

Can Tweeting Make You Smarter or Dumber?

Using social networking for GME, CME,
and patient care
#acs2010

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Fellow

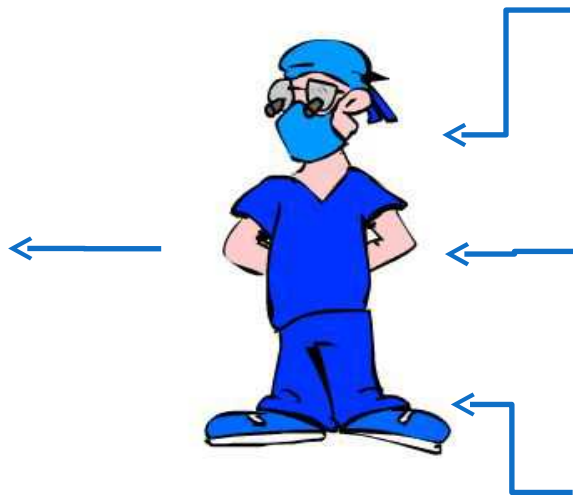
Division of Pediatric Surgery
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twitter

- Great new trick
- You tube video of pyloro-myotomy
- Deadline for ACS meeting registration
- CME credits website
- Job opportunity



Blog

Website

Blog

Website

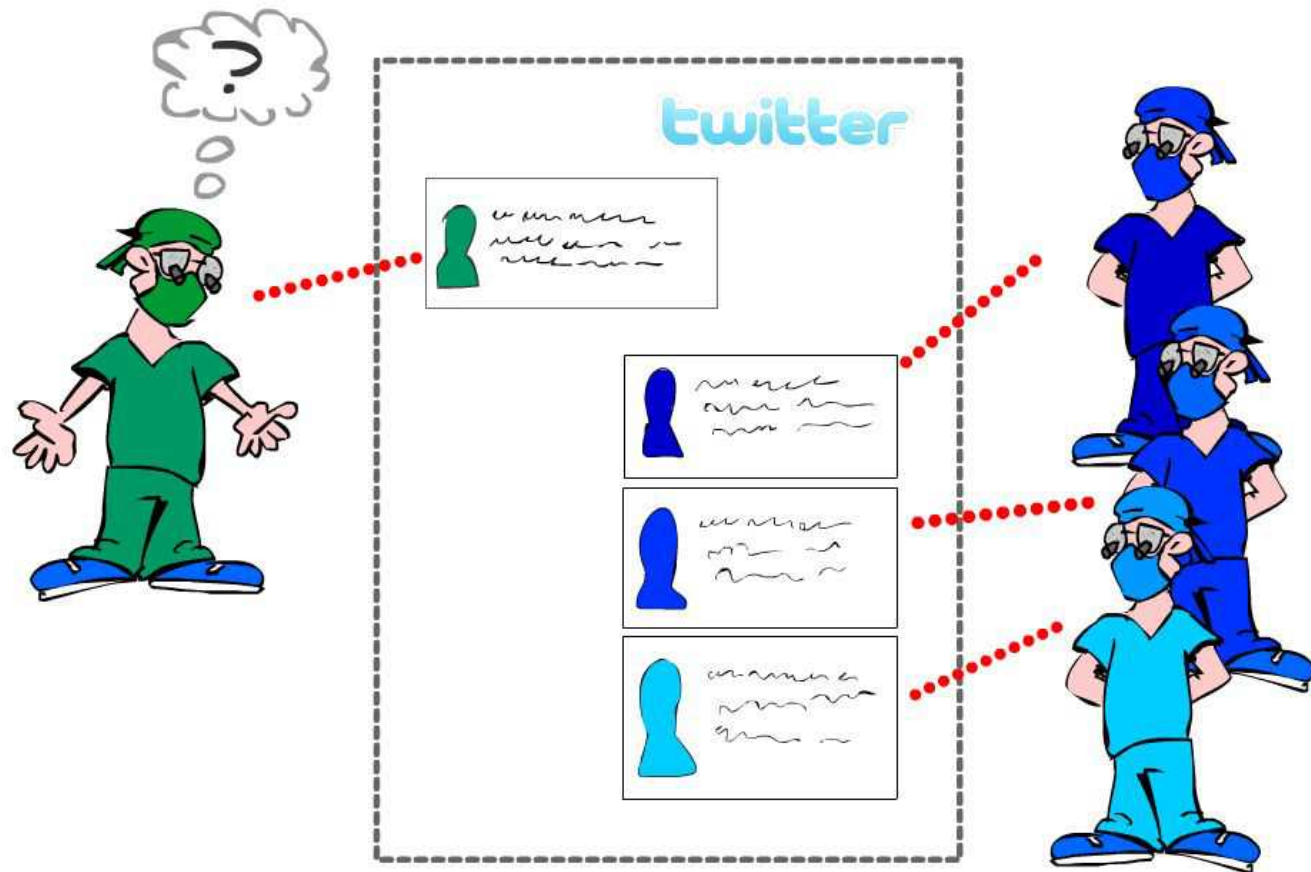
Website

Blog

Website

Personal Learning Network

Internet Sources



How can Twitter be used in surgical education?

- Announcements
- Helping residents study
- Gathering/sharing resources
- Promoting educational activities
- Directing to CME resources

What's happening?

140

Twitterer



Glicklab how often is bilious emesis in
a newborn pathologic
[http://Ao-rLr](#) #pedsurg #surgery

Hashtag



Shortened URL



Blog name

Date of post

Title of post

Blogger profile

Index of posts by subject

Reference


Pediatric Surgery Zone

A site devoted to everything and anything related to Pediatric Surgery

MONDAY, SEPTEMBER 6, 2010

How often is a surgical process the cause of bilious emesis in a newborn?

Pediatric surgeons are trained to recognize bilious (green) emesis as a "red flag" that necessitates immediate attention to evaluate for surgical causes, specifically malrotation with midgut volvulus.



Godbole et al evaluated the outcome of 63 neonates with bilious emesis over a two-year period and noted that 38% had a surgical cause. Nine had Hirschsprung's disease, 5 had small bowel atresia, 4 had **intestinal malrotation**, 3 had meconium ileus, and one each had meconium plug, colonic atresia, and milk inspissation.

Importantly, one of the four neonates with malrotation had no abdominal signs or symptoms, as well as a normal abdominal radiograph at time of diagnosis. On the other hand, the majority of neonates with non-surgical causes had a normal exam and abdominal radiographs.

Non surgical causes for bilious emesis were thought to mostly represent gastro-esophageal reflux and gastric dysmotility, metabolic disturbances, and/or sepsis.

All patients with bilious emesis need a thorough abdominal exam and an abdominal radiograph. Although a relatively small number of these patients (4/63) will have malrotation with potential midgut volvulus, a prompt evaluation with an UGI should always be considered given the potential catastrophic consequences of a missed midgut volvulus.

Godbole P, Stringer MD. *Bilious vomiting in the newborn: how often is it pathologic?* J Pediatr Surg 2002;37:909-911

Posted by Sani Z Yamout at 11:58 AM 0 comments

Labels: GI, neonatal

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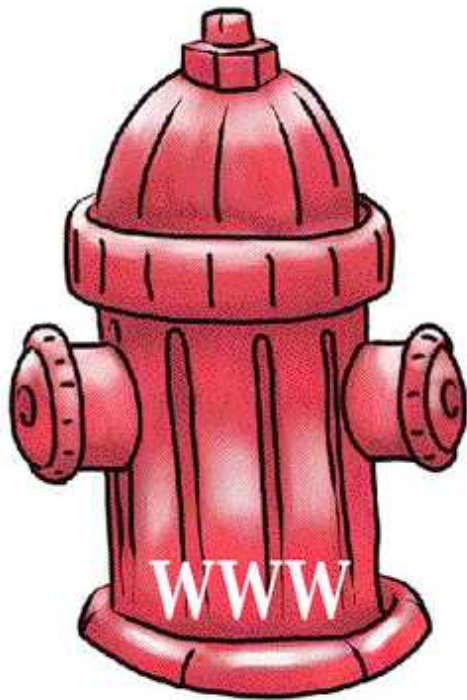


Sani2012

Lap pylorus using a bovie

<http://AoR-Q2.com> #pedsurg





Syameer 140



Can Twitter make you smarter
or dumber?

Depends on how you use it!

What's happening?

140

Great paper on the effect of the 80-hour work-week on patient Outcome <http://aWol/jjap> #GenSurg

What's happening?

140

Just finished a sweet lap colectomy. Now time for happy hour!