txt

Date: _____ Day: M T W T F S

LIVER ABSCESS (AMOEBIC)

Cause: Entamoeba Histolytica

↳ This exists in vegetative form as a cyst, And when ingested passes through stomach, then to small bowel and then to colon, where it converts to trophozoites causing Flask shape ulcers in colon. These trophozoites enters portal circulation and carried to liver.

⟹ M/C involve Right lobe of liver.

→ Abscess occurs, that is like Anchovy paste and chocolate sauce.

C/F

→ Fever, Rigors, chills
→ RUQ Tenderness
→ Anorexia
→ Weight loss

SEQUELE

1. Txt with Metronidazole
2. Rupture into Peritoneal cavity (Peritonitis)
3. Rupture into Pleural cavity (Chocolate Sputum)

Txt

A. **MEDICAL**
Metronidazole

B. **NEEDLE ASPIRATION**
→ For Large Abscess.
→ For Left lobe Abscess.

C. **SURGERY**
→ Abscess that contain Thick Pus and Also Multilocutated.
⟹ Ruptured Abscess

Date: GALLBLADDER Day: M T W T F S

Acute Cholycystitis

Gallbladder inflammation due to stone impaction in Neck of Gallbladder.

C/F

→ Murph's sign +ve
→ Boas sign +ve
→ RUQ Tenderness

Dx

Ultrasound → IOC

Tx

Cholecystectomy → TOC
PC coleystostomy in severly ill Pt.

CHOLECYSTECTOMY

A. BY LAPROSCOPIC METHOD

↳ Pass catheter
↳ Pass NG Tube
↳ Perform Pneumo-peritoneum

OPEN METHOD	CLOSE METHOD
→ Incision below the umbilicus is Given and Hassen canula is inserted and cavity is filled with CO_2	→ Veress Needle is inserted below the umbilicus and cavity is filled with CO_2.

↳ After this 30° Laporoscopie is inserted and Sx is performed and Gallbladder is Removed through epigastric port.

C/I FOR LAPOROSCOPY

1. COPD
2. CHF

Date: _____ Day: M T W T F S

Esophagectomy Methods

1. IVOR LEWIS PROCEDURE
   - ↳ This is Two Step Procedure
   - ↳ In this Procedure Right Gastricepiploic Artery and vein is preserved.

2. MCKEON PROCEDURE
   - ↳ Three stage Procedure

3. TRANSHIATAL PROCEDURE
   - → Advantage: Thorax cannot be Open
   - → disadvantage: Adequate Lymphadenectomy cannot be performed!

Date: _____ Day: M T W T F S

B. OPEN CHOLECYSTECTOMY

↳ Kocher's incision is used
↳ incision from xyphisternum to 9th costal cartilage

* Hemostasis is secured By Pringle's Maneus
↳ clumping of hepatoduedenal ligament to occlude flow to liver!

IMP: CALLOTS TRIANGLE

→ Δ formed by,
1. cystic duct
2. common Hepatic Du
3. Liver inferior edge.