OP. Procedures

1. Herniaplasty

General / spinal anaesthesia
↓
Skin prep. & draped
↓
oblique incision 1cm above inguinal lig.
↓
Scarpa's and scarpa's fascia incised
↓
ligate superficial branches
↓
EO. aponeurosis
↓
Spermatic cord
posteromed. to cord – direct
anterolateral to cord – indirect
↓
direct – push the sac back & plicate it

indirect – identify the sac
separate from cord, open the sac, reduce the content of ~~transfix~~ ligate transfix the sac, remove excess sac
– Herniotomy
Polypropylene non-abs. mesh
↓ – Herniaplasty
fix to ing. lig., pubic tubercle, Rectus sheath.
↓
close the EO aponeurosis & skin in layers.

2. THYROIDECTOMY

Adequate prep.
make the pt. euthyroid
ENT & Anaesthesia evaluation
↓
General anaesthesia
↓
Neck extended - Ross positn
↓
Skin prep. & antiseptic solution and draped
↓
Skin incision 2cm above the sternal notch
- Kocher's skin crease incision
↓
deepen the incision and raise the subplatysmal flap
↓
open deep fascia in midline
↓
retract strap muscle
- sternohyoid
thyrohyoid
sternothyroid
omohyoid
↓
identify the middle thyroid vein and ligate & divide ← to prevent air embolism
↓
identify sup. pedicle and ligate & divide close to gland to avoid inj. to ext. L.N.
↓
Retract thyroid medially & separate parathyroid
↓
identify recurrent laryngeal N. - tracheoesophageal groove
↓
identify inf. pole of thyroid
ligate and divide
↓
Remove gland from trachea
↓
look for hemostasis
close fascia in midline
close the skin in layers
& a drain

3. MODIFIED RADICAL MASTECTOMY

General Anaesthesia
↓
Keep the arms abducted
prepare the parts & drape the pt.
↓
Mod. Stewart incision
↓
Raise the sup. & inf. flap.
Sup - up to the level of clavicle
Inf. flap - upto 6th rib
med. to lateral border of sternum
laterally to mid axillary line

↓

Separate entire breast from pectoral fascia preserving the P. major & minor

↓

In axilla, after retracting pectoralis minor, level II LN dissects, after identifying & preserving Axillary V, N. to serratous anterior & thoracodorsal pedicle

- type of MRM

↓

Auchincloss
patey's
scanlon

↓

wash the area, put a drain & close the incision in layers.

4. OPEN CHOLECYSTECTOMY

GA

↓

prep. the parts & drape

↓

incision - Rt. subcostal incision

↓

- if necessary it can be extended to midline to form Hockeystick incision.

↓

cut EO in the direction of fibres
IO
TA
transversalis fascia

↓

Reach peritoneal cavity

↓

Identify the liver & retract liver upwards

↓

gall bladder can be seen in the gall bladder fossa on the inf. surface of liver

↓

pull the infundibulum of (retract) gall bladder

↓

calot's triangle identified

↓

identify cystic duct, dissect calots triangle & identify cystic artery

↓

clip cystic duct & artery & divided

↓

Remove the gall bladder from fossa

↓

thorough wash.

↓

close the abd. in layers.

5. OPEN APPENDICECTOMY

Spinal / General Anaesthesia

↓

prep. the skin of drape

↓

Incision - Lanz
grid iron (muscle cutting)
Rutherford (muscle splitting)

↓

Scarpa's of camper's fascia opened

↓

divide the muscles of fascia transversalis

↓

Reach the peritoneum
put two retractors

↓

caecum is pulled out

↓

to identify appendix
- trace tenia coli to reach base of appendix
- fold of fat → fold of ileum

↓

Appendix identified
- Separate the mesoappendix of skeletanize.

↓

trace the base of divide the appendix of remove

↓

if the base is gangrenous - invert the base,
non-gangrenous - leave it as such

↓

put the bowel back

↓

close the abdomen in layers.

6. HYDROCOELE

Prep. the pt:

↓ spinal Anaesthesia

position the patient

↓

prep of drape

↓

paramedian Raphe incision

↓

open all the layers of testis

↓

identify testis of tunica vaginalis sac

↓

puncture the tunica vaginalis sac and evacuate the fluid.

↓

incise the tunica vaginalis sac and invert the sac
excess sac is excised, and suture the sac

↓

testis is put back in scrotum

↓

skin closed.

7. Trendelenberg Sx

Preop. marking site of perforator incompetence

↓

Spinal Anaesthesia

↓

prep. & drape

↓

incision 2 finger breadth below groin — oblique incision

↓

deepen the incision & identify SFJ

↓

Flush ligate of SFJ along tributaries and divide.

↓

Pass a metallic stripper into to saphenous ~~ope~~ vein and retrieve the stripper just above the knee through an incision

↓

Attach an to the lower end of stripper

↓

the upper end of the stripper is pulled up and the vein is stripped.

sclerotherapy — for perforator incompetence.

8. CIRCUMCISION

indications :- true phymosis
Balanitis xerotica obliterans

Prep. the patient

↓

spinal / local anaesthesia

↓

prepare & draped

↓

Apply 2 artery forceps and pull the foreskin

↓

put a dorsal slit

↓

extend the dorsal slit ventrally to reach the frenular artery

↓

ligate & divide frenular artery

divide the excess skin

↓

look for hemostasis

↓

approximate the skin to corona

↓

give proper dressing.

9. HILTON'S METHOD

To drain abscesses in areas where vital structures are present

prep. of draping
↓
Anaesthesia
↓
small incision and push in the Listre's sinus forceps
↓
widen the forceps and drain the pus.

10. PAROTIDECTOMY

Position the patient
- turned to the opposite side of affected side
↓
GA
↓
prep. of shape
- eyes and corners of mouth not covered
↓
incision - mod. blair's (lazy s incision)

[Blair's incision - to drain parotid abscess]

Raise ant. of post. flap upto the level of zygomatic arch - superiorly

Inferiorly at the level of mastoid of angle of mandible
↓
greater auricular nerve
↓
Remove the fat over parotid fascia
↓
open the parotid fascia of slowly dissect the superficial lobe
↓
identify facial N. of 5 branches
- 1cm below cartilagenous part of ear canal
- above post. belly of digastric
- colley's tragal pointer
- stylomastoid foramen
- styloid artery - relation
↓
Preserve the branches of remove deep lobe
↓
thorough wash
↓
close the incision.

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X-Ray

1. Steppladder / concertina / valvulae conniventi

-Intestinal obstruction

showing jejunum

↓

valvulae conniventes

Air fluid level

- Erect x-ray of abdomen showing multiple air fluid level suggestive of intestinal obstruction

-Supine film of abdomen suggestive of intestinal obstruction

2. Coffee-Bean appearance

-Sigmoid volvulus

Supine x-ray of abdomen showing coffee bean app. suggestive of sigmoid volvulus

3. Air under diaphragm

Erect x-ray abd. showing free air under right diaphragm

causes -perforation -duodenal

gastric

appendicitis

laparotomy

4. Intravenous urogram (IVU)

-obstruction

Erect x-ray abd. showing IVU.

- Renal pelvis, calyx, ureter, bladder

Indication - obstruction, malignancy, pyelonephritis, hydronephrosis.

5. Erect x-ray chest PA view

showing homogenous opacity suggestive of pleural effusion.

- Ellis 'S' shaped curve

- costophrenic & cardiophrenic angle obliterated

Triangle of safety.

6. Subdural hmg

concavo convex

Trauma - cortical vein rupture

Lucid interval ?

7. Extradural hmg

biconvex

rupture of middle meningeal artery

Rx - Burr hole

craniectomy

8. Barium swallow
showing dilated esophagus
with sigmoid appearance,
tapering towards end.
suggestive of achalasia
cardia
Rx - Heller's myotomy

9. Submandibular sialolithiasis
cause - obstruction of duct
thickened secretion.

10. Renal stone of cholelithiasis
>6 cm - Extracorporeal
shockwave lithotripsy

11. Tension pneumothorax
trachea deviated
Rt. sided tension pneumothorax

12. Situs inversus

13. Coaled bowel