


ОҢТҮСТІК ҚАЗАҚСТАН <b>MEDISINA</b> <b>AKADEMIASY</b> «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN <b>MEDICAL</b> <b>ACADEMY</b> АО «Южно-Казахстанская медицинская академия»
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## **CONTROL AND MEASURING DEVICES**

Questions of the program for midterm control 2

OP name: 6B10115 "Medicine"

Discipline code: GS 3305

Title of discipline: "General surgery"

Amount of study hours/credits: 90 hours (3 credits)

Course and semester of study: 3rd year, V semester

**Shymkent-2024 y.**



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Originator


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Protocol №

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## List of midterm control issues -2

### Wounds

1. The concept of a wound, the danger of a wound.
2. Classification of woundss
3. Wound infection
4. The course of the wound process, the stages of wound healing.
5. IPhase I of the wound process
6. IIPhase II of the wound process
7. Types of wound healing. Secondary healing.
8. Causes of suppuration of surgical wounds
9. Prevention of suppuration of postoperative wounds
10. Treatment of clean and purulent wounds
11. Types of seams

### Burns

1. The concept of burn, classification according to Kreibich.
2. Burn concept, practical classification.
3. Determination of burn severity and area
4. Pathoanatomical picture of the burn
5. The course of a burn, the concept of burn shock, toxemia.
6. The concept of burn septicotoxemia and convalescence
7. First aid for burns
8. Local methods of treatment ( open, closed, mixed. operational )
9. Common treatment methods
10. Chemical burns
11. First aid for chemical burns
12. Radiation burns, phases of local manifestations
13. Radiation burn clinic, radiation burn treatment.

### Frostbite


1. The concept of frostbite, classification.
2. Pathogenesis of frostbite
3. Pre-and reactive periods, clinic.
4. Treatment during the reactive period
5. Treatment in the pre-reactive period. Prevention of frostbite.
6. General treatment for frostbite

### Electrical injury

1. Electrotrauma: a concept, a pathological disorder.
2. The concept of "current signs", histological detection
3. Clinical picture of electrotrauma, cause of death in electrotrauma.
4. Treatment of electrical injuries
5. Radiation injuries: concept, clinic, treatment

### Terminal states

1. Tasks of anaesthesiology
2. Collapse, causes, clinic, diagnosis, treatment
3. Shock, causes, clinic, diagnosis, treatment

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4. Terminal conditions, clinic, diagnosis, treatment
5. Biological death
6. Principles of treatment of terminal conditions

#### **Closed damages.**

1. The concept of injury: bruise, sprain, tear.
2. Brain contusion (clinic, diagnosis, treatment)
3. Concussion of the brain (clinic, diagnosis, treatment)
4. Closed chest injury. (clinic, diagnosis, treatment)
5. Open, closed, valvular pneumothorax. (clinic, diagnosis, treatment)
6. Closed abdominal injury (clinic, diagnosis, treatment)

#### **Fractures, Dislocations.**


1. The concept. Classification.
2. Fracture Clinic
3. Diagnosis of fractures
4. First aid. Дейтерихса Deuterichs and Kramer bus overlap Крамера.
5. Preparation of plaster splints: circular, bridge-shaped, and finished (determination of the suitability of types of plaster dressings ).
6. Skeletal traction (knitting needle technique)
7. Local anesthesia of the fracture site, technique.
8. Closed reposition (technique, sequentially )
9. Complications in the treatment of fractures
10. Delayed fusion ( local and general causes )
11. False joint ( pseudoarthrosis )
12. Dislocations: concept, classification, clinic, diagnosis.
13. Treatment of dislocations, the Kocher method.

#### **Desmurgia**

1. Desmurgy: the concept, types of bandages, rules for applying a bandage
2. Bandages: a concept.
3. Hand bandages ( 3 types )
4. On the joints ( divergent, convergent )
5. On the shoulder joint ( spikelike )
6. On the mammary gland
7. Headbands (2), Hippocrates, cap.
8. Bandages for the chest and shoulder joint
9. Bandages Dezo, Velpo.
10. Bandages on the upper and lower extremity
11. Transport immobilization – rules and indications
12. Bus overlay technique ( Deterichs )
13. Cramer splint technique Крамераfor upper and lower extremity

#### **Surgical operation**

1. The concept of surgery: radical and palliative.
2. Types of operation ( single- and multi-stage, one-time operation, ). diagnostic, typical and atypical, closed and open, microsurgical, endoscopic ).
3. Preoperative period (main tasks, preparation of the patient for surgery).

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4. Determining the urgency of an operation
5. Assessment of operational and anaesthetic risk
6. Additional research
7. Psychological and preoperative preparation of patients
8. Special preoperative training

### **Postoperative period**

1. Postoperative period
2. Catabolic phase
3. Reverse development phase
4. The anabolic phase
5. Criteria for monitoring patients and indicators of organ and system activity
6. Highlights of intensive care in the postoperative period
7. Early complications
8. Pain syndrome in the postoperative period.
9. Late complications.

### **Purulent infection. The concept of purulent infection.**


1. Examination of patients with purulent infection ( puncture of the pleura, knee, hip joints )
2. Classification of surgical infection
3. Etiology and pathogenesis of purulent infection.
4. Local reaction of purulent infection
5. General reaction of purulent infection
6. General principles of treatment of purulent infection ( conservative, operative )
7. Antibacterial therapy, tests.

### **Osteomyelitis**

1. Concept, etiology, and pathogenesis.
2. Classification and scheme of osteomyelitis formation.
3. Hematogenous osteomyelitis
4. Clinic and diagnosis of osteomyelitis
5. Treatment of acute osteomyelitis
6. Chronic hematogenous osteomyelitis: etiology, clinic.
7. Treatment of chronic osteomyelitis
8. Brody's intraosseous abscess
9. Склерозирующий остеомиелит Garre sclerosing osteomyelitis
10. Albuminous osteomyelitis Ollier
11. Non-hematogenous osteomyelitis, post-traumatic osteomyelitis: clinic, treatment.

### **Prolonged crush syndrome**

1. The concept
2. Classification
3. Etiology.
4. Pathogenesis
5. Clinical picture
6. Diagnostics
7. Features of the course of appendicitis in children, pregnant women and senile age

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## 8. Treatment


### **Necrosis, gangrene, ulcers, fistulas, bedsores.**

1. Necrosis ( circulatory disorder, trophic disorder).
2. Dry gangrene: etiology, clinic, treatment.
3. Wet gangrene: etiology, pathogenesis, clinic.
4. Prevention of gangrene
5. General principles of treatment
6. Thrombosis and embolism: Etiology, clinic, and treatment.
7. Ulcers: Etiology, clinic, treatment.
8. Fistulas: concept, classification
9. Obliterating endarteritis: Etiology, clinic, treatment.
10. Pathogenesis and pathological anatomy of fistula
11. Clinical picture, treatment of fistula
12. Artificial fistulas
13. Bedsores: clinic, treatment, prevention.


### **Test questions:**

#### **I- variant**

1. The diagnosis of peritonitis during surgery cannot be made on the basis of:
  - A. presence of blood in the abdominal cavity
  - B. hyperemia of the peritoneum
  - C. presence of fibrinous overlays
  - D. dull looking peritoneum
  - E. presence of cloudy effusion
2. Method of examination of the abscess of the Douglas space:
  - A. rectomanoscopy
  - B. laparoscopy
  - C. percussion and palpation of the abdominal cavity
  - D. rectal finger examination
  - E. x-ray examination of the abdominal cavity
3. Painful palpation of the liver, pain over the right clavicle, high standing of the right shoulder. diaphragm domes and hectic fever, characterized by:
  - A. абсцессы to the Douglas abscess space
  - B. gangrenous appendicitis
  - C. поддиафрагмальномурight subphragmatic abscess
  - D. acute pancreatitis
  - E. acute cholecystitis
4. The best treatment option for subphragmatic abscess is:
  - A. massive antibiotic therapy
  - B. laparotomy, autopsy and tamponade of the abscess cavity
  - C. puncture of the abscess with a thick needle
  - D. physical therapy
  - E. extraperitoneal autopsy and abscess drainage
5. The toxic stage of diffuse widespread peritonitis is not characterized by:
  - A. increased abdominal pain
  - B. increasing intestinal paresis

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- C. increased leukocytosis  
 D. tachycardia  
 E. no escape of gases
6. Not a typical stage of peritonitis:  
 A. reactive  
 B. spicy  
 C. toxic  
 D. peritoneal sepsis  
 E. terminal information
7. Late-stage peritonitis is not characterized by:  
 A. bloating  
 B. dehydration  
 C. increased peristalsis  
 D. disappearance of intestinal murmurs  
 E. hypoproteinemia
8. Pathognomonic symptom of perforations of the hollow organ is:  
 A. high leukocytosis  
 B. no peristaltic noises  
 C. dulling of percussion sound in sloping areas of the abdominal cavity  
 D. free gas under the diaphragm dome  
 E. settling of peristaltic noises
9. The diagnosis of "diffuse peritonitis" before surgery is established on the basis of:  
 A. x-ray examinations  
 B. subject of personal data  
 C. laboratory tests  
 D. by the level of digestive juice secretions  
 E. objective signs
10. Animals that are carriers of helminth:  
 A. cattle  
 B. dogs  
 C. sheep  
 D. horses  
 E. camels
11. Specific laboratory reaction for echinococcosis:  
 A. Mantoux reaction  
 B. реакция Wasserman's reaction  
 C. реакция Katsoni's reaction  
 D. Wright-Heddleson reaction  
 E. реакция Frey's reaction
12. The echinococcal cavity is treated with:  
 A. formalin 2 %  
 B. furacilin 1: 100  
 C. chloramine 2%  
 D. sulemoy 1: 100  
 E. iodinate 1-2 %

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1. Echinococcosis most often affects:

- A. stomach
- B. the spleen
- C. the brain
- D. liver
- E. the pancreas

2. The chitinous membrane of an echinococcal cyst consists of ... .

- A. 2 layers
- B. 3 layers
- C. 1 layer
- D. 5-5 layers
- E. 7 solevs

3. Method of treatment of echinococcosis:

- A. medical treatment
- B. operational information
- C. immunotherapy
- D. radiation therapy
- E. barotherapy

4. The main dangerous complication of echinococcosis:

- A. osumkovanie
- B. hemorrhagic shock
- C. intestinal obstruction
- D. adhesive disease
- E. brush rupture and seeding

5. The ultimate host of echinococcosis:

- A. ram
- B. horse
- C. dog
- D. human
- E. a monkey

6. The area where the most common disease is echinococcosis ... Kazakhstan.

- A. Northern
- B. Central
- C. Eastern
- D. South
- E. Western


7. The most common ways of transmission of echinococcosis:

- A. contact number
- B. fecal-oral
- C. through the urinary tract
- D. through damaged skin
- E. air

8. A complication that does not occur in liver echinococcosis:

- A. cyst rupture
- B. suppuration of the hand
- C. allergy
- D. mechanical jaundice of the skin
- E. malignization




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- 9.Roundworm is more often localized in:
- stomach
  - the liver
  - тонкой small intestine
  - lungs
  - the large intestine
- 10.Not encountering a surgical complication of ascariasis:
- pleural empyema
  - peritonitis
  - acute appendicitis
  - mechanical jaundice
  - acute intestinal obstruction
- 11.Clinical symptoms not typical in IIIstage III of liver echinococcosis:
- suppuration of the cyst
  - increase in body temperature to 40-41 C
  - the phenomenon of intoxication
  - polyuria
  - progressive exhaustion
- 12.In Istage I liver echinococcosis:
- dysphagic symptoms
  - symptoms желудочноof gastrointestinal bleeding
  - diarrhea is observed
  - bothered by pain in the heart area
  - there are no symptoms

### III variant

1. Radiological signs of uncomplicated lung echinococcosis:
- homogeneous triangular shape intense shadow
  - cavity with fluid level and perifocal infiltration
  - rounded, homogeneous shadow with a clear outline
  - star shaped shadow inhomogeneous with a path to the root of the lung
  - rounded shadow with indistinct contours
- 2.Acute complication of liver echinococcosis:
- anaphylactic shock
  - gastrointestinal bleeding
  - liver cancer
  - acute pancreatitis
  - cirrhosis of the liver
- 3.Pathogen that causes cystic liver damage:
- Tenia solium
  - Ascaris vermiformis
  - Opistorchius felineus
  - Echinococcus granulosus
  - E . Coli
- 4.Operation performed for suppuration of an echinococcal cyst of the liver:
- echinococotomy

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- B. exploratory laparotomy
  - C. lumbar sympathectomy
  - D. resection of the corresponding liver lobe
  - E. echinococcectomy, drainage of the residual cavity
5. The most informative method for diagnosing cystic liver lesions:
- A. angiography
  - B. computed tomography
  - C. rheohepatography
  - D. radiography
  - E. percussion and palpation
6. The cause of the tumor may be:
- A. carcinogenic substances
  - B. x-ray examination
  - C. aging of the body
  - D. antibiotics
  - E. chemical preparations
7. It is unusual for a malignant tumor to:
- A. expansive growth
  - B. in the cytogram – atypical cells
  - C. metastasis
  - D. availability of the capsule
  - E. sprouts in neighboring organs
8. Radiation therapy may not be used for:
- A. as an auxiliary method before the operation
  - B. as an independent treatment method
  - C. as an auxiliary method after surgery
  - D. as a sparing method for an inoperable tumor
  - E. for irradiation of secondary tumor foci
9. The most common cause of cancer at the present time:
- A. polyethylethiological company
  - B. viral
  - C. теория Congame theory
  - D. hereditary
  - E. Virchow's theory
10. The most informative method for cancer diagnosis:
- A. radiological department
  - B. endoscopic
  - C. computed tomography
  - D. biochemical tests
  - E. histological analysis
11. The most effective method in cancer treatment today:
- A. hormonal
  - B. chemotherapeutic center
  - C. surgical
  - D. radiation therapy
  - E. conservative
12. For the prevention of breast cancer, the following is most important:
- A. quitting smoking

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- B. nipple care, examination and palpation of your mammary glands
- C. proper diet
- D. living in eco-friendly areas
- E. annual monitoring of doctors

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