Practical skill

"DEFINITIONS symptoms of peritoneal irritation"

ALGORITHM for

"DEFINITIONS symptoms of peritoneal irritation"

Before manipulationes to be used elements of communication skills: Standard algorithm collecting complaints and medical history and physical examination standard algorithm and conduct medical procedures.

Positive symptoms of peritoneal irritation:

Cough (Cheremskyi-Kushnirenko) - the appearance or increased pain when coughing.

Shchetkina-Blumberga - the sudden increase in pain after previous subtraction fingers soft press on the anterior abdominal wall (pain sudden decompression).

Voskresenskogo ("shirt") - the appearance of a sharp pain in his hand on the rapid implementation of the anterior abdominal wall on the right (or left) edge of the arc to the right iliac area in tight shirt patient; (Fig. 1)

Fig. 1. Voskresenskogo symptom.

Razdolsky - the appearance or increased pain when dosed tapped on the anterior abdominal wall.

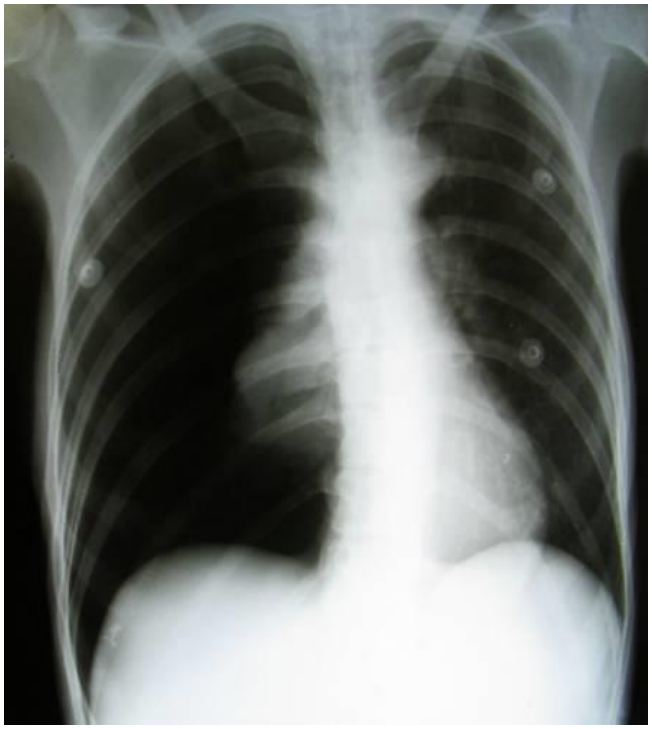
Practical skill

"EVALUATION RADIOGRAPHS IN PATIENTS WITH ACUTE SURGICAL PATHOLOGY OF THE CHEST AND ABDOMEN (PNEUMOTHORAX, HEMOTHORAX, INTESTINAL OBSTRUCTION)."

ALGORITHM for

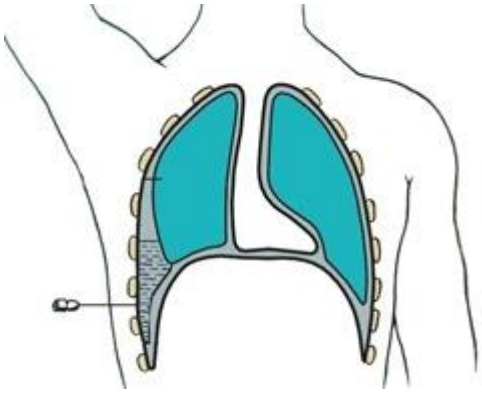
"EVALUATION RADIOGRAPHS IN PATIENTS WITH ACUTE SURGICAL PATHOLOGY OF THE CHEST AND ABDOMEN (PNEUMOTHORAX, HEMOTHORAX, INTESTINAL OBSTRUCTION)."

PNEUMOTHORAX



The main radiological signs - no pulmonary pattern on the side of destruction, displacement of the heart to the healthy side (rapid beating of his - when oxidized), increased pulmonary pattern and the omission of the diaphragm on the healthy side.

HEMOTORAX (hydrothorax)



X-ray study reveals a homogeneous liquid shadow with the upper limit that is displaced at an inclination of the body. Prerequisite correct recognition pleural effusion is the x-ray in lateroposithiones. Pleurocentesis allows you to specify the nature of pleural effusion and to the differential diagnosis of pleurisy, pyotoraxom.

ACUTE INTESTINAL OBSTRUCTION.

Radiological research - basic special method of diagnosis of acute intestinal obstruction.

by which you can identify the following features:
1. Bowl Kloyber - horizontal fluid level of enlightenment dome over it that looks like an inverted bowl. When strangulative obstruction can occur after an hour, with obstructive - after 3-5 hours of illness. Number of cups varies, sometimes they can be layered on one another in the form of stairs. Liquid level localized in the left upper quadrant, indicating a high obstruction. When ileum levels vertical dimensions prevail over horizontal available semilunar folds of mucous membrane, in the colon horizontal dimensions prevail over vertical determined haustration.
2. Intestinal arcade appear when the small intestine inflated gas, while in the lower lap arcades existing horizontal fluid levels.
3. Symptom perystosti occurs at high intestinal obstruction associated with stretching hollow gut, which has high circular folds of mucosa.
Contrast studies performed in doubtful cases with subacute course. Retard the passage of barium in the cecum more than 6 hours against drugs, stimulating peristalsis indicates obstruction (normal - after 4-6 hours without stimulation).

Practical skill

" PALPATION OF PERIPHERAL ARTERY."

ALGORITHM for

" PALPATION OF PERIPHERAL ARTERY."

Before palpation of vessels to be used elements of communication skills: Standard algorithm collecting complaints and medical history and physical examination standard algorithm and conduct medical procedures.

Palpation of peripheral artery.

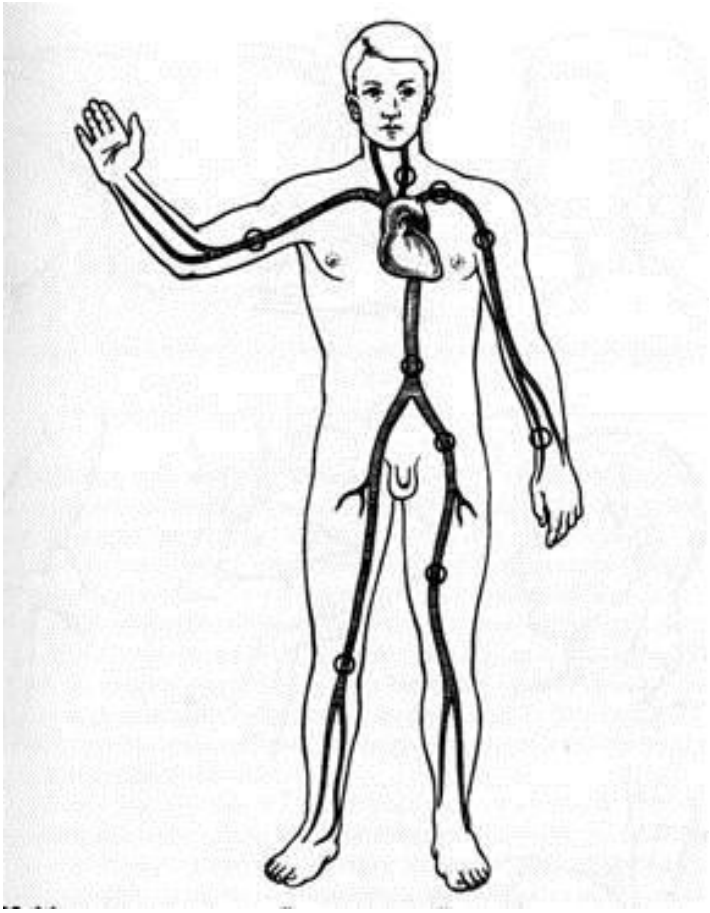


Рис. 1.

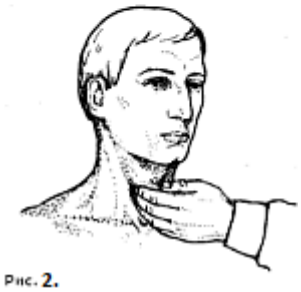


Рис. 2.

Рис. 2а.

Conducted in areas of the body where the main vessels located close to the bone.

Palpation of peripheral arteries can detect violations of their passage.

Simultaneously both palpable namesake artery. This ends pointing, Medium and ring fingers are placed along the course of the artery in the area of the typical localization. First compare the filling pulse on both sides, then define the state of the vascular wall, the presence of pain and inflammatory changes in the skin over the vessels.

Originally palpable temporal artery and peripheral distal extremities. In the case of reduction or absence of filling rate on any of the arteries consistently palpable during the corresponding artery in the proximal direction to identify the level of excitation of arterial patency.

• temporal artery (a. temporalis) palpable in the temporal area of 2 cm upward and forward from the opening of the ear canal (Fig. 1)

• facial artery (a. facialis) palpable 2 cm to the front of the angle of the mandible;

• common carotid artery (a. carotis communis) - near the inner edge kyvalnoho muscle at the upper edge of the thyroid cartilage (Fig. 2) or by the angle of the mandible;

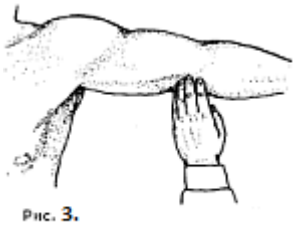


Рис. 3.

Рис. 4.

radial artery (a. radialis) palpable in the area of determining the pulse (Fig. 2)
• Shoulder artery (a. brachialis) - in the medial furrow biceps muscles at its middle third (Fig. 3)
• inguinal artery (a. axillaris) - in the inguinal fossa on the head of the humerus when designated to the horizontal level of the upper extremity (Fig. 4)
• subclavian artery (a. sub-clavia) - (Fig. 5) in the lateral region of the subclavian fossa;

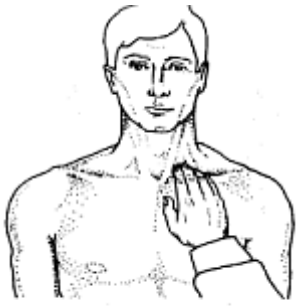
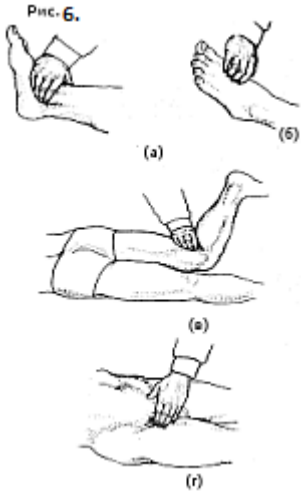


Рис. 5.

Рис. 6.



posterior tibial artery (a. tibialis posterior) palpated along the posterior edge of the medial malleolus (Fig. 6a)
• a. dorsalis pedis - on the dorsum of the foot in the proximal part I interfingers spase (Fig. 6b)

• popliteal artery (a. poplitea) - on the medial side of the popliteal fossa lying on his stomach with a bent knee joints at right angles down (Fig. 6c)
• a. femoralis - directly below the middle pupartovoyi connections with straightened and slightly rotated to the outside thigh (Fig. 6g).

Practical skill

"PALPATION OF THYROID. ASSESSMENT FINDINGS."

ALGORITHM for

"PALPATION OF THYROID. ASSESSMENT FINDINGS."

Before manipulationes to be used elements of communication skills: Standard algorithm collecting complaints and medical history and physical examination standard algorithm and conduct medical procedures.

In normal thyroid during the inspection are not visible, but her neck is available for palpation. There are several methods of palpation of the thyroid gland. We recommend palpate the gland follows. Originally physician before becoming ill, left hand captures his neck, and palm of the right hand puts longitudinally fingers up to the front of the neck, groping thyroid cartilage and asks the patient to raise his head slightly up. Then, slipping his fingers down the side of the thyroid cartilage and then to bracket annular cartilage directly beneath it is lying transverse ridge isthmus thyroid gland (Fig. 1a).

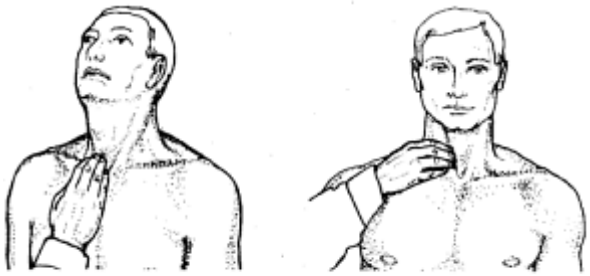


Рис. 1

Fngertips pass across the isthmus, determines its width, texture, mobility swallowing. Then in the furrows formed lateral surfaces of the thyroid cartilage , directly over the top edge of the isthmus try to feel the side particle cancer. Palpated with closed tips of the index, middle and ring fingers of the right hand first on one side, and then - on the other. (Fig. 1b).

For ease of palpation can press the left hand on the thyroid cartilage on the opposite side. If the side particle palpable, determine their properties: size, shape, density and uniformity of texture, degree of mobility on palpation, the presence of pain and cohesion with the skin and surrounding tissues.

This method palpation of the thyroid is desirable to combine the following technique.

The doctor, standing behind the patient, covering his neck with both hands so that your thumbs are on its rear surface, others lying on the front surface. Then the middle fingers of both hands below the thyroid cartilage is the isthmus cancer and

perekochuyuchys through it in the longitudinal direction, conduct palpation (Fig. 2a). Then the tips of two or three fingers simultaneously trying to both sides feel the side particle in the direction of palpable thyroid cartilage to kyvalnoho muscle (Fig. 2b).

To determine the degree of mobility thyroid doctor, connecting the end of his middle finger under the thyroid cartilage, the patient asks for a mouthful of water and make a sip. Thyroid shifted swallowing up middle fingers held under the doctor and so palpable. This technique can also palpate the gland at its retrosternal location.

In normal thyroid palpation lateral part it is not defined as isthmus detectable in the form of cross lying, smooth, smooth roller schilnoelastychnoyi smooth. Isthmus width less than the width of the middle finger. The gland is cemented to the skin and surrounding tissues, easily dislodged if swallowed.

Increased thyroid gland called goiter. There are five stages of the crop:

I. gland is not visually defined, but its neck extended, thickened and distinctly palpable lateral particle cancer;

II. moderately enlarged gland becomes noticeable when swallowing;

III. enlarged gland smoothes the contours of the anterior surface of the neck and fills the jugular fossa ("thick neck");

IV. greatly enlarged gland beyond the outer edges kyvalnoho muscle and beyond jugular notch sternum, changing the configuration of the neck;

V. pronounced increase in cancer leads to significant deformation of the neck and the distortion of paths.

Enlargement of the thyroid gland observed in thyrotoxicosis (Graves' disease, or disease Hrayvsa), thyroiditis and tumor lesions. In patients with thyrotoxicosis thyroid increases uniformly or generally increasing one of its particles. However gland thus keeps normal consistency, not soldered to the skin and surrounding tissues, mobile and painless.

When thyroiditis gland increases irregularly, becomes dense, painful skin can be hyperemiyovanoyu, hot to the touch. In patients with thyroid cancer in the thickness of its palpable thick knobby or hilly formations soldered to the skin, germinate in the surrounding tissue and does not move when swallowing. This changes the voice and there is shortness of breath noisy breathing.