

## Post Operative Management – Notes for Actor

### **Patient demographics:**

You are Susan Margaret, an 86-year-old female recovering on the post-operative ward after a Right hemicolectomy for a carcinoma, when you develop abdominal pain. When asked, you will tell the doctor that you woke up due to tummy pain and has been getting very bad.

### **Presenting Complaint:** Abdominal pain

### **History of Presenting Complaint:**

- **Site:** All over the abdomen
- **Quality:** sharp burning pain
- **Intensity:** 9/10
- **Timing:** started 20 minutes ago
- **Aggravating:** movement
- **Relieving:** Nothing

### **Additional symptoms (if asked):**

- Not passed any stool and has no stoma

### **Negative history:**

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

### **ICE**

C: worried about the bleeding

### **PMH + Surgical History**

- Bowel cancer
- No coagulopathies or connective tissue disorders
- Recent right hemicolectomy 48 hours ago

### **Drug History**

- Analgesics for pain

### **Family History**

- Nothing of note

**Diagnosis: Anastomotic leak**

## **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.

Tell student: on examination patient is tender all over and there is guarding

Interpret the following results (give them results)

Normocytic anaemia

Raised CRP

Hemodynamic instability

### **Follow-up questions:**

#### **1. Top differentials?**

Anastomotic leak

Peritonitis

#### **2. Name two Risk factors**

Poor surgically technique

No stoma so no defunctioning

#### **3. What is your initial management?**

**A to E and resuscitation and stabilise the patient**

**NBM**

**Call senior and prep for theatre**

**Global Impression: Patient Impression/comments:** • Excellent

- Good
- Pass
- Borderline
- Fail

**Post Operative Management – Investigations for Interpretation**

FBC - Hb (135 – 180 g/L)	90
MCV (82 – 100 fl)	87
Platelets (150 – 400 * 10 <sup>9</sup> /L)	150
WCC (4 – 11 * 10 <sup>9</sup> /L)	10.0
Neutrophils (2 – 7 * 10 <sup>9</sup> /L)	3.1
Lymphocytes (1 – 3 * 10 <sup>9</sup> /L)	1.6
CRP (<10 mg/L)	150