

Surgery

Susmit

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Deep Vein Thrombosis (DVT)

Formation of semisolid coagulum in a deep vein.

Virchow's triad

- Abnormal surface (endothelial damage)
- Abnormal flow (stasis / turbulence)
- Abnormal blood (thrombophilia)

Factors

- Immobility
 - Age
 - Obesity
 - Prolonged surgery
 - Pregnancy
 - Puerperium
 - Varicosity (effect of immobility, the rest are causes)
- Hormone-replacement therapy (high oestrogen)
- Previous DVT / PE
- Thrombophilia

Common sites

- Popliteal vein
- Femoral "
- Iliac "

Prevention

- Early mobilization
- Hydration
- Compression stockings
- Prophylactic LMW heparin
- Calf pumps
- Minimal use of tourniquets

CABG

Investigations for IHD

- ECG (first line)
- Cardiac enzymes (in acute coronary syndrome)
- Exercise tolerance test
- Echo: Evaluate
 - ventricular function
 - regional wall motion abnormalities
 - valvular lesions
- **Coronary angiography: gold std**
 - Extent, severity and location of stenoses
 - 70% reduction of diameter (i.e. >90% reduction of cross-sec) => severe

Indications for surgery

- 50% stenosis of the left coronary artery (“*left main stem*”)
- 50% stenosis of the proximal *LAD*
- 2/3 main coronary arteries diseased (*RCA, LAD, LCx*)

Graft selection

Types

- **Venous:** long saphenous vein
- **Arterial:**
 - LIMA most common (left internal mammary / left internal thoracic artery)
 - Others
 - * RIMA
 - * Radial
 - * Gastroepiploic
 - * Inf epigastric

Transfusion

Indications

- Acute blood loss
- Periop anaemia
- Symptomatic chronic anaemia

Complications

Single transfusion

- Haemolysis (haemolytic transfusion reaction)
- Fever (febrile transfusion reaction)
- Allergic reaction
- Infections
 - Hep B, C
 - HIV
 - Malaria
 - Bacterial inf
- Air embolism
- Thrombophlebitis
- TRALI

Massive transfusion

- Coagulopathy
- Hypothermia
- Hypo-Ca
- Hypo-K
- Hyper-K

Blood & blood products

- Whole blood
- Components
 - Packed red cells
 - FFP
 - * Plasma stored at -40 to -50°C
 - * Rich in *coagulation factors*
 - * 2y shelf-life
 - Cryoprecipitate
 - * Supernatant of FFP
 - * Rich in *factor VIII* and *fibrinogen*
 - * Stored at -30°C
 - * 2y shelf-life
 - Platelet concentrate
 - Prothrombin complex concentrate

Clinical factoids

- Target Hb level: 10g/dL
- 1 unit transfusion = 1g/dL improvement

Burns

Mechanism of fluid loss

Intense inflammation in burnt areas \rightarrow \uparrow permeability \rightarrow leakage of fluid into extravascular compartment

Assessment

- Rule of 9:
 - First approx
 - Adult
 - * Head-neck \rightarrow 9%
 - * Each upper limb \rightarrow 9%
 - * Torso front 18%
 - * Torso back 18%
 - * Each lower limb 18%
 - * Perineum 1%
- Lund and Browder chart
 - More accurate
- For smaller burns, a piece of paper about the size of the hand to measure the burnt area directly. Size of hand \approx 1%.

Fluid resuscitation

Indications

- **If $>10\%$ TBSA in children or $>15\%$ TBSA in adults (B&L)**
- To correct hypovolaemia
- " " electrolyte imbalance
- To prevent shock
- To provide nutrition

Principles

- **Parkland formula:** $4 \cdot W \cdot A$ mL fluid for the 1st 24h
 - Infuse $\frac{1}{2}$ over 8h, $\frac{1}{2}$ over 16h
- First 12h \rightarrow crystalloid only (massive fluid shift to extravascular compartment takes protein out with it)
- Then add colloid (human albumin solution)
 - Provides necessary oncotic pressure for keeping infused fluid within the vascular compartment

Definitive management

Superficial partial-thickness burns

- Regular dressing
- Heal spontaneously within 2 wks without scar irrespective of choice of dressing

Deep partial-thickness/full-thickness burns

- Nanocrystalline silver dressing until surgery (to prevent colonisation)
- Escharotomy for circumferential full-thickness burns
- Debridement + split-skin grafting
- Without surgery, heal by hypertrophic scarring

Nanocrystalline silver dressing

- 1% silver sulfadiazine
- 0.5% silver nitrate
- Mafenide nitrate
- Silver sulfadiazine + cerium nitrate

Grafts and Flaps

Graft

- Tissue transferred *without its original blood supply*
- Need to revascularise in recipient site

Types of skin graft

- Split-thickness skin graft: epidermis + part of dermis
- Full-thickness skin graft: epidermis + whole dermis
- Composite skin graft: skin + cartilage, skin + fat etc.

Flap

- Tissue transferred *with its original blood supply*

Causes of graft failure

- Inadequate vascularity of recipient site: due to
 - residual pus
 - residual exudate
 - residual dead tissue
- Haematoma
- Shearing forces
- Group A β -haemolytic streptococcal infection
 - can destroy grafts completely
 - hence, contraindication to grafting

Important anticancer drugs

- **Mitosis interferers**
 1. Vincristine
 2. Vinblastine
 3. Taxanes (e.g. Paclitaxel)
- **Antimetabolites** (i.e. DNA synthesis inhibitors)
 1. Methotrexate
 2. 5-FU
- **DNA damagers**
 1. Platinum drugs
 - Cisplatin
 - Carboplatin
 - Oxaloplatin
 2. Cyclophosphamide
 3. Bleomycin
 4. Doxorubicin
 5. Etoposide
- **Hormones**
 1. Tamoxifen: ER blocker (Breast ca)
 2. Goserelin: GnRH analogue; downregulate ant. pituitary → ↓ testosterone (Prostate ca)
 3. Flutamide: Androgen antagonist (Prostate ca)
 4. Bromocriptine: D2 agonist; blocks ant. pituitary stimul (Pituitary tumour)

Varicose veins

Management principles

- Avoid prolonged standing
- Compression stockings
- **Endothermal ablation**
 - *Laser ablation*
 - *Radiofrequency ablation*
- US-guided sclerotherapy
 - Sclerosing agent: sodium tetradecyl sulfate
- Open surgery
 - Sapheno-femoral junction (SFJ) ligation + great saphenous vein (GSV) stripping (*Trendelenburg operation*)