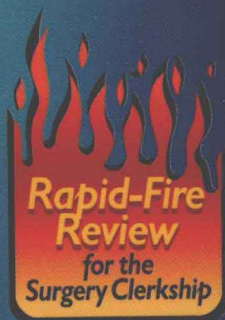



ADVANCED SURGICAL

RECALL

THIRD
EDITION

Lorne H. Blackbourne



 Wolters Kluwer
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ADVANCED SURGICAL RECALL

3rd edition

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This book is intended to be a study guide for the
acquisition of basic surgical facts and should not be used to
guide patient care.

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This book is dedicated to my father, Dr. Brian D. Blackbourne,
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Foreword

Advanced Surgical Recall is a study aid for students and residents who have progressed past their introductory experiences in the discipline of surgery. In actuality, this group includes surgical residents, senior medical students, and even junior medical students who have progressed past the usual introductory materials. This book should also serve as a source of questions for teachers of surgery, particularly for the venerable activity of teaching rounds.

The best teachers usually are those individuals who have thought the most about how they themselves learned. The editors of *Advanced Surgical Recall* clearly are teachers who have given an enormous amount of thought to learning and teaching. They have used the principles of the Socratic method and of their own self-education techniques to develop this collection of questions. These editors have a special knack for writing and editing these types of questions and study aids; through their impressive medical and surgical educational trajectories, they have won teaching awards and created a plethora of study aids.

This collection of questions and answers is useful to students of surgery, not only because it will help them learn the answers they need to know, but also because it will help them remember the questions. Knowing the right questions is, in my opinion, more important than knowing the answers, at least in real life. After all, the answers will change over time. The questions are timeless.

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Preface

ADVANCED SURGICAL RECALL 3rd ed. is written as the natural extension of *SURGICAL RECALL*. It is intended primarily for surgical residents, but advanced students will also find it can give them an extra competitive edge.

We have added several new formats, including clinical “microvignettes” that reinforce the key clues to putting a name to a surgical diagnosis.

We have also grouped several areas of surgical information to enhance repetition and recall of key surgical information.

Let us know what you think.

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Section I

Overview and
Background Surgical
Information

Chapter 1

Introduction

HOW ADULTS LEARN

Learning is accomplished through **motivation**, **repetition**, and **association**. Motivation must come from within; most medical students and residents are obviously motivated to learn. Repetition is obtained by reading, rereading, and studying information until it is mastered. Association is obtained by connecting information that has already been mastered to some new knowledge, such as remembering the anatomic order of the trauma neck zones 3,2,1 in conjunction with the Le Fort fractures 3,2,1.

HOW TO STUDY

Always read about your patient's disease while you are taking care of him or her. This habit serves two purposes: You will associate the information to the patient for life, and your increased knowledge will improve that patient's quality of care.

USING THIS BOOK

After completing the surgical basics in *Surgical Recall*, focus your attention on this book. Review the answers on the right until mastered. This book is designed to foster the acquisition of surgical information and will not help you gain experience in test taking; this skill can be learned from other books.

NURSES

Treat nurses with respect and professional courtesy at all times; they often know more than you in any given situation. If your relationship is based on mutual respect, it is also less likely that they will call you at 3 A.M. asking for Tylenol.

SLEEP DEPRIVATION

The best offense to combat sleep deprivation is to be in good physical shape and to be motivated. Staying up for 48 hours is no different than participating in an ultramarathon. Many residents find benefit from caffeine, orange juice, hot showers, brushing their teeth, doing push-ups, running steps, yelling, changing their socks, or listening to loud music. Try not to sit down, because sitting is conducive to falling asleep quickly. Studies have shown that in sleep deprivation

physical abilities remain intact until extreme deprivation of sleep occurs. Tell yourself, “I am hardcore and I need no sleep!”

INTERNSHIP

THE PERFECT INTERN

Says only “Yes sir,” “No sir,” or “My fault, sir” and “Yes ma’am,” “No ma’am,” or “My fault, ma’am”

Is always honest

Is a team player

Has a “can do” attitude

Always brushes teeth before rounds

Is the first to arrive and the last to leave clinic

Is always clean

Always makes the upper-level residents look good

Teaches the students

Does not scold the students too much

Knows more about the patients than anyone else

Is a physician, and not merely a scribe

Is never late

Never complains

Is never hungry, thirsty, or tired

Is always enthusiastic

Follows the chain of command

Some thoughts for interns to live by:

“They can hurt you but they can’t stop the clock.” Internship only lasts for 12 months.

“Never trust your brain.” Write everything down, do not trust anything to memory, and check off your chores when completed.

“Load the boat.” Inform your superiors when a patient is not doing well or if you have any questions. That way, if your patient’s condition worsens (the proverbial sinking ship), you have loaded the ship with your superiors and they will go down with you.

“Bad news does not age well.” Call right away. (see above)

“Never lie.” Honesty is the best policy.

LIVING WITH MISTAKES

You will make mistakes, and many times these mistakes will harm your patients. Mistakes are forgivable if you are **doing your absolute best**. Do not make mistakes that result from laziness.

There is a saying in surgery: “You cannot hurt yourself by getting out of bed.” After a mistake is made and you have determined that you were doing your absolute best, you must then **forgive and remember**. That is, forgive yourself for the mistake, but always remember the mistake and try to learn something from it.

RECOVERY ROOM PROTOCOL

Several things need to be done before you can eat some food, so the acronym F.O.O.D.D. is helpful:

Family: Talk to the patient’s family.

Operative note: Write in the chart.

Orders: Write postop orders.

Dictate the procedure.

Doctor: Call the primary/referring doctor.

DEALING WITH ACHES AND PAINS IN THE OR

Many residents find that taking NSAIDs before and after long cases helps decrease muscle strains. Others do sit-ups to strengthen abdominal muscles and reduce backache, or use the OSHA back support belts. Support hose can lessen foot edema and the pain associated with venous lower extremity incompetence associated with long periods of standing.

AVOIDING MALPRACTICE

Do the right thing.

Talk to your patients and their families (**never** say “no comment” or “I can’t talk about it”).

Be nice to your patients and their families.

Honesty is the best policy.

Document everything!

Seek advice from mentor, colleagues, lawyer.

What should you do if you write the wrong word in a chart?

Put a line through the word, but make sure it is still legible, and then initial.

Never blot out—it will look as though you are trying to hide something.

HIERARCHY AMONG SURGICAL RESIDENTS

Suggestions and ideas regarding patient care should flow freely among all surgical residents (including interns), but the decisions follow a concrete chain of command.

ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
A.K.A.	Also known as
AKA	Above the knee amputation
ALI	Acute lung injury
AMA	Against medical advice
AMF YOYO	Adios my friend; you're on your own
APS	Acute pain service
ARF	Acute renal failure
ASIS	Anterior superior iliac spine
ATFQ	Answer the first question
AUR	Acute urinary retention
AV	Arteriovenous
AVN	Avascular necrosis
BAL	Bronchoalveolar lavage
BAM	Bilateral augmentation mammoplasty
BCC	Basal cell carcinoma
bid	Twice a day
BMI	Body mass index
BRP	Bathroom privileges
BSO	Bilateral salpingo-oophorectomy
BUN	Blood urea nitrogen
Bx	Biopsy