**METHODOLOGICAL DEVELOPMENT PRACTICE**

**For STUDENTS**

**"PERITONITIS"**

1. Lesson-4:00.

2. Venue: Chamber, classroom, Office, operating, procedural.

3. Illustrations-tables, slides, x-rays, ULTRASOUND protocols makropreparaty.

Training facilities-slide "svitiaz" negatoscope.

**ITS PURPOSE IS TO** -Find out the knowledge of students on etiology, pathogenesis peritonitis. Digest methods of diagnosis of peritonitis depending on the frequency and phase of the process, principles of preoperative preparation and operative treatment of abdominal drainage methods cavity, treatment of patients in the postoperative period.

**TO ENGAGE THE STUDENT SHOULD KNOW:**

a) Anatomy of the abdominal cavity and peritoneum;

b) jetioglogicheskie factors of development of peritonitis;

in) pathogenesis of acute purulent peritonitis;

g) mechanism for the development of multiple organ dysfunction syndrome with peritonitis;

d) classification of peritonitis;

(e)) and clinic symptoms of peritonitis;

f) diagnostic techniques and medical tactics when peritonitis;

w) principles of preoperative preparation when peritonitis;

and) main stages and principles of surgical treatment of peritonitis;

th) principles of post-operative treatment peritonitis.

**THE STUDENT SHOULD BE ABLE TO:**

1. collect medical history in order to establish the etiology of peritonitis;

2. examine the patient, interpret the data of laboratory and instrumental examination methods to evaluate the general condition of the patient, the momentum of the process;

3. be able to clinically determine the stage of disease;

4. to substantiate the diagnosis and conduct the differential diagnosis;

5. determine the amount of preoperative preparation of the patient peritonitis surgery and post-operative treatment.

**SCHEDULE OF CLASSES**

1) preliminary control of students knowledge. Through a brief survey or small situational tasks and tests the teacher determines the degree of willingness of the group to enter. It is recommended that you put on the preliminary assessment control (15 minutes).

2) parse the topic of the lesson by asking the students to add and adjust responses by students and teacher (2.5) hours.

3) supervision of patients. Inspection in the House inquiry, medical history to identify symptoms and clinical manifestations of peritonitis.

Teacher with students in the House (before and after) master survey and detection procedure symptoms. In the operating room (subject to availability) operations become familiar with the stages of operations. In dressing were involved in perevazkah determine willingness to extract, degree of disablement (40 minutes).

4) summing up lessons. Grading (10 minutes).

The result of the sessions is the knowledge the students basic manifestations of peritonitis, knowledge and ability to identify all major symptoms, basics of doctor's tactics in this disease, the diagnostic methods. Students should know the principles of preoperative preparation of the patient peritonitis surgery and post-operative treatment.

**QUESTIONS FOR SELF-STUDY**

1. Anatomy of abdominal organs and peritoneum.

2. the etiopathogenesis of peritonitis, mechanisms of development cardiovascular syndrome, microcirculation violations, violations of the motility of the gastrointestinal tract, immune defenses, hypovolemia, intoxication, multiple organ dysfunction syndrome failure.

3. classification of peritonitis.

4. The clinical picture of peritonitis in a reactive, toxic and terminal stages.

5. diagnosis of peritonitis.

6. Laboratory and instrumental Diagnostics methods of peritonitis.

7. Differential diagnosis of peritonitis.

8. Principles of preoperative preparation.

8. Principles of surgical treatment of peritonitis, basic operational techniques.

9. principles of abdominal drainage in peritonitis.

10. Treatment of patients with postoperative peritonitis.

**LITERATURE:**

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**LIST OF TRAINING ITEMS BY TOPIC**

**"PERITONITIS"**

            Peritonitis.

            Primary peritonitis.

            Secondary peritonitis.

            Nonspecific peritonitis.

            Specific peritonitis.

            Aseptic peritonitis.

            Special form of peritonitis (kanceromatoznyj, parazitarnyj, Rheumatoid, treatment).

            Infectious-inflammatory peritonitis.

            Perforativnyj peritonitis.

            Traumatic peritonitis.

            Postoperative peritonitis.

            Cardiovascular syndrome.

            Violations of the microcirculation.

            Tissue hypoxia, acidosis.

            Atony bowel.

            Impaired immune defenses.

            Hypovolemia.

            Multiple organ dysfunction syndrome.

            Acute peritonitis.

            Chronic peritonitis.

            Softness of peritonitis.

            Diffuse peritonitis (local, common, shared).

            Reactive phase.

            Toxic phase.

            Terminal phase.

            Pain.

            Muscles of the anterior abdominal wall.

            Symptom Schetkina-Bljumberga.

            Symptom Of Mendel.

            Symptom Of Resurrection.

            Symptom Bershtejna.

            Nausea, vomiting.

            Dryness of the tongue.

            Paleness, Acrocyanosis.

            Tachycardia.

            Increased body temperature, toxic "scissors".

            Hypotension.

            Shortness of breath.

            Atony ulcers, flatulence.

            Dulling in sloping field of the abdomen.

            Symptom Spizharnogo.

            Symptom Kulenkampffa.

            X-ray examination.

            ULTRASOUND.

            Laparocentesis, laparoscopy.

            Differential diagnosis of peritonitis and renal colic.

            Differential diagnosis of peritonitis and pleural diseases.

            Differential diagnosis of peritonitis and cardiovascular diseases.

            Differential diagnosis of peritonitis and diseases and injuries of the nervous system.

            Differential diagnosis of peritonitis and infectious diseases.

            Differential diagnosis of peritonitis and decompensation diabetes.

            Differential diagnosis of peritonitis and thyrotoxicosis.

            Differential diagnosis of peritonitis and diseases and damages of the anterior abdominal wall.

            Preoperative diagnosis.

            Rule of three catheters.

            Volume of infusion therapy.

            Analgesia.

            Prompt access.

            Rehabilitation of the abdominal cavity.

            Fix peritonitis.

            Decompression of intestine.

            Drainage of the abdominal cavity.

            Adequate analgesia.

            A balanced infusion therapy.

            Correction of metabolic disturbances.

            Antibacterial therapy.

            Immune therapy.

            The restoration of the functions of the digestive tract.

            Hyperbaric oksigenajacija.

            Stabilization of blood circulation, microcirculation, heart activity.

            Detoxification.

            Antioxidant therapy.

            Prevention and treatment of renal and liver failure.

            Parenteral nutrition.

            Bandaging, care of drains.

**TEST OBJECTIVE CONTROL LADDER**

**A PROGRAM FOR STUDENTS ON THE THEME OF KNOWLEDGE**

**"PERITONITIS"**

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| --- | --- | --- |
| NO. | Test content | Etalon |
|   | **LEVEL 1 TESTS*****A. recognition*.** |   |
| 1. | Whether the characteristic tension of muscles of the anterior abdominal wall for reactive phase peritonitis?and b) Yes No) |   (a) |
| 2. | Whether acute peritonitis phenomena ileus?and b) Yes No) |   (a) |
| 3. | Is it possible for acute peritonitis symptom Spizharnogo?and b) Yes No) |  (a) |
| 4. | Can izlivshajasja sterile abdominal blood be causing peritonitis?and b) Yes No) |   (a) |
| 5. | Characteristic for purulent peritonitis phenomenon bronchial obstruction?and b) Yes No) |   b |
|   | ***B. on the difference.*** |   |
| 1. | List the main features of acute peritonitis when its stomach ulcer.but vomiting)b) feverin) bloatingg) muscles of the anterior abdominal walld) Chair and gas delay(e)) in the sense field sloping bellyf) persistent painw) crampingand tachycardia)  |         g, d, e, f, and. |
| 2. | List the symptoms of a peritonitis.a) symptom Mussyb) symptom Schetkina-Bljumbergain) symptom Kivuljag) symptom of Resurrectiond) symptom V.razdolskiye) symptom Cege-Mantejfelja  |   b, g, d |
| 3. | What are the phases of acute peritonitis, you know? a) prodromalnaja b) Terminalin) compensationg) toxicd) reactive(e)).f) decompensation |   b, g, d |
|   | **LEVEL 2 TESTS** |   |
| 4. | What are the main factors of acute peritonitis rate of development?(a))b)in)g) | and host defence mechanisms) deficiencyb) high virulence of infectionvolume and speed) contamination of the abdominal cavityg) inadequate treatment |
| 5. | Causes of hypovolemia in acute peritonitis(a))b)in)g)d)(e)) | and articular exudation and transsudacija) in the lumen of the DIGESTIVE TRACTb) articular exudation and transsudacija in loose abdomenarticular exudation and transsudacija) in the fabric of the whole organismg) vomitingd) breathe) evaporation from skin |
| 6. | Specify the main route of administration of antibiotics in the treatment of acute peritonitis(a))b)in)g)d) (e)) | but) localb) intravenous intraarterial)g) intramusculard) vnutriportalnyje) jendolimfaticheskij and limfotropnyj  |
| 7. | List of the most common places of localization of abdominal abscess(a))b)in)g)d) | a) appendikuljarnyjb) pelvicin) subphrenicg) podpechenochnyjd) mezhkishechnyj. |
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**THIRD LEVEL TESTS**

***Problem situations***

1. Patients 19 years after a brief phase in Baldy epigastric right podvdoshnuju region, intensified, was double the vomiting, single loose stools. Objectively: moderate State, consciousness is retained, the skin and mucous pale, hedged language, dry pulse 90 per minute, hell 110/60 millibars, the abdomen is moderately swollen, anterior abdominal wall-small venous network in lateral departments. By palpation the abdominal wall in the right iliac region tense, sharp pain, positive symptom Schetkin-Bljumberg.

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| Preliminary diagnosis?Differential diagnosis? |   |

2. A patient 45 years in the past, the malaria, hit in the fall area right hypochondrium, and then felt a sharp pain in left abdomen, weakness, dizziness, lost consciousness. Objectively: moderate State, consciousness is retained, the skin and mucous pale, hedged language, suhovat, pulse 110 per minute, hell 80/60 millibars, the abdomen is moderately swollen, poured the soreness around the stomach. Percussion is determined by shortening sound in sloping field of the abdominal cavity. Positive symptom Schetkin-Bljumberg.

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| Diagnosis?Medical tactics? |   |

3. The patient had 30 years of suffering from ulcers, suddenly appeared sharp pain in epigastria, vomiting was not. Taken to hospital via 4:00 from the onset of the disease. Objectively: moderate State, consciousness is retained, the skin and mucous pale, dry language, hedged, pulse 110 per minute, hell 100/80 millibars. The belly is not swollen, naprjaden and painful in epigastria and abdomen right positive symptom Schetkin-Blumberg, percussion abdominal effusion is determined. Liver dullness is not defined.

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| Diagnosis?Medical tactics? |   |

4. Patient 29 years delivered on the third day of the disease in an extremely serious condition. Sick fizzled, hardly comes into contact, listless, blow could not announce the beginning of the disease. The Face Of Hippocrates. Temperature of 39.8° c pulse 130 per minute, hell 80/40 millibars. Shortness of breath in the 32 minute. The tongue dry, rough, with a touch of Brown. Abdomen diffusely swollen and moderately painful in all departments. Symptom Schetkin-Bljumberg questionable. In the abdominal cavity is determined by the free liquid. Rectum sphincters are relaxed, is liquid malodorous feces.

Diagnosis? Tactics?

PLAN-HRONOKARTA

the Peritonitis for students (V) (I) course

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| NO. | The name of the stage and venue | Time in minutes. | Objectives and tasks | Private technique | Form control | Tools visibility |
| 1 | Target setting (classroom) | 5 | Clarify the issues being dealt with themes. To acquaint the students with lesson plan and | The teacher informs students about the objectives and phases of forthcoming work and forms of control.  | Observation of offending teachers vision | Plan-Chrono map |
| 2 | Preliminary control (training room) | 15 | Define UB Wen prepared Ness students, the possibility of their participation in the study sobese trolnom. | Students are dealt 1-level tests. | Programs s ' con troll. | Level 1 tests |
| 3 | Parsing thematic Cali Rican patients (Chambers, Office ultrasound, operating Naya) | 30 | Supervision of the entire group of 2-3 pain from various manifestations for bolevanij | Previously the teacher selects issue iCal patients and oversees together with a group. You jasnjajutsja the ability to survey patients with peritonitis (palpation, percussion, auscultation). On the basis of Scientific Research Institute of the anamnesis, clinical, laboratory and instrumental examination data post report a correct diagnosis. | Additional evaluation, SA mokontrol | Ill rent genogram, we, biochemical and clinical analysis, history, history of illness |
| 4 | Theoretical interview (training com NATA) | 90 | Figuring out the students ' knowledge of the pathogenesis, insist the Mii, patofiziolo, clinic, di Agnostics and Leche tion peritonitis | Clarified the knowledge students received in the self-study process. Clarified and refined hard-to-understand diagnostic partitions, Les, individual clinical manifestations of peritonitis. The teacher corrects students and supplements the answers | Sobese equipment | Tables, slides, rent genogrammy, Bo's history of illness. |
| 5 | The final con troll (training room) | 15 | Problem solving. Testing knowledge | Students solve problems, answer the questions of the teacher. Summarizes the | oral control | Clinical problems |
| 6 | Conclusion (classroom) |   | Summing up lessons | Exposure assessments to prepare for assignment. Gives a lesson to the next lesson |   |   |



**Original**

- Выяснить знания студентов по этиологии, патогенезу перитонита. Усвоить методы диагностики перитонита зависмости от распространенности и стадии процесса, принципы предоперационной подготовки и оперативного лечения, методы дренирования брюшной