

Post-operative Management- Notes for Actor

Patient demographics:

You are Elliot Edwards, a 42 year old male recovering on the post-operative ward 4 days after an Open AAA Repair, when you develop Pain in your Right Leg.

Presenting Complaint: Leg Pain

History of Presenting Complaint:

- Site: Right Calf only
- Quality: Constant deep ache
- Intensity: 8/10
- Timing: Began today 4 days after the surgery, never happened before
- Aggravating factors: None
- Relieving factors: Paracetamol and Ibuprofen not helping

Additional symptoms and Negative History (ONLY IF ASKED)

- Calf Swollen + Hot
- Skin looks more Red than normal
- No Difficulty Breathing, No change in pain when toes stretched passively
- No Fever, No Vomiting, No other Symptoms

ICE

I: Could it be an infection?

C: None

E: You want the pain to stop

PMH + Surgical History:

- Hypertension, Familial Hyperlipidaemia
- AAA repaired

Drug History

- None, No Allergies

Family History

- Hyperlipidaemia in Father

Diagnosis: Deep Venous Thrombosis

Post-operative Management- Notes for Candidate

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

Presenting complaint: Leg Pain

This Elliot Edwards, a 42-year-old male who is on the post-operative ward with Leg 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 Leg Pain
- Asks about relevant symptoms such as Fever and Shortness of Breath
- 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 leg to Assess for: Rash, Swelling, Colour change, Warmth
- Neurovascular exam:- Bilaterally assess: Temperature, Lower Limb Pulses, Distal Sensation
- Cardiovascular exam: Pulse, Auscultation
- Respiratory exam: Respiratory Rate, Air entry, Breath sounds, Percussion

“On examination, the patient has a Warm significantly Swollen Right Calf, with a Pulse of 120. Respiratory and Cardiovascular exams are completely normal”

Investigation interpretation:

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

- D-Dimer: Raised, potentially DVT/ PE
- Creatine Kinase: Normal, Rules out Compartment Syndrome/ Rhabdomyolysis
- U&Es: Normal, Rhabdomyolysis not likely

Follow-up Questions:

Q1: What is your top differential?

Deep Venous Thrombosis

Q2: List another Differential?

Compartment Syndrome

Q3: How would you manage Jason?

Apixaban/ Rivaroxaban for 3 months

Global Impression

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/ Comments:

Post-operative Management- Investigations for Interpretation

Hb (135 – 180 g/L)	143
Platelets (150 – 400 * 10 ⁹ /L)	223
WCC (4 – 11 * 10 ⁹ /L)	9
Creatine Kinase (35-250 u/l)	230
D-Dimer (< 400 ng/ml)	900
Serum Sodium (135-145 mmol/l)	139
Serum Potassium (3.5 - 5.0 mmol/l)	4.2
Serum Urea (2 - 7 mmol/l)	5.3
Serum Creatinine (55-120 umol/l)	88