

# Diagnostic and Assessment Procedures

Diagnostics, Infection Control and Sterilization



# **Lesson Objectives:**

- 1. Patient vital signs
- 2. Review collecting patient vital signs
- 3. List and define commonly used imaging studies
- 4. Discuss basic blood and urine chemistry tests
- 5. Describe different methods of tissue biopsy
- 6. Discuss cancer screening

### Introduction

- Assessment First step in medical and surgical decision-making.
- Assessment data may include:
  - Vital Signs
  - Head to Toe Assessment of Body Systems
  - Laboratory Testing
  - Imaging Studies
- Tests and procedures done to rule out or confirm diagnosis
- Testing may provide guidance on what type of procedure (from below) is ideal for the patient
  - Invasive procedures
  - Noninvasive procedures
  - Minimally-Invasive and Endoscopic procedures

### **Sources of Patient Data**

### History and Physical Examination includes:

- History and Physical
- Diagnostic Imaging
- Laboratory findings
- Electrical studies
- Endoscopic studies
- Pulmonary diagnosis



# Concepts Related to Pathology (Slide 1 of 2)

### **Pathology Overview:**

- Study of disease and specific illnesses.
- Etiology: cause of disease; "etiology unknown" if cause is unclear.
- Morbidity: illness rate; mortality: death rate in a population.

#### **Disease Assessment Terms:**

- Course: progression of disease; pathogenesis: origin and development.
- Signs: measurable evidence (e.g., rash, fever); symptoms: patient-reported experiences.

### **Disease Events:**

- Complication: separate from primary problem but occurs simultaneously or as a consequence.
- Exacerbation: worsening of condition; syndrome: unique group of signs.

# Concepts Related to Pathology (Slide 2 of 2)

### Course of Disease:

- Prognosis: prediction of outcome; expressed as excellent, good, poor, etc.
- Relapse: recurrence after remission; terminal: illness leading to death.
- Acute: sudden onset; chronic: long-term condition.

### Treatment Vocabulary:

- Curative: resolves medical problem.
- Palliative: makes condition more tolerable without curing it.



# **Assessment Data: Vital Signs**

- · Crucial for overall assessment.
- Surgical technologists may be responsible for measurement, documentation, and reporting.

### **Vital Signs Include:**

- Temperature
- Pulse
- Respirations
- Blood pressure
- Oxygen saturation



# Vital Signs - Temperature

### Methods of Measuring Temperature

- Oral (Measures under the tongue)
- Temporal (Forehead)
- Tympanic (Ear)
- Rectal (will be +1 Degree)
- Axillary (Armpit, will be -1Degree)

### Documenting temperature

- Record in Celsius.
- Tympanic artery thermometer (TAT) preferred in clinics.

### Normal Range

• 96.8° F (36°C) - 100.4°F (38°C)

### Oral

Range: 96.4° to 99.1°F

### **Temporal Artery**

Range: Approximately 0.8°F

### Rectal

• Range: 0.7° to 1°F

### Axillary

• Range: 0.5° to 1°F

## Vital Signs - Pulse / Heart Rate

- Reflection of stroke volume.
- Felt in artery as it expands with each heartbeat.

### Normal Heart Rate:

- Varies by age, condition, and metabolic level.
- Adult: 60 to 100 beats per minute.

### Strength of Pulse:

- Elastic and moderate strength is normal.
- Bounding: exceptionally strong.
- Weak or thready: barely palpable.

## Vital Signs - Pulse / Heart Rate

### Measurement Technique:

- Palpate artery, typically radial.
- Use pads of first three fingers.
- Count beats for 30 seconds and multiply by 2.
- For irregular pulse, count for a full minute.

### **How to Check Your Heart Rate:**

- Place your index and middle finger on your wrist, right below the base of your thumb.
- When you feel your pulse, use a clock or timer and count the number of times your heart beats in 30 seconds.
- Once 30 seconds is up, multiply the number of beats you counted by two. (A typical resting heart rate is between 60–100 beats.)



## **Vital Signs - Respirations**

Objective assessment of the number of breaths per minute

### Measured when patient is unaware

- Do not tell patient you are measuring their respirations!
- Tip: Count respirations right after checking Pulse

### Documenting respiration

- Breaths per minute
- Count number of breaths in 30 seconds, and multiply by 2

### Normal Range

12-20 breaths per minute

## Vital Signs - Blood Pressure

- Systolic pressure (when heart is ejecting blood)
  - Greater pressure
- Diastolic pressure (when heart is refilling)
  - Lower pressure
- Documenting blood pressure
  - Write the systolic pressure over the diastolic pressure
- Normal Range
  - Systolic ≤ 120mmHg
  - Diastolic ≤ 80mmHg

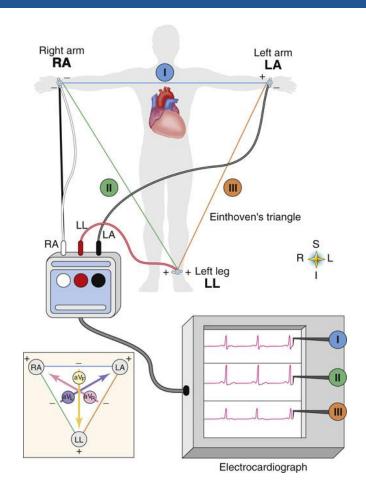
### Mean arterial pressure (MAP)

- Average overall pressure.
- •(Systolic BP + 2xDiastolic BP)/3



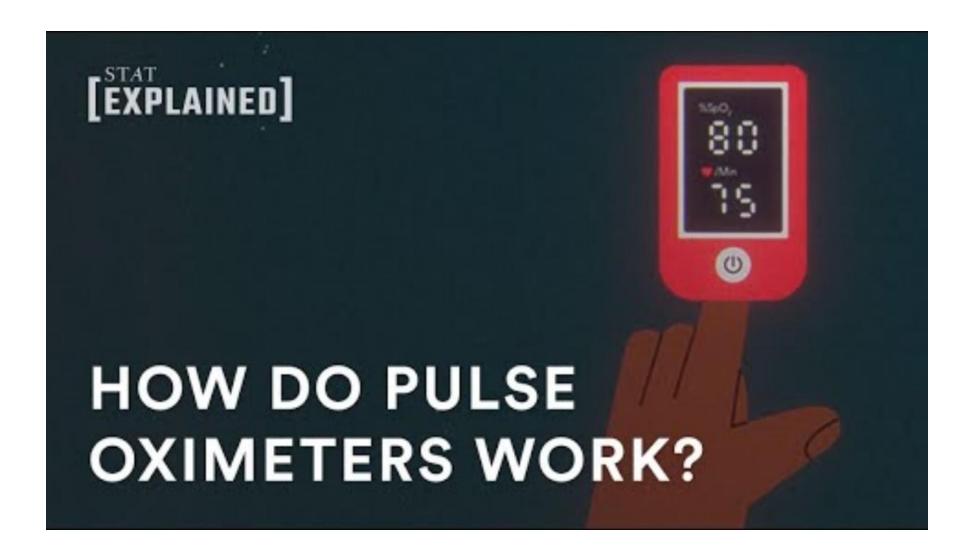
# **Vital Signs - Oxygen Saturation**

- Measured with pulse oximeter that attaches to the finger
- Determines level of oxygen in the blood using spectrometry
- Normal Range
  - ≥ 95%



# Watch the "Pulse Oximeter" Video to get an understanding of how this device works

### Pulse Oximeter Video



### **Pulse Oximeter Video**

### **Summary of the Video:**

- Pulse Oximetry works by detecting light that goes through the patient's finger
- 95% or Higher is the Normal Range
- These factors can give incorrect readings:
  - Darker Skin
  - Cold Fingers
  - Nail Polish

# Watch the "Vital Signs" Video for an overview of:

- Vital Signs
- Normal Values
- Demo of how to collect Vital Signs from a Patient

# Vital Signs with Skills Demo Video



# Vital Signs with Skills Demo Video

### **Summary of Video:**

• Temperature: 36-38°C

• Heart Rate: 60-100bpm

• Respiration: 12-20 breaths per minute

• BP<u><</u> 120/80mmHg

• 02 Sat: ≥ 95%

# Electrocardiogram (ECG) (Slide 1 of 2)

### Introduction to Electrocardiography (ECG):

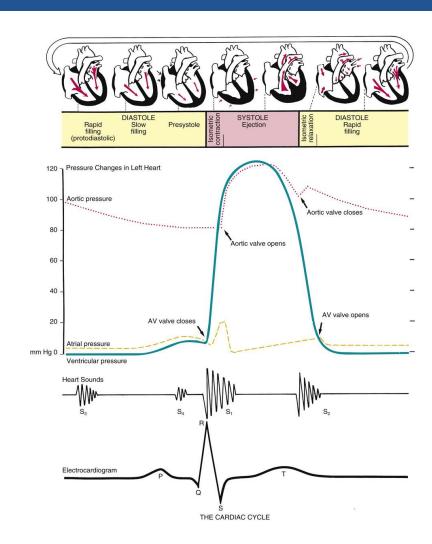
- Measures heart's electrical activity.
- Displayed on electrocardiogram (ECG) graph.

#### Procedure:

- Electrodes placed on chest wall and extremities.
- 12-lead ECG for comprehensive assessment, 3-lead for basic evaluation.

### Monitoring:

- Routine during general anesthesia, sedation, and postoperative period.
- Essential for high-risk patients.



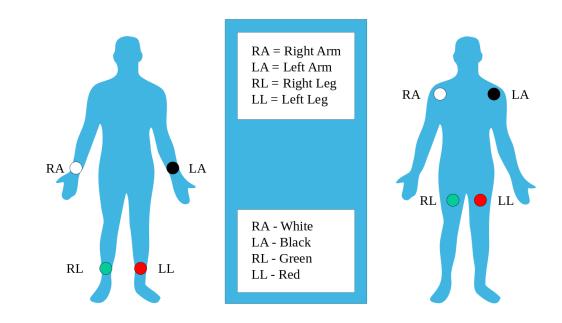
# Electrocardiogram (ECG) (Slide 2 of 2)

### Operation of ECG Machine:

- Console with paper roll for graphing.
- Automatic feed when activated.
- Graphs electrical activity by time and impulse strength.

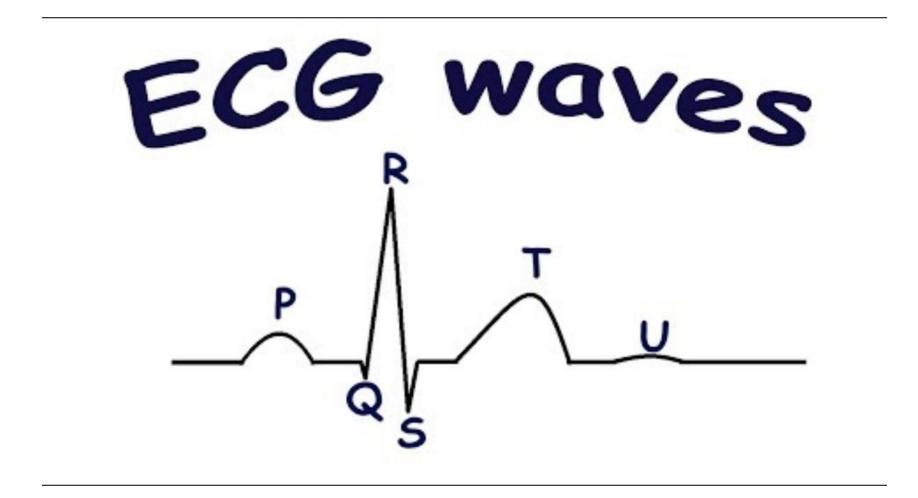
### Diagnostic Importance:

- Provides detailed information on heart conduction.
- Graphs phases of cardiac conduction system.
- Identifies abnormalities indicative of disease, disorders, or drugs.



# Watch the "ECG Waves" Video for a more detailed explanation of the ECG

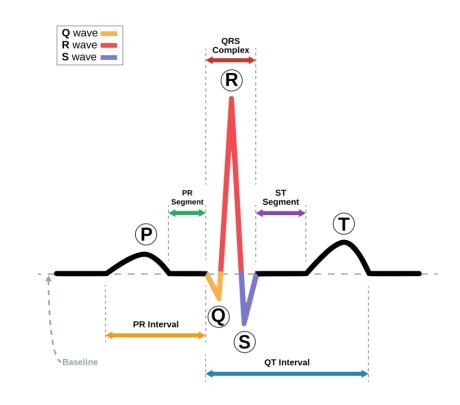
### **ECG Waves Video**



### **ECG Waves Video**

### **Summary of Video:**

- P Wave = Atrial Depolarization (Contraction)
  - Atrium (Upper chambers of the heart) fill the Ventricles (lower chambers)
  - This is Diastole, when the heart is filling
- QRS Complex = Ventricular Depolarization (Contraction)
  - Ventricles Eject blood to the body
  - This is Systole, when the heart is ejecting



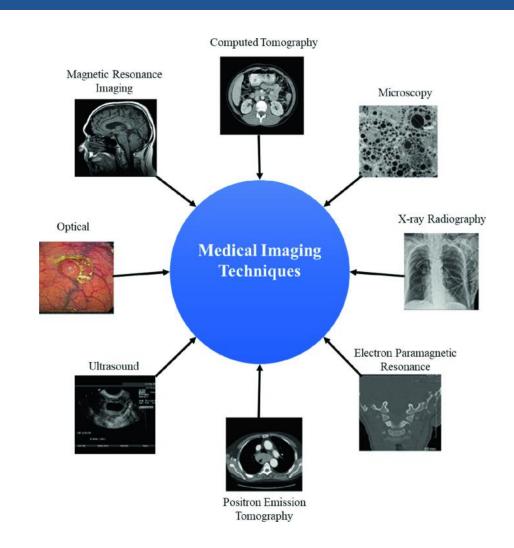
# **Imaging Studies**

### Introduction to Imaging Procedures

- Provide anatomical "picture" of patient.
- Reveal function and shape of regional anatomy.

### Types of Imaging Studies

- Radiology
- Radiography
- Fluoroscopy
- Computed tomography (CT)
- Magnetic resonance imaging (MRI)
- Positron emission tomography (PET)
- Ultrasound
- Doppler



# Imaging Procedures - Radiology

### • Radiology:

- X-rays penetrate body tissue at different rates.
- Historically recorded on film, now digitally via digital radiography (DR).
- Displays contrasts in density, aiding diagnosis.

# Imaging Procedures - Radiography

### Standard Radiography:

- Obtained with fixed or portable machines.
- Commonly used during orthopedic, biliary, and vascular surgery.
- Intraoperative use with Bucky platform or portable film stand.

### Contrast Radiography:

- Uses contrast medium to highlight organs or vessels.
- Commonly used in cholangiography, angiography, retrograde pyelography, and gastrointestinal studies.

### Digital and Computed Radiography:

- DR captures X-rays with flat panel detectors.
- Computed radiography uses photo-stimulated luminescent screen.
- Both methods produce digital images with lower radiation doses.

Watch the "Diagnostic Imaging Explained" Video for differences between the most common imaging studies and why they are used

# **Diagnostic Imaging Explained Video**



## Diagnostic Imaging Explained Video

### **Summary of Video:**

- X-Ray
  - Bones, Fractures, Dislocations
  - Quick and Cost Effective
  - 2D Only
- CT Scan
  - Many X-Rays to give overall 3D image
  - Can give better imaging for complex body parts
- Ultrasound (Doppler)
  - Sound waves give imaging
  - Easy, Real-time and non-invasive
- MRI
  - Discs and Joints
  - No Radiation
  - Expensive, longer to perform

# **Imaging Procedures**

### Fluoroscopy:

- Real-time X-ray imaging with digital technology.
- Used diagnostically and intraoperatively during procedures with contrast media.

### Mobile C-Arm:

- Real-time imaging in surgery.
- Offers multiple imaging angles with movement along the axis of the operating table.

### • **O-Arm**:

- Image-guided system for spinal surgery.
- Produces real-time 3-D images with superior accuracy and reduced radiation exposure

# Imaging Procedures – Uses of Fluoroscopy

- Angiography
- Cholangiography
- Urography
- Bone
- Catheter
- Aim instrumentation



# **Imaging Procedures**

### Computed Tomography (CT):

- Produces high-contrast cross-sectional images.
- Precise tissue differentiation and dimension determination.
- used for abdominal viscera, pregnancy assessment, vascular flow, and echocardiography.

#### Ultrasound:

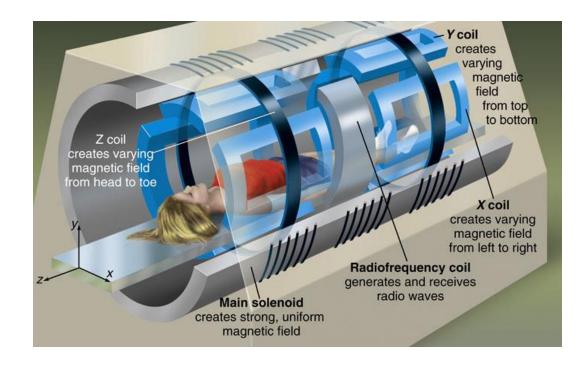
- Uses high-frequency sound waves for real-time imaging.
- Commonly used for abdominal viscera, pregnancy assessment, vascular flow, and echocardiography.

### Positron Emission Tomography (PET):

- Combines CT and radioactive scanning.
- Images metabolic processes rather than structures.

# **Imaging Procedures**

- Magnetic Resonance Imaging (MRI):
  - Produces high-definition images using radiofrequency signals and magnetic fields.
  - Detects structural abnormalities but poses risks with metal presence.



# Electrodiagnostic Studies Electrical activity measured and analyzed

# Electrocardiography ECG (EKG)

Heart disorders

# Electroencephalography (EEG)

Electrical Activity of Brain

# Electromyography

• Electrical Activity of Skeletal Muscle

### **Blood Tests**

### Complete blood count (CBC)

- Looks at Red and White Blood Cells
- Can Help Identify Anemia and Infection

### Metabolic panel

- Looks at how the body uses energy (Metabolism)
- Blood sugar, Liver/Kidney Health, Acid/Base Balance, Fluid/Electrolyte Balance

### Coagulation tests

- Looks at how a patient will clot. Can identify risk for bleeding
- Important for surgery, as risk for bleeding is high

### Arterial blood gases

Looks at Oxygen and CO2 and Acid/Base (pH).

### ABO groups

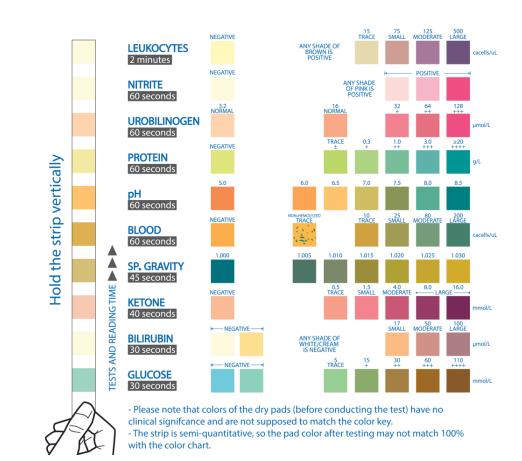
· Blood typing. Important for Surgical procedures where a blood transfusion may be needed

### Electrolytes

• Electrolyte imbalance can result in severe physiological disturbances

# Urinalysis

- Can help identify Liver Disease, Kidney Disease, Diabetes, and Urinary Tract Infections
- Urinalysis will look at:
  - Albumin
  - Bilirubin
  - Glucose
  - Ketones
  - Leukocytes
  - Blood nitrite
  - Urobilinogen
- Assessment Parameters:
  - pH
  - Specific gravity
  - · Color, clarity, and odor of urine.



# Microbiological Studies

- Microbiology or "Culture" is done to detect infective microbes. This is a surgical specimen that may be sent to the lab during a procedure
- Helps the Surgeon identify what infective microbe is present, so correct treatment can be done such as Antibiotic Therapy treating the specific organism
- Culture and sensitivity
  - Culture: Sample of the organism is allowed to incubate on a medium
  - Sensitivity: Exposes culture to a variety of antibiotics
- Common Microbiology Tests: Gram Stain, Aerobic, Anerobic, Fungal, AFB
- It is important to not have Microbiology Specimens come into contact with Antibiotics, as this could
  potentially destroy the organism being cultured

# **Correct Handling of Specimen**









CalculiNO formalin

Amputated limbs

- Morgue
- Return?

**Bullets** 

- Do not scratch
  - Police

Removed prostheses

• NO formalin

# Pathological Examination of Tissue

#### Introduction to Pathology:

- Study of diseases.
- Tissue pathology: examination of tissue for disease presence.

#### • Tissue Biopsy:

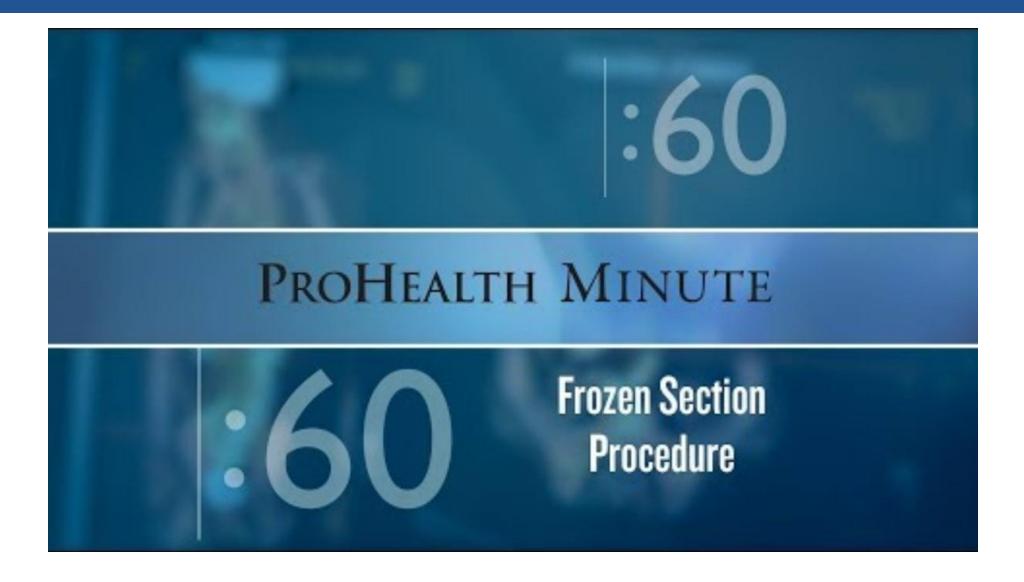
- Removal of tissue for analysis and diagnosis.
- Protocols vary based on tissue type and analysis method.

#### Types of Biopsy:

- Excision: surgical removal for disease check.
- Needle or trocar biopsy: removal with hollow needle.
- Brush biopsy: sweeping cavity for cells.
- Aspiration biopsy: spraying specimen on microscope slide.
- Frozen section: immediate microscopic examination after freezing (looks for cancerous tissue)

# Watch the Frozen Section Video for a brief overview of the process

## Frozen Section Procedure Video



### **Frozen Section Video**

#### **Summary of Video:**

- Frozen Section gives nearly immediate results
  - Infective Tissue
  - Malignant or Benign Mass
- Used when unexpected mass is found during surgery

# Cancer Terms and Concepts (Slide 1 of 2)

#### Definitions:

- Neoplasm or tumor: abnormal growth.
- · Malignant vs. benign tumors.
- Terminology with "-oma" refers to tumor.

#### Comparison of Tumors:

- Benign: resembles origin tissue, encapsulated.
- Malignant: disorganized, invasive, metastatic.

#### Effects of Malignancy:

- Thrombosis, pain, cachexia, anemia.
- Changes in target tissue function.

# **Cancer Terms and Concepts**

(Slide 2 of 2)

#### Diagnostic Methods:

- Tumor markers.
- Biopsy: tissue, cells, or fluid.
- Tumor staging: TNM classification system.

#### Cancer Prevention and Screening:

- Early treatment possibility.
- Public health promotion and screening.

#### Nuclear Medicine:

Use of radioactive particles for diagnosis and treatment.

#### Radiation Therapy:

- Tissue destruction by ionizing radiation.
- Delivery systems: needles, seeds, implants.

### READ CHAPTER 6 FROM THE E-BOOK

Read Chapter 6 from your E-Book to pass the upcoming quiz from Surgical Technology - Elsevier eBook on VitalSource, 8th Edition.

**Click Here** to read chapter 6!

# Thank you!

Get ready for your quiz and rest of the activities now. Best of luck!

# Congratulations!

Lesson 6 is complete.