



Ministry of Science and High Education of RF Ulyanovsk State University	Form	
F – Evaluation funds of the discipline		

APPROVED BY

by the decision of the Academic Council of the USU
Institute of Medicine, Ecology and Physical Culture
16.05.2024 E. Record No №9/260

Chairman Mashin V.V.


(Signature, Name)

«16» May 2024.

EDUCATIONAL PLAN

Discipline	Hospital Surgery, Pediatric Surgery
Faculty	Medical faculty of T.Z. Biktimirov
Name of department	Hospital surgery, anesthesiology, urology, traumatology and orthopedics
Course	5-6

Direction (specialty) 31.05.01 General medicine
the code of the direction (specialty), foil name

Form of training: full-time

Date of introduction into the academic process at USU «01» September 2024



Revised at the Department meeting, Record No _____ of _____ 20


Revised at the Department meeting, Record No _____ of _____ 20

Revised at the Department meeting, Record No _____ of _____ 20

Information about the authors:

Initials	Abbreviation of the department	Degree, scientific rank
Marakaev Damir Khamzievich	Hospital surgery, anesthesiology, resuscitation, urology, traumatology and orthopedics	MD, Associate Professor

Agreed	Agreed
Head of department of hospital surgery, anesthesiology, resuscitation, urology, traumatology and orthopedics, developing A discipline	Head of the graduating Department of Hospital Therapy
 _____ Signature	 _____ Signature
/V.I. Midlenko/ Full name	/M.A. Vize-Khripunova Full name
«16» May 2024 г.	«16» May 2024 г.

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1. GOALS AND OBJECTIVES OF DEVELOPMENT OF DISCIPLINE:

Objectives of mastering the discipline: The goal of mastering the discipline "Hospital surgery, pediatric surgery" is: the formation of students' elements of clinical medical thinking, the stereotypes of the complex of necessary additional examination methods, the basic principles of conservative therapy and the principles of surgical treatment resulting from the theoretical and practical study of emergency surgical diseases of the abdominal cavity.

The process of mastering the discipline "Hospital Surgery, Pediatric Surgery" is aimed at the formation of general professional (OPK-6, OPK-8) and professional competencies (PK-5, PK-6, PK-8).

The tasks of mastering the discipline are to ensure that students master the program on modern diagnostic and therapeutic technologies in abdominal surgery based on the knowledge gained in the departments of elementary courses;

- develop a scientific understanding among students about the relationship between the structure, function of organs and human systems, depending on environmental conditions;
- teach students methods of clinical examination of patients with surgical pathology, correctly formulate a diagnosis and choose therapeutic and tactical measures;
- teach to develop a diagnostic algorithm using modern methods for abdominal surgical diseases;
- to bring up ethical standards of behavior in the clinic, respect for colleagues and patients.

Objectives of the subject "Hospital surgery and pediatric surgery":


- ensure the assimilation by students of the program of hospital surgery, pediatric surgery based on knowledge gained in the departments of elementary courses;
- develop students' scientific understanding of the relationship of structure, function human organs and systems, depending on environmental conditions;
- teach students methods of clinical examination of patients with surgical profile, correctly formulate a diagnosis and choose medical and tactical Events;
- teach to develop a diagnostic algorithm for the most common surgical diseases of adults and children;
- teaching students the most important methods of objective examination; allowing to evaluate objective patient status;
- teaching students to recognize leading clinical symptoms and syndromes in examination of the patient, when determining the severity of the pathological process;
- teaching students to choose the best laboratory and instrumental methods examination, compilation of an algorithm for differential diagnosis;
- training in the full scope of medical, rehabilitation and preventive measures among patients with various nosological forms of disease;
- training students to provide first aid in case of occurrence emergency conditions;
- training students to choose the optimal treatment regimens for the most common surgical diseases;
- to bring up ethical standards of behavior in the clinic, respect for colleagues and patients.

2. PLACE OF THE COURSE IN THE CURRICULUM

Discipline "Hospital surgery and pediatric surgery" is referred to professional cycle of speciality «General medicine». Discipline is mastered in English.

Discipline B1.8.OD.6 "Hospital surgery and pediatric surgery" refers to the compulsory disciplines of the variable part of the curriculum in the specialty "General Medicine". The development of the discipline is based on the knowledge, skills and abilities formed by previous disciplines and practices:

History of medicine:

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knowledge: prominent figures in medicine and health care, outstanding medical discoveries, the impact of humanistic ideas on medicine; skills: to analyze and evaluate the contribution of prominent domestic figures in medicine and healthcare to the development of methods for diagnosing diseases of internal organs; skills: to own the instrument of education of patriotism and civic responsibility.

Bioethics:

knowledge: the doctrine of the health of children and adults, methods of its preservation, the relationship "doctor-patient"; moral and ethical standards, rules and principles of professional medical behavior, the rights of the patient and the doctor, the main ethical documents of international and domestic professional medical associations and organizations; skills: protect the civil rights of doctors and patients; skills: moral and ethical argumentation;

Psychology and pedagogy:

knowledge: the main directions of psychology, general and individual characteristics of the psyche of an adult, the psychology of personality and small groups; skills: to build and maintain working relationships with other team members; skills: public speaking, conducting discussions and round tables, the skills of informing patients in accordance with the requirements of the "informed consent" rules;

Latin language:

knowledge: basic medical and pharmaceutical terminology in Latin; skills: use at least 900 terminological units and terminological elements; skills: reading and writing in Latin of clinical and pharmaceutical terms and recipes;

Medical informatics:

knowledge: theoretical foundations of computer science, collection, storage, processing, transformation, dissemination of information in medical and biological systems, the use of information computer systems in medicine and healthcare; skills: the use of educational, scientific, popular science literature, the Internet for professional activities; statistical processing of experimental data; skills: basic technologies for converting information: text, tabular editors, Internet search;

Chemistry:


knowledge: structure and biochemical properties of the main classes of biologically important compounds, the main metabolic pathways for their transformation; safety regulations and work in chemical laboratories, with reagents, devices; skills: use of chemical equipment; skills: observance of safety measures during the work in chemical laboratories.

Biology:

knowledge: general patterns of the origin and development of life; human anthropogenesis and ontogenesis; laws of genetics, its significance for medicine; patterns of heredity and variability in individual development as the basis for understanding the pathogenesis and etiology of hereditary and multifactorial human diseases; skills: use physical and biological equipment, work with magnifying equipment (microscopes, optical and simple magnifiers); chart family genealogy based on a survey of patients; skills: determine the type of inheritance of diseases of internal organs.

Biochemistry:

knowledge: the chemical and biological essence of the processes occurring in a living organism, at the molecular and cellular levels; structure and biochemical properties of the main classes of biologically important compounds, the main metabolic pathways for their transformation; the role of cell membranes and their transport systems in the metabolism in the body of children and adolescents; safety regulations and work in chemical and biological laboratories, with reagents, devices, animals; skills: substantiation of the standard of biochemical laboratory tests for various diseases of internal organs; skills: interpretation of the results of the most common laboratory biochemical research methods.

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Human anatomy:

knowledge: anatomical and physiological features of the structure and development of the human body; skills: to correlate the topography of internal organs with the projection onto the surface of the human body in a clinical study of a patient; skills: determine the projection of internal organs on the surface of the patient's body.

Histology, embryology, cytology:

knowledge: the basic laws of the development and vital functions of the human body based on the structural organization of cells, tissues and organs; histo-functional features of tissue elements; skill: to analyze the histological state of various cellular, tissue and organ structures of a person; work with magnifying equipment (microscopes, optical and simple magnifiers); skills: interpret the results of histological examination of biopsy material of normal organs.

Normal physiology, pathological physiology:

knowledge: the basic physical phenomena and patterns that underlie the processes taking place in the human body; functional systems of the human body, their regulation and self-regulation under the influence of the external environment is normal; skill: orientation in the mechanisms of functional processes in the human body; skills: interpretation of the results of normal instrumental and laboratory research methods.

Hygiene:

knowledge: the basics of preventive medicine, sanitary and hygienic requirements for the device, organization and mode of operation of hospitals, departments and wards in hospitals; skills: to analyze and evaluate the quality of medical care, the health status of children and adults, the impact on it of lifestyle factors, the environment, biological and organization of medical care; conduct preventive measures with patients to increase the body's resistance to adverse environmental factors using various hardening methods; promote a healthy lifestyle; skills: assessment of the health status of the population of various age and gender groups;

Microbiology, Virology:


knowledge: classification, morphology and physiology of microorganisms and viruses, their impact on human health, methods of microbiological diagnostics, principles of application of the main antibacterial, antiviral and biological drugs, the basics of preventive measures to prevent infectious diseases; skills: to work with magnifying equipment (microscopes, optical and simple magnifiers) to conduct microbiological and virological diagnostics, to conduct sanitary-educational work on hygiene issues; skills: analysis and interpretation of the results of modern microbiological and virological diagnostic methods for successful treatment and prevention activities.

Immunology:

knowledge: structures and functions of the human immune system, its age-related features, cellular and molecular mechanisms of the development and functioning of the immune system, the main stages, types, genetic control of the immune response, immunodiagnostic methods; methods for assessing the immune status, indications and principles for its assessment, immunopathogenesis, methods for diagnosing the main diseases of the human immune system, types and indications for the use of immunotropic therapy; skills: to characterize and evaluate the levels of organization of the human immune system, evaluate the mediating role of cytokines; substantiate the need for clinical and immunological examination of the patient, interpret the results of the assessment of the immune status according to tests of the 1st level; interpret the results of the main diagnostic allergological tests; justify the need for immunocorrective therapy; skills: making a preliminary immunological diagnosis, followed by referral to an allergist-immunologist; the fundamentals of medical diagnostic and therapeutic measures for the provision of first aid in emergency and life-threatening conditions with immune disorders.

Pharmacology:

knowledge: classification and basic characteristics of drugs, pharmacodynamics and

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pharmacokinetics, indications and contraindications for the use of drugs, side effects; general principles for prescribing and prescribing medicines; skills: to analyze the effect of drugs on the totality of their pharmacological properties and the possibility of their use for therapeutic treatment; prescribe drug prescriptions, use various dosage forms in the treatment of certain pathological conditions, based on the characteristics of their pharmacodynamics and pharmacokinetics; apply basic antibacterial, antiviral and biological drugs; to evaluate the possible manifestations of an overdose of drugs and how to eliminate them; skills: the use of drugs in the treatment, rehabilitation and prevention of various diseases and pathological conditions.

General surgery and radiation diagnostics:

knowledge: asepsis and antiseptics, the concept of hospital infection, the structure of a surgical hospital. Diagnostic methods for a surgical patient; skills: to examine patients with various traumatic injuries, with a purulent-septic state, identify life-threatening disorders during bleeding, apply transport tires, bandage and kerchief bandages, administer medications through drains and microirrigators, evaluate the suitability of blood and its preparations. Before the operation, treat your hands, the surgical field, put on a sterile mask, gloves, a bathrobe. Determine the presence of a fracture and dislocation, free gas in the abdominal cavity, and hydro-pneumothorax by the radiograph; skills: own basic medical measures for providing first aid in emergency and life-threatening conditions. Interpret the results of x-ray and ultrasound research methods.

Infectious diseases:


knowledge: etiology, pathogenesis of infectious diseases, basic clinical manifestations, basic methods of laboratory and instrumental diagnostics used in infectology; basic principles for the treatment of infectious diseases and rehabilitation of patients, indications for hospitalization of an infectious patient, specific and non-specific prophylaxis of infectious diseases; structure of the infectious disease service, indications for outpatient treatment of an infectious patient, transportation of an infectious patient to a hospital: isolation rules for hospitalization of patients, sanitary and hygienic requirements for the device, organization of work and the regime of infectious diseases hospitals, departments, boxes; features of the organization of work with patients with HIV infection; skills: determine the status of an infectious patient; make a preliminary diagnosis; outline the scope of additional studies to clarify the diagnosis and obtain a reliable result; conduct differential diagnosis of the leading clinical syndrome; prescribe adequate etiotropic and pathogenetic therapy; to carry out specific and non-specific prophylaxis of infectious diseases; organize anti-epidemic measures; skills: to interpret the survey, physical examination, clinical examination, the results of modern laboratory and instrumental studies; use the diagnosis algorithm for the most common infectious diseases; an algorithm for choosing drug and non-drug therapy for patients with infectious diseases; the implementation of specific and non-specific prevention of infectious diseases; anti-epidemic measures.

Propaedeutics of internal diseases:

knowledge: patterns of functioning of individual organs and systems, the main pathological symptoms and syndromes of diseases, methods of objective examination of the patient, modern methods of laboratory, instrumental examination of patients; skills: to determine the status of the patient: to collect anamnesis, conduct a survey of the patient and / or his relatives, conduct a physical examination of the patient (examination, palpation, auscultation, measurement of blood pressure, determination of the properties of the arterial pulse, etc.); assess the condition of the patient to decide on the need for medical care; conduct an initial examination of systems and organs; set priorities for resolving patient health problems; skills: general clinical examination; interpretation of the results of laboratory, instrumental diagnostic methods, the use of simple medical instruments.

Hospital therapy, faculty pediatrics, endocrinology:

knowledge: etiology, pathogenesis and preventive measures of the most common diseases; modern classification of diseases; the clinical picture, the features of the course and possible complications

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of the most common diseases that occur in a typical form in different age groups; diagnostic methods, diagnostic capabilities of direct patient research methods, modern methods of clinical, laboratory, instrumental examination of patients; diagnosis criteria for various diseases; methods of conducting emergency measures, indications for planned hospitalization of patients; treatment methods and indications for their use; skills: make a preliminary diagnosis, outline the volume of additional studies in accordance with the prognosis of the disease, to clarify the diagnosis and obtain a reliable result; formulate a clinical diagnosis; to develop a therapeutic action plan, taking into account the course of the disease and its treatment; to formulate indications for the chosen method of treatment taking into account etiologic and pathogenetic agents, to substantiate pharmacotherapy in a particular patient; determine the route of administration, regimen and dose of drugs, evaluate the effectiveness and safety of treatment; use the methods of primary and secondary prevention (based on evidence-based medicine) in medical activities; skills: proper management of medical records; general clinical examination methods; interpretation of the results of laboratory, instrumental diagnostic methods; an algorithm for a comprehensive clinical diagnosis; appointment of patients with adequate therapeutic treatment in accordance with the diagnosis, emergency care in life-threatening conditions.

Obstetrics and gynecology:


knowledge: the organization of obstetric and gynecological care to the population, methods of clinical, laboratory and instrumental diagnosis of gynecological diseases, physiological and pathological pregnancy; methods of pregnancy and childbirth; modern methods of pregnancy planning, methods of antenatal protection of the fetus and prenatal diagnosis; criteria for assessing the condition of the newborn, criteria for prematurity; management methods for children with various perinatal pathologies, premature babies; cardiopulmonary resuscitation methods; skills: diagnosis and management of physiological pregnancy, timely detection of abnormalities during pregnancy, the implementation of the algorithm for the selection of therapy for pathological pregnancy and gynecological pathology, the adoption of physiological and pathological births, assessment of the condition of the newborn, emergency care for critical conditions of the newborn; skills: interpretation of the results of clinical, laboratory, instrumental methods for diagnosing pregnancy, gynecological diseases; physiological pregnancy management, delivery, assessment of the state of full-term and premature newborns; use of antenatal fetal protection methods.

Neurology, medical genetics and neurosurgery:

knowledge: basic neurological syndromes; clinical picture, course features and possible complications of the most common neurological diseases; modern methods of clinical, laboratory, instrumental examination of neurological patients; treatment methods and indications for their use; types of inheritance of diseases and clinical manifestations of hereditary pathology, general characteristics of diseases with a hereditary predisposition, general principles and characteristics of the diagnosis of hereditary diseases, causes of origin and diagnostic significance of morphogenetic variants of diseases; congenital malformations; skills: make a preliminary diagnosis, outline the amount of additional research in accordance with the prognosis of the disease; formulate a clinical diagnosis; develop a therapeutic action plan; substantiate pharmacotherapy in a particular patient; conduct antenatal diagnosis of hereditary diseases; skills: proper management of medical records; general clinical examination methods; interpretation of the results of laboratory, instrumental diagnostic methods; an algorithm for a comprehensive clinical diagnosis; the appointment of patients with adequate therapeutic treatment in accordance with the diagnosis, the provision of emergency care in life-threatening conditions; studying heredity in humans (cytogenetic method, genealogical method, twin method), analysis of the role of hereditary and exogenous factors in the development of pathological conditions.

Public health and healthcare organization:

knowledge: the basics of the legislation of the Russian Federation on the protection of public health, the basic regulatory and technical documents; basic principles of management and

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organization of medical care for the population; the basis of legislation on the sanitary and epidemiological welfare of the population

Faculty surgery, urology:

knowledge: clinical picture, course features and possible complications of the most common diseases that occur in a typical form in different age groups. Diagnostic methods, diagnostic capabilities of methods for direct examination of a patient with a surgical profile; skills: to determine the status of the patient: to collect an anamnesis, conduct a survey, physical examination, assess the patient's condition to decide on the need for medical care, and conduct an examination of systems and organs. Outline the volume of additional studies in accordance with the prognosis of the disease to clarify the diagnosis and obtain a reliable result. Choose an individual type of care for the treatment of the patient in accordance with the situation: primary care, ambulance, hospitalization; skills: to possess methods of general clinical examination, interpretation of laboratory results, instrumental diagnostic methods, basic medical measures to provide first aid in emergency and life-threatening conditions.

Training practice "Patient Care":

knowledge: types of sanitary treatment of patients, types of fevers, especially the observation and care of patients with diseases of various body systems; skills: sanitary treatment of the patient upon admission to the hospital and during his stay in the hospital, change of patient's underwear and bed linen, treatment of pressure sores; care for patients of various ages suffering from diseases of various organs and systems, their transportation; thermometry, control of daily diuresis, collection of biological material for laboratory research, anthropometry, staging of various types of enemas, feeding of seriously ill patients; disinfection and pre-sterilization preparation of medical instruments, materials and patient care products; skills: patient care, taking into account their age, nature and severity of the disease; care for seriously ill and agonizing patients.

The results of the study of the discipline are the basis for the study of disciplines: Oncology, Modern aspects of oncology, Surgical gastroenterology and endoscopy, Palliative medicine.


As a result of studying the discipline, the student must:

Know:

- Etiology and pathogenesis of typical underlying diseases related to abdominal surgery;
- Clinical symptoms of emergency surgical pathology;
- Differential diagnosis of acute surgical pathology;
- Diagnostic research methods;
- The main provisions of the conservative treatment of acute surgical pathology;
- The main methods of surgical intervention and the terms of surgical treatment for surgical diseases.

Be able to:

- carry out a purposeful history taking of the studied nosological forms of surgical pathology: localization, time of onset, irradiation and intensity of pain, dependence of pain on external causes, frequency of pain, patient's well-being before the disease, connection of the occurrence of the disease with any factors;
- conduct an objective examination of systems and organs: the position of the patient, the color and condition of the skin and mucous membranes, the expression of the eyes, face, speech, the state of the lymph nodes, the localization of pain, local status;
- identify the most characteristic symptoms of the studied surgery nosology;
- issue an outpatient card or medical history in a hospital;
- formulate a clinical diagnosis; develop a surgical plan, taking into account the course of the disease and its treatment;

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- formulate indications for the chosen method of treatment taking into account etiotropic and pathogenetic agents, substantiate pharmacotherapy in a particular patient with major pathological syndromes and emergency conditions, determine the route of administration, regimen and dose of drugs, evaluate the effectiveness and safety of the treatment;
- make a preliminary diagnosis, outline the volume of additional studies in accordance with the prognosis of the disease, to clarify the diagnosis and obtain a reliable result;
- interpret the results of laboratory, instrumental diagnostic methods;
- to formulate and justify a survey plan and treatment plan for surgical pathology;
- perform dressings after performing operations on the abdominal organs.

Masters:


- proper management of medical records;
- before the operation and surgical procedures, treat the hands, the surgical field, put on a sterile surgical mask, put on or change sterile gloves, a sterile gown on your own and with the help of the operating sister;
- an algorithm of a detailed clinical diagnosis;
- the main medical diagnostic and therapeutic measures for the provision of first aid in emergency conditions in surgery;
- assistant in operations for acute appendicitis, hernia, complicated peptic ulcer, acute cholecystitis, acute pancreatitis, acute intestinal obstruction, injuries of the abdominal and chest cavity organs and other surgical pathologies.

4. Workload of discipline

4.1. Workload of discipline in credit points (total): 10 credit points (360 hours).

4.2. Types of educational work (in hours):

Types of educational work	Course length: 360 hours (full-time education)			
	Total hours	Terms		
		Term 9	Term A	Term B
1	2	3		
contact hours	216	54	90	72
Auditory lessons:	216	54	90	72
lectures	54	18	18	18
laboratory work (laboratory workshop)	Not provided	Not provided	Not provided	Not provided
practical classes, seminars	162	36	72	54
Independent study	108	18	18	72
Formative assessments	Survey, MCQ, solving clinical cases, quiz.	Survey, MCQ, solving clinical cases, quiz.	Survey, MCQ, solving clinical cases, quiz.	Survey, MCQ, solving clinical cases, quiz.
term paper	Not provided	Not provided	Not provided	Not provided


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Types of formative assessments (exam, credit)	Exam, credit		credit	Exam 36
Course length	360	72	108	180

4.3. The content of the discipline (module.) Distribution of hours by topics and types of academic work:

Full-time education form

Title and sections and topics	Total hours	Types of Training				
		Аудиторные занятия			interactive classes	Independent study
		lectures	seminar	assessments		
1	2	3	4	5	6	7
Term 9						
1. Errors, dangers, complications in the treatment of acute appendicitis. Features of acute appendicitis in children.	18	4	9	-	2	4
2. Gallstone disease and its complications. Acute cholecystitis. Differential diagnosis of jaundice	18	6	9		2	6
3. Diseases of the pancreas: errors, dangers, complications. Acute and chronic pancreatitis: clinic, diagnosis, treatment	18	4	9		2	4
4. Peptic ulcer of the stomach and duodenum. Complications	18	4	9		2	4
Total hours	72	18	36	credit	8	18
Term A						
5. Gastrointestinal bleeding. Mallory Weiss Syndrome	26	4	18		2	4
6. Acute intestinal obstruction: errors, dangers, complications. Features of intestinal obstruction in children	26	4	18		2	6
7. Hernia: danger errors, complications. Features of hernias in children.	26	4	18		2	4
8. Diseases of the colon (ulcerative colitis, diverticula, tumors, fistulas)	26	4	18		2	4
Total hours	108	18	72	credit	8	18

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Term B						
9. Injuries to the abdomen and chest. Combined injury. Politrauma	48	4	14		2	18
10. Peritonitis: errors, dangers, complications in the treatment of peritonitis	48	4	16		2	18
11. The basic principles of preoperative preparation and postoperative management of patients.	42	4	12		2	18
12. Endoscopic diagnosis and surgery. Surgical aspects, fibro-esophago-gastro-duodeno-entero-colonoscopy, tracheobronchoscopy, choledochoscopy, sigmoidoscopy. Laparoscopic and thoracoscopic operations. Minimally invasive and low-traumatic operations	42	4	12		3	18
Total hours	180	18	54	Exam 36	9	72
Course length	360	54	162	36	33	108

Educational technology


In the course of mastering the discipline in the classroom, the following educational technologies are used. Of the classroom hours, conducting classes in an interactive form is 33 hours Imitation technology. Classes are held in the form of role-playing, business and operational games with a clear algorithm of actions with the preparation of medical documentation and solving situational problems; round table and master class. Since in the application of educational business games: preparation for professional activity takes place, knowledge and skills are formed; high motivation, emotional richness of the learning process; post-game discussion helps to consolidate knowledge; comprehensive pedagogical cognitive, educational, developmental goals are achieved. Non-simulation technologies. Used lecture-visualization, problem lectures, discussion.

5. COURSE CONTENT


№ п/п	Topic Title	Topic Content
Семестр 9		
1.	Errors, dangers, complications in the treatment of acute appendicitis. Features of acute appendicitis in children.	The variety of clinical forms of acute appendicitis. Diagnostic algorithm. Features of the clinic, diagnosis and treatment tactics of acute appendicitis in children, the elderly, pregnant women. Differential diagnosis. 1. Classification of appendicitis. 2. Clinic and diagnosis of acute appendicitis. 3. Features of the course of atypical forms of acute appendicitis depending on the location of the appendix: a) retroperitoneal localization; b) retrocecal (intraperitoneal, intramural, retroperitoneal), low, high and median location;

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		<p>c) a rare location of the appendix: in the hernial sac, obstruction hole, with a movable cecum.</p> <p>4. Features of the course of acute appendicitis in children, the elderly and women at different stages of pregnancy.</p> <p>5. Differential diagnosis.</p> <p>6. Complications of acute appendicitis and surgeon tactics:</p> <p>a) appendicular infiltrate;</p> <p>b) periappendicular abscess;</p> <p>c) abscesses of the abdominal cavity (pelvic, subphrenic, interintestinal);</p> <p>d) peritonitis;</p> <p>e) retroperitoneal phlegmon;</p> <p>f) pylephlebitis;</p> <p>g) sepsis.</p> <p>7. Indications for surgery. The choice of online access.</p> <p>8. Anesthesia with appendectomy.</p> <p>9. Technique for removal of the appendix</p> <p>10. Complications of the removal of the appendix, their prevention and treatment.</p> <p>11. Suturing of the surgical wound. Indications for tamponade and abdominal drainage.</p> <p>12. Rational antibiotic therapy in the treatment of appendicitis and purulent complications.</p> <p>13. Accesses used for opening the abscesses.</p> <p>14. The tactics of the surgeon with obscure forms of appendicitis.</p> <p>15. Indications for laparotomy and a wide revision of the abdominal organs.</p> <p>16. Diagnostic and tactical errors in acute appendicitis.</p> <p>17. Management of the postoperative period.</p> <p>18. Postoperative complications.</p>
2.	Gallstone disease and its complications. Acute cholecystitis. Differential diagnosis of jaundice	<p>Classification of acute cholecystitis, pathogenesis, clinical features, reliable local signs and symptoms according to the authors. Compensated and decompensated forms, examples of the formulation of the diagnosis. Conservative methods of treatment of acute cholecystitis, indications for surgical treatment. Possible complications of operations. The role of general hygiene and rehabilitation measures in the prevention of acute cholecystitis. Definition of the concept, reasons. Familiarization of students with the clinic, early diagnosis, new methods of examination of patients (CT, MRI). diagnosis, differential diagnosis, indications for surgery, methods of intraoperative diagnosis.</p> <p>Bile fistulas: clinic, treatment. Repeated operations on the bile ducts with a long cult of the cystic duct, left</p>

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		stones in the bile ducts, cicatricial narrowing of the common bile duct, with bile fistulas.
3.	Diseases of the pancreas: errors, dangers, complications. Acute and chronic pancreatitis: clinic, diagnosis, treatment	<p>Familiarization of students with the anatomy and physiology of the pancreas, research methods, general symptoms of diseases, classification of inflammatory diseases of the pancreas. Classification of forms of chronic pancreatitis. Etiology and pathogenesis. Clinic, diagnosis, differential diagnosis, conservative treatment. Indications for surgical treatment, methods of operations.</p> <p>Cysts and tumors of the pancreas. Definition (limited by capsule, fluid accumulation in the parenchyma or surrounding tissues) Classification (congenital, acquired), clinic, differential diagnosis, radical and palliative surgery.</p> <p>Pancreas cancer. Pathanatomy, clinic, diagnostics. Radical and palliative surgery. The results of treatment and the search for ways to improve them.</p> <p>Pancreatic fistula.</p>
4.	Peptic ulcer of the stomach and duodenum. Complications	<p>The morphological substrate of the disease is an ulcer - a deep mucosal defect. Peptic ulcer disease is a common worldwide disease that affects mainly young and middle-aged people. Men are sick three times more often than women.</p> <p>Etiology and pathogenesis. There are many theories of the occurrence of peptic ulcer (infectious, vascular, mechanical, neurotrophic, etc.). At present, the peptic (from Greek pepsis - digestion) theory is dominant, according to which an ulcer arises as a result of the action of aggressive peptic factors (hydrochloric acid, pepsin, bile) on the mucous membrane while weakening its protective properties (mucous-carbonate barrier). Today, an important role in the development of peptic ulcer is given to the gastric bacterium - <i>Helicobacter pylori</i> and endocrine tumors (cm Zollinger-Ellison). The causes of acute mucosal ulcers can be operations and brain injuries, extensive burns, cardiovascular disorders, some medications (aspirin, indomethacin, diclofenac, etc.), alcohol abuse, stress. Peptic ulcer has a cyclic course, expressed in a change in phases of exacerbation (open sores) and remission (scar). Exacerbations are usually seasonal autumn-spring in nature.</p> <p>Classification. Localization distinguishes peptic ulcer and peptic ulcer of the duodenum (duodenal ulcer). There are acute and chronic ulcers. By size, they are divided into small (up to 0.5 cm in diameter), medium (0.5-1.0 cm), large (1.0-3.0 cm) and giant (more than 3.0 cm).</p>

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		<p>Symptoms The main symptom of peptic ulcer is pain. It occurs either immediately after a meal (gastric ulcer), or 1.5-2 hours after a meal (duodenal ulcer). The latter is also characterized by hunger and night pain. In addition, various dyspeptic disorders are often observed - nausea, vomiting, heartburn, belching.</p> <p>Complications if gastric surgery is not performed during the period, the patient's life threatens:</p> <ol style="list-style-type: none"> 1. bleeding, the source of which is a blood vessel at the edges or at the bottom of the ulcer. Accompanied by a black tarry stool, vomiting such as "coffee grounds"; 2. perforation (perforation) - the formation of a through defect in the wall of an organ; 3. penetration - "ingrowth" of an ulcer in neighboring organs; 4. stenosis - narrowing of the output section of the stomach or duodenum, preventing the advancement of food; 5. malignancy - malignant degeneration characteristic of stomach ulcers. <p>Diagnostics. X-ray of the stomach, esophagogastroduodenoscopy with biopsy, intragastric pH-metry (rheogastrography).</p> <p>Treatment. Acute ulcers are treated conservatively, and in some cases, gastric ulcer surgery (gastric surgery) is indicated. Any uncomplicated and first detected ulcers are also subject to medical treatment.</p>
5.	Term A	
	<p>Gastrointestinal bleeding from the upper gastrointestinal tract. Mallory Weiss Syndrome Gastrointestinal bleeding from the lower gastrointestinal tract.</p>	<ol style="list-style-type: none"> 1. Classification of gastrointestinal bleeding: <ul style="list-style-type: none"> • ulcerative, • non-ulcer. 2. Etiopathogenesis of bleeding in diseases of the digestive tract. 3. Non-ulcer gastrointestinal bleeding: <ul style="list-style-type: none"> • varicose veins of the esophagus (clinic, diagnosis, therapeutic tactics, conservative therapy, types of operations), • Mellory-Weiss syndrome (clinic, diagnosis, conservative therapy, indications for surgery), • erosive-hemorrhagic gastritis (therapeutic tactics). • other diseases of the stomach, esophagus and intestines (tumors, polyps, diverticula, ulcerative colitis). 4. Diagnostic and therapeutic endoscopy. 5. General hemostatic measures. 6. Active methods of local hemostasis. 7. Surgical tactics in HCS. The principles of basic

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		<p>surgical operations (gastrotomy, wedge-shaped resection of the stomach, vagotomy, resection of the stomach, Tanner's operation). Clinic, diagnosis of gastrointestinal bleeding from the lower gastrointestinal tract. Classification of gastrointestinal bleeding from the lower gastrointestinal tract. Ways to stop gastrointestinal bleeding from the lower gastrointestinal tract.</p>
6.	Acute intestinal obstruction: errors, dangers, complications. Features of intestinal obstruction in children	<p>Surgical tactics with strangulation, obstructive, mixed forms. Intestinal obstruction of cancer origin. Postoperative intestinal obstruction. Prevention of adhesive disease Classification of intestinal obstruction. Features of intestinal obstruction in children.</p> <ol style="list-style-type: none"> 1. Pathophysiological changes occurring in the patient's body. 2. General clinical symptoms of acute intestinal obstruction. 3. Direct examination of patients with intestinal obstruction: the use of additional examination methods (X-ray examination method, etc.). 4. Differential diagnosis of dynamic and mechanical obstruction. 5. Features of baking dynamic intestinal obstruction. 6. Features of the clinical course and diagnosis of various types of obstruction: <ol style="list-style-type: none"> a) inversion of the small, blind and sigmoid colon; b) narrow formation; c) adhesive obstruction; g) intestinal invagination; e) helminthic invasion and coprostasis; e) colon tumors; 8. Tactics of a surgeon in acute mechanical bowel obstruction: <ol style="list-style-type: none"> a) conservative methods of baking; b) indications for surgery. 9. Preoperative preparation of patients depending on the form of obstruction and age of the patient: the basics of the correction of biochemical changes. 10. Surgical access in various forms and localization - intestinal obstruction. 11. Features of surgical tactics in assessing the volume of surgical intervention in elderly and severe patients and in conditions of peritonitis.

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		<p>12. The choice of method of operation:</p> <p>a) dissection of adhesions and cords;</p> <p>b) indications for the imposition of bypass anastomoses;</p> <p>c) indications for intestinal resection;</p> <p>g) indications for the imposition of intestinal fistulas.</p> <p>13. Technique for surgical intervention with:</p> <p>a) obstruction caused by Meckel diverticulum;</p> <p>b) intestinal inversion;</p> <p>c) restrained hernia;</p> <p>d) with cancer of the small and large intestine;</p> <p>e) intussusception;</p> <p>f) abturation with gallstones and fecal stones;</p> <p>g) inflammatory "tumors";</p> <p>h) diverticulums, etc.</p> <p>14. Features of the postoperative period:</p> <p>a) correction of violations of the water-layer and protein balance of the blood;</p> <p>b) the fight against intoxication and postoperative intestinal paresis;</p> <p>c) prevention of postoperative complications.</p>
7.	Hernia: danger errors, complications. Features of a hernia in children	<p>Classification of external abdominal hernias depending on the location of the hernial portal (inguinal, femoral, umbilical, white line and spigel line, xiphoid process, lumbar, obstructive, perineal, sciatic, traumatic, postoperative).</p> <p>Classification of complications of abdominal hernias.</p> <p>The tactics of a surgeon with a combination of inguinal-scrotal hernia and cryptorchidism, dropsy of the testicle (or spermatic cord) and hernia, varicocele. Sliding hernia. Features of a hernia in children</p> <p>Differential diagnosis of restrained hernias.</p> <p>Diagnostic Features:</p> <p>a) parietal infringement;</p> <p>b) with retrograde infringement;</p> <p>c) with infringement of the omentum, Meckel's diverticulum, appendix, bladder, uterine appendages, fatty suspensions.</p> <p>Tactics for patients with impaired hernia in the emergency room.</p> <p>Tactics of a surgeon with spontaneous reduction of a restrained hernia.</p> <p>Features of surgical tactics in operations for restrained hernias.</p> <p>Criteria for assessing the viability of a restrained organ (organoleptic and objective).</p>

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		<p>Features of surgical tactics in case of doubtful viability or necrosis of organs restrained in the hernial sac.</p> <p>Indications for laparotomy and revision of the abdominal organs.</p> <p>Features of the surgical treatment technique for phlegmon hernial sac.</p> <p>Features of surgery for large and giant strangulated ventral hernias.</p> <p>Other complications of hernias: rupture of hollow organs in the hernial sac, their inflammation, dermatitis, malignancy of the contents of hernias and walls of the hernial sac, hernia recurrent disease</p>
8.	Diseases of the colon (ulcerative colitis, diverticula, tumors, fistulas)	<p>The main clinical manifestations of diseases of the colon;</p> <p>1 Abdominal pains - constant or cramping with irradiation to the lumbar region, rarely - to the supraclavicular region.</p> <p>Constant pain is more characteristic of the inflammatory process, cramping - with narrowing of the lumen.</p> <p>2 Discharge of mucus and pus - can be observed only during bowel movements or is permanent. An admixture of mucus and pus to feces is usually observed with XP. and about. proctosigmoiditis, ulcerative colitis, Crohn's disease, villous tumors, cancer of the sigmoid colon.</p> <p>3 Bleeding - obvious or in the form of an impurity to the feces. The more proximal the source of bleeding, the homogeneous admixture of blood to feces and the darker its color. Profuse bleeding is rare and more frequent with diverticulosis, less often with ulcerative colitis and Crohn's disease.</p> <p>4 Anemia - is hypochromic in nature, more often with tumors of the right colon</p> <p>5 Constipation - a delay in stool from several days and weeks as a symptom of functional and organic lesions. If functional constipation, then produce atonic and spastic constipation, which occur with less or more severe pain syndrome. With organic narrowing of the colon - constipation precedes pain and is one of symptoms of partial intestinal obstruction.</p> <p>6 Obstruction of the colon - a symptom of a violation of the passage of contents through the colon. Partial or complete intestinal obstruction</p> <p>7 Bloating - possibly with constipation, as well as with congenital or acquired enzymatic deficiency,</p>

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		<p>dysbiosis</p> <p>8 Diarrhea is a symptom of a number of non-infectious diseases of the colon (colitis, diffuse polyposis)</p> <p>9 Tenesmus - frequent false urge to defecate, debilitating patients, may be accompanied by perianal maceration skin, cracks, erosion. This is a response to inflammation of the sensory zone of the lower ampullar mucosa rectum</p> <p>Criteria for irritable bowel syndrome (A.N. Okorokov, 1999):</p> <ul style="list-style-type: none"> - pain or discomfort in the abdomen (pain decreases after bowel movements, accompanied by changes in frequency and the consistency of the chair) - change in stool frequency (1 or more 3 times a day or less than 3 times a week) - change the shape of the chair - violation of the passage of the stool (tension, peremptory urges, a feeling of incomplete bowel movement) - mucus secretion <p>bloating</p>
9.	Term B	
	Injuries to the abdomen and chest. Combined injury. Politrauma	<p>The relevance of the problem.</p> <p>Classification of injuries.</p> <p>Features of pathophysiological disorders in combined and combined trauma.</p> <p>Principles of a comprehensive examination of patients.</p> <p>Private significance of the active detection of damage to internal organs in combined and combined trauma using additional research methods:</p> <ol style="list-style-type: none"> a) radiological b) endoscopic; c) electrophysiological; d) ultrasound. <p>6. The sequence of resuscitation-diagnostic and therapeutic measures for severe injury.</p> <p>7. The volume of surgical interventions and the sequence of their implementation.</p> <p>8. Errors and complications. Causes of death.</p> <p>Injuries to the abdominal cavity.</p> <ol style="list-style-type: none"> 1. The relevance of the problem in peacetime. 2. Classification of injuries of the abdomen, damage to the hollow and parenchymal organs. 3. Clinic and diagnosis of closed and open injuries of

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		<p>the abdominal cavity.</p> <p>4. Additional research methods for abdominal trauma:</p> <p>a) fluoroscopy and radiography;</p> <p>b) laparocentesis and the technique of "rummaging catheter";</p> <p>c) laparoscopy and omentobursoscopy; video laparoscopy (diagnostic capabilities for combined trauma);</p> <p>d) laparotomy.</p> <p>5. The volume of surgical interventions and the sequence of surgical techniques:</p> <p>a) with trauma to parenchymal organs;</p> <p>b) with an injury to the hollow organs;</p> <p>6. Errors and complications in the treatment of patients with injuries of the abdominal organs.</p> <p>Thoracoabdominal injury.</p> <p>Chest injuries.</p> <p>1. The frequency of chest injuries in peacetime.</p> <p>2. Penetrating wounds to the chest.</p> <p>a) a general description of the anatomical and functional disorders in penetrating wounds of the chest (pneumothorax, hemothorax, emphysema),</p> <p>b) first aid, transportation of victims with an open chest injury,</p> <p>c) an algorithm for the clinical and instrumental diagnosis of penetrating wounds,</p> <p>g) the choice of therapeutic measures, the characteristics of the main surgical interventions,</p> <p>3. Closed chest injury.</p> <p>a) some historical information,</p> <p>b) classification of closed chest injuries</p> <p>c) closed injuries of internal organs: general symptoms and diagnosis of closed injuries, the basic principles of treatment of closed chest injuries.</p>
10.	Peritonitis: errors, dangers, complications in the treatment of peritonitis	<p>Peritonitis (subhepatic, subphrenic abscess, Douglas abscess, interintestinal abscesses). The reasons for the occurrence. Clinic. Diagnostics. Treatment.</p> <p>1. Definition.</p> <p>2. Classification.</p> <p>3. Clinic, course and diagnosis of local peritonitis depending</p> <p>a) etiology,</p> <p>b) the prevalence of processes,</p> <p>c) the reasons for the occurrence,</p> <p>g) phase of the disease.</p> <p>4. Methods of early diagnosis of peritonitis:</p> <p>a) objective research,</p>

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		<p>b) blood test, c) x-ray examination of the abdominal organs, g) ultrasound of the abdominal cavity, d) laparoscopy, e) diagnostic laparotomy. 5. Differential diagnosis. 6. Features of the course and difficulties in the diagnosis of cryptogenic, biliary and surgical (postoperative) abscesses. 7. Preparing patients for emergency surgery, depending on the general condition. 8. Principles of surgical treatment of abdominal abscesses: a) periappendicular; b) subhepatic; c) subphrenic (accesses of Clermont, Oxner, Melnikov); d) pelvic (accesses: transrectal, transvaginal, transabdominal); e) intestinal; e) extrahepatic. 9. Puncture and drainage of abscesses of the abdominal cavity under the control of ultrasound. Advantages and disadvantages.</p>
11.	Basic principles of preoperative preparation and postoperative management of patients.	<p>Preoperative period - the time from the patient's admission to a medical institution until the start of surgery. The entire preoperative period is conditionally divided into two stages: diagnostic and preparatory, during which they solve the main tasks of preoperative preparation. Its duration depends on the nature of the operation. The main tasks of the preoperative period: establishing an accurate surgical diagnosis is the key to successful surgical treatment; the decision on the urgency of the operation and the degree of need for the use of the surgical and the degree of need for the use of the surgical method of treatment; knowledge of absolute and relative indications in planned and emergency surgery; the need to assess the state of the basic systems of the body; identification of contraindications for surgery, their impact on the possibility of surgery. The preparatory stage of the preoperative period is an important stage in the surgical treatment of the patient. Its main goal is to minimize the risk of surgery and the possibility of developing postoperative complications. Particular attention should be paid to the psychological preparation of the patient, the patient's consent to the operation, the legal basis for conducting surgical interventions. General principles of direct preparation</p>

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		<p>for the operation, especially during planned and emergency operations. The importance of determining the risk of surgery and anesthesia. Preoperative epicrisis is one of the most important documents in the medical history. Emphasize the importance of methodically writing the preoperative epicrisis.</p> <p>The main objective of treating a patient in the postoperative period is the correction of disorders caused by surgical trauma and the prevention of postoperative complications.</p> <p>Phases</p> <p>In the postoperative period, physiological changes occur in the patient's body, usually divided into three phases: catabolic, reverse development, and anabolic.</p> <p>The catabolic phase lasts 5-7 days. Its severity depends on the severity of the preoperative condition of the patient and the morbidity of the intervention. In the body, catabolism is intensified - the quick delivery of the necessary energy and plastic materials.</p> <p>At the same time, activation of the sympathoadrenal system is noted, the entry of catecholamines, glucocorticoids, aldosterone into the blood increases. The catabolic phase is characterized by increased protein breakdown.</p> <p>The phase of reverse development. Duration 3-5 days. The activity of the sympathoadrenal system decreases, protein metabolism normalizes, and the synthesis of glycogen and fats increases.</p> <p>The anabolic phase is characterized by the active restoration of functions impaired in the catabolic phase. The parasympathetic nervous system is activated, the activity of growth hormone and androgens increases, the synthesis of proteins and fats is sharply enhanced, and glycogen stores are restored. Due to this, reparative processes, growth and development of connective tissue progress. The completion of the anabolic phase corresponds to the complete recovery of the body after surgery. This usually happens after 3-4 weeks.</p> <p>In the clinic, the postoperative period is divided into three parts:</p> <ul style="list-style-type: none"> early - 3-5 days • late - 2-3 weeks • remote - usually from 3 weeks to 2-3 months <p>The early postoperative period is the time when the patient's body is primarily affected by surgical trauma and the effects of anesthesia. The early postoperative period can be uncomplicated and complicated. In the uncomplicated course of the postoperative period, reactive changes are moderate and last 2-3 days.</p>
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		<p>Temperature 37-37.5. Inhibition of the central nervous system processes is observed. The composition of the peripheral blood changes: leukocytosis, anemia and thrombocytopenia decrease, blood viscosity increases. The main tasks in the uncomplicated postoperative period: correction of changes in the body, monitoring the functional state of the main organs and systems; carrying out activities aimed at the prevention of possible complications.</p> <p>Three main factors contribute to the development of complications:</p> <ul style="list-style-type: none"> • the presence of a postoperative wound • forced position • the impact of operating trauma and anesthesia. <p>The most frequent and dangerous complications in the early postoperative period are complications from the wound, cardiovascular, respiratory, digestive and urinary systems, as well as the development of pressure sores.</p>
12.	Endoscopic diagnosis and surgery. Surgical aspects, fibro-esophago-gastro-duodeno-entero-colonoscopy, tracheobronchoscopy, choledochoscopy, sigmoidoscopy. Laparoscopic and thoracoscopic operations. Minimally invasive and low-traumatic operations	<ol style="list-style-type: none"> 1. Diagnostic fibrogastroduodenoscopy. Biopsy. Terms of fulfillment. Indications and contraindications. Preparation of the patient. 2. Therapeutic endoscopy. The main types of manipulation. The conditions for their use. Efficiency. 3. Diagnostic and diagnostic endoscopic allowance for HCK. Methods, instruments, indications, contraindications, conditions of execution, complications and errors. 4. Medical and diagnostic endoscopic aid for benign tumors and polyps of the upper gastrointestinal tract. Polypectomy. Methodology tools, indications, contraindications, conditions of implementation. Complications and errors. 5. Diagnostic-endoscopic aid for strictures and stenosis of the upper gastrointestinal tract. Requirements for equipment and instruments. Methods, instruments, indications, contraindications, conditions of execution, complications and errors 6. Medical and diagnostic endoscopic aid for foreign bodies of HCT. Methods, instruments, indications, contraindications, conditions of execution, complications and errors 7. Medical and diagnostic endoscopic guide for diseases of the operated stomach. Methods, instruments, indications, contraindications, conditions of execution, complications and errors. 8. The concept of endobiliary interventions. Role in the treatment of biliary pathology. 9. Duodenoscopy, endoscopic interventions on the

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		<p>BDS, RPHG. Papillotomy. Methods, instruments, indications, contraindications, conditions of execution, complications and errors. Hardware, tools. Arsenal of interventions. Further tactics after interventions on the BDS.</p> <p>10. Choledochoscopy. Intraoperative interventions and transphystic interventions. Ways to create access to the choledochus. Diagnostic and therapeutic manipulations. Endoscopic tactics for external biliary fistulas. Methods, instruments, indications, contraindications, conditions of implementation.</p> <p>11. Sigmoidoscopy. The main diagnostic and therapeutic manipulations. Biopsy. Methodology, tools, methods of patient preparation. Premedication. Indications, contraindications, execution conditions, complications and errors. Standard protocol, description, conclusion. The main types of pathology, their manifestations in RRS.</p> <p>12. Colonoscopy. The main diagnostic and therapeutic manipulations. Biopsy. Methodology, tools, methods of patient preparation. Premedication. Indications, contraindications, execution conditions, complications and errors. Standard protocol, description, conclusion. The main types of pathology, their manifestations.</p> <p>13. The problem of benign tumors and polyps of the lower gastrointestinal tract. Endoscopist tactics. Polypectomy. Variants of the technique. Basic techniques. Methodology, tools, methods of patient preparation. Premedication. Indications, contraindications, execution conditions, complications and errors. Tactical options after performing endoscopic interventions.</p> <p>14. Bronchoscopy. Rigid and fiber-optic bronchoscopy. Methodology Equipment. Tools. Comparative effectiveness. Anesthetic aid for bronchoscopy. Comparative feasibility, main difficulties and limitations; complications and mistakes.</p> <p>15. Biopsy with FBS and rigid bronchoscopy (types, methods, instruments, complications). Therapeutic manipulations in FBS. Lavage. Remediation. Tactics for foreign bodies, endosurgical manipulations. Methods, instruments, indications, contraindications, conditions of execution, complications and errors.</p> <p>16. Laparoscopy. Stages of laparoscopic intervention. Indications and contraindications, basic errors, dangers, complications. Tactics of an endoscopist surgeon using laparoscopic interventions in planned and emergency abdominal surgery. Preparation of the patient.</p> <p>17. Therapeutic laparoscopy. Blockade and cannulation</p>
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		<p>of PCB. Abdominal drainage. Variants of the technique and tools.</p> <p>18. Laparoscopic augmented interventions according to ID Prudkov. Organostomy. Cholecystostomy. Gastrostomy Variants of the technique and tools. Their use in the treatment of acute biliary pathology and acute pancreatitis. Options for tactical decisions.</p> <p>19. Operations with laparoscopic support. Appendectomy with laparoscopic support.</p> <p>20. The main types of laparoscopic surgery. Laparoscopic cholecystectomy (video demonstration).</p> <p>21. Thoracoscopy. Indications and contraindications, conditions of implementation. Diagnostic and treatment options.</p> <p>22. Surgical thoracoscopy. Arsenal of methods. Options for intervention. Hardware, complications and errors.</p>
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6. TOPICS OF PRACTICAL AND SEMINAR LESSONS

1. Errors, dangers, complications in the treatment of acute appendicitis. Features of acute appendicitis in children
2. Gallstone disease and its complications. Acute cholecystitis. Differential diagnosis of jaundice
3. Diseases of the pancreas: errors, dangers, complications. Acute and chronic pancreatitis: clinic, diagnosis, treatment
4. Peptic ulcer of the stomach and duodenum. Complications
5. Gastrointestinal bleeding from the upper gastrointestinal tract. Mallory Weiss Syndrome Gastrointestinal bleeding from the lower gastrointestinal tract.
6. Acute intestinal obstruction: errors, dangers, complications. Features of intestinal obstruction in children
7. Hernia: danger errors, complications. Features of a hernia in children
8. Diseases of the colon (ulcerative colitis, diverticula, tumors, fistulas)
9. Injuries to the abdomen and chest. Combined injury. Polytrauma
10. Peritonitis: errors, dangers, complications in the treatment of peritonitis
11. The basic principles of preoperative preparation and postoperative management of patients.
12. Endoscopic diagnosis and surgery. Surgical aspects, fibro-esophago-gastro-duodeno-entero-colonoscopy, tracheobronchoscopy, choledochoscopy, sigmoidoscopy. Laparoscopic and thoracoscopic operations. Minimally invasive and low-traumatic operations

Topic 1 Errors, dangers, complications in the treatment of acute appendicitis. Features of acute appendicitis in children

Questions to the topic:

1. Classification of appendicitis.
2. Clinic and diagnosis of acute appendicitis.
3. Features of the course of atypical forms of acute appendicitis depending on the location of the appendix:

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4. Features of the course of acute appendicitis in children, the elderly and women at different stages of pregnancy.
5. Differential diagnosis.
6. Complications of acute appendicitis and surgeon tactics:
7. Indications for surgery. The choice of online access.
8. Anesthesia with appendectomy.
9. Technique for removal of the appendix
10. Complications of the removal of the appendix, their prevention and treatment.
11. Suturing of the surgical wound. Indications for tamponade and abdominal drainage.
12. Rational antibiotic therapy in the treatment of appendicitis and purulent complications.
13. Accesses used for opening the abscesses.
14. The tactics of the surgeon with obscure forms of appendicitis.
15. Indications for laparotomy and a wide revision of the abdominal organs.
16. Diagnostic and tactical errors in acute appendicitis.
17. Management of the postoperative period.
18. Postoperative complications.

Theme 2. Gallstone disease and its complications. Acute cholecystitis. Differential diagnosis of jaundice

Questions to the topic:

Classification of acute cholecystitis, pathogenesis, clinical features, reliable local signs and symptoms according to the authors. Bile fistulas: clinic, treatment.

Topic 3. Diseases of the pancreas: errors, dangers, complications. Acute and chronic pancreatitis: clinic, diagnosis, treatment

Questions to the topic: Classification of forms of chronic pancreatitis. Etiology and pathogenesis. Clinic, diagnosis, differential diagnosis, conservative treatment. Indications for surgical treatment, methods of operations.

Topic 4. Peptic ulcer of the stomach and duodenum. Complications

Questions to the topic:

Etiology and pathogenesis.

Classification. Symptoms Complications

Diagnostics.


Treatment.

Topic 5. Gastrointestinal bleeding from the upper gastrointestinal tract. Mallory Weiss Syndrome

Gastrointestinal bleeding from the lower gastrointestinal tract.

Questions to the topic:

1. Stomach ulcer and duodenal ulcer complicated by bleeding ..
2. Portal hypertension, varicose veins of the esophagus.
3. Mellory-Weiss syndrome.
4. Erosive gastritis.
5. Cancer.
6. The technique of colonoscopy.
7. Intestinal tumors complicated by bleeding.
8. Crohn's disease complicated by bleeding.
9. Nonspecific ulcerative colitis.

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Topic 6. Acute intestinal obstruction: errors, dangers, complications. Features of intestinal obstruction in children

Questions to the topic:

1. Classification of intestinal obstruction. Features of intestinal obstruction in children.
2. Pathophysiological changes occurring in the patient's body.
3. General clinical symptoms of acute intestinal obstruction.
4. Direct examination of patients with intestinal obstruction: the use of additional examination methods (X-ray examination method, etc.).
5. Differential diagnosis of dynamic and mechanical obstruction.
6. Features of baking dynamic intestinal obstruction.
7. Features of the clinical course and diagnosis of various types of obstruction:

Topic 7. Hernia: danger errors, complications. Features of a hernia in children Questions to the topic:

Classification of external abdominal hernias.

Classification of complications of abdominal hernias.

Differential diagnosis of restrained hernias.

Tactics of a surgeon with spontaneous reduction of a restrained hernia.

Features of surgical tactics in operations for restrained hernias.

Criteria for assessing the viability of a restrained organ (organoleptic and objective).

Features of surgical tactics in case of doubtful viability or necrosis of organs restrained in the hernial sac.

Indications for laparotomy and revision of the abdominal organs.

Features of the surgical treatment technique for phlegmon hernial sac.

Features of surgery for large and giant strangulated ventral hernias.

Topic 8. Diseases of the colon (ulcerative colitis, diverticula, tumors, fistulas)

Questions to the topic: The main clinical manifestations of diseases of the colon.

1 Abdominal pains - constant or cramping with irradiation to the lumbar region, rarely - to the supraclavicular region.


Constant pain is more characteristic of the inflammatory process, cramping - with narrowing of the lumen.

2 Discharge of mucus and pus - can be observed only during bowel movements or is permanent. An admixture of mucus and pus to feces is usually observed with XP. and about. proctosigmoiditis, ulcerative colitis, Crohn's disease, villous tumors, cancer of the sigmoid colon.

3 Bleeding - obvious or in the form of an impurity to the feces. The more proximal the source of bleeding, the homogeneous admixture of blood to feces and the darker its color. Profuse bleeding is rare and more frequent with diverticulosis, less often with ulcerative colitis and Crohn's disease.

4 Anemia - is hypochromic in nature, more often with tumors of the right colon

5 Constipation - a delay in stool from several days and weeks as a symptom of functional and organic lesions. If functional constipation, then produce atonic and spastic constipation, which occur with less or more

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severe pain syndrome. With organic narrowing of the colon - constipation precedes pain and is one

of symptoms of partial intestinal obstruction.

6 Obstruction of the colon - a symptom of a violation of the passage of contents through the colon.

Partial

or complete intestinal obstruction

7 Bloating - possibly with constipation, as well as with congenital or acquired enzymatic deficiency,

dysbiosis

8 Diarrhea is a symptom of a number of non-infectious diseases of the colon (colitis, diffuse polyposis)

9 Tenesmus - frequent false urge to defecate, debilitating patients, may be accompanied by perianal maceration

skin, cracks, erosion. This is a response to inflammation of the sensory zone of the lower ampullar mucosa

rectum

Criteria for irritable bowel syndrome (A.N. Okorokov, 1999):

Topic 9. Injuries to the abdomen and chest. Combined injury. Politrauma.

Questions to the topic: Relevance of the problem.

Classification of injuries.

Features of pathophysiological disorders in combined and combined trauma.

The sequence of resuscitation-diagnostic and therapeutic measures for severe injury.

The volume of surgical interventions and the sequence of their implementation.

Errors and complications. Causes of death.

Injuries to the abdominal cavity.

1. The relevance of the problem in peacetime.

2. Classification of injuries of the abdomen, damage to the hollow and parenchymal organs.

3. Clinic and diagnosis of closed and open injuries of the abdominal cavity.

4. Additional research methods for abdominal trauma:

5. The volume of surgical interventions and the sequence of surgical techniques:

a) with trauma to parenchymal organs;

b) with an injury to the hollow organs;

6. Errors and complications in the treatment of patients with injuries of the abdominal organs.

Thoracoabdominal injury.

Chest injuries.

1. The frequency of chest injuries in peacetime.

2. Penetrating wounds to the chest.

a) a general description of the anatomical and functional disorders in penetrating wounds of the chest (pneumothorax, hemothorax, emphysema),

b) first aid, transportation of victims with an open chest injury,

c) an algorithm for the clinical and instrumental diagnosis of penetrating wounds,


g) the choice of therapeutic measures, the characteristics of the main surgical interventions,

3. Closed chest injury.

a) some historical information,

b) classification of closed chest injuries

c) closed injuries of internal organs: general symptoms and diagnosis of closed injuries, the basic principles of treatment of closed chest injuries.

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Topic 10. Peritonitis: errors, dangers, complications in the treatment of peritonitis

Questions to the topic: Peritonitis (subhepatic, subphrenic abscess, Douglas abscess, interintestinal abscesses). The reasons for the occurrence. Clinic. Diagnostics. Treatment.

6. 1. Definition.

1. Classification.

2. Clinic, course and diagnosis of local peritonitis depending

3. Methods of early diagnosis of peritonitis:

4. Differential diagnosis.

7. Features of the course and difficulties in the diagnosis of cryptogenic, biliary and surgical (postoperative) abscesses.

8. Preparing patients for emergency operations, depending on the general condition.

9. Principles of surgical treatment of abdominal abscesses:

Theme 11. Basic principles of preoperative preparation and postoperative management of patients.

Questions to the topic:

The main tasks of the preoperative period: establishing an accurate surgical diagnosis is the key to successful surgical treatment; the decision on the urgency of the operation and the degree of need for the use of the surgical and the degree of need for the use of the surgical method of treatment; knowledge of absolute and relative indications in planned and emergency surgery; the need to assess the state of the basic systems of the body; identification of contraindications for surgery, their impact on the possibility of surgery.

The preparatory stage of the preoperative period is an important stage in the surgical treatment of the patient.

Its main goal is to minimize the risk of surgery and the possibility of developing postoperative complications. Particular attention should be paid to the psychological preparation of the patient, the patient's consent to the operation, the legal basis for conducting surgical interventions. General principles of direct preparation for the operation, especially during planned and emergency operations. The importance of determining the risk of surgery and anesthesia. Preoperative epicrisis is one of the most important documents in the medical history. Emphasize the importance of methodically writing the preoperative epicrisis.

The main objective of treating a patient in the postoperative period is the correction of disorders caused by surgical trauma and the prevention of postoperative complications.

Phases


In the postoperative period, physiological changes occur in the patient's body, usually divided into three phases: catabolic, reverse development, and anabolic.

The catabolic phase lasts 5-7 days. Its severity depends on the severity of the preoperative condition of the patient and the morbidity of the intervention. In the body, catabolism is intensified - the quick delivery of the necessary energy and plastic materials.

At the same time, activation of the sympathoadrenal system is noted, the entry of catecholamines, glucocorticoids, aldosterone into the blood increases. The catabolic phase is characterized by increased protein breakdown.

The phase of reverse development. Duration 3-5 days. The activity of the sympathoadrenal system decreases, protein metabolism normalizes, and the synthesis of glycogen and fats increases.

The anabolic phase is characterized by the active restoration of functions impaired in the catabolic phase. The parasympathetic nervous system is activated, the activity of growth hormone and androgens increases, the synthesis of proteins and fats is sharply enhanced, and glycogen stores are restored. Due to this, reparative processes, growth and development of connective tissue progress. The completion of the anabolic phase corresponds to the complete recovery of the body

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after surgery. This usually happens after 3-4 weeks.

In the clinic, the postoperative period is divided into three parts:

early - 3-5 days

- late - 2-3 weeks
- remote - usually from 3 weeks to 2-3 months

The early postoperative period is the time when the patient's body is primarily affected by surgical trauma and the effects of anesthesia. The early postoperative period can be uncomplicated and complicated. In the uncomplicated course of the postoperative period, reactive changes are moderate and last 2-3 days. Temperature 37-37.5. Inhibition of the central nervous system processes is observed. The composition of the peripheral blood changes: leukocytosis, anemia and thrombocytopenia decrease, blood viscosity increases.

The main tasks in the uncomplicated postoperative period: correction of changes in the body, monitoring the functional state of the main organs and systems; carrying out activities aimed at the prevention of possible complications.

Three main factors contribute to the development of complications:


- the presence of a postoperative wound
- forced position
- the impact of operating trauma and anesthesia.

The most frequent and dangerous complications in the early postoperative period are complications from the wound, cardiovascular, respiratory, digestive and urinary systems, as well as the development of pressure sores.

Theme 12. Endoscopic diagnosis and surgery. Surgical aspects, fibro-esophago-gastro-duodeno-entero-colonoscopy, tracheobronchoscopy, choledochoscopy, sigmoidoscopy. Laparoscopic and thoracoscopic operations. Minimally invasive and low-traumatic operations

Questions to the topic:

1. Diagnostic fibrogastroduodenoscopy. Biopsy. Terms of fulfillment. Indications and contraindications. Preparation of the patient.
2. Therapeutic endoscopy. The main types of manipulation. The conditions for their use. Efficiency.
3. Duodenoscopy, endoscopic interventions on the BDS, RPHG. Papillotomy. Methods, instruments, indications, contraindications, conditions of execution, complications and errors. Hardware, tools. Arsenal of interventions. Further tactics after interventions on the BDS.
4. Choledochoscopy. Intraoperative interventions and transphystic interventions. Ways to create access to the choledochus. Diagnostic and therapeutic manipulations. Endoscopic tactics for external biliary fistulas. Methods, instruments, indications, contraindications, conditions of implementation.
5. Sigmoidoscopy. The main diagnostic and therapeutic manipulations. Biopsy. Methodology, tools, methods of patient preparation. Premedication. Indications, contraindications, execution conditions, complications and errors. Standard protocol, description, conclusion. The main types of pathology, their manifestations in RRS.
6. Colonoscopy. The main diagnostic and therapeutic manipulations. Biopsy. Methodology, tools, methods of patient preparation. Premedication. Indications, contraindications, execution conditions, complications and errors. Standard protocol, description, conclusion. The main types of pathology, their manifestations.
7. Bronchoscopy. Rigid and fiber-optic bronchoscopy. Methodology Equipment. Tools. Comparative effectiveness. Anesthetic aid for bronchoscopy. Comparative feasibility, main difficulties and limitations; complications and mistakes.
8. Biopsy with FBS and rigid bronchoscopy (types, methods, instruments, complications).

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Therapeutic manipulations in FBS. Lavage. Remediation. Tactics for foreign bodies, endosurgical manipulations. Methods, instruments, indications, contraindications, conditions of execution, complications and errors.

9. Laparoscopy. Stages of laparoscopic intervention. Indications and contraindications, basic errors, dangers, complications. Tactics of an endoscopist surgeon using laparoscopic interventions in planned and emergency abdominal surgery. Preparation of the patient.

10. Thoracoscopy. Indications and contraindications, conditions of implementation. Diagnostic and treatment options.

11. Surgical thoracoscopy. Arsenal of methods. Options for intervention. Hardware, complications and errors.

7. LABORATORY WORKS (LABORATORY PRACTICE)

Not provided.

8. TOPICS OF COURSE, CONTROL WORKS, ABSTRACTS

Abstracts are written on the main topics of practical classes on missed classes and topics of independent work.

The purpose and main tasks of writing essays are aimed at achieving the most complete development of program material in the discipline under study.

Requirements for writing an abstract

Structure - this is the same plan that it is advisable to adhere to, in order to get a good and clear scientific work. Mandatory essay should include

- title page;
- content;
- introduction;
- main part;
- conclusion;
- list of references.


You can also include the following elements in the abstract structure:

- goal of the work;
- methodology of the work;
- results of work;
- applications (if any).

Topics for writing an abstract

1. Examination and treatment of patients with diseases of abdominal surgical pathology
2. Diagnosis and treatment of patients with peritonitis
3. Features of the clinic, diagnosis and treatment of strangulation intestinal obstruction
4. Differential diagnosis of diseases of the gallbladder and biliary tract. Principles of treatment for obstructive jaundice
5. Differential diagnosis for gastric dyspepsia syndrome. Indications for surgical treatment of pathologies of the stomach.
6. Hernia of the abdomen. Methods of plastic hernia gates. Features of the treatment of hernias in children.
7. Acute complications of peptic ulcer of the stomach and duodenum
8. Foreign bodies of the upper gastrointestinal tract.

9. THE LIST OF QUESTIONS FOR THE EXAM, OFFSET.

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1. Acute appendicitis. Complications of acute appendicitis. Clinic of various complications: their diagnosis. Acute appendicitis in children, pregnant women and the elderly. Treatment, indications and contraindications for appendectomy, choice of anesthesia method and operative access.

2. Colon Disease: Polyposis. Classification, Clinic, diagnosis, differential diagnosis The main symptoms. Indications and contraindications for surgical treatment.

3. Colorectal cancer. Villous tumor. Classification, clinic, diagnostics, differential diagnostics. The main symptoms. Indications and contraindications for surgical treatment.

4. Diverticula of the large intestine. Classification, clinic, diagnostics, differential diagnostics. The main symptoms. Indications and contraindications for surgical treatment.

5. Nonspecific ulcerative colitis, ischemic colitis. Clinic, diagnostics. Treatment.

6. Crohn's disease. Clinic, diagnostics. Treatment.

7. Gallstone disease and its complications: errors, dangers, complications in biliary tract surgery. Differential diagnosis of jaundice.

8. Postcholecystectomy syndrome. Clinic, diagnostics. Treatment.

9. Acute pancreatitis. Clinic, diagnostics. Treatment.

10. Chronic pancreatitis. Clinic, diagnostics. Treatment.

11. Fistulas and cysts of the pancreas. Clinic, diagnostics. Treatment.

12. Etiology and pathogenesis of peptic ulcer of the stomach and intestines. Pathological changes. Stage of development of peptic ulcer. Clinic, diagnostics. Features of the clinical course, depending on the location of the ulcer, indications for surgical treatment of peptic ulcer of the stomach and duodenum, complications of peptic ulcer, methods for resection of the stomach, their modifications, advantages, disadvantages.

13. Diseases of the operated stomach. Classification of diseases of the operated stomach. Clinical manifestations.

14. Peptic ulcer of the stomach and duodenum, complicated by bleeding. Forrest classification. Clinic, diagnostics. Symptoms Methods of endoscopic hemostasis. Methods of surgical treatment.

15. Peptic ulcer of the stomach and duodenum complicated by perforation. Classification, clinic, diagnostics. Symptoms Methods of surgical treatment. Taylor treatment.

16. Mellory-Weiss syndrome. Causes of the disease, Clinic, diagnosis, differential diagnosis. Conservative and surgical treatment.

17. Malignancy of ulcers. The frequency of malignancy. Clinic, diagnostics. Mass screening methods. The role of gastroscopy in diagnosis. Stomach cancer. Clinic. Small signs according to Savitsky, treatment.


18. Pyloroduodenal stenosis, classification. Clinic, complications, treatment. Definition of acute intestinal obstruction. Classification (by origin, pathogenesis, anatomical localization, clinical course)

19. Methods of examination of patients with acute intestinal obstruction. Differential diagnosis of dynamic and mechanical obstruction.


20. The definition of acute intestinal obstruction. Clinic. Differential diagnosis of spastic and mechanical obstruction. Tactics of a surgeon with mechanical obstruction. Features of obstructive, strangulation and mixed forms of intestinal obstruction. Operational access for various forms and localization of acute intestinal obstruction.

21. The choice of the method of operation and the technique of surgical intervention for inversion, intussusception, strangulated hernia, obstruction by a tumor or fecal stone. Features of the clinic. Features of the postoperative period.

22. Adhesive disease, clinical forms. Diagnosis and differential diagnosis of adhesive obstruction. Surgical Tactics. Diagnostic and tactical errors in the treatment of adhesive intestinal obstruction.

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23. The definition of hernia. Elements of a hernia of the abdomen. Classification of hernias by origin, localization, course.
24. Complications of hernias. Definition of a concept. Classification, clinic, diagnosis, treatment.
25. Inguinal hernia. Clinic, diagnosis, treatment.
26. Femoral hernias. Clinic, diagnosis, treatment.
27. Umbilical hernia. Clinic, diagnosis, treatment.
28. Postoperative hernia. Clinic, diagnosis, treatment.
29. Hernias of the white line. Clinic, diagnosis, treatment.
30. The definition of peritonitis. Anatomical and physiological information about the peritoneum. Classification of peritonitis (by clinical course, localization, nature of effusion, by the nature of the pathogen, by stage).
31. Surgeon tactics and methods for early diagnosis of peritonitis. Features of the course of postoperative peritonitis. Preparing patients for surgery. The principles of surgical treatment of various peritonitis. The technique of perinatal dialysis, indications and contraindications to it.
32. Breast injuries: classification, complications. Pneumotorox and hydrotarax. Clinic and diagnosis. Treatment methods.
33. Injuries to the abdomen: classification, complications. Clinic and diagnosis. Treatment methods.
34. Classification of polytrauma. Combined injuries of the chest and abdomen: classification, complications. Clinic and diagnosis. Treatment methods.
35. Coronary disease of the digestive system. Disorder of mesenteric circulation. Mesenteric ischemia.
36. Peritonitis: errors, dangers, complications in the treatment of peritonitis. Diaphragmatic hernia. Aperture relaxation.
37. Research methods for diseases of the esophagus. Diseases of the esophagus. Akhalazikardii. Pathogenesis. Clinic. Stages of the disease. Treatment.
38. Diverticulums of the esophagus and peptic esophagitis. Pathogenesis. Clinic. Stages of the disease. Treatment.
39. Esophagus burns. Clinic of cicatricial narrowing of the esophagus. Diagnostics. Treatment with bougieurage. Methods of bougieurage. Indications to them. First aid. Clinic and treatment in the acute period.
40. Thyroid disease. Thyrotoxicosis. Thyroiditis. Parathyroid gland disease. Clinic, diagnosis, treatment.
41. Acute paraproctitis. Pararectal fistulas. Clinic, diagnosis, treatment.
42. Thrombophlebitis. Clinic, diagnosis, treatment.
43. Postthrombophlebitis syndrome. Clinic, diagnosis, treatment.
44. Varicose disease. Pulmonary embolism.
45. Fibroadenomas and fibroadenomatosis of the mammary glands.
46. Anatomy of the rectum, its departments and their length. Colorectal cancer, the clinic depending on the location and form of growth.
47. Rectal fissures. Localization, clinic, treatment (conservative, operative)
48. Bleeding from varicose veins of the esophagus and cardia with portal hypertension. Conservative treatment (Blackmore probe), surgical, Tanner's operation, direct and indirect vascular anastomoses.
49. Acute mastitis. Classification, clinic, treatment.
50. Acute paraproctitis. Classification, clinic, diagnosis, treatment.
51. Breast cancer. Epidemiology. Risk groups. Clinical forms.
52. Pararectal fistula. Classification, diagnosis, treatment.

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53. The concept of postcholecystectomy syndrome. What pathological processes are included in this concept.

54. Hemorrhoids. Clinic, stage of complications, diagnosis, treatment.

55. Acute cholecystitis, differential diagnosis of various forms (ultrasound, laparoscopy).

Clinic, diagnosis, surgeon tactics. Complications of acute cholecystitis: peritonitis, subrenal abscess, empyema of the gallbladder, cholangitis. Features of the tactics of the surgeon in patients with destructive cholecystitis in the elderly.

56. Actual issues of acute pancreatitis. Etiology, pathogenesis. Differential diagnosis (ultrasound, laparoscopy, CT, angiography, percutaneous puncture, enzyme diagnosis). Conservative treatment depending on the stage of the disease. Diagnosis of destructive forms of pancreatitis.

57. The definition of acute intestinal obstruction. Classification (by origin, pathogenesis, anatomical localization, clinical course).

Methods of examination of patients with acute intestinal obstruction. Differential diagnosis of dynamic and mechanical obstruction in the admission department of the hospital.

58. Differential diagnosis of spastic and mechanical obstruction. Tactics of a surgeon with mechanical obstruction. Features of obstructive, strangulation and mixed forms of intestinal obstruction.

59. Adhesive disease, clinical forms (acute, intermittent, chronic). Diagnosis and differential diagnosis of adhesive obstruction. Surgical Tactics. Diagnostic and tactical errors in the treatment of adhesive intestinal obstruction.


60. The definition of peritonitis. Anatomical and physiological information about the peritoneum.

Classification of peritonitis (by clinical course, localization, nature of effusion,


by the nature of the pathogen, by stage). Surgeon tactics and methods for early diagnosis of peritonitis.

10. INDEPENDENT STUDY


№	Section Topic	Type of independent work	Volume in hours	Type of control
term 9				
1	Errors, dangers, complications in the treatment of acute appendicitis. Features of acute appendicitis in children.	Creation of multimedia presentations, viewing educational videos on the topics of classes, followed by discussion and answers to questions, solving situational problems.	4	Abstracts and their protection Interview

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2	Gallstone disease and its complications. Acute cholecystitis. Differential diagnosis of jaundice	Preparation of multimedia presentations, viewing educational videos on the topics of classes, followed by discussion and answers to questions, solving situational problems	6	Presentation, answers and analysis of situational tasks
3	Diseases of the pancreas: errors, dangers, complications. Acute and chronic pancreatitis: clinic, diagnosis, treatment	Viewing training videos on the topics of classes with subsequent discussion and answers to questions, solving situational problems, creating multimedia presentations.	4	Abstracts and their protection Interview
4	Peptic ulcer of the stomach and duodenum. Complications	Creation of multimedia presentations, viewing educational videos on the topics of classes, followed by discussion and answers to questions, solving situational problems.	4	Presentation, answers and analysis of situational tasks
Term A				
5	Gastrointestinal bleeding. Mallory Weiss Syndrome	Viewing training videos on the topics of classes with subsequent discussion and answers to questions,	4	Presentation, answers and analysis of situational tasks

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		solving situational problems, creating multimedia presentations.		
6	Acute intestinal obstruction: errors, dangers, complications. Features of intestinal obstruction in children	Creation of multimedia presentations, viewing educational videos on the topics of classes, followed by discussion and answers to questions, solving situational problems.	6	Abstracts and their protection Interview
7	Hernia: danger errors, complications. Features of hernias in children.	Preparation of multimedia presentations, viewing educational videos on the topics of classes, followed by discussion and answers to questions, solving situational problems	4	Presentation, answers and analysis of situational tasks
8	Diseases of the colon (ulcerative colitis, diverticula, tumors, fistulas)	Creation of multimedia presentations, viewing educational videos on the topics of classes, followed by discussion and answers to questions, solving situational problems.	4	Abstracts and their protection Interview

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Семестр В				
9	Injuries to the abdomen and chest. Combined injury. Politrauma	Viewing training videos on the topics of classes with subsequent discussion and answers to questions, solving situational problems, creating multimedia presentations.	18	Presentation, answers and analysis of situational tasks
10	Peritonitis: errors, dangers, complications in the treatment of peritonitis	Preparation of multimedia presentations, viewing educational videos on the topics of classes, followed by discussion and answers to questions, solving situational problems	18	Abstracts and their protection Interview
11	Basic principles of preoperative preparation and postoperative management of patients.	Creation of multimedia presentations, viewing educational videos on the topics of classes, followed by discussion and answers to questions, solving situational problems.	18	Abstracts and their protection Interview
12	Endoscopic diagnosis and surgery. Surgical aspects, fibro-esophago-gastro-duodeno-entero-colonoscopy,	Viewing training videos on the topics of classes with subsequent discussion and answers to	18	Presentation, answers and analysis of situational tasks

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tracheobronchoscopy, choledochoscopy, sigmoidoscopy. Laparoscopic and thoracoscopic operations. Minimally invasive and low-traumatic operations	questions, solving situational problems, creating multimedia presentations.		
Всего		108	

10. EDUCATIONAL AND METHODOLOGICAL AND INFORMATION SUPPORT OF DISCIPLINE

List of recommended literature:


Main literature:

- 1 Merzlikin, N. V. Surgical diseases : in 2 vol. Vol. 1. : textbook / N. V. Merzlikin, N. A. Brazhnikova, B. I. Alperovich, V. F. Tskhai. - Москва : ГЭОТАР-Медиа, 2021. - 360 с. - ISBN 978-5-9704-5852-5. - Текст : электронный // ЭБС "Консультант студента" : [сайт]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970458525.html>
- 2 Kruchkova, A. V. Care for Surgical Patients / A. V. Kruchkova, Yu. V. Kondusova, I. A. Poletayeva and others; edited by A. V. Kruchkova. - Москва : ГЭОТАР-Медиа, 2020. - 144 с. - ISBN 978-5-9704-5664-4. - Текст : электронный // ЭБС "Консультант студента" : [сайт]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970456644.html>

Additional literature:

- 1 Косцова, Н. Г. Основы ухода за пациентом в хирургической клинике = Basics of Nursing Care in Surgery : учебное пособие на русском и английском языках / Косцова Н. Г. , Бадретдинова А. И. , Тигай Ж. Г. [и др.] - Москва : ГЭОТАР-Медиа, 2020. - 312 с. - ISBN 978-5-9704-5383-4. - Текст : электронный // ЭБС "Консультант студента" : [сайт]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970453834.html>
- 2 Dudykin, S. S. Topographic Anatomy and Operative Surgery. Workbook. In 2 parts. Part II / Edited by S. S. Dudykin. - Москва : ГЭОТАР-Медиа, 2022. - 120 с. - ISBN 978-5-9704-6452-6. - Текст : электронный // ЭБС "Консультант студента" : [сайт]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970464526.html>
3. Gostishchev, V. K. General surgery. The manual : tutorial / V. K. Gostishchev. - Moscow : GEOTAR-Media, 2020. - 220 с. - ISBN 978-5-9704-5439-8. - Текст : электронный // ЭБС "Консультант студента" : [сайт]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970454398.html>
- 4 . Merzlikin, N. V. The Medical History of a Surgical Patient / Merzlikin N. V. - Москва : ГЭОТАР-Медиа, 2018. - 120 с. - ISBN 978-5-9704-4465-8. - Текст : электронный // ЭБС "Консультант студента" : [сайт]. - URL : <https://www.studentlibrary.ru/book/ISBN9785970444658.html>


Educational - methodical:

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Belonogov N. I.

Guidelines for independent study discipline "Hospital surgery, pediatric surgery" in the specialties 05.31.01 - General Medicine / N. I. Belonogov. - Ulyanovsk : UISU, 2019. - 12 p. - Неопубликованный ресурс. - URL: <http://lib.ulsu.ru/MegaPro/Download/MObject/10929>. - Режим доступа: ЭБС УлГУ. - Текст : электронный.

AGREED:

Leading specialist Стадольникова/  / 2024_

The position of the worker scientific library Full name signature date

1. Электронно-библиотечные системы:

1.1. Цифровой образовательный ресурс IPRsmart : электронно-библиотечная система : сайт / ООО Компания «Ай Пи Ар Медиа». - Саратов, [2024]. – URL: <http://www.iprbookshop.ru>. – Режим доступа: для зарегистрир. пользователей. - Текст : электронный.

1.2. Образовательная платформа ЮРАЙТ : образовательный ресурс, электронная библиотека : сайт / ООО Электронное издательство «ЮРАЙТ». – Москва, [2024]. - URL: <https://urait.ru> . – Режим доступа: для зарегистрир. пользователей. - Текст : электронный.

1.3. База данных «Электронная библиотека технического ВУЗа (ЭБС «Консультант студента») : электронно-библиотечная система : сайт / ООО «Политехресурс». – Москва, [2024]. – URL: <https://www.studentlibrary.ru/cgi-bin/mb4x>. – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.

1.4. Консультант врача. Электронная медицинская библиотека : база данных : сайт / ООО «Высшая школа организации и управления здравоохранением-Комплексный медицинский консалтинг». – Москва, [2024]. – URL: <https://www.rosmedlib.ru>. – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.

1.5. Большая медицинская библиотека : электронно-библиотечная система : сайт / ООО «Букап». – Томск, [2024]. – URL: <https://www.books-up.ru/ru/library/> . – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.

1.6. ЭБС Лань : электронно-библиотечная система : сайт / ООО ЭБС «Лань». – Санкт-Петербург, [2024]. – URL: <https://e.lanbook.com>. – Режим доступа: для зарегистрир. пользователей. – Текст : электронный.


1.7. ЭБС Znanium.com : электронно-библиотечная система : сайт / ООО «Знаниум». - Москва, [2024]. - URL: <http://znanium.com> . – Режим доступа : для зарегистрир. пользователей. - Текст : электронный.

2. КонсультантПлюс [Электронный ресурс]: справочная правовая система. / ООО «Консультант Плюс» - Электрон. дан. - Москва : КонсультантПлюс, [2024].

3. eLIBRARY.RU: научная электронная библиотека : сайт / ООО «Научная Электронная Библиотека». – Москва, [2024]. – URL: <http://elibrary.ru>. – Режим доступа : для авториз. пользователей. – Текст : электронный

4. Федеральная государственная информационная система «Национальная электронная библиотека» : электронная библиотека : сайт / ФГБУ РГБ. – Москва, [2024]. – URL: <https://нэб.рф>. – Режим доступа : для пользователей научной библиотеки. – Текст : электронный.

5. Российское образование : федеральный портал / учредитель ФГАУ «ФИЦТО». – URL: <http://www.edu.ru>. – Текст : электронный.

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6. Электронная библиотечная система УлГУ : модуль «Электронная библиотека» АБИС Мега-ПРО / ООО «Дата Экспресс». – URL: <http://lib.ulsu.ru/MegaPro/Web>. – Режим доступа : для пользователей научной библиотеки. – Текст : электронный.

Инженер ведущий



Щуренко Ю.В.

16/04/2024

11. MATERIAL AND TECHNICAL SUPPORT OF DISCIPLINE:

Inventory sheet

- Educational and methodological materials (methodological developments for students, methodological developments for teachers, teaching aids for students, methodological developments for independent work of students) for each lesson - are available at the department.
- Regulatory documents (work program and educational state standard) - are available at the department.
- Computer training programs, presentations for each lesson - are available at the department.
- Internet access - available at the department.

The clinical base (State Health Institution "Ulyanovsk Regional Clinical Center for Specialized Types of Medical Care") is equipped with the necessary instruments and equipment for outpatient, skilled and specialized surgical care, including ultrasound, endoscopic equipment, equipment for computed and magnetic resonance imaging, x-ray surgical equipment, equipment for minimally invasive interventions. Separate viewing rooms equipped to receive and show patients.

12. SPECIAL CONDITIONS FOR STUDENTS WITH DISABILITIES

If necessary, students from among persons with disabilities (at the request of the student) can be offered one of the following options for the perception of information, taking into account their individual psychophysical characteristics:

- for persons with visual impairments: in printed form in an enlarged font; in the form of an electronic document; in the form of an audio file (translation of educational materials into audio format); in printed form in Braille; individual consultations with the involvement of a tiflosurd interpreter; individual assignments and consultations;
- for persons with hearing impairments: in printed form; in the form of an electronic document; videos with subtitles; individual consultations with the involvement of a sign language interpreter; individual assignments and consultations;
- for persons with disabilities of the musculoskeletal system: in printed form; in the form of an electronic document; in the form of an audio file; individual assignments and consultations.

Developer _____



associate professor Marakaev D.Kh.