Methodical manual
to practice lessons

For students of 6th year
of the faculty of foreign students

By edition of Prof. Ivanov S.V.

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1. REOPERATIVE PREPARATION AND POSTSURGICAL PERIOD. TRANSFUSIONS OF THE BLOOD AND BLOOD SUBSTITUTES.

I. INTRODUCE.

There is an exclusive role of preoperative preparation in the risk reduction together with anesthesia, intensive infusion therapy and improvement of the surgery operation. In case of the same operations in emergency and elective surgery, postoperative mortally in urgent cases is higher in 2-5 times than in cases of elective operations.

In the system of the doctor’s manipulations for urgency operations, the exclusive role must be given to preoperative preparation and rational management of the sick.

It is necessary to study principles of preoperative preparation together with infusion therapy.

II. GENERAL AIM OF PRACTICAL LESSON.

The student must to study: pathophisiology of different violations of homeostasis, to learn how to evaluate the start condition of the patient given the extent and nature of the changes in human organism, to use the rang systems of estimation of the severity of the patient, to learn the basic principles of infusion therapy and post operation parenteral nutrition, pharmacokinetic of drugs and environments for the parenteral nutrition, their indications and contraindications for use.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:

1. Pathophysiology of the pain-syndrome; water-electrolyte and protein violations.
2. Pathophysiology of the heart-vessels and respiratory disorders in pre- and postsurgical period.
3. Clinic and laboratory based postsurgical hypovolaemia and irreplaceable blood loss.
4. The basic principles of the infusion therapy.
5. The severities of the condition of the patient. Criteria of the postsurgical risk.
6. Postsurgical nutrition of the patients and exercise therapy.
7. Postsurgical respiratory and heart-vessels complications.
8. Postsurgical intestine paresis.
9. Indications for the transfusions of red-blood cells.
10. Post-transfusion complications: local (abscess, phlebitis and etc.) and system (reaction, shock, jaundice, renal and hepatic failure).
11. Indications for transfusion different blood substitutes – proteinaceus, saline and fatty emulsions.
12. To define a blood-type and the quality of blood.
13. To process the documentation correctly in case of transfusion of red-blood cells and blood substitutes.
14. To collect the system for the transfusion.
15. Methods of the sterilization
16. To define individual, RH- and biological compatibility.

III. THE INITIAL LEVEL OF KNOWLEDGE.

All basic questions of the them were studied in the program of 3rd, 4th and 5th years. It’s necessary to remember this knowledge for the systemic and profound study in monographic volume.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. The pathophisiology of homeostasis violations.
2. The pathogenesis of respiratory, heart-vessels, renal and hepatic failures and shock.
3. The pathogenesis of compartment-syndrome.
4. The principles of the assessment of patient’s condition.
5. The principles of the infusion therapy.
6. The complications of the infusion therapy.
7. The peculiarities of the patients in early postsurgical period.
8. The prevention of complications in early postsurgical period at the patients with the abdominal, respiratory and vessels pathology.
10. The diet in the postsurgical period.

V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Cite the classification of blood substitutes.
2. List the mechanisms of action of blood substitutes and blood components.
3. Cite the classification of respiratory distress syndrome.
4. Cite the methodology of calculation of protein requirement, energy resources and volumes in case of infusion therapy.
5. Cite the classification of the postsurgical period.
6. Cite the classification of the postsurgical complications.
7. Cite the criteria of the operation risk.
8. List the criteria of monitoring in case of transfusion therapy.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Paint the scheme of haemostatic violations in case of pain-syndrome in postsurgical period.
2. Describe the pathophysiology of heart-vessels and respiratory failure in postsurgical period.
3. Describe clinic and laboratory based of hypovolaemia.
4. Make the algorithm of diagnostic and preparing for the operations the patients with gastro-intestinal, respiratory and vessels diseases.
5. Describe the methodology of conducting samples for the individual, RH- and biological compatibility of the transfusion blood.
6. Prescribe the treatment in case of haemotransfusion shock, prescribe the drugs.
7. Write the classification of blood substitutes, their main indications and contraindications for using.
8. Write the classification of the degrees of severity of compartment-syndrome.
2. HEALTH COMPLICATIONS OF THE ACUTE APPENDICITIS

I. INTRODUCE.
An acute appendicitis is one of the oftenest disease, found in surgery practice and requiring emergency surgery operation. An incidence of acute appendicitis is 4-6 cases per 1000 population. There are many complications in case of appendicitis, which are able to make a man death. The emergence of some complications is depended on too late operative treatment, other – on defects of surgical technique, the 3rd – on unforeseen reasons. Though the per cent of the acute appendicitis complications falls year by year, nowadays this chapter of the surgery has big practice value. Taking into account the high incidence and serious dangerous of the acute appendicitis and its complications, there is needing of the detailed learning its clinic, diagnostic and methods of surgery treatment of the acute appendicitis.

II. GENERAL AIM OF PRACTICAL LESSON.
Students must to acquire knowledge of the classification of appendicitis complications, ways of diagnostic and treatment, differential diagnostic of acute appendicitis complications; practice of anamnesis, making the plan of diagnostic and making the scheme of treatment in case of complications of the acute appendicitis.

EDUCATIONAL TARGETS FOR TRAINING.
After self-study of the educational material, the student must to KNOW and be ABLE to:
1. The anatomy and physiology of the caecum and appendix.
2. Etiology and pathogenesis of the acute appendicitis and its complications (modern theories).
3. The classification of complications of the acute appendicitis.
4. The clinic of complications of the acute appendicitis depending on localization, time and type of clinic.
5. The plan of diagnostic of the patients with this pathology.
6. To make the differential diagnostic between the acute appendicitis with its complications and other diseases.
7. The tactic of management of the patients with acute appendicitis complications.
8. Indications for operation in case of an acute appendicitis.
9. Preparing the patient for the operation and management of postsurgical period.
10. The volume of the operations in case of an acute appendicitis and their types.

III. THE INITIAL LEVEL OF KNOWLEDGE.
The material of this topic was studied in 4th and 5th years. It is necessary to restore them in the memory for deep and systematic learning.

IV. THE PLAN OF STUDY OF THE TOPIC.
1. Etiology, pathogenesis, clinic and diagnostic of the acute appendicitis.
2. Complications of the acute appendicitis, their classification.
3. Clinic of the acute appendicitis complications.
4. The plan of diagnostic and treatment patients with acute appendicitis complication.
5. Repairing patients for the operation. Indicates and contraindicates for the operation.
7. Particular qualities of the surgery treatment of different acute appendicitis complications.
V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. List basic locations of appendix.
2. Describe basic mechanisms, lying in the basis of development of the acute appendicitis.
3. Call the basic complications of the acute appendicitis and their classification.
5. Call the basic clinic, diagnostic and the treatment of pylephlebitis.
6. Describe the clinic, diagnostic and the treatment of intestinal fissure.
7. List modern methods of diagnostic and treatment of the acute appendicitis complications.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Paint several variants of location of the appendix and characterize its peculiarities of clinic.
2. Make the algorithm of diagnostic and treatment the patients with appendicle infiltrates and the abscess.
3. Write plans of diagnostic and treatment patients with the pylephlebitis and intestinal fissure.
4. Make the scheme of diagnostic and treatment patients with the retroperitoneal phlegmon.
5. Write the program of diagnostic and treatment of patients with postsurgical complications.
3. INTESTINAL FISTULA. PARTICULAR QUALITIES OF TREATMENT IN POLYCLINIC

I. INTRODUCE.

Intestinal fistula is still one of the difficult problems in surgery. They are not independent diseases, but they can be complications of other diseases, operations or internal traumas of abdomen and pelvis. These common complications can be plighter than basic diseases. That’s why the prevent of intestinal fistula is one of the most important and perspective side of this problem. The improvement of training for the physician to diagnose and to treat the intestinal fistula is still a topical task.

II. GENERAL AIM OF PRACTICAL LESSON.

To learn: etiology and pathogenesis, classifications, clinic, diagnostic and ways of medical and surgical treatment of intestinal fistula.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:

1. The reasons of appearance of intestinal fistula.
2. The classification of intestinal fistula.
3. Particular morphological qualities of intestinal fistula.
4. Qualities of course of high intestinal fistula.
5. Water-electrolyte and protein imbalance (high and low intestinal fisura).
6. The methods of diagnostic of intestinal fistula.
7. To use methods of medical treatment of intestinal fistula, paying attention for feeding, actions to prevent and eradicate the maceration of the skin.
8. To use methods of obturation of intestinal fistula, principles of surgical operations, using as treatment of intestinal fistula.
9. Particular qualities of a preoperative preparing of patients with the intestinal fistula.

III. THE INITIAL LEVEL OF KNOWLEDGE.

The material of this topic was studied in 4th and 5th years. It is necessary to restore them in the memory for deep and systematic learning.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. The classification of the fistula.
3. Preoperative preparing of patients.

V. RECCOMEND LITERATURE.

A) basic training:

B) additional training:

1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.

1. List direct and indirect causes of intestinal fistula appearing
2. Describe the fistula classification.
3. List the morphological features of intestinal fistula.
4. Describe features of course of disease.
5. What kind of water-electrolyte and protein imbalance can you call in case of high and low intestinal fistula.
6. List the oftenest types of the intestinal fistula.
7. List the methods of external fistula diagnostic.
8. List the complications of intestinal fistula.
9. List the methods of a medical treatment patient with intestinal fistula.
10. List the methods of operative treatment of intestinal fistula
11. List the indications for surgical treatment of this disease.
12. Call the qualities of preoperative preparing and postsurgical mode of patients with the intestinal fistula.
13. Assess the viability of intestine.
14. List the mistakes of choosing methods and anesthesia.
15. Call absolute contraindications to fistula obturation.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.

1. Paint the scheme of homeostasis disorders in cases of high and low intestinal fistula.
2. Make the plan of diagnostic patient with the intestinal fistula.
3. Make the plan of rehabilitation of patient whit colostomy.
4. NEWS IN SURGICAL TREATMENT OF THE VENTRAL HERNIAS. THE POSTOPERATIVE MANAGEMENT.

I. INTRODUCE
The surgical treatment of anterior abdomen hernias is still actual. The ventral hernias meet at 10-20% of employable population. Till 15% of laparotomias results to postsurgical hernias. Nowadays the main principle of the surgical treatment is plastic without tension. This principle helps wide use of polymer prostheses for plastic. Variability of endoproteses and methods of plastic results to the necessitate of a well-grounded choice of endoprotesis.

II. GENERAL AIM OF PRACTICAL LESSON.
Mastering of knowledge about etiology, pathogenesis, symptomatology, diagnostic and treatment of ventral hernias with the acquisition of practical skills in anamnesis, objective examination, choosing the surgical tactic and the necessary volume of the medical actions according modern trends in hernialogy.

EDUCATIONAL TARGETS FOR TRAINING.
After self-study of the educational material, the student must to KNOW and be ABLE to:
1. The anatomy of anterior abdominal wall.
2. Etiopathogenesis of the ventral hernias.
3. Modern hernia classification according its origin and localization.
4. Qualities of hernia’s clinic.
5. Qualities of complicated hernia’s clinic.
7. To make the differential diagnostic between hernia and another abdominal internal disease.
8. To differentiate preparing the patients with complicated and uncomplicated hernias.
9. Strategy and tactic in hernia’s treatment, including in case of complications.
10. Types of hernia plastic, their advantages and disadvantages.
11. Postsurgical management tactic of patients in case of autoplastics.
12. Postsurgical management tactic of patients in case of endoproteses.
13. The rules of choosing material for endoproteses.
14. Strategy and tactic of treatment the patients with relapse of ventral hernia.
15. Strategy and tactic of management in postsurgical period.
16. Modern methods of diagnostic patients to identify patients with hernias.

III. THE INITIAL LEVEL OF KNOWLEDGE.
The main source material of the theme (anatomy of the anterior abdominal wall, the methods of General clinical and instrumental examination of patients, principles and techniques of surgical intervention at the different types of abdominal hernias) was investigated in the previous courses. For the successful study of the session it is necessary to repeat these data.

IV. THE PLAN OF STUDY OF THE TOPIC.
1. Etiopathogenesis development of abdominal hernias.
2. Clinic of uncomplicated hernia belly depending on the localization.
3. The clinical course of complicated hernia.
4. Tactics of examination of patients with complicated and uncomplicated hernias of the abdominal, including with the use of modern methods.
5. The differential diagnosis of abdominal hernias.
6. Preparation of patients to the planned hernioplastic.
7. Tactics and features of preoperative preparation of patients with complicated hernias.
8. Qualities of technique of surgical treatment in plastic of the «onlay», «sublay» and «inlay».
9. The choice of material in different variants of plastics.
10. Indications and peculiarities of technique of surgical treatment of the laparoscopy treatment of abdominal hernias.
13. Rehabilitation of patients with hernia.
14. Prevention of hernia, including the study of polymorphism and functional activity of genes, the study of structural features of collagen and its types.

V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Tell anatomy of the abdominal wall, including the "weak places".
2. Name the main reasons for the formation of hernias.
3. Describe the clinic free and imputable hernia.
4. Describe the clinic of the inguinal hernias.
5. List the historical and the modern types of plastics of the inguinal canal.
6. Describe the clinic femoral hernias.
7. Name the main operations in the femoral hernias.
8. Describe the clinic of umbilical hernias; name the main types of operations.
9. Name the main reasons for the formation of postoperative hernia and the basic methods of their surgical treatment and prevention.
10. Specify the disease, with which it is necessary to differentiate the diagnosis of strangulated hernia.
12. Specify the difficulties of diagnostics of a wall surface infringement.
13. Specify the peculiarities of technique of operations in the moving hernias.
14. Describe the tactics of treatment with "false infringement".
15. Specify the tactics of treatment in spontaneous placement strangulated hernia.
16. Name the differences in the techniques of operations, about the aggrieved and free hernia.
17. List the sequence of operational techniques in phlegmony of the hernia sac.
18. Specify the advantages and disadvantages of autoplastic and various methods of prosthetics.
19. Specify the modern materials for endoprotheses replacement of abdominal hernias, including xenoprotheses.
20. Specify the characteristics and indications for laparoscopic treatment of abdominal hernias.
21. Describe the possibility of using cellular technology in the treatment of abdominal hernias.
22. Describe the causes of compartment-syndrome and the principles of its treatment.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Write a plan of testing of the patient, depending on the type of hernia, presence of concomitant pathology.
2. Name the types of plastic used in the treatment of inguinal hernia.
3. Describe the types of plastic used in the treatment of femoral hernias.
4. Name the types of plastic used in the treatment of ventral hernias.
5. Describe the conduct of the postoperative period in patients with uncomplicated hernia.
6. Describe the conduct of the postoperative period in patients with complicated hernia.
5. MODERN ASPECTS OF SURGICAL TREATMENT OF ISCHEMIC HEART DISEASE.

I. INTRODUCE

We have in the country of 56.7% of people die from cardiovascular diseases. Cardio-vascular surgery, coupled with interventional cardiology, can actually restore order in Russia annually more than 300 thousand people. (full member of the Russian Academy of medical Sciences L. Bokeria). This case a significant proportion of deaths from cardiovascular diseases are associated with coronary heart disease. Completely intolerant situation takes place with acute coronary syndrome, what usually passes in myocardial infarction. If troponin-test is positive, it is necessary to do the coronarography and expand the arteries, which can lead to a heart attack or already doing. In Poland adopted the program for the treatment of coronary syndrome, which allows reducing mortality from 20% to 4.5%. The same indicators are available in the United States of America. In 1996 in Russia were six thousand operations on coronary arteries. In 2007, there were 25 thousand operations on the open heart. The estimated rate of a thousand operations per million of the population, that is 143 thousand operations on the open heart and 250 thousand angioplasties. Carried out the modernization of the health care put into operation several tens of regional heart-disease centers, allowing to significantly increasing the number of surgical interventions. This requires the preparation of a large number of specialists in this field and predetermines the necessity of learning the clinic, modern methods of diagnostics and methods of surgical and endovascular treatment of this pathology in the course of surgical diseases.

II. GENERAL AIM OF PRACTICAL LESSON.

During the preparation to the lesson the students should acquire knowledge of ischemic heart disease and its classification, content electrophysiological heart at rest and when dosed load, coronarography and methods of surgical, including, minimally invasive treatment of ischemic heart disease.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:
1. The anatomic and physiological information about the coronary arteries and the peculiarities of coronary blood flow
2. Etiology and pathogenesis of ischemic heart disease
3. The modern definition of ischemic heart disease
4. The classification of ischemic heart disease.
5. Clinical manifestations of ischemic heart disease
6. The complex instrumental methods of diagnostics of ischemic heart disease
7. Methods of evaluation of the functional reserves of myocardium’s airway
8. The concept of the “stunned” and hibernation infarction
9. Indications for coronarography and the General principles of research
10. Justify surgical tactics of treatment of ischemic heart disease depending on the morphological features of the lesions of coronary stenosis and functional state of myocardium
11. To formulate the concept of an angioplasty and stenting of coronary arteries
12. Types of coronary stents
13. Common criteria for evaluation of the effectiveness of revascularization of myocardium at coronarangioplasty and stenting
14. Types of shunting operations on coronary arteries
15. The concept of modern minimally invasive techniques of coronary artery bypasses (“off-pump” technology, “direct access” technology).
III. THE INITIAL LEVEL OF KNOWLEDGE.
The material of this topic was studied in 4th and 5th years. It is necessary to restore them in the memory for deep and systematic learning.

IV. THE PLAN OF STUDY OF THE TOPIC
1. The modern view on etiology and pathogenesis of ischemic heart disease
2. Classification of ischemic heart disease
3. The algorithm of examination of patients with ischemic heart disease
4. Features of the tactics of surgical treatment depending on the specifics of the defeat of coronary bed and the functional reserves of the myocardium
5. Principles for the use of coronaroangioplasty and coronary stent in the treatment of ischemic heart disease
6. Features of preoperative preparation and postoperative management patients with ischemic heart disease after the shunt and stenting operations.
7. Comparative evaluation of the efficacy of conservative treatment of ischemic heart disease, coronary stenting and coronary artery bypass

V. RECOMMEND LITERATURE.
A) Basic training:

B) Additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Definition of ischemic heart disease
2. Give a classification of ischemic heart disease.
3. Describe the ECG, symptoms of myocardial ischemia
4. List the laboratory tests myocardium damage
5. Describe the methods of evaluation of the functional state of myocardium
6. Let the concept of hibernation and “stunned” infarction and their clinical significance
7. Define indications for coronarography
8. List the methods of mini-invasive and conventional surgical treatment depending on the prevalence of coronarostenosis and functional state of myocardium.
9. Write the classification of vascular stents.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Give the definition of ischemic heart disease
2. Draw a diagram of coronary blood supply
3. Draw the algorithm scheme of examination of the patient with ischemic heart disease
4. Draw the algorithm scheme of choice of tactics of treatment of ischemic heart disease
5. Draw a schematic diagram of the changes atherosclerotic plaques in case angioplasty and stenting
6. Draw the principal technological scheme of coronary stenting.
6. MINIMALLY INVASIVE SURGERY OF GSD AFTEREFFECTS

I. INTRODUCE

Gall-stone disease is widely distributed in all countries of the world. Nowadays we achieved certain results in the diagnosis and treatment of cholelithiasis. Nevertheless lethality in acute cholecystitis, especially in elderly and senile age, remains high (1.9 to 3%), and in combination with ductal pathology reaches 43%. It was not solved until the end of the issues related to the choice of the operative method of treatment GSD and its complications.

All of this dictates the necessity of learning the basic principles of diagnostics and treatment of GSD in its different manifestations.

II. GENERAL AIM OF PRACTICAL LESSON.

The assimilation of knowledge by clinic, diagnostics and methods of treatment of acute and chronic cholecystitis, choledoholythiasis is really need for students.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:

1. Surgical anatomy and physiology of pancreato-biliar zone.
2. Etiology and pathogenesis of cholelithiasis, acute cholecystitis, diseases extra hepatic ducts.
3. The classification of gallstone disease and its complications.
4. The peculiarities of clinical GSD depending on the shape and presence of complications, chronic cholecystitis, acute cholecystitis, choledoholythiasis, mechanical jaundice, cholangitis.
5. Ultrasonic classification of acute cholecystitis on Buyanov.
6. Describe the types of biliary hypertension.
8. Types and method for performing minimally invasive interventions under the ultrasonic control.
10. Types of traditional surgical interventions on the gallbladder and extra hepatic bile tree.
11. Indications for endoscopic techniques of correction of ductal pathology.

III. THE INITIAL LEVEL OF KNOWLEDGE.

The material of this topic was studied in 4th and 5th years. It is necessary to restore them in the memory for deep and systematic learning.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. The etiology and pathogenesis of gallstone disease
2. The classification of gallstone disease and its complications
3. The clinical picture of complications GSD
4. The diagnostic methods used in acute cholecystitis, choledoholythiasis, mechanical jaundice, cholangitis.
5. Types and method for performing minimally invasive interventions under x-ray and ultrasonic control.
6. Types of traditional surgical interventions on the gallbladder and extra hepatic bile tree.
8. Types of drainage common bile duct.
V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Specify the reasons for the development of acute cholecystitis and choledoholythiasis.
2. Tell the etiology and pathogenesis of complications GSD.
3. Name the clinical classification of acute cholecystitis.
4. Name ultrasonic classification of acute cholecystitis.
5. Perform differential diagnosis of acute cholecystitis.
8. Name kinds of cholecystostomias.
10. Name the methods of survey extra hepatic bile ducts.
11. List the methods of endoscopic permission choledocholythiasis.
12. Define indications for percutaneous perhepatic cholangiostomia.
14. Name complications EPST.
15. Name the types of surgical interventions on extra hepatic the bile ducts, by the impossibility of minimally invasive technologies.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Schematically draw a topographic anatomy extra hepatic biliary tract.
2. Create an algorithm of diagnostics and treatment of patients with GSD choledocholythiasis, mechanical jaundice.
3. Write a post-operative appointment of patients after minimally invasive and traditional interventions.
7. THE SURGERY TACTIC IN CASE OF ACUTE TRAUMA IN POLYCLINIC

I. INTRODUCE

Often traumatology service in clinic carries out the doctor’s surgeons General profile. The occurrence of patients with injuries of the skin and the musculoskeletal system of all the patients with surgical profile is about 50%. At the same time, 80-85% of all surgical patients does not require hospitalization and may be treated in the conditions of a polyclinic ambulatory.

II. GENERAL AIM OF PRACTICAL LESSON.

A student should learn: classification, clinical manifestations, diagnosis and treatment of various wounds and injuries of the musculoskeletal system. Learn the basics of rendering the medical and diagnostic assistance in the conditions of clinic patients with injuries.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:
1. Definition of wounds, the classification, complications, basic principles for the treatment of purulent wounds.
2. Principles of operation of the surgery (trauma) of the Cabinet in a polyclinic; the procedure of hospitalization scheduled surgical patients; the procedure of hospitalization emergency surgical patients; organization of surgical care at home; dispancer method of observation and treatment of surgical patients.
3. The classification of burns, frostbites, electric traumas, principles of General treatment of patients with burns and frostbites; principles for the provision of first aid in electric trauma, burns, frostbite.
4. The classification of mechanical trauma; classification of injuries of soft tissues, methods of its diagnostics, prevention and treatment; classification of dislocations, clinic, diagnostics and treatment of dislocations; classification of fractures, clinical picture, diagnostics and treatment methods.
5. Describe the wound, to determine the type of the healing of wounds, the phase of the wound process, to put a bandage on the wound, to primary and secondary surgical treatment of wounds.
6. Draw surgical documentation in a polyclinic; make processing wounds and appoint further treatment; off the seams; to identify patients in need of urgent and planned hospitalization; examine patients in need of a planned hospitalization.

III. THE INITIAL LEVEL OF KNOWLEDGE.

For the preparation of topics need to be a repetition of the lecture materials and teaching AIDS of the courses of anatomy, normal physiology, traumatology, surgery, General surgery.

IV. THE PLAN OF STUDY OF THE TOPIC.

2. Clinical analysis of patients with soft tissue injury.
3. Clinic, diagnosis, treatment of burns and frostbites.
4. Clinical analysis of patients with burns or frostbite.
5. Clinic, diagnosis, and treatment of sprains and fractures.
6. Clinical examination of the patient with the dislocation or fracture bones.

V. RECOMEND LITERATURE.

A) basic training:


B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTIONS FOR SELF-CONTROL.
1. Give the definition of wounds
2. Name classification of wounds
3. Tell the first medical, emergency and first medical aid in case of open soft tissue injury
4. Name the phase of the course of wound process
5. Tell stages of primary surgical treatment
6. The name of the indications and contraindications for primary surgical treatment
7. Name seams wounds, taking into account the overlay
8. Explain principles of treatment of purulent wounds
9. Name classification of thermal injuries
10. List the stages of burn disease
11. Give first aid measures in case of burns, frostbite and electric trauma
12. Name the features of electric shock
13. Describe the characteristics of pathological changes in electric trauma
14. Name the principles of treatment of people affected by the effects of electric current
15. Name classification of mechanical damage
16. Give a definition of the crash-syndrome
17. List the activities of the first medical and first medical aid in the crash-syndrome
18. Name the clinical signs of dislocations
19. Explain principles of treatment of dislocations on the stages of rendering of medical care
20. List of reliable clinical and radiological signs of fracture
21. List the types of transport and medical immobilization
22. Name the main principles of treatment of fractures

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Name the stages and volume of medical aid to trauma patients in outpatient clinics
2. Explain the algorithm assist patients in outpatient clinics
3. Assign the conservative treatment of patients with purulent wound, write drugs.
4. Spend differential diagnosis between the secretariat and unsecretariat wounds of the abdomen.
5. Explain the algorithm of rendering aid to patients with thermal lesions in the conditions of a polyclinic
6. Explain the scheme of treatment of burn shock
7. The name of the volume of medical aid to patients with the fractures of the bones in the conditions of a polyclinic.
8. Name the methods of prevention of ischemic disorders of soft tissues in case of fractures of bones
8. ACUTE PURULENT INFECTION IN POLyclINIC

I. INTRODUCE

The number of purulent-inflammatory diseases in the next few years may increase, remaining at the conditions of the decrease of the efficiency of antimicrobial drugs increase in the number of invasive procedures and underestimation of the highly contagious pyo-inflammatory diseases. Do not doubt and value hospital infection. Purulent-inflammatory diseases account for about one-third of the total surgical contingent of patients. Moreover, the vast majority of patients with acute supportive medical care should be provided at ambulatory level. Treatment of such patients requires large financial costs, and the provision of inadequate care in clinics results in greater economic costs in the hospital. Under the purulent infection understand the implementation and reproduction in the body of pathogenic pyogen microbes with the subsequent formation of purulent home. Regardless of the method of implementation, purulent infection can be exogenous and endogenous, the most frequent condition for the penetration of purulent infection is established when the violation of the integrity of the skin and mucous membranes (exogenous way). Purulent surgical infection is local and general. Under local purulent surgical infection understand the infection of wounds. Purulent inflammatory processes of various organs and tissues, which arise in the absence of RAS, represent the primary purulent surgical diseases.

The development of purulent infection depends on the following conditions:
1. The presence of pathogenic agents.
2. The number and virulence of pathogens.
3. The nature of the location, the size of lesion, the kinds of tissues, their blood supply.
4. Protective forces of the body and its immune status.

Knowledge of General issues of the development of acute purulent diseases of the soft tissues will help the students more correctly navigate in the diagnosis and choice of treatment method.

II. GENERAL AIM OF PRACTICAL LESSON.

Learn the tactics of treatment of patients with acute purulent infection in outpatient clinics; acquire the skill of delivery diagnosis of purulent diseases.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:
1. The value of the anatomic and physiological features of tissues and General reactivity of the organism. Kinds of germs, the most often causes the development of acute purulent diseases.
2. The main ways of introduction and distribution of microorganisms in the human organism in the development of purulent process.
3. The stage of development of pyo-inflammatory process.
4. General (temperature reaction of the organism, fever, tachycardia, a violation of sleep and appetite, intoxication) and local reaction of the body (localization, pain, hyperemia, edema, swelling, local increases in temperature, necrosis of tissues, purulent discharge when the abscess, phlegmon, a violation of the functions) of acute purulent process of soft tissues.
5. Classification of surgical infection, the clinical characteristics of non-specific local purulent processes (a boil, the emerald, hidradenitis, lymphadenitis, abscess, cellulitis subcutaneous tissue, erysipelas of the skin, mastitis, paraproktitis).
6. Apply the principles of treatment of patients with acute purulent diseases of soft tissues. Local treatment: immobilization, physiotherapeutic treatment, surgery, drainage of the abscess, the polecat, the use of antiseptics, the use of enzymes of proteolysis, therapeutic physical training. General treatment: antibacterial therapy (know the classification of antibiotics, representatives from each group A/B), desintoxicative therapy, stimulating therapy, immunotherapy, symptomatic treatment. To perform planned bandages. Select the mode for the patient, to determine the diet, make recommendations for rehabilitation of patients.
III. THE INITIAL LEVEL OF KNOWLEDGE.

On the basis of the knowledge received at studying Microbiology, pathological anatomy and path physiology, pharmacology, a student must know the physiological features of tissues and organs, their importance in the development and progression of pyo-inflammatory processes, etiology and pathogenesis of acute surgical infections, the basic principles of conservative and operative treatment and prophylaxis of acute purulent surgical diseases.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. Anatomic and physiological features of tissues and General reactivity of the organism in response to the introduction and spread of micro-organisms in the development of purulent process. The main ways of introduction. The stage of development of pyo-inflammatory process.
2. Classification, clinical picture and diagnosis of acute purulent diseases of the soft tissues.

V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTIONS FOR SELF-CONTROL.

1. Tell classification and clinical picture of acute purulent diseases of the soft tissues.
2. Tell the local manifestations of the General reaction of the organism.
3. Explain tunnel syndrome, causes, symptoms, treatment, and prevention.
4. Describe the features of work of a surgeon in the conditions of clinic for the treatment of patients with purulent diseases:
A. Principles of conservative treatment (choice of antibiotics, proteolytic enzymes).
B. Principles of anesthesia when performing operations on the occasion of acute purulent diseases.
C. Principles of operative treatment (basic rules of opening abscess and its subsequent drainage).
The complications of local purulent diseases. Immunoprophylaxis of purulent complications.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Give the definitions of a boil, the emerald, hidradenitis, lymphadenitis, abscess, cellulitis subcutaneous tissue, erysipelas of the skin, mastitis, paraproktitis.
2. Describe the features of the clinical picture of acute purulent infections of soft tissues depending on the type of the causative agent.
3. Make a diagnostic program in patients with acute purulent infections of soft tissues.
4. Accomplish a task: To outpatient surgeon at the reception asked the patient, 24 years old, with complaints of pain in the armpit area to the left, the presence of edema and hyperthermia to 38.6 °C.
   Objective: there is hyperthermia skin, infiltrate the size of 2 x 2 cm., fluctuation. Set the diagnosis, choose the tactics, and give treatment.
5. Accomplish a task: To outpatient surgeon at the reception turned sick, 33 years later, three days after the micro-injuries in the area of the third finger of the right hand, complaining of pain, the presence of edema, the restriction of movements, hyperthermia to 37.8 °C. Objective: there is swelling of the third finger, the voltage of the soft fabrics, dark red swelling with sharp edges. Set the diagnosis, choose the tactics, and give treatment.
9. LUNG HEMORRAGE

I. INTRODUCE

Bleeding lungs are serious, often fatal complications of various, often inflammatory diseases of the respiratory organs and are observed by 7-15% of patients, originating in the thoracic Department. Despite some progress in this field of surgery, associated with the emergence of low-invasive methods of treatment, the mortality of this disease remains very high and sometimes reaches 60-70%. Most often hemoptysis, lung hemorrhage observed in acute destructive processes in the lungs (55,5%), chronic abscess (29,6%). Remains high frequency of hemorrhagic manifestations of tuberculosis of the lung (6-80%), lung cancer (20-60%), bronchial adenoma and aspergilloma (46-85% of cases).

II. GENERAL AIM OF PRACTICAL LESSON.

The overall purpose of the program is to teach students the knowledge of the etiology, pathogenesis, clinic, diagnostics, principles of conservative and operative treatment of pulmonary bleeding, differentiated treatment tactics depending on the degree of pulmonary hemorrhage, as well as the acquisition of practical skills in identifying complaints, collection of anamnesis, peculiarities of the objective, laboratory and instrumental examination of this category of patients.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:

1. The definition of «raising» and «lung hemorrhage», especially the blood supply to the lungs, classification, etiology and pathogenesis of ventilation and hemodynamic disorders in this pathology.
2. Clinical manifestations pulmonary hemorrhages.
4. The tactics of the surgeon depending on the degree of pulmonary hemorrhage.
5. Principles and indications for the implementation of miniinvasive and thoracal operational interventions at different degrees of pulmonary bleeding.
6. Clinic, diagnostics and principles of treatment of complications of pulmonary bleeding.
7. The algorithm of surgical tactics in profuse pulmonary bleeding.

III. THE INITIAL LEVEL OF KNOWLEDGE.

The main source material of the theme (anatomy, the system of blood circulation, physiology and path physiology of the lungs) was investigated in the previous courses. For the successful study of the session it is necessary to repeat these data.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. Definition, classification of pulmonary bleeding.
2. The reasons for the massive and unmassive pulmonary hemorrhages.
3. Clinical manifestations in pulmonary bleeding from the small and big circles of blood circulation.
4. Diagnostic algorithm with pulmonary bleeding of varying degrees of severity.
V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. List the features of clinical anatomy and physiology of the lungs.
2. Name the sources of blood supply to the lungs.
3. Bring the classification of pulmonary bleeding.
4. The causes of pulmonary hemorrhages, pathogenesis of ventilation and hemodynamic disorders.
5. Clinical symptoms of pulmonary bleeding.
7. List the principles of drug conservative treatment of pulmonary bleeding.
8. Describe the characteristics of the endoscopic methods of diagnostics and treatment of pulmonary bleeding: types, indications, contraindications, and abilities.
9. Describe the characteristics of the x-ray endovascular methods of diagnostics and treatment of pulmonary bleeding: types, indications, contraindications, and abilities.
10. Determine the treatment tactics depending on the degree of pulmonary hemorrhage.
11. Determine the surgical treatment in pulmonary bleeding: indications, contraindications, types of operations.
13. Determine the tactics of the surgeon in profuse pulmonary bleeding.
14. Name the methods of prevention of pulmonary hemorrhages in risk groups, prevention of relapse and rehabilitation of patients who have had a lung hemorrhage.

**VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.**
1. Draw a diagram of the anatomy of the lungs (FAS and profile).
2. Draw a diagram of the blood supply to the lungs.
3. Write the classification of pulmonary bleeding.
4. List the most frequent causes of pulmonary bleeding.
5. List the methods of the endoscopic and x-ray controlled endovascular diagnostics and treatment of lung bleeding.
6. Name the types of surgical interventions with pulmonary bleeding.
7. List complications massive and profuse pulmonary hemorrhages.
8. Please list the names of medicinal preparations, used for:
   a) artificially controlled hypotonic;
   b) correction factors of blood coagulation and fibrinolysis.
10. THE SPLEEN DISEASES

I. INTRODUCE
Closed injury of spleen formed 20-30 per cent the whole of parenchymatous organs, open (bullet and stab wounds) – 34 per cent and become apparent clinically the syndrome of acute hemorrhage and traumatic shock. Fallacy and untimely diagnostics and implementation of inadequate operative treatments in this case can raise to massive hemorrhages and death patients. Generally, a disease of blood systems has hyper spleens occurrences. Spleenectomia close to this status comes insight by ineffectiveness cytostatic therapy, hemorrhages syndrome but with hereditary hemolytic anemia has sole effectiveness method of treatments. Differential diagnostics of spleen neoplasms is very difficult and delayed diagnostic searches should insight by omission performance capabilities of conservative treatments and labored operative intervention. Aforesaid, doctors of therapeutic and surgery specialties, it is necessary to study semiotics, diagnostics and therapeutic approaches by spleen diseases.

II. GENERAL AIM OF PRACTICAL LESSON.
Students get ready for practical lesson have to knowledge’s about etiopathogenesis, methods of diagnostics, symptomatology’s and treatments spleens diseases and get to know about methods of small invasive operative intervention by spleen injuries.

EDUCATIONAL TARGETS FOR TRAINING.
After self-study of the educational material, the student must to KNOW and be ABLE to:
2. Clinical, laboratory and instrumental methods of diagnostics injuries and diseases of spleen.
3. Takes differential diagnostics between hematology diseases that has spleens injuries and become formed by operative intervention with these diseases.
4. Takes differential diagnostics between spleen diseases and traumatic injuries of spleen.
5. Clinical characteristics, diagnostics and treatment of specifics injuries of spleen
7. Indications are execute an small invasive operative intervention by cystic lesions organ unparasitical nature.
8. Indications are execute organ saves operative intervention and use modern hemostatic drugs.

III. THE INITIAL LEVEL OF KNOWLEDGE.
For mastering material theme, student is necessary knows anatomy and physiology spleens and hematology diseases. It is necessary remembers for systematic and deepen studying theme.

IV. THE PLAN OF STUDY OF THE TOPIC.
1. Etiology and pathogenesis spleen diseases.
2. Classification of spleen diseases.
3. Clinical syndromes are diseases and injuries of spleen.
5. Means of conservative treatments.
6. Types have small invasive operative intervention for injuries and diseases of spleen.

V. RECCOMEND LITERATURE.
A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Explain etiology and pathogenesis spleen diseases.
2. Afford classification are diseases and injuries of spleen.
3. Define clinical syndromes are diseases and injuries of spleen.
4. Tell clinical, laboratory and instrumental methods of diagnostics of spleen diseases.
5. Define types that have small invasive operative intervention for injuries and diseases of spleen.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Write in copybook classification are diseases and injuries of spleen.
2. Make algorithm for diagnostics searches by entering sick with injuries of spleen in result blunt abdominal trauma.
3. Takes differential diagnostics between hematology diseases and diseases and injuries of spleen.
4. Make plate of differential diagnostics cystic lesions and abscess of spleen.
5. Describe tactics of treatment true cystic lesions of spleen.
6. Describe spleenectomy.
11. THE CONSERVATIVE TREATMENT OF CHRONIC VENOUS INSUFFIENCY.

I. INTRODUCE

Treatment of patients with chronic venous insufficiency lower extremity has actual problem in medicine and society-economical plans. Unfortunately, quantities of patients are increase, in spite of appearance new drugs, improvement and different method of treatments. In fact, on XIV Universal congress of phlebologov, in European countries and the North America 25 % able-bodied citizens have chronic venous insufficiency. In third Basel researches point to average has the most important factor of risk diseases insight in 610 closer with average older 70 in compare with youngest people (age >30).

Finance costs on treatment this contingent are very expensive and large by cure patient with venous stasis ulcer. In the UK costs of treatments one of the patients has 20004000 pounds in the year (2% national account of the UK). In the Russian Federation treatment patient with venous stasis ulcer come to 113 hundred rubles.

The conservative treatment is basic treatment mode of patients with chronic venous insufficiency. It has to independent type of treatment or supplement of surgery method of cure patients with chronic venous insufficiency and one of method of prophylaxis of relapses.

Aforesaid, doctors of therapeutic and surgery specialties, it is necessary to study semiotics, diagnostic with prevalence of chronic venous insufficiency.

II. GENERAL AIM OF PRACTICAL LESSON

Students get ready for practical lesson have to knowledge’s about foundations conservative therapy patients with chronic venous insufficiency evidence, contradictory evidence and tactics of setting pharmaceutical drugs.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:

1. Physiology venous drainage from lower extremity.
2. Pathogenesis is of edematous syndrome by chronic venous insufficiency, pathogenesis is trophic disorders.
3. Classification of chronic venous insufficiency (Russian and International).
4. Classification varicose disease lower extremity and posttrombophlebotic disease.
5. Types of compressive treatment.
6. Classification compressive produce and indications by execute.
7. Pharmacotherapy by chronic venous insufficiency with justification-based.
8. Local pharmacotherapy by chronic venous insufficiency.
9. Treatment is trophic disorders by chronic venous insufficiency.
10. Physiotherapy and exercise therapy by chronic venous insufficiency.
11. Compressive bandage form and put over lower extremity.
12. Medical compressive stockinet is setting.
13. Lay down a plan of conservative cure by chronic venous insufficiency.

III. THE INITIAL LEVEL OF KNOWLEDGE.

Students get ready for practical lesson have to knowledge’s about anatomy, physiology, pathology venous systems lower extremity, etiopathogenesis, main clinical syndromes and instrumental diagnostics by chronic venous insufficiency, classification vasoactive drugs.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. Physiology and pathology venous drainage.
3. Classification of chronic venous insufficiency.
4. Regime work and rest by chronic venous insufficiency.
5. Elastic compression of lower extremity.
6. Pharmacotherapy by chronic venous insufficiency.
7. Physiotherapy and exercise therapy.

V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Name factors, that have influence normal venous drainage from lower extremity.
2. Describe normal work muscular-venous pomp of shin and by chronic venous insufficiency.
3. Explain pathogenesis of edematous by chronic venous insufficiency.
4. Describe pathogenesis of formed trophic disorders by chronic venous insufficiency.
5. Name pathology factors, that doctor must point at conservative therapy of chronic venous insufficiency.
6. Afford classification is varicose disease lower extremity, posttrombophlebotic disease and chronic venous insufficiency.
7. Lay down programed of treatments patients with chronic venous insufficiency.
8. Tell about mechanism of elastic compression.
9. Name is means of compression treatments.
10. Define methods put over compression elastic bandage.
11. Name is contra-indication by elastic compression of lower extremity.
12. Tell about classification compression elastic bandage.
13. Name is indication by setting exchange of products according to class of compression.
14. Afford is indication, types and methods of variable pneumocompression.
15. Tell about pharmacology classification of phlebotroping drugs.
17. Define modern local medicine for treatment chronic venous insufficiency: mechanism of action, indication, strategy of setting and point before traditional pharmacotherapy.
18. Define effect of conservative therapy with evidence-based medicine.
19. Describe physiotherapy by patients with chronic venous insufficiency.
20. Lay down exercise therapy by patients with chronic venous insufficiency.
21. Make scheme of complex treatment by patients conditionally with stage chronic venous insufficiency.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Write sheets of paper by patient with third rate of chronic venous insufficiency from from classification V.C. Saveliev.
2. Write programe of outpatient treat after operation with chronic venous insufficiency.
3. Write scheme phase of wounds and local treatment trophic ulcer in conditionally with venous etiology.
12. ACUTE MESENERIAL DISORDERS. ANTITHROMBOTIC THERAPY.

I. INTRODUCE

Acute mesenteries disorders the one of the heaviest afloat and prognosis of pathosis for surgery come into collision in practical work. In case of development of intestine infarction is accompanied by high lethality. Between in currently exist way of exact definitions of passability intestine bloodstream, principle of treatment and method of operative intervention with different variants acute occlusion mesenteries blood vessels, that allow to preserve patient life. Lethality with acute mesenteries disorders in majority surgery department up to date has 89-94 per cent. Tis is explain, late hospitalization in condition with insufficient acquaintance doctors with clinics and courses of disease, latest operative intervention by condition irreversible necrosis of intestines and develop intoxication and peritonitis, mistakes in choice methods and dimension of operative intervention and inadequate perioperative period. Currently on the whole of stage of treatment patients with acute arterial thrombosis and emboli of different localization connected with antithrombotic therapy. The whole of said necessary in-depth study clinics, diagnostics and surgery tactics by acute mesenteries disorders and can take antithrombotic therapy.

II. GENERAL AIM OF PRACTICAL LESSON.

Students get ready for practical lesson have to knowledge’s about anatomy, physiology, etiopathogenesis, clinics and instrumental methods of diagnostics, towards by operative surgery treatment and methods of operative intervention by acute mesenteries disorders. Grasp tactics of antithrombotic therapy and drugs that have thrombolytic action.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:
1. Bloodstreams of intestines.
2. Etiology and pathogenesis by.
3. Classification and clinics is acute mesenteries disorders.
5. Setting intensive therapy perioperative and after operative period.
7. Stages that have operative intervention.
8. Statements have antithrombotic therapy.
9. Make a programme of antithrombotic therapy.

III. THE INITIAL LEVEL OF KNOWLEDGE.

For mastering material theme, student is necessary knows clinical anatomy intestines, types and methods of contrast angiography, surgical approaches by arterial vessels general principle reconstructive operation on arteries, types of vessel-suture, methods of resection intestines and sanitization abdominal cavity, principals intensive therapy by critical states, groups of thrombolytic drugs and pharmacology characteristics.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. Clinically anatomy and bloodstreams of intestines.
2. Etiology and pathogenesis.
3. Classification is acute mesenteries disorders.
4. Clinically symptomatology.
5. Instrumental diagnostics.
7. Period after operative intervention.
8. Antithrombotic therapy.

V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.

1. Tell clinically anatomy of intestines.
2. Describe physiology of mesenteries.
3. Give definition is acute mesenteries disorders.
4. Define classification is acute mesenteries disorders.
5. Describe clinics of acute mesenteries disorders according to stage of disease and thrombi localization.
6. What is instrumental methods use for diagnostics acute mesenteries disorders?
7. What is help methods you can make a diagnosis?
8. Describe statements by operative treatments.
9. Define types of operative intervention by acute mesenteries disorders.
10. What is stage of operative intervention by patient with acute mesenteries disorders
11. Define facility trance luminal methods reconstructive mesenteries bloodstreams.
12. Lay down plan of intensive therapy by patient after operative intervention.
13. Tell groups of drugs that use in complex antithrombotic therapy.
15. Define reolityc and spasmolytic drugs: groups, mechanism action.
16. Describe role and place thrombolysis in treatment acute mesenteries disorders.
VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.

1. Draw scheme «flats» emboli mesenteries arteries.
2. Define laparoscopy factors of different stages by acute mesenteries disorders.
3. Lay down plan operative intervention conditionally with stages by acute mesenteries disorders.
4. Lay down programme antithrombotic therapy by acute mesenteries disorders.
13. MODERN APPROACHES IN TREATMENT OF PANCREONECROSIS.

I. INTRODUCE

Highest level of lethality has importance and urgency problems of surgery treatment acute pancreatitis and pancreonecrosis. Pancreonecrosis has one of the heaviest and problem acute surgery diseases organs of abdominal cavity (80%). Incidence rate connect with increase frequencies is destructive forms of pancreatitis, heavy differential diagnostics increase frequencies and complication, inclination to chronic, prolonged and expensive treatment, high lethality and disabled person that said necessary in-depth study this surgery problem.

II. GENERAL AIM OF PRACTICAL LESSON.

Students get ready for practical lesson have to knowledge’s about etiology, pathogenesis, symptomology, diagnostics with practical work in collection anamnesis, plan laboratory and instrumental examination, definition surgery tactics and treatment.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:

1. Modern presentation about etiology and pathogenesis pancreonecrosis.
2. Modern classification by acute pancreatitis.
4. Symptomology of pancreonecrosis conditionally with stages of diseases.
5. Laboratory and instrumental diagnostics of pancreonecrosis.
6. Complex of conservative treatment by pancreonecrosis.
7. Miniinvasive technology of surgery by pancreonecrosis.
10. Identify main complaints and amass anamnesis by pancreonecrosis.
13. Define main diagnostics and differential diagnostics criteria by pancreonecrosis.
14. Lay it on the line with modern classification.
15. Allocate complex of conservative treatments conditionally with stages of diseases.
16. Lay down indication by operative treatments of pancreonecrosis and has main principals of operative inter vention.

III. THE INITIAL LEVEL OF KNOWLEDGE.

For mastering material theme, student is necessary knows anatomy, physiology pancreas, classification diseases of pancreas. And remember material of lessons I, II, III. IV years.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. Anatomy and physiology of pancreas.
2. Classification by acute pancreatitis.
4. Diagnostics and treatment algorithm by pancreonecrosis.
5. Complex of conservative treatments.
6. Miniinvasive technology by pancreonecrosis.
7. Indication for traditional «open» operative intervention and main principals implementation.
8. Principals are conducting in after operative period.
V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL
1. Lay down anatomy and physiology pancreatico-hepatobiliary zone.
2. Tell etiopathogenesis, theory of general canal.
4. Describe clinics of pancreonecrosis conditionally with stages of diseases.
5. Define methods of instrumental diagnostics pancreonecrosis and innovation technology.
6. Define differential diagnostics by pancreonecrosis.
7. Lay down conservative therapy by pancreonecrosis.
8. Describe diagnostics-medical algorithm at pancreonecrosis.
9. Call surgical tactics at pancreonecrosis.
10. List miniinvasive technologies in treatment pancreonecrosis.
11. Specify indications to "open" surgeries and the principles of their performance.
12. Describe strategy of a choice of the "opened" and "closed" methods of treatment and their options.
15. Specify the principles of maintaining patients in the postoperative period.
16. Describe outcomes by pancreonecrosis.
17. Describe the principles of rehabilitation of patients.
VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Draw schematically bodies of a pankreato-gepatobiliarno-duodenal zone in the frontal and sagittal planes.
2. Write the scheme of violation of a homeostasis at pancreonecrosis.
3. Write diagnostics-medical algorithm at pancreonecrosis.
4. Appoint complex conservative therapy to the patient with sterile pancreonecrosis (specify concrete preparations with a dosage and an introduction way).
5. Specify in drawing of a way of distribution behind of peritoneum pancreatogenesis phlegmons.
6. Describe strategy of surgical treatment at pancreonecrosis, complicated by widespread behind of peritoneum phlegmons.
14. PURULENT-SEPTIC DISEASES OF SOFT TISSUE. OSTEOMIEILITIS.

I. INTRODUCE
Significant increase in frequency is in recent years noted is purulent - septic diseases, various inflammatory complications after surgeries, cases intrahospital an infection wounds are observed. The number of resistant of antibiotics types of activators increased. Complications of infection wound in the postoperative period are at the bottom of amputations in 3-75% of cases and are accompanied by a high lethality of 14-75 per cent. Timely diagnostics it is purulent - septic diseases and emergency hospitalization of patients are the main objective of out-patient service.

II. GENERAL AIM OF PRACTICAL LESSON.
Students have to study classification, etiopathogenesis, clinical manifestations, tool methods of diagnostics, the principles of conservative and surgical treatment of patients with is purulent - septic diseases of soft tissues.

EDUCATIONAL TARGETS FOR TRAINING.
After self-study of the educational material, the student must to KNOW and be ABLE to:
1. Features of a course of a surgical infection in the presence resistant of antibiotics forms of microbes.
2. Classification it is purulent - septic diseases.
3. Features of manifestation of local and general protective reaction of an organism depending on age, existence of accompanying diseases - diabetes, oncological diseases, immunoscarce conditions.
4. The principles of surgical treatment of patients with superficial infection of wounds in out-patient conditions.
5. Clinical manifestations that purulent - septic diseases.
6. Indications to hospitalization.
7. The principles of conservative treatment of patients with purulent - septic diseases.
8. Maintaining the postoperative period at patients with a high risk of development is purulent – septic diseases.
10. Classification of osteomyelitis.
11. Features of a clinical current depending on an osteomyelitis form.
12. Carry out differential diagnostics at osteomyelitis

III. THE INITIAL LEVEL OF KNOWLEDGE.
This material was studied in a course of the general surgery, it needs to be refreshed in memory in monographic volume.

IV. THE PLAN OF STUDY OF THE TOPIC.
1. Clinical manifestations of the staphylococci, streptococcal, pneumococcal, kolibatsilyarny and mixed infection.
2. Criteria of an assessment of infectious process, the indication to surgical treatment.
3. Diagnostics is purulent - septic diseases in out-patient conditions.
4. Basic principles of opening and drainage of purulent cavities and swelling.
5. Classification of osteomyelitis.
6. Rational antibiotics therapy in the postoperative period as prevention of the postoperative period is purulent - septic complications.
7. Conservative and surgical treatment of various forms of osteomyelitis.
8. Haemosorption in treatment is purulent - septic diseases.
9. Hyperbaric oxygenation in treatment it is purulent - septic diseases.

V. RECOMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Describe modern ideas of an etiology and pathogenesis osteomyelitis.
2. List sources of the general piogenny infection.
4. Call diagnostic methods of various forms of osteomyelitis.
5. Describe the principles of treatment of the complicated osteomyelitis.
7. As prevention of the postoperative is carried out are purulent - septic complications.
8. Describe clinic, diagnostics and treatment of the postoperative it is purulent - septic complications in the conditions of a hospital and policlinic.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Describe a clinical picture of an anaerobic infection.
2. Draw the scheme of operation at hematogenesis osteomyelitis.
3. Appoint treatment to the patient with hematogenesis osteomyelitis.
4. Make the plan of treatment of a wound depending on a phase of wound process.
15. THE SEPSIS

I. INTRODUCE

Sepsis - the dynamic pathological process, which initial manifestations can quickly pass to a fatal stage of polyorgan insufficiency and irreversible infectious and toxic shock. Metanalysis showed that the lethality connected with sepsis, over the last 50 years decreased only by 20%, and at the beginning of the XXI century on the average makes about 40%. So, in 8 years after successful direct treatment 82% of the patients who have had sepsis died. The predicted duration of life after the transferred sepsis on the average makes 5 years. Emergence of new methods of diagnostics and treatment can improve results of work of the doctor, but it dictates need of knowledge of doctoring of this serious illness.

II. GENERAL AIM OF PRACTICAL LESSON.

Assimilation of knowledge of symptomatology, diagnostics and sepsis treatment, with acquisition of practical skills assembled the anamnesis of a disease, objective research of the patient by sepsis, formation of necessary volume of medical actions.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:

1. Reasons of generalization of an infection.
2. Etiology and pathogenesis surgical sepsis.
5. Sepsis classifications.
6. Laboratory and instrumental methods of diagnostics of sepsis.
7. Main components intensive, antibacterial, immune and other sections of therapy of sepsis.
8. Reveal complaints, to collect the anamnesis, to carry out, objective inspection, to formulate the diagnosis.
9. Make the plan of carrying out intensive therapy.
10. Prove recovery and rehabilitation treatment of patients transferred sepsis.

III. THE INITIAL LEVEL OF KNOWLEDGE.

It is necessary to recollect this material studied on this subject on the III course (on chair of the general surgery).

IV. THE PLAN OF STUDY OF THE TOPIC.

1. Etiology and pathogenesis sepsis.
2. Sepsis classifications.
3. Classifications of SIRS, CARS and MARS of syndromes.
4. Clinic and sepsis diagnostics.
5. Sepsis treatment (intensive, antibacterial treatment, nutritive support, immunotherapy).

V. RECOMMEND LITERATURE.

A) basic training:


B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Describe an etiology and pathogenesis of sepsis.
2. Call the main centers of introduction of microorganisms by sepsis.
3. Call the general symptoms by sepsis.
4. Give definition and describe clinic:
   a) it is purulent-rezorbtion fevers;
   b) septicemia;
   c) septicopyemia.
5. Call the main complications of the general purulent infection.
6. Formulate the basic principles of treatment of various forms of sepsis.
8. Give a cytokine therapy example.
9. Call criteria defining volumes and quality of infusion therapy.
10. Determine a limit of utilization of glucose by the adult.
11. Define a limit of utilization of amino acids on adults.
12. Define oxidation structure nutritive at patients with the poured peritonitis.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. List components parenteral and an enteroalimentation.
2. Appoint compensation schemes:
   - anemias and gipoprotenemiya.
   - water and electrolytic frustration
   - corrections of organ insufficiency (heart, lungs, kidneys)
1. Give concept definition nutrient, cytokine.
2. Write classification of antibiotics.
I. INTRODUCE

Chronic obliterating diseases of an aorta and arteries of the bottom extremities, caused in most cases atherosclerosis, make more than 20% from all types warmly – vascular pathology that there correspond 2 – 3% from the total number of the population. Feature of this pathology is steadily progressing current, being characterized increase of expressiveness of alternating lameness and its transition to a constant pain syndrome or the gangrene arising at 15 – 22% of patients. In this regard, there is a need of acquisition of skills of early diagnostics and treatment of this nosology at a pre-hospital stage.

II. GENERAL AIM OF PRACTICAL LESSON.
Overall objective of occupation is assimilation by students of knowledge of an etiology, патогенеза, clinics, diagnostics of diseases of peripheral vessels and their complications, features of their treatment in the conditions of policlinic, and also acquisition of practical skills on detection of complaints, collecting the anamnesis, features of instrumental inspection of this category of patients objective, laboratory and available in out-patient conditions.

EDUCATIONAL TARGETS FOR TRAINING.
After self-study of the educational material, the student must to KNOW and be ABLE to:
1. Anatomo-physiology features of an aorta, its branches and arteries of extremities.
2. Classification of obliterating diseases of extremities.
3. Classification of chronic ischemia of the bottom extremities.
5. Patognomonics symptoms (functional vascular tests) chronic arterial insufficiency.
6. Instrumental methods of diagnostics chronic arterial insufficiency.
7. The principles of complex conservative treatment the chronic arterial insufficiency in out-patient conditions.
8. Formulate indications to surgical treatment of chronic arterial insufficiency of the bottom extremities.

III. THE INITIAL LEVEL OF KNOWLEDGE.
The basic material of a subject (anatomy and physiology of an aorta, its branches and arteries of extremities) was studied according to the program 1 – 2 courses. For deeper studying of a subject of occupation it is necessary to recollect a training material of these sections.

IV. THE PLAN OF STUDY OF THE TOPIC.
1. Etiology and pathogenesis chronic arterial insufficiency.
2. Classification of obliterating diseases of extremities.
3. Classification of chronic ischemia of the bottom extremities.
4. Features of clinical manifestations of obliterating atherosclerosis, nonspecific aortoarteriitis, obliterating thromboangiitis.
5. To carry out vascular tests: Oppel's plantarny ischemia; Ratshova; Goldflama.
6. Laboratory and instrumental methods of inspection of patients with chronic arterial insufficiency.
8. To acquire the basic principles of performance and to treat data of reovasografy, ultrasonography, an aorta – arteriography.
V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Give definition of concept of chronic arterial insufficiency.
2. Describe an etiology and pathogenesis chronic arterial insufficiency.
5. Characterize a clinical picture of a syndrome of Lerish.
6. Characterize a clinical picture of an illness of Takayasi.
7. List characteristic signs obliterating thomboangiiitis.
8. Tell a technique of carrying out tests of Oppel, Ratshova, Goldflam.
9. List the main methods of diagnostics of occlusion defects of arteries and give their characteristic.
10. List the basic principles of conservative treatment of chronic arterial insufficiency.
11. Call groups of preparations applied to removal of angiospasms and improvement of microcirculation and methods of their introduction.
12. Call the preparations applied to removal of pains at occlusion defects of arteries.
13. Call the preparations applied to improvement of neurotrophic and exchange processes in tissue at chronic arterial insufficiency.
15. Call methods of prevention of occlusion defeats of arteries.
16. Characterize the main aspects of rehabilitation of patients with occlusion diseases of arteries.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Write classification of chronic arterial insufficiency.
2. List characteristic signs obliterating thromboangiitis.
3. Write the basic principles of conservative treatment of chronic arterial insufficiency.
17. TROPHIC ULCERS OF LOWER LIMBS AND THEIR TREATMENT IN POLYCLINIC.

I. INTROUCE

Patients with trophic ulcers of various genesis are constants, sometimes lifelong visitors of policlinic and surgical offices, making not less than 10% from number of all sick all-surgical hospitals. Big prevalence among the population of trophic ulcers of a shin and foot, the current duration, tendency to the recurrence, insufficient efficiency of conservative methods of the treatment, the enormous economic damage caused by temporary disability and a frequent invalidization of patients defines need for increase of level of knowledge of questions of diagnostics, treatment and prevention of trophic ulcers of the bottom extremities.

II. GENERAL AIM OF PRACTICAL LESSON.

Overall objective of occupation is assimilation by students of knowledge of an etiology, патогенеза, clinics, diagnostics of chronic venous insufficiency of the bottom extremities and its complications, features of their treatment in the conditions of policlinic, and also acquisition of practical skills on detection of complaints, collecting the anamnesis, features of tool inspection of this category of patients objective, laboratory and available in out-patient conditions.

EDUCATIONAL TARGETS FOR TRAINING.

After self-study of the educational material, the student must to KNOW and be ABLE to:

1. Surgical anatomy and clinical physiology of venous vascular system.
2. Classification of trophic ulcers of the bottom extremities by the emergence reasons.
3. Features of clinical manifestation depending on an etiology.
4. Phases of a course of trophic ulcers the bottom extremities.
5. The diagnostic program of inspection of patients with trophic ulcers the bottom extremities.
6. To carry out differential diagnostics of trophic ulcers the bottom extremities.
7. The principles of conservative treatment of patients with trophic ulcers of the bottom extremities depending on the reason of their emergence.
8. Indications for operative treatment of patients with trophic ulcers the bottom extremities.
10. Features of maintaining postoperative period.

III. THE INITIAL LEVEL OF KNOWLEDGE.

The basic material of a subject (anatomy and physiology of venous system of the bottom extremities, phases of a course of wound process) was studied according to programs 1 – 3 courses. For deeper studying of a subject of occupation it is necessary to recollect a training material.

IV. THE PLAN OF STUDY OF THE TOPIC.

1. Anatomy of venous system of the bottom extremities.
2. Classification of trophic ulcers by the emergence reasons.
3. Etiopathogenesis of chronic venous insufficiency of the bottom extremities.
4. Classification of chronic venous insufficiency lower extremity by Savelyev V. S. and International classification of CEAP.
5. The functional venous tests applied in diagnostics of chronic venous insufficiency lower extremity.
7. The principles of conservative treatment of trophic ulcers in out-patient conditions.
8. Indications to expeditious treatment of chronic venous insufficiency lower extremity. Main
types of surgeries.

Social and labor rehabilitation of patients of chronic venous insufficiency lower extremity these sections.

V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.
1. Describe etiopathogenesis trophic ulcers extremities.
2. Give classification of trophic ulcers of N to. Features of clinical manifestation depending on a current phase.
3. Define the diagnostic program, list tool methods of diagnostics of chronic venous insufficiency.
4. Carry out the differential diagnosis of trophic ulcers of the bottom extremities.
5. Call features of treatment depending on an etiology, phases of the treatment, the developed complications.
7. Call methods of expeditious treatment. Types of operation at chronic venous insufficiency.

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Draw the scheme of venous blood circulation of the bottom extremities.
2. Make the diagnostic program for the patient with a trophic ulcer of the bottom extremities.
3. Make the treatment plan depending on the reason of emergence of a trophic ulcer of the bottom extremities.
4. Make the plan of rehabilitation actions in the postoperative period.

18. THE TREATMENT OF RECTAL DISEASES IN POLYCLINIC.

I. INTRODUCE
Due to the lack in the majority of policlinics of the doctor of the coloproctologist, all loading on inspection and treatment of patients with diseases of a rectum and perirectal cellulose lays down on the doctor – the general surgeon. Frequency of occurrence of such diseases reaches 10% among patients of a surgical profile. In this regard the knowledge of bases of a proctology, prevention and treatment of coloproctologist diseases is necessary for the doctor of any specialty; first of all it concerns doctors-surgeons of policlinics.

II. GENERAL AIM OF PRACTICAL LESSON.
The student has to study: clinical manifestations, methods of diagnostics and ways of treatment of various diseases of a rectum and perirectal cellulose.

EDUCATIONAL TARGETS FOR TRAINING.
After self-study of the educational material, the student must to KNOW and be ABLE to:
1. Physiology and rectum anatomy.
2. Modern ideas of an etiology and pathogenesis not tumoral diseases of a rectum and pararectal cellulose (hemorrhoids, cracks of back pass, proctit, sharp paraproctit, epithelial coccygeal course, anal itch, loss).
3. Features of a clinical course of diseases depending on a form, stages, existence of complications.
4. The diagnostic program of inspection of patients into which enter: survey, manual research of a rectum, rektoromanoscopy, kolonoscopy, irrigoscopy.
5. Carry out differential diagnostics of diseases of abdominal organs and a rectum.
6. The principles of conservative treatment of patients with inflammatory diseases of a rectum and pararectal cellulose.
7. Expose indications and contraindications to expeditious treatment.
8. Types of operative treatment at various diseases of a rectum and pararectal cellulose which are possible for carrying out in the conditions of policlinic.
10. Stages of rehabilitation of patients with diseases of a rectum and pararectal cellulose in the conditions of policlinic.

III. THE INITIAL LEVEL OF KNOWLEDGE.
Preparation of a subject requires repetition of lecture materials and educational and methodical grants from courses of anatomy, normal physiology, operational and general surgery.

IV. THE PLAN OF STUDY OF THE TOPIC.
1. Etiology and pathogenesis diseases of a rectum and pararectal cellulose.
2. Methods of diagnostics of diseases of a rectum and pararectal cellulose.
3. Clinical manifestations, diagnostics and methods of treatment of sharp hemorrhoids in the conditions of policlinic.
4. Clinical picture, diagnostics and treatment methods in the conditions of policlinic of a crack of back pass.
5. Clinic, diagnostics and treatment proctit and paraproctit.
6. Clinical picture of an epithelial coccygeal course and the indication to surgical treatment in the
conditions of policlinic.
7. Clinical manifestation and treatment in the conditions of policlinic.

V. RECOMMEND LITERATURE.

A) basic training:

B) additional training:
1. Department lection.
7. Electronic library medical university «Student-consult» www.studmedlib.ru

VI. QUESTION FOR SELF-CONTROL.

1. Call methods of diagnostics of diseases of a rectum in the conditions of policlinic
2. Explain a clinical picture of hemorrhoids on degrees
3. List main types of operations at hemorrhoids
4. Explain an etiology, патогенез парапроктитов
5. Describe a clinical picture sharp and chronic paraproctit
6. Call features of surgeries depending on a look paraproctit
7. List extents of loss of a rectum
8. Call types of surgeries at rectum loss
9. Explain an etiology, патогенез, clinical symptoms of an anal crack
10. Call the principles of conservative and expeditious treatment of cracks of a rectum
11. Describe a clinical picture of an epithelial coccygeal course
12. Call indications to surgical treatment of an epithelial coccygeal course in the conditions of policlinic
13. List methods of treatment of an anal itch in the conditions of policlinic
14. Call stages of rehabilitation of patients in the conditions of policlinic

VII. EDUCATIONAL TARGET TASK FOR TRAINING YOURSELF.
1. Make the plan of inspection of the proctology patient.
2. List methods of diagnostics of diseases of a rectum.
3. Make recommendations about preparation of the patient to rectum research.
4. Call indications to expeditious treatment of hemorrhoids?
5. Make recommendations to the patient with bleeding hemorrhoids.
6. Appoint treatment to the patient with loss and thrombosis of gemorroidalny knots.
8. Define tactics of treatment of the patient with sharp and chronic the paraproctit.