GENERAL SURGERY

ARTERIAL, VENOUS, LYMPHATIC DISORDERS

* Buerger’s disease
* Short note on venous ulcer( include management)
* Aortic aneurysm diagnosis and management
* Gas gangrene etiology and management
* Causes and management of varicose veins
* Cervical lymphadenopathy with management
* Short note on diabetic foot(include pathophysiology)

BREAST

* ANDI
* Triple assessment for evaluation of breast diseases
* TNM staging in breast cancer
* Sentinel lymph node biopsy in breast surgery
* Short note on duct ectasia
* 37 yr old female presents with firm well defined lump in left breast( 6cm in diameter)
	+ Possible D/d
	+ Various factors that increase possibility of lump being malignant
	+ Management if cytology reveals invasive carcinoma of breast
* Short note on breast conservation surgery
* Short note on breast fibroadenoma
* 45 yr old female with painless swelling in left breast 4 months duration 3x3 cm in size located in outer upper quadrant. It is mobile and overlying skin is free. On the ipsilateral axilla lymph node 1x1 cm is palpable. Outline the further management
* 45 yr old female presents with swelling of size 3x3 cm in left breast. The swelling is irregular, hard, free from skin and underlying muscle. It is situated in upper and outer quadrant of a large sized breast. She has 1x1 cm mobile axillary lymph node on same side. Symptoms are present since 3 months.
	+ How to examine the case?
	+ Enumerate surgical options if this case is diagnosed as carcinoma left breast
	+ What are structures that we should preserve if axillary dissection is performed?
* 69 yr female presents with breast lump 4x4 cm for past 6 months. Swelling is hard in consistency, irregular margins and mobile. No other significant history is available.
	+ D/d
	+ Investigations to arrive at diagnosis
	+ Management strategy to most common D/d
* Phyllodes tumor
* Mammography

THYROID

* Management of solitary thyroid nodule
* Management of goitre
* Thyroglossal cyst
* 32 yr swelling on front of neck just right of the midline. Swelling non tender and moves on deglutition. No other swellings palpable
	+ D/d
	+ Relevant investigations to arrive at diagnosis
	+ Applied anatomy of recurrent laryngeal nerve with reference to surgery for thyroid gland
* Well differentiated thyroid cancer

KIDNEY, PROSTATE, BLADDER

* Management of renal stones
* Lower urinary tract symptoms
* Causes of hydronephrosis
* Hematuria
* Treatment options for ureteric calculus
* Management of acute retention of urine in a 70 yr old male
* An elderly male 80 yr old presented to ED with complaints of acute urinary retention. Sonography revealed B/L hydronephrosis
	+ D/d
	+ Management
* RCC( c/f with paraneoplastic syndromes associated with RCC)
* Urodynamic features of B.O.O.
* Prostate specific antigen

TRAUMA

* Abdominal compartment syndrome
* 25yr male had RTA and fracture of pelvis. Abrasion over the abdomen. PR-120/min, SBP-80 mmHg found to have peno rectal edema. Describe approach and management
* Pathophysiology of flail chest
* 36 yr old male met with RTA. He was severly breathless when he was brought to the trauma dept. At admission; PR-114/min, BP-80/60, GCS-15. Abdomen was soft and non tender with no distention. FAST negative. Outline your plan of management
* Tension pneumothorax
* Classification of intracranial hemorrhage and describe any one of them
* Triage
* Glasgow coma scale
* Primary survey of trauma

GIT:-

GALLBLADDER AND BILIARY TREE

* Complications of cholelithiasis
* Indications of cholecystectomy in asymptomatic individuals
* Choledochal cyst
* 25 yr old male, no prev medical/surgical history presents to ER with 5 days of rt. Upper quadrant pain which is colicky. He also has vomiting and has high grade fever with chills for past 5 days. The patient is febrile and icteric. He has tender hepatomegaly
	+ Probable diagnosis
	+ Investigations to arrive at diagnosis
	+ Treatment options available for patient considering most common D/d

STOMACH

* Diagnosis and management of G.O.O.
* Management of GERD
* GERD
* 65 yr old man presented with persistent non bilious vomiting for 1 month. He has visible peristalsis in epigastrium moving from left to right.
	+ D/d
	+ Possible electrolyte changes in this patient and its management
	+ Steps in clinical evaluation of this patient
	+ Investigations to be done
* Pathophysiology of peptic ulcer disease
* Surgical options for benign G.O.O. Describe few of its complications
* How will you resuscitate a 50 yr old patient and prepare him for surgery in case of benign G.O.O.

LIVER AND SPLEEN

* Diagnosis and management of hydatid cyst of liver
* Surgical approach to patients with obstructive jaundice
* 50 yr old lady presented with chief complaints of yellowish discoloration of skin and sclera for 25 days. She had intense itching all over the body.

On examination gall bladder was palpable. Total bilirubin-12mg/dl, direct bilirubin-10mg/dl, indirect bilirubin-2mg/dl

Mention D/d and approach to management

* Causes of splenomegaly. Indications of splenectomy

ESOPHAGUS

* Achalasia cardia( include diagnosis and treatment)

INTESTINE

* Difference between features of Crohn’s and ulcerative colitis
* Characteristics of gas used to create pneumoperitoneum. What are the gases used for it? Complications of these treatment
* 50 yr old female complains of pain in rt. Iliac fossa. Discuss D/d, investigations, management
* Mesentric cyst

PANCREAS

* Pseudopancreatic cyst
* 36 yr female presents with severe pain in upper abdomen radiating to back. Pain worsens on lying down. She was found sitting on the couch bending forwards. k/c/o of gall stone disease. Serum lipase-586 U/L
	+ Classify and define various local complications of disease
	+ Management of pseudo cyst of pancreas
* Common causes of acute upper abdominal pain and how will you diagnose and manage a case of suspected acute pancreatitis

APPENDIX

* Appendicular lump
* 25 yr male, no prev medical/ surgical history presents to the ER with 5 days of abd. Pain. His pain was initially periumbilical but has since migrated to rt. Left quadrant, finally became diffuse for past 3 days, had N/V, fever. He presents now as he can no longer tolerate oral intake. Vitals- Temp-39.2C, HR-110, normal BP. Abdomen- non distended and has tenderness to palpation in rt. Lt. quadrant with focal rebound tenderness and voluntary guarding.
	+ Probable diagnosis
	+ Other D/d
	+ Diagnose and treat this condition
* D/d of rt. Iliac fossa lumps and discuss Oschner sherran regimen
* Blood supply of appendix, positions of appendix, Avarado score

COLON, RECTUM, ANUS

* Fistula in ano( Goodsall’s rule, Parkland classification, treatment)
* Precancerous lesions of colon
* Familial adenomatous polyposis
* Surgical anatomy of rectum. Presentation and management of carcinoma of rectum
* Rectal prolapse

PENIS AND TESTIS

* Management of carcinoma of penis
* Undescended testis
* Testicular torsion
* Causes of urethral stricture, complications and treatment
* Classify testicular tumor and describe the specific tumor markers useful in staging of testicular tumors

HERNIA

* Surgical anatomy of inguinal hernia
* Incisional hernia
* Management of patient presenting with suspected strangulated inguinal hernia

SSI

* Necrotizing soft tissue infections
* SSI

Miscellaneous

* Vacuum assisted closure
* Paraneoplastic syndrome
* Universal precaution
* Massive blood transfusion
* Epidural analgesia
* MEN syndrome
* Tetanus- treatment and prophylaxis
* Hyponatremia
* DVT prophylaxis in surgery

SKIN

* Lipoma
* Malignant melanoma
* Marjolin’s ulcer
* Rodent ulcer
* 57 yr old male has some changes in an old mole over his right heel. It suddenly increased in size with episodes of occasional bleeding.
	+ Probable diagnosis
	+ How will you arrive at your diagnosis clinically?
	+ Brief investigations and pathological behaviour of lesion
	+ Treatment

SALIVARY GLANDS

* Classify Salivary neoplasms. Discuss management of right parotid swelling in a 40 yr old man. Swelling is present since 2 years has progressively enlarged to present size of 2x2 cm
* 60 yr old male presents with swelling on left side of face just below the ear. It’s painless and gradually progressive in size with no other swellings in neck or any other changes in face.
	+ How to proceed and reach at diagnosis?
	+ Which important structure is safe guarded if surgery is performed on the lat. Aspect of face and how it is recognised intraoperatively?
	+ What are LN levels of neck and which levels are affected in oral malignancies?
* Plunging ranula
* Frey’s syndrome

ADRENAL GLAND

* Adrenal incidentaloma

BURNS, WOUNDS, SHOCK

* Keloid scar
* Fluid management in burn patients
* Assessment of area and depth of burn
* Resuscitation of patient in shock
* 40 yr female weighing 50 kg brought to trauma with superficial to deep burns in her upper half of the body. Her face is swollen.
	+ Outline important examination that needs to be doen immediately and important management that needs to be started
	+ Rule of 9 with diagram. Calculate fluid requirement if body surface area burnt is <40%
	+ List of life threatening complication that can occur in such patient
* Pathogenesis of septic shock
* - How to calculate area of burn in an adult patient?

-How is superficial burn differentiated from deep burn?

-Outline the management of 40% burn in a 50 yr old patient who has been rescued from a burning house 2 hr before and is now awake and concious