Operation note of lower radical gastrectomy

- Operation note-00
- Roll: 0024 (there is every chance to forget write down it, because of tension & hurriness)
- Patient: X (60 Yr)
- Reg. No.: 768
- Date: 16/01/2010
- Time: 11.00 p. m.
- Place/OT: (optional)
- Operation: Billroth type II partial gastrectomy
- Indication : Carcinoma stomach
- Anesthesia: G/A
- Surgeon: Y
- Assistant: Z
- Anesthetist: P
- Position: Supine
- Incision: Midline
- Findings:
    - No metastasis.
    - Growth in antrum.
    - No fixity.
- Procedure:
    - Exploration.
    - Excision of distal stomach with omentum, supra & subpyloric lymph nodes.
    - Gastro-jejunostomy.
    - Mops removed & counted.
    - Haemostasis checked.
- Implants: Drain in subhepatic space
- Closure: 2 layers
- Complication: No
- Instruction: Follow post-operative order.

SCENARIO

Mrs. Rabeya, 42 yr old housewife had recurrent episodes of right subcostal pain radiating to the back and right shoulder tip. She had a history of jaundice on two occasions. USG revealed multiple acrogenic structures casting acoustic shadows within the gallbladder, dilated CBD with few stones in it. Her alkaline phosphatase level was raised otherwise all other biochemical parameters including coagulation profile were within normal limit.

After taking fully informed consent she underwent open surgery for her condition by Prof. M.A.K under General anesthesia on 20t"Nov, 2009 at 8.30 am.

TASK

As a member of the surgical team please write down the operation note.

Time-5 mins

CHECK LIST

• Mentioned the name, date and time of operation	1
• Name of surgeons/anesthetist	1
• Type of anesthesia	0.5
• Incision used.	0.5
• After exposure confirmation of the pre-operative diagnosis.	1
• Exposure of cystic duct and artery, any anomaly - noted.	0.5
• Choledochotomy, stone taken out, cholecystectomy.	1
• T-tube placement	0.5
• Drain.	1
• Any peroperative complication.	1
• Hemostasis checked. Wound closed in layers.	1
• Signature of note writer.	1

Operation note of cholecystectomy with choledocholithotomy

- Roll: 0034
- Patient: X (35 yr)
- Reg: 128
- Date: 16/01/2010
- Time: 11.00 p. m.
- Place/OT: (Optional)
- Operation: Cholecystectomy with choledocholithotomy
- Indication (Not in Bailey's and Love; so optional): Cholelithiasis with choledocholithiasis
- Anesthesia: G/A
- Surgeon: Y
- Assistant: Z
- Anesthetist: P
- Position: Supine with sandbag behind right lower chest
- Incision: Rt. subcostal
- Findings: Stone in GB & CBD.
- Procedure:
    - Exploration.
    - Packing.
    - Retrograde cholecystectomy & choledocholithotomy.
    - Maps removed & counted.
    - Haemostasis checked.
- Implants:
    - T-tube
    - A drain in subhepatic space.
- Closure: 2 layers
- Complication: Bile spillage.
- Instruction: Follow post-operative order.

Operation note of thyroidectomy

- Roll: 0013
- Patient: X (40 yr)
- Reg: 218

- Date: 16/01/2010
- Time: 11.00 p. m.
- Place/OT: (Optional)
- Operation: Total thyroidectomy with functional neck dissection.
- Indication :
- Anesthesia: G/A
- Surgeon: Y
- Assistant: Z
- Anesthetist: P
- Position: Supine with extended neck
- Incision: Collar
- Findings:
    - Growth in rt. Lobe.
    - No fixity.
    - Cervical lymph node hard & enlarged.
- Procedure:
    - Exploration.
    - Total thyroidectomy with functional neck dissection.
    - Gauze counted.
    - Haemostasis & RLN checked.
- Implants: Two drains kept deep to deep fascia
- Closure: In layers
- Complication: None
- Instruction: Follow post-operative order.

Operation note of APER

- Roll: 0001
- Patient: X (35 yr)
- Reg: 324
- Date: 16/01/2010
- Time: 11.00 p. m.
- Place/OT: (Optional)
- Operation: Abdominoperineal excision of rectum
- Indication: Carcinoma lower third of rectum
- Anesthesia: G/A

- Surgeon: Y
- Assistant: Z
- Anesthetist: P
- Position: Loyed-Devis-Trendelenburg lithotomy.
- Incision: Lower midline
- Findings:
    - Growth in lower third of rectum.
    - No fixity.
    - No distant metastasis.
- Procedure:
    - Exploration
    - Packing small gut
    - Mobilization and excision of rectum and anal canal
    - Pelvic end colostomy
    - Haemostasis
    - Mops removed and counted.
- Implants: Two drains — one perineal and one pelvic
- Closure: 2 layers
- Complication: None
- Instruction: Follow post-operative order.

POST OPERATIVE ORDER

- Particulars of patient
- Date & time of operation, name of operation, anaesthesia.
- NPO upto time
- Fluid : Inf. N/S 1500ml +5% DA 1000ml IV @ 25 d/min
- Antibiotics
- Analgesic
- Antiemetic
- H_2 blocker
- Record P/BP/RR/T/UO—hourly
- Advices: according surgery —
    - Suction
    - Position
    - Change posture

- Elevate limb
- Active/possible exercise
- Dressing check
- Drain tube
- I/O chart
- T chart
- Catheterization

Histopathology requisition for lower partial gartrectomy for gastric cancer

- Roll: 0007
- Patient: X (50 yr)
- Reg: 65
- Date: 16/01/2010
- Time: 11.00 p. m.
- History: (if given; mention)
- Clinical diagnosis:
- Operation: Billroth type II partial gastrectomy.
- Operative findings: No distant metastasis, no fixity, growth in pylorus.
- Specimen: Antrum, pylorus, 2 cm of duodenum, omentum, supra & subpyloric lymph nodes.
- Preservative: 10% formalin
- Markings:
    - Silk-greater curvature, catgut-lesser curvature.
    - LN stations labeled in separate containers.
- Advice: Histopathological exam to see:
    - Tissue diagnosis
    - Grading
    - TNM staging
    - Lymph node involvement?
    - Lymphovascular clearance?
    - Marginal clearance
    - Stomach base clearance
- Surgeon: Y
- Note writer: Z with signature

- Contact no: 01712-xxxxxx
- Refd. To The laboratory

Histopathology requisition for mastectomy for breast cancer

- Roll: 003
- Patient: X (45 yr)
- Reg: 231
- Date: 16/01/2010
- Time: 11.00 p. m.
- History:
    - Lt. breast lump for 2 yrs
    - FNAC: Carcinoma breast
- Clinical diagnosis:
- Operation: Patey mastectomy (left).
- Operative findings:
    - Growth in upper-outer quadrant.
    - No fixity
    - Axillary LNs enlarged and hard.
- Specimen:
    - Whole it. breast
    - Axillary lymph nodes, fat & fascia.
- Markings:
    - Silk-lateral, catgut-upper.
    - LN levels are labeled in separate containers.
- Preservative: 10% formalin
- Advice: Histopathological exam to see:
    - Tissue diagnosis
    - Grading
    - Marginal clearance
    - Base clearance
    - No lymph node removed
    - No lymph node involvement
    - Neuro-vascular invasion?
    - ER, PR, HER-2 receptor status
    - Skin involvement

- Surgeon: Y
- Note writer: Z
- Contact no: 01712-xxxxxx
- Refd. To the laboratory

After right hemicolectomy specimen send for histopathology

Check list

1. Name
2. Age
3. Date and time of operation
4. Short history
5. Preoperative findings
6. Types of operation done
7. Wants histopathological diagnosis, grading
8. Demands Dukes
9. TNM staging
10. Write the name of institute to which referral has been made
11. Name of referring surgeon
12. Signature of note writer.

Scenario

Mrs. Khaleda , 45 yrs postmenopausal lady from affluent society presented with a lump in the left breast for 6 months . Recent

FNAC revealed the lump as intraductal carcinoma, Robinson grade II moderately differentiated. Clinically there was no palpable node in axilla. No investigation showed any evidence of distant metastasis.

She undergone simple mastectomy with axillary clearance (level III). No facility for frozen section or preoperative sentinel node biopsy was available.

The whole sample has been handed over as one piece to O.T. nurse.

TASK

Please write down the referral for appropriate lab investigations of the specimen. Time — 5 mins

CHECK LIST

1. Name, age of patient 0.5
2. Date & time of operation. 0.5
3. Short history, peroperative findings.
4. Type of operation done. 1
5. Marks the specimen regarding margin 1
6. Want histopathological diagnosis, grading. 1
7. Information about margin clearance, base clearance. 1.5
8. Ask about number of lymph nodes removed and number involved. 0.5
9. Ask about ER, PR, Her-2 status. 0.5

Histopathology requisition for thyroid cancer

- Roll: 00012
- Patient: X (30 yr)
- Reg:238
- Date: 16/01/2010
- Time: 11.00 p. m.
- History:
  - Solitary thyroid nodule for 1 yr
  - FNAC: Papillary carcinoma thyroid
- Operation: Total thyroidectomy with functional neck dissection.
- Operative findings:
  - Growth in left lobe.
  - No fixity
  - Cervical LNs enlarged and hard.
- Specimen:
  - Whole of thyroid gland
  - Cervical lymph nodes.
- Markings:
  - Silk $\rightarrow$ left lobe, catgut $\rightarrow$ right Lobe.
  - LN levels are labeled in separate containers
- Preservative: 10% formalin
- Advice: Histopathological exam to see:
  - Tissue diagnosis
  - Grading

  - Capsular invasion/marginal clearance
  - Lymph node involvement?
  - Lympho-vascular invasion?
- Surgeon: Y
- Note writer: Z
- Contact no: 01712-xxxxxx
- Refd. To The laboratory

Request for consultation

Roll: 0004
BSMMU
Dept. of Surgery
Request for emergency consultation
Date: 16/01/2010
Time: 11.00 p. m.

To,
Prof. X
Dept of orthopaedics.
BSMMU.

Sir,
I shall be obliged if you kindly see the patient Mr. Y, age 36 yrs, bed-6, ward-7, SU-1 with multiple trauma and give your valuable opinion and advice.

Case summary:
H/O RTA 4 hours back
Features of shock
X-ray rt. Thigh A/P & lateral view shows fracture shaft of rt. Femur.

With thanks
Signature with date
Prof. U
Dept of surgery

Request for consultation

Roll: 542
BSMMU
Dept. of Surgery
Date: 16/01/2010
Time: 11.00 p. m.

To
Prof. X
Dept of Cardiology.
BSMMU.

Sir,
I shall be obliged if you kindly see the patient Mrs. Y (45 yrs), bed-6, ward-7, SU-1 with cholelithiasis and old MI on ECG and give your valuable opinion and advice.

Case summary:
Upper abdominal pain for 2 years
USG: Cholelithiasis
ECG: Old MI
Blood sugar: 6 mg/dl
Hb: 8 gm/dl

With Thanks
Signature with date
Prof. U
Dept of Surgery

Discharge: Thyroid cancer

Roll: 7453
Reg: 0043
Patient: X (35 yrs.)
Address---
Hospital: DMCH, SU-1

Date of admission: 10/01/2010
Date of discharge: 16/09/2010
Diagnosis: papillary carcinoma of thyroid gland
Treatment given: total thyroidectomy with functional neck dissection
Operation note details:
Investigation:Details record
Treatment given during hospital stay
Treatment on discharge
Advice
Follow up

Medication:

- Antibiotic 3 days
- Analgesic-if pain

Stitch off: after 3 days
Follow up: after 6 weeks

Writer: Y
Contact no: 016xxxxxxx

Discharge: APR

Roll: 8654
Patient: X (35 yrs.)
Reg: 743
Bed No.
Ward No.
Hospital: DMCH, SU-1
Date of admission: 10/01/2010
Date of discharge: 16/09/2010
Name of consultant-
Diagnosis: carcinoma lower third of rectum
Treatment given: Abdominoperineal excision
Operation note details:
Investigation: Details record
Treatment given during hospital stay

Treatment on discharge
Advice
Follow up

Medication:
- Antibiotic 5 days
- Analgesic - if pain

Stitch off: after 5 days
Follow up: after 4-6 weeks
Writer: Y
Contact no: 018xxxxxxxx

Oral communication

Scenario

Mr. Kabir, 70 yr old farmer, diabetic for 15 yrs and smoker for 30 yrs hailing from Pirojpur, Barisal with a history of haematemesis for one month has been diagnosed as a patient of carcinoma stomach. His only son lives in K.S.A and came for a short leave. So, the patient has had a quick evaluation and brief preoperative preparation and was scheduled for a total gastrectomy.

On the day of operation, the operation went on smoothly and took almost 6 hours but towards the end the operation patient developed pulmonary edema and after reversal he failed to maintain adequate oxygen saturation.

So he was required to be sent to I.C.U for cardio-respiratory support.

TASK

In the next station the patient's son is waiting eagerly to know his father's condition. Proceed to explain to the son his father's situation, outcome and prognosis.

CHECKLIST

Procedures to be carried out	**Done ade-quately**	**Done Poorly**	**Not done/ Done inade-quately**	**Marks**
Greets son (polite and cordial)	2			
Ask how is he?	1			
Requests him to take a seat.	1			
Explain the situation quietly, not blaming any one	2			
Hope for the best.	1			
Explains the possible causes, like — peroperative M.I	1			
Thanks attendant for his patient hearing.	1			
Takes leave from the attendant	1			

Communication skill development

Key points:

1. Starting the interview
   - Greeting
     - (Good morning)
   - Introduction
     - (I'm Dr. Zaman. Are you OK Mr. X)
   - Say what you had to do with the case and why you are there
     - (I am one of the member of surgical team and I am here to discus with you)
   - Make the actor comfortable
     - Take a seat, sir Have you anyone with you here today? Would you like them to come in as well?

2. Gather information from the actor
   - I'd like to start by asking you what you understand so far about what has happened and why you are here today.

3. Empathise with actor

4. Summarize the actor's input and confirm you are dealing with correct issues

5. Outline your plan for the consultation

6. Give the actor information in structured way
   - Check that they have understood.
   - It's a lot of information, am making sense to you
   - Ask if that's all they want to know
   - Is there anything else you would like to know at this stage?

7. Express your sorrow

8. Check the actor has understood the key facts

9. Ask for any other or new worries and deal with them systematically

10. Summarize key facts again and outline immediate action

11. Check the actor is happy with this and does not have any outstanding issues
    - (Is that all right? Is there anything we haven't covered that you would like to discuss with me)

12. Offer your services as a future contact
    - (Is there anything else I can arrange for you? Remember, if there are any problems just ring the hospital and for me. Don't forget my name, Dr. Z. Just ask for me if you want to speak to me again.

13. Departure stating next point of contact

Example: Scenario

Mr. X, a 70 year old patient with diabetes and hypertension, developed volvulus of the sigmoid colon and emergency resection of the sigmoid colon was done. A loop ileostomy was added to protect the anastomosis. After operation he was kept in ICU with ventilator, as patient developed respiratory

insufficiency. You have asked the Mr. Y, son of the patient Mr. X at your office for briefing. You would explain the condition of the patient and Mr. Y would ask you ask the following question.

1. May I come in, sir?
2. How is my father? I am scared; could you tell me all about him?
3. Why he is in breathing machine? Is he going to die?
4. When he will be back in the cabin?
5. You told me about the temporary ileostomy (stool passage with bag at the abdominal wall). Would it be difficult for us to maintain the ileostomy at home?
6. When ileostomy would be closed and my father would have a normal life?
7. May I know the condition of my father from you again?

Check list

1. You would rise from your seat, greet him, shake hands, ask him to sit and say, 'How are you?'
2. Your father is 70 y old, diabetic and hypertensive and those conditions carries some risk for the major operation just performed, but he is not in a condition that you have to be scared about. He is not strong enough to take oxygen from air by his own effort after a long operation, that is why he needs support of machine at ICU.
3. I hope he needs it for couple of days. He will be off the machine for trial and once he is strong enough to take air in his chest he will be back in the cabin/ward.
4. Ileostomy is a temporary passage of stool that is for the safety of the patient. There is a little chance of suture failure in the gut of your father without ileostomy. I did not take any chance. Moreover he is diabetic, diabetic patients tend to have less then optimum healing.
5. Our doctors and nurses would let you know how to take care of ileostomy. Once you become familiar with the ileostomy care, you would not feel difficulty taking care of him.
6. Ileostomy would be closed after 2 months having some tests done. In the mean time he can move around with the bag on.
7. You can come to my office from 1-2 PM weekdays, except Sunday and Wednesday to meet me. If I was not available my AR Dr. A would let you know anything you want to.

STATION-00

Counselling: Diabetic 40 yrs pt H/O PVD admitted in the district hospital e severe upper abdominal pain 3 days back. On exam pt is in features of shock, blood glucose-10 mg/dl hospital has limited facilities. Council the sister of the patient.

Question of FCPS exam

Communication skill sq. cell ca in the tongue involving the floor of the mouth & mandible recurrent.

Hemimandibulectomy

Tracheostomy

STATION - 00

1. You are proceeding to operate on a lesion in the Right hand of this patient under a pneumatic tourniquet.
2. The patient has been given a brachial plexus block.
3. It is assumed that you have already taken wash and dried your hands.
4. Proceed to wear a pair of sterile gloves and perform the procedure of antiseptic wash for the surgery.
5. You are allowed to ask for assistance if you require.