
Intercollegiate Specialty Examination in General Surgery

Colorectal: Clinical Practice

Theme: CROHN'S disease

Scenario: 25 year old male. Recurrent perineal abscesses. Lower abdominal pain. 4kg weight loss.

O.E. mild lower abdominal tenderness

P.R. External opening at 5 o'clock + palpable track

Introductory Question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)

How would you manage this patient?

Key Points for Discussion:

Pre op investigation.

Examination under Anaesthesia (E.U.A).

Question 2: (e.g. management, relevant applied pathophysiology, anatomy)

E.U.A. - Single external opening.

2 internal openings.

Key Points for Discussion:

Suspicion of CROHN'S

Confirmation of diagnosis seton inserted. Chronic inflammation granuloma.

What is the next step?

Question 3: (complications of management)

MR enteroclysis alty Ba meal + FT. Suggests ulceration and stricture formation in the terminal ileum for about 30cm.

How would you manage this patient?

Key Points for Discussion:

Medical treatment - steroids +/- azothiaprine / infliximab.

Role of surgery - local / abdominal.

Intercollegiate Specialty Examination in General Surgery

General Surgery: Principles and Practice

Theme: Incisional hernia

Scenario: Incisional hernia

Introductory Question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)

How do you define an incisional hernia?

Any gap in the abdominal wall with or without a bulge in the area of the post-operative scar that can be seen or palpated on clinical examination or imaging.

Key Points for Discussion:

Predisposing factors – surgical site infection, surgical technique, patient factors.
Describe risk at consent for abdominal surgery.

Question 2: (e.g. management, relevant applied pathophysiology, anatomy)

How do you diagnose – role of ultrasound.

How do you repair?

Key Points for Discussion:

Mesh versus suture.

Laparoscopic versus open.

Question 3: (complications of management)

Management of recurrent incisional hernia.

Management of giant incisional hernia > 20 cms.

Key Points for Discussion:

Compartment syndrome.

Principles of repair.

Intercollegiate Specialty Examination in General Surgery

Emergency Surgery

Theme: RIF Pain

Scenario: 17 year old girl presents with nausea and RIF pain. On examination she is tender in the RIF—no other findings.

Introductory Question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)

What are the potential likely clinical differential diagnoses?

What in the history may concern you?

Key Points for Discussion:

Discuss-appendicitis/gynae(ectopic-or ovarian cyst)/UTI/mesenteric adenitis

Concern—“if weight loss and diarrhoea—?? Crohn’s—” may need small bowel workup before considering any surgery

Question 2: (e.g. management, relevant applied pathophysiology, anatomy)

Discuss initial investigations and why and specific benefit of each in reaching a diagnosis

She does not settle and eventually you proceed to laparoscopy---no pathology is found—“appendix is normal—” do you remove it---OR NOT??

Key Points for Discussion:

Discuss value of WCC/CRP/pregnancy test/MSSU/US pelvis and laparoscopy

Discuss removing a “normal—” appendix at laparoscopy in this situation

Question 3: (complications of management)

You have done a laparoscopic appendectomy. She does NOT go home the next day because of pain—“On day 2 postop—”she has a faeculent discharge from one of the port sites---discuss investigations and management---and your explanation to an upset young girl and angry mother.

Key Points for Discussion:

Discuss - bloods/scans/sonogram(fistulogram)/small bowel series

Discuss - conservative treatment. NBM/TPN/Enteral feeding/elemental diet/normal diet?????

Discuss - radiological drain placement

Discuss - repeat laparoscopy—“why/when

Discuss open operation

Discuss - involving a senior colleague