

Post Operative Management – Notes for Actor

Patient demographics:

You are Steven Mulhern, a 43-year-old male recovering on the post-operative ward after a subtotal colectomy for ulcerative colitis, when you develop abdominal pain and your bedsheets become blood-soaked. When asked, you will tell the doctor that you woke up due to tummy pain and saw that your bedsheets were soaked with blood.

Presenting Complaint: Abdominal pain

History of Presenting Complaint:

- **Site:** around the wound area, non-radiating
- **Quality:** sharp burning pain
- **Intensity:** 7/10
- **Timing:** started 10 minutes ago
- **Aggravating:** movement
- **Relieving:** Nothing

Additional symptoms (if asked):

- Bleeding from the surgical site

Negative history:

Deny the following if asked: fever, palpitations, breathlessness.

ICE

C: worried about the bleeding

PMH + Surgical History

- Ulcerative Colitis
- No coagulopathies or connective tissue disorders
- Recent subtotal colectomy for UC less than 24 hours ago

Drug History

- Sulfasalazine for UC

Family History

- Nothing of note

Diagnosis: WOUND DEHISCENCE

Post Operative Management – Notes for Candidate

Role: Foundation Year 1 doctor on the post-operative ward

Presenting complaint: Abdominal pain

This is Steven, a 43-year-old male who is on the post-operative ward with abdominal pain

Please take a brief history from this patient, you have 3 minutes to do so.

Then briefly outline to the examiner the physical exam you would do and what you would look for, you will have 2 minutes.

Then you will be asked to interpret some investigations for 3 minutes.

There will be 2-minutes of further questions from examiner at the end

Post Operative Management – Examiner marksheet

HISTORY:

“Please take a brief history from the patient”

- Student takes a brief and focused history, SQITARS for abdominal pain
- Asks about relevant symptoms such as fever and features of haemodynamic instability
- Quick scan of relevant PMHx, DHx (including allergies) and FHx
- Asks about what surgery the patient had

Examination:

“Please briefly state what examination you would do and what you would look for”

- Observations to check for haemodynamic instability
- Examination of the surgical wound site to check for dehiscence and infection
- Gastrointestinal examination: inspecting the wound, palpating for potential peritonism, percussing for free fluid (blood) accumulated in the abdomen.

“On examination, the patient has a clearly open abdominal surgical wound which is bleeding actively.”

Investigation interpretation:

“Please interpret the following investigations” (hand them interpretation page)

- FBC: low haemoglobin and platelets suggest that the patient has lost blood, either from the dehiscence or from the operation.
- Wound swab: gram positive staphylococcus, most likely staphylococcus epidermidis

Follow-up questions:

1. What are your top two differentials
Wound dehiscence
Surgical site infection
2. State two risk factors for wound dehiscence
Vitamin C deficiency, obesity, poor sutures, steroids, smoking

3. What is your initial management plan?

IV Abx to reduce the risk of massive surgical site infection

Call the surgical team to take the patient back to theatre and close the wound

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

Post Operative Management – Investigations for Interpretation

FBC - Hb (135 – 180 g/L)	110
MCV (82 – 100 fl)	89
Platelets (150 – 400 * 10 ⁹ /L)	140
WCC (4 – 11 * 10 ⁹ /L)	10.0
Neutrophils (2 – 7 * 10 ⁹ /L)	3.1
Lymphocytes (1 – 3 * 10 ⁹ /L)	1.6
CRP (<10 mg/L)	58

Wound site swab:

