

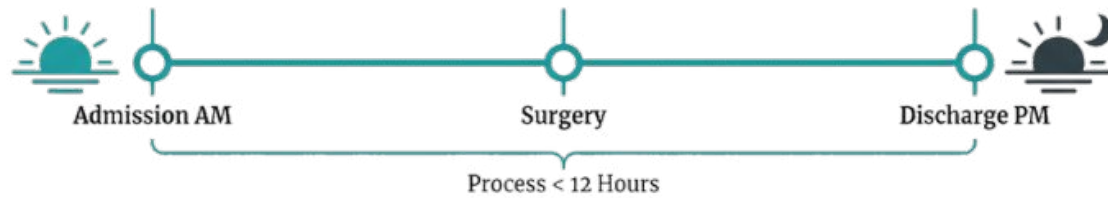


PG Residency General Surgery

Smart Notes. Better Scores.



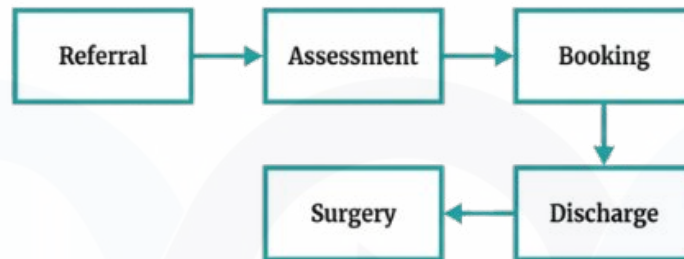
Day Case Surgery: Principles & Patient Flow



Definition: Admission of a selected patient for a planned procedure with discharge on the same day.

Classifications

- **Outpatient:** No ward admission (minor procedures)
- **Overnight stay:** Admission up to 23 hours
- **Short stay:** Admission up to 72 hours

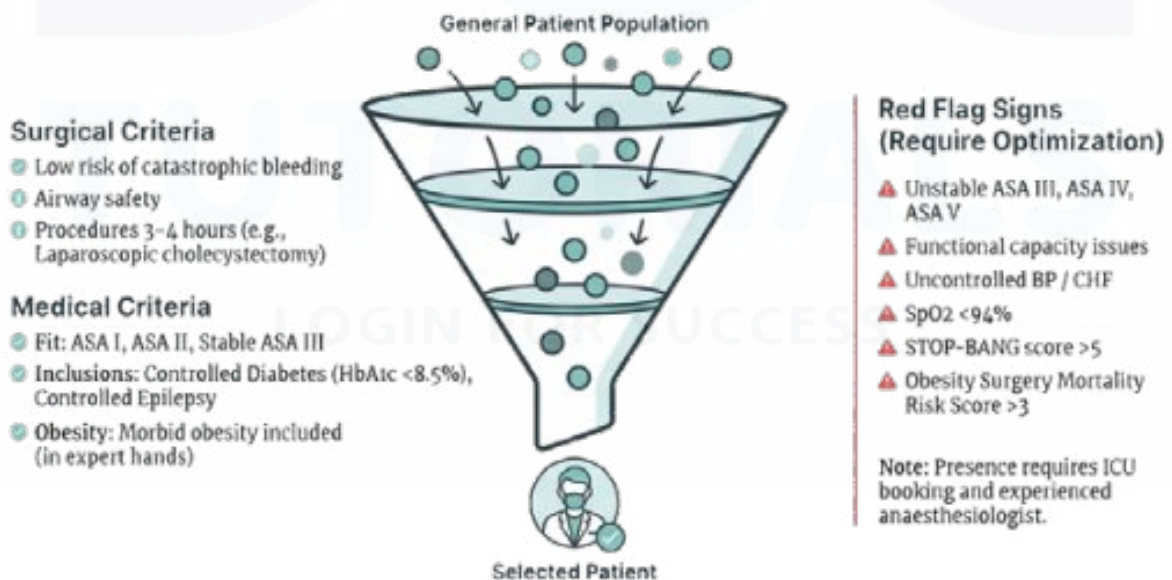


Advantages

- Reduces medical costs
- Reduces hospital-acquired infections
- Increases indoor bed availability

Challenges: Poor selection leads to morbidity; inadequate information transfers burden to family.

Selection Criteria: The Filtering Process



Risk Assessment & Social Criteria

RiskScoring STOP-BANG Score

Snoring
Tiredness
Observed apnea
Pressure (HTN)
BMI >35
Age >50
Neck circ. >40cm
Gender (Male)

Threshold: Score ≥ 5 requires pre-operative optimisation.

Obesity Surgery Mortality Risk
Score Factors: BMI >50, Male, Age >45, HTN, PE risk.
Threshold: Score >3 requires optimisation.

SocialCriteria(Mandatoryfor Discharge)



Travelttime to hospital: <1 hour driving.



Responsible adult available for 24-hour supervision.



Adequate housing (heating, toilet) and phone accessibility.



Unit Setup: Dedicated reception/theatre; nearby parking essential.

Perioperative Management & Discharge



Intra-operative Roles

Anaesthetist

Prefer TIVA (Propofol).
Avoid long-acting opioids (reduce nausea).

Surgeon

Avoid drains.
Specific post-op instructions essential.

Listing Strategy: Comorbid patients and long-recovery procedures (e.g., Tonsillectomy) scheduled early.

Discharge Criteria



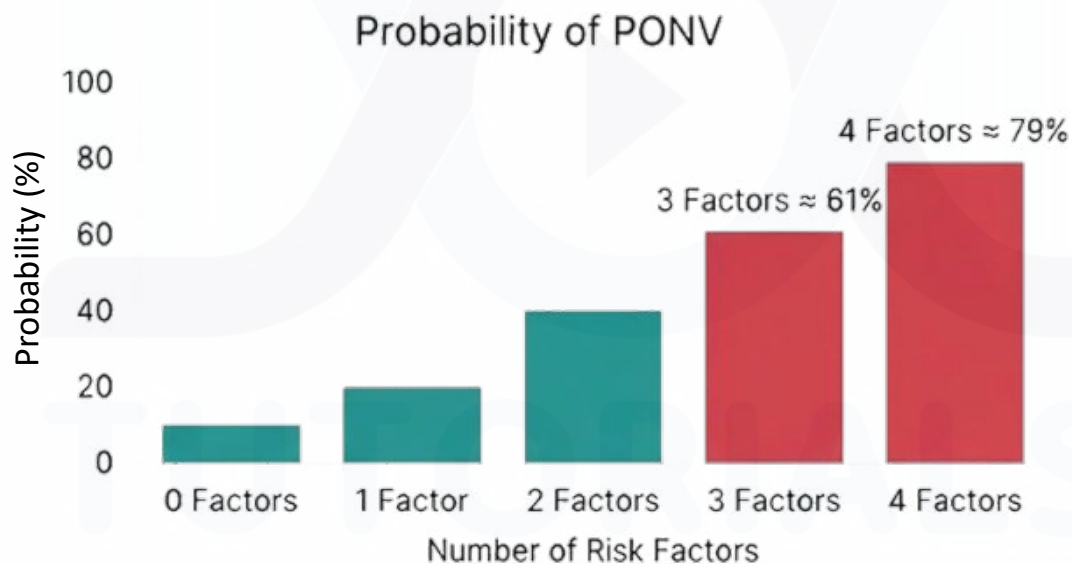
Complications & Apfel Score

Common Complications

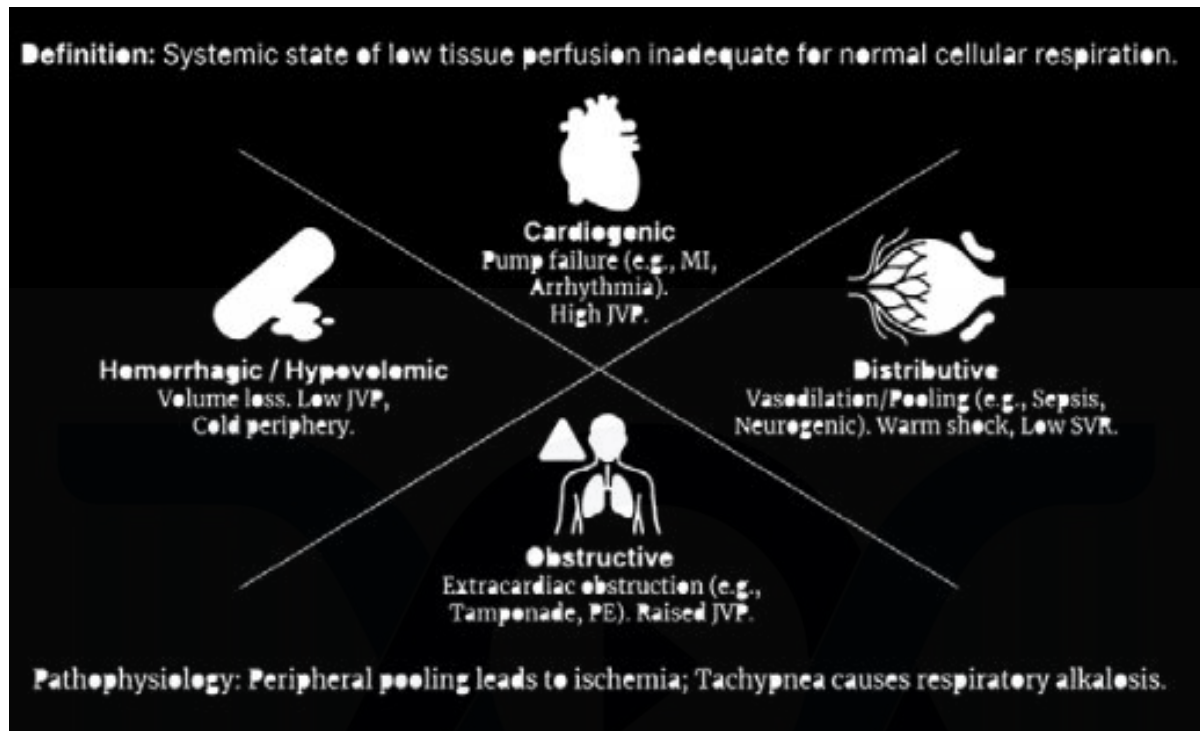
- Most Common: Post-operative nausea and vomiting (PONV).
- Readmission Cause: Secondary haemorrhage is the most common cause.

Apfel Score for PONV Risk

1. Female gender	2. History of PONV/Motion sickness
3. Non – smoker	4. Intraoperative opioid use



Shock: Definition & Classification



Metabolic & Hemodynamic Profiles

Parameter	Hypovolemic	Cardiogenic	Obstructive	Distributive
Cardiac Output	Low	Low	Low	High (Hyperdynamic)
SVR	High	High	High	Low
JVP (Preload)	Low	High	High	Low
SvO ₂ / MvO ₂	Low (<50%)	Low (<50%)	Low (<50%)	High (>70%)

Key Metrics

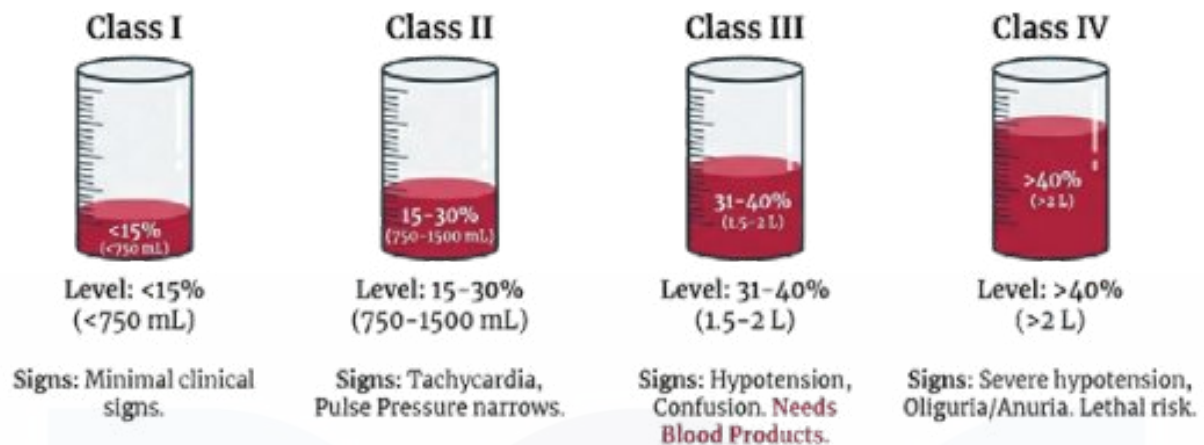
1. Base Deficit:

- Measure of metabolic acidosis.
- >6 mmol/L associated with increased mortality.

2. MvO₂:

- < 50% = Oxygen debt (extraction).
- >70% = Decreased utilization (shunting/ sepsis).

Hemorrhagic Shock: Staging & Classification

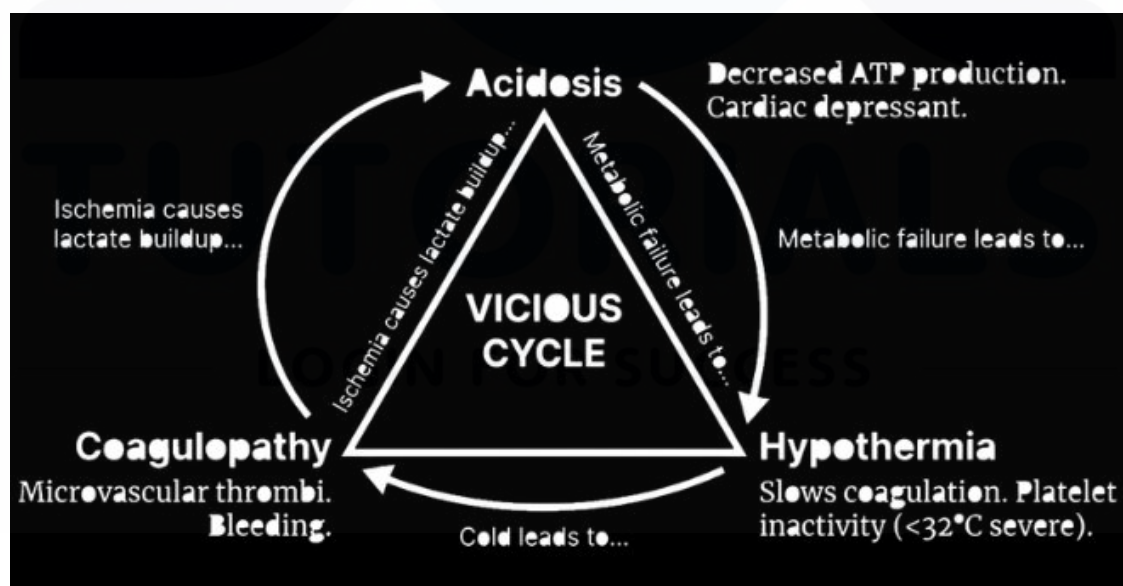


Tachycardia: The earliest sign of shock.

Pulse Pressure: Narrows (Systolic drops, Diastolic maintains) before frank hypotension.

The Lethal Triad

The Vicious Cycle of Trauma Death



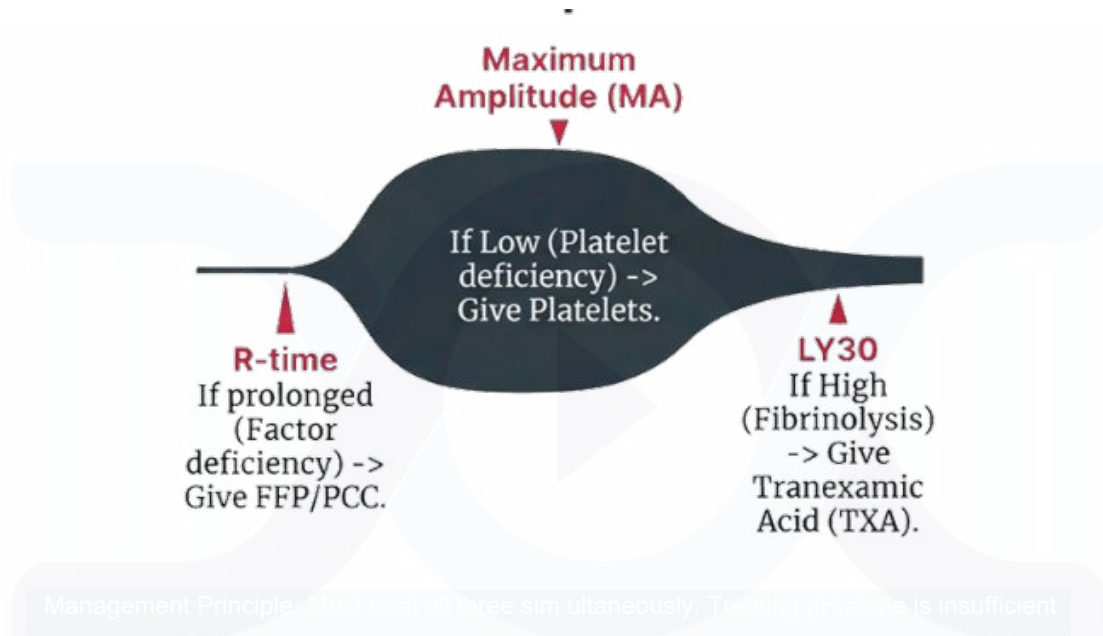
Management Principle: Must treat all three simultaneously. Treating pH alone is insufficient.

Managing Hypothermia & Coagulopathy

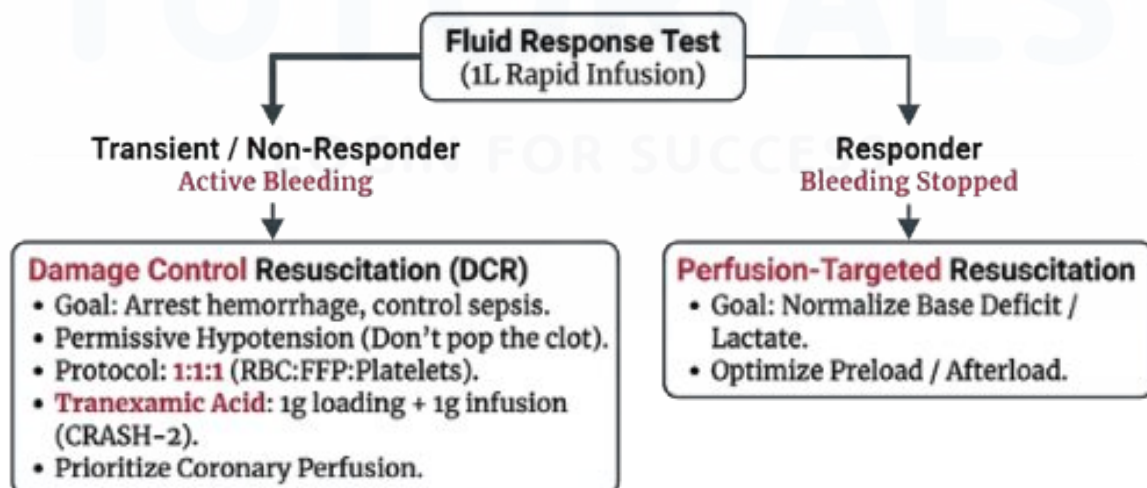
Hypothermia Management

- Goal: 70kg adult needs 62 kcal to raise 1 °C.
- Conduction (Efficient): Cardiopulmonary bypass, body cavity lavage.
- Convection (Inefficient): Bair Hugger delivers only -10 kcal/hr.

TEG Interpretation



Resuscitation Strategies



Monitoring & Key Indices

Hemodynamic Formulas

Shock Index (SI) = $\frac{HR}{SystolicBP}$

(Indicator of stability)

Modified Shock Index (MSI) = $\frac{HR}{MAP}$

(Better mortality predictor)



Lactate & Base Deficit
Systemic endpoints.
Reflect source of bleeding.



CVP
Low (<5) in Hypovolemic.
High in Cardiogenic.



PCWP
Reflects LV End-Diastolic
Volume (Cardiogenic shock).

Septic Shock Goals

Targets: $MvO_2 > 70\%$, CVP > 8 mmHg, Correct Acidosis, Control Infection.

Management Principle: Must treat all three simultaneously. Treating pH alone is insufficient.

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