

## **Pre-operative Care 3 – Notes for Candidate**

### **Role: Foundation Year 1 doctor in a Pre-operative Clinic**

This is Matias Reyes, a 54-year-old male who has been diagnosed with persistent Gallstones (biliary colic). He has presented to the pre-operative clinic prior to his Cholecystectomy.

He has T1DM, history of PE and is currently taking Insulin basal-bolus regime and apixaban .

You will need to discuss the Indication for the operation and explain the risks as well as benefits. Take a pre-operative history and discuss any pre-operative investigations that may be required, explaining why. Explain how their medication will be altered prior to their operation.

**The station will last 10 minutes but you will be notified by an invigilator at 8 minutes.**

## **Pre-operative Care 3 – Notes for Actor**

### **Patient Script:**

You are Matias Reyes, a 54 -year-old male who has been diagnosed with persistent Gallstones. You have come to the pre-operative assessment clinic to discuss the surgery you will be having to remove your gall bladder.

Your signs and symptoms: RUQ pain worse on eating fatty foods – symptom recurrence.

Medication: Apixaban, Diabetes controlled via basal bolus

PMHx: T1DM, Previous Unprovoked PE

SHx: Builder, lives with wife and 3 children, non smoker

## Pre-Operative Care 3 – Examiner marksheet

<b>MARKING RUBRIC</b>	✓
<b>Opening:</b> <ul style="list-style-type: none"> <li>• Introduces themselves.</li> <li>• Confirms Patient demographics.</li> <li>• Explains and gains consent from patient about consultation.</li> </ul>	
<b>Main Consultation:</b> <ul style="list-style-type: none"> <li>• Good professionalism throughout</li> <li>• Explains the reason for attending the pre-operative clinic, with good knowledge of the surgery.</li> <li>• Understands what investigations are needed prior to the surgery and explains to the patient why.</li> <li>• Explains what changes of medications are needed prior to the surgery. Explains what will happen on the day and recovery.</li> <li>• Open and non-judgemental communication, natural flow to the conversation</li> <li>• Shows empathy at appropriate times, doesn't come across as forced or unnatural.</li> <li>• Explores the patient's understanding of the operation and their Idea's and Concerns</li> </ul> <b>Cholecystectomy Specifics:</b> <ul style="list-style-type: none"> <li>• General anaesthetic, NBM 6 hours prior (solids), 2 hours (water)</li> <li>• Typically laparoscopic, may need to be converted to open</li> <li>• Home after day or two – avoid strenuous exercise 2 weeks</li> <li>• Laprascopic, back to work, and driving normally after 2 weeks</li> <li>• Complications – bleeding, infection, adhesions, bile leak, pain, hernia, conversion to open</li> <li>• DOAC– stop 48 hrs.</li> <li>• Insulin – Basal Bolus - omit short acting, if missing more than one meal switch to VR11 – normally first on list in morning</li> <li>• Investigations: FBC, U&amp;E, G&amp;S, HBA1C, may require Chest XR</li> </ul>	
<b>Ending consultation:</b> <ul style="list-style-type: none"> <li>• Summaries and clarifies any points.</li> <li>• Thanks Patient</li> </ul>	

### Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

### Patient Impression/comments: