

# Department of Surgery

## Surgery II Rotation Programme

Course Duration: 9 weeks

Course Units: 9 credit hours

The total number of students in rotation will be divided into three batches and the rotation of the batches will be as follows:

	First 3 weeks	2nd 3 weeks	Third 3 weeks
Batch 1	Group I	Group II	Group III
Batch 2	Group II	Group III	Group I
Batch 3	Group III	Group I	Group II

**Course Contents:** The course will consist of: a. Lectures, b. Clinical teaching, c. Simulation Laboratory

Lectures: Two lectures per week, each of one hour duration. The topics and the Faculty given below.

Clinical Teaching: Morning Report, Clinical rounds, Operation room sessions, Emergency call duties, Surgical Radiology, Journal Club.

Morning Report: 0930 – 1030	Presentation of cases admitted during Emergency call
Clinical rounds: 1030 – 1200	Case presentation and discussion
Operation room:	Once a week
Emergency Calls:	As and when the respective surgical unit is on call
Grand rounds	Weekly/Fortnightly
Surgical Radiology	Once a week
<u>Simulation Lab:</u>	Once a week per batch
Journal Club:	Once a week

### **Simulation Laboratory Timetable**

#### First three weeks

1. Basics of suturing techniques
2. Basics of laparoscopy
3. Basics of upper GI endoscopy

#### Second three weeks

1. Basics of lower GI endoscopy
2. Revisit Life saving surgical procedures
3. Shock scenario on SimMan

BTLS Course once every Semester

## **The course is:**

Upper and Lower GI Endoscopy

Wound Care

Laparoscopy

Life Saving Surgical Procedures

Shock Scenario

## **Lecture topics:**

### Surgical Physiology

1. Hemostasis and blood transfusion
2. Surgical infections and infection control
3. Wound classification and wound care
4. Nutrition in surgical patients
5. Postoperative complications

### Upper GI Tract

1. Peptic ulceration
2. Achalasia cardia, Hiatus hernia, Carcinoma oesophagus
3. Carcinoma stomach
4. Obstructive jaundice
5. Benign hepatic lesions
6. Hepatocellular carcinoma
7. Acute and chronic pancreatitis
8. Pancreatic malignancies
9. Upper GI Bleeding

### Lower GI tract

1. Inflammatory bowel disease
2. Carcinoma colon
3. Carcinoma rectum
4. Lower GI bleeding

### Spleen

1. Splenomegaly and surgical aspect of splenic disease
2. Portal hypertension

### Endocrine and Breast

1. Congenital anomalies of the breast and thyroid
2. Thyroid goitre
3. Malignancies of the thyroid gland
4. Carcinoma breast
5. MEN tumours, viz, parathyroid, pancreatic islet

### Pediatric Surgery

1. Congenital diaphragmatic hernia
2. Tracheo-oesophageal fistula
3. Anorectal malformations
4. Hirschsprung's disease
5. Pediatric intestinal obstruction
6. Undescended testes

### Vascular and Thoracic

1. Management of acute and chronic limb ischaemia
2. Venous disorders of the lower limb
3. DVT and Acute PE

4. Common surgical diseases of the lung and pleura
5. Mediastinal masses

**Distribution of lecture topics for 6th year:**

Hemostasis and blood transfusion

Surgical infections and infection control

Wound classification and wound care

Nutrition in surgical patients

Postoperative complications

Upper GI Bleeding

Inflammatory bowel disease

Carcinoma colon

Carcinoma rectum

Lower GI bleeding

Peptic ulceration

Achalasia cardia, Hiatus hernia, Carcinoma oesophagus

Carcinoma stomach

Splenomagaly and surgical aspect of splenic disease

Portal hypertension

Congenital anomalies of the breast and thyroid

Thyroid goitre

Malignancies of the thyroid gland

Carcinoma breast

MEN tumours, viz, parathyroid, pancreatic islet

Obstructive jaundice  
Benign hepatic lesions  
Hepatocellular carcinoma  
Acute and chronic pancreatitis  
Pancreatic malignancies

Congenital diaphragmatic hernia  
Tracheo-oesophageal fistula  
Anorectal malformations  
Hirschsprung's disease  
Pediatric intestinal obstruction  
Undescended testes

Management of acute and chronic limb ischaemia  
Venous disorders of the lower limb  
DVT and Acute PE  
Common surgical diseases of the lung and pleura  
Mediastinal masses

**Evaluation:**

- |                              |     |
|------------------------------|-----|
| 1. Continuous assessment     | 20% |
| 2. Final written examination | 40% |
| 3. Clinical examination      | 40% |

## **Emergency Call Duties for the 6th Year Medical Students**

1. There will be two call duties every week.
2. Batches of 2 – 4 students will be on Emergency Call duty at any given time.
3. The Emergency Call Duty starts at 1700 hrs and ends at 0600 hrs the following morning
4. The students who have been on Emergency Call Duties will present the patients that have been seen and admitted during the Emergency Period in the morning meeting to the rest of the students and the Faculty.
5. There will be no compensatory “off” from lectures and clinical duties on the day subsequent to the Emergency Call Duty day.
6. Each batch will report to the Specialist on Call/Senior Resident on Call at the start of his duty period.
7. The batch will attend to all the Emergency Calls for the day along with the Resident/Specialist on Call.
8. **At No Time will the Student attend to any patient on his own. At all times, he will accompany the Resident/Specialist on call**
9. **At No Time will the Student undertake to prescribe medicines, perform procedures or advise patients on their illness.**
10. **At No Time will the Student enter the female ward unaccompanied by the Resident/Specialist on call**
11. **At all times requests by the nursing or the technical staff to perform duties of the Resident on call will be politely turned down.**
12. **In case of any difficulty or problem, he will contact the Faculty under whom he is doing the Surgical Rotation.**