C5L28 - Ashley Hay

(0:05 - 0:12)

Hi, welcome back. Ashley Hay again, Health Tech Academy. So here we are in course five.

(0:12 - 2:20)

So we're getting into by now a bunch of different kind of subspecialties within the surgical realm and what goes on in the OR for plastic and reconstructive surgery. So you might also hear it referred to as plastics. The one thing I think that is really important to know about plastic and reconstructive surgery is that often people's mind automatically goes to cosmetic surgery, which is definitely, you know, an area of plastics.

But often, a lot of these surgeries are also used to address different kinds of like birth defects, disease or injury. So the operations can really go from pretty simple to highly complex. And often we can use, you know, we're working with various subspecialties.

And of course, you know, we try and focus in those instances on restoring form and function. So for, you know, goals of this type of surgery, like we said, you know, if there's any sort of defects, we're working to correct those as much as possible. While, you know, again, trying to restore any possible function.

And then, you know, because there is an alteration in plastics and reconstructive surgery of the patient's appearance, often, whether it's cosmetic or repair in nature, special psychological needs, you know, need to be tended to. So I think it's important to always make sure, you know, that your patient has their questions answered ahead of time. And then, you know, any sort of follow up for psychological adjustment is always provided to make sure that these patients really have their needs properly met.

(2:23 - 6:29)

And so we've mentioned some particular surgical instruments before, but it's important to know that in this area, you may see more of things like bone cutting instruments, especially for orthopaedic plastic and reconstructive surgery. Often there's use of power drills or saws, things like that. So making sure that you are aware of the electrical outlets and what needs to be used during the surgery.

Also, we might see some more use of grafts, especially for some management of burns. They're used in some other instances as well. But just knowing that there are differences in the types of grafts that are used, you know, split thickness versus full thickness, things like that.

So I would definitely be aware of the difference in those two in particular. And in moving on to classifications of burns. So the burns are classified through four different levels, basically, and it goes by the level of affected.

So how deep does the burn go? So something like, you know, if you kind of quickly touch your hand to a stove, hopefully it's just a first degree burn. So a superficial partial thickness, first degree burn. However, somebody who maybe, you know, was in a fire and had very deep burns going all the way through, that would be considered a full thickness, third degree burn.

So there's different levels varying there. And then just knowing that burns are not only just, you know, skin related, often when they go really deep, you know, it's affecting things like other types of tissue and muscle and fat and tendons. And it can create severe fluid imbalance in, you know, the circulatory system and skin, you know, it's leaking all these different kinds of fluids.

Infection is very common along with some other complications. And then when we are assessing and estimating the surface area of burns, we typically kind of divide the body up into sections. So I will show you a quick little image here.

So you'll see here, we break the body up into, you know, several different areas. So starting from the top, the neck, the trunk is considered one area, each upper arm. And then there are two different portions of the legs that we divide up, and then the feet as well.

And when you turn around to the back, the buttocks is a separate area. And then the neck also, keeping in mind that that is considered separate. Okay.

And also really important to know that the rule of nines is used when we're estimating surface burns for adults. And then also just be aware that we use Brouwer and Lund system for children. The risk of shock greatly increases if more than 15% of the surface area is burned in an adult or 10% in children, right? Because they're smaller in their surface area.

And yeah, so we've talked, you know, about the likelihood of seeing a lot more kinds of skin grafting in plastics and reconstructive surgery. And now after kind of talking about the extent of burns, you probably see why. Scar revision is another type of aesthetic surgical procedure, not always necessarily cosmetic.

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And we gave you some just quick little examples of different types of procedures for that. And just a quick reminder that this is associated with chapter 28 of your ebook. So definitely make sure you're going through that and taking some notes.

(6:50 - 7:11)

But yep, I've tried to just kind of recap the high level content through the lesson here that I thought was important to take note of. So definitely make sure you're taking some practise questions as you go, booking some coaching sessions to get any additional help and writing questions down as you go so we can help you through it. All right.

I'll see you next time.