SCHOLASTIC-METHODICAL ALLOWANCE

for teachers to engage on the topic:

«DISEASES OF ESOPHAGUS»

**The objective of the lesson.**

   ***achieve level mastering memory playback the following knowledge (2 u.u.):***

a) Anatomy and physiology of the esophagus, mediastinum;

b) etiology and pathogenesis of Esophageal diverticula, esophageal ahalazii (p);

in injuries and) classification of esophageal strictures.

g) Clinic and Diagnostics, strictures, diverticulums, etc ahalazii p;

d) major clinical manifestations of diseases n;

e) clinical, laboratory and instrumental methods for diagnosing diseases of p;

f) Methods of conservative and surgical treatment for various diseases p.

   ***to teach students skills (3 u.u.):***

a) Purposefully identify anamnesis n diseases, taking into account the rules of medical ethics and deontology;

b) physical examination of patients with various diseases p;

plan Rationally) additional research (laboratory, radiological and endoscopic) depending on the nature of the disease and its complications, evaluate data para clinical examinations of patients;

g) differential diagnosis in different pathology p;

d) to formulate the preliminary and primary diagnosis according to the ICD-10;

e) Set a plan of conservative treatment and preoperative preparation, to formulate the indications for operative treatment;

f) provide emergency assistance in case of Burns, and his other injuries;

and) solve practical tasks on the diagnosis, treatment, surgical tactics determination in patients with various diseases p.

**Methodology of conducting theoretical part sessions.**

   ***Control of educational discipline:*** attendance at practical exercises, practicing the pass and the Elimination of academic debt.

   ***The wording of the theme and objectives of the session.***

**Topic: Diseases of the esophagus.**

Among the many diseases often found p. diverticula, which Rokitansky (1840) divided into pulsionnye and traction. The most frequent pharyngoesophageal junction (63%), Gastroesophageal, rarely jepifrenalnye (20%) and bifurcation-(17%). Most often they occur in men aged 40-60 years, often in combination with hiatal hernia, ulcers and gallstone disease.

Frequent and dangerous pathology p are injuries, chemical burns and their consequences-cicatricial stricture. Burns occur in persons of all ages: children up to 5 years, then in women and men. In many cases they are unintentional, but often the effects and complications of burns p require multi-stage and prolonged treatment.

Among neuromuscular diseases p most frequent is ahalazija, which is characterized by inefficiency and lack of peristalsis coordinated relaxation of the lower esophageal sphincter with swallowing (3-5%). It is most often meets at the age of 20-40 years is equally common in men and women. Often such patients long and unsuccessfully being treated by doctors of different specialties before the correct diagnosis is established an achalasia of an p.

One of the most frequent and severe diseases p is cancer, it is 86 per cent of all diseases and 5-10% of all malignant tumors in humans. In 80% of these people over 60 years of age, and males are affected by the disease in 8 times more often.

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Timely Diagnostics of pathologies, adequate conservative treatment or referral of a patient for surgery, choosing the right surgical tactics determine success and good results treating patients. This task is impossible without deep knowledge of Pathology, diagnostic clinics, and features numerous diseases and their complications. It is particularly important for a GP clinic knowledge of the most common diseases, which requires him to take immediate action, proper treatment because his decisions largely determines the fate of a patient.

   ***Discussion of issues arising in the preparation of students to engage in.***

Teachers should differentially to answer questions students. If the question is unfair, student preparation for answering such a question should involve other students and thus give understanding know question his failure. If the problematic issue is the difficulty of mastering the educational element or insufficient information in recommended literature, you can also try to answer with students groups, complementing them. Students asking interesting and important issues should note and take into account their activity when setting assessments at the end of the session.

   ***Control of independent work of students during extracurricular time (CCF 1765):***

This section can be conducted and during the practical part of the training. Research on message heard on any section of the study topics; on duty at the clinic, students reported on the work undertaken during the alert, reported kurirovannyh patients, explain and evaluate selected therapeutic tactics, methods, para clinical examinations of patients and report the proportion of personal involvement in examination, treatment and diagnostic manipulations and operations. Students demonstrate prepared thematic tables, slides and other Visual AIDS, made in preparation for the occupation.

The theme of abstract messages:

Algorithm of diagnostics dysphagia syndrome.

Methods of radiological and endoscopic esophageal diseases.

Reconstricton methodology in benign esophageal strictures.

Injury to the esophagus. Clinic, Diagnostics, tactics, methods of treatment.

Reconstructive surgery for cancer of the esophagus.

Sanatorium-and-spa treatment of patients with diseases of the esophagus, rehabilitation methods.

   ***Input test students ' knowledge control.***

**Option 1.**

1. What are the physiological contractions of the esophagus.

a. b. g.

2. What are the basic anatomical forms of p. a. b. c.

**Option 2.**

1. What are the most frequent localization diverticula p.

a. b. c.

2. list the major complications of diverticula p.

a. b. c.

g. d.

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**Option 3.**

1.what symptoms are typical for ahalazii?

A. Increasing dysphagia. D. Decrease d after the unrest.

B. young e. Radiographically-p-m "candle flame.

B. Peremezhajushhaja dysphagia.

G. Radiographically-roughness contours narrow.

2. what stage currents burn a. ..

a. b. c. d.

**Option 4.**

1. What are the main radiological signs of diverticulum n?

a. b. c.

2. list absolute indications for surgical treatment an achalasia of an p.

a. b. g

**Option 5.**

1. What are the surgical procedures are preferred when the narrowing of cicatricial n?

a. b. g

2. list the main treatment methods in cancer. ..

a. b. c. d. e.

1.

**Option 6.**

1. What are the main symptoms of cancer n.

a. b. c. d.

2. Kakiek symptoms are typical for stricture scar n? a. b. c. d.

**Option 7.**

1. list the stages of development of ahalazii p.

a. b. c. d.

2. What are the main methods of reconstricton p at narrowing.

a. b. c. d.

**Option 8.**

1. What are the required methods of instrumental survey of patients with pathology of p.

a. b. g

2. list the major healing methods an achalasia of an p.

a. b. ..

**Responses to option 1 standards.**

1.1. golotochnoe; 2 aortalnoe; 3. entering, 4. diaphragmatic

2.1. Exo-, 2. endophytic. 3 mixed.

**Responses to option 2 standards.**

1.1. pharyngeal, 2. bifurcation, 3. jepifrenalnye.

2.1. perforation, 2. Phlegmon, 3. bleeding 4. exhaustion syndrome, 5. malignization.

**Responses to option 3 standards.**

1. A. b. D.e.

2. a. Hyperemia and edema of the mucosa. B. necrosis and ulceration. B. education granulation. G. Scarring.

**Responses to option 4 standards.**

1.1. p-m meshkovidnoe niche or bulging. 2. horizontal level in it. 3. contraction of p.

2.1. 3-4 art. disease. 2. lack of effect from kardiodilatacii. 3. divide p kardiodilatacii. 4. suspicion of malignizatiou

**Responses to option 5 standards.**

1.1. Resection of p. 2. Gastrostomy. 3. probing. 4. Jezofagoplastika.

2.. Rezekacija p. 2. Extirpation of n + jezofagoplastika. 3. Gastrostomy. 4. Radiation therapy

**Responses to option 6 standards.**

1. Peremezhajushhaja dysphagia, pain radiating, salivation, indigestion with ishudaniem, the presence of "filling defects»

.

2. Chemical burn history, ishudanie, increasing difagija, ruggedness and circuits n.

**Standards to answer 7.**

1.1. Functional spasm. 2. Steady spasm of p with its expansion. 3. Spinal Stenosis that with its expansion. 4. stenosis p with its dilatation, elongation.

2. a. Blind probing. B. probing on conductor. B. under the supervision of jezofagoskopa. G. Probing "endlessly".

**Responses to standards version 8.**

1. a. p. b. odontological examination Esophagoscopy p. histological study. G. CT.

2. a. Conservative lechjaenie. B. Kardiodilatacija. B. surgical treatment.

**The theoretical part of the lesson is interrupted, students go**

**in the House of the kuraciju.**

   ***Clinical patients under parsing and theoretical issues. (According to the attached hronokarte classes).***

After clinical report supervised patients with specific examples dealt with issues of etiology and pathogenesis of an achalasia of an n, n n, strictures of the Diverticulum, cancer, are being investigated features of their classification, pathogenesis, clinic of these disease. It should be emphasized the complexity of the pathogenesis of diseases n. For example, the supervised patient is determined by the stage of development of the disease, its complications, pathophysiological changes in the body, which define the ahalazii clinic, stenosis of PV, etc. Discussing on the clinical example clinical cicatricial stenosis, ahalazii p, cancer or Diverticulum, it is necessary to determine the therapeutic and diagnostic tactics, map out a treatment plan to disassemble the possible methods of surgical treatment.

An important stage in the theoretical discussion of the topic was parsing tactics of patients with ahalaziej p, rubcovym p, divertikulom stenosis, especially with the development of complications and in advanced cases. Assistant must demonstrate the specific patients indications for surgical treatment, the dependence of the volume and nature of the operation from the limitations of the disease, the severity of patient's condition and the presence of concomitant diseases, and in the absence of a thematic patients on the example set by the problematic situations. Students must be present on the operations in patients with diseases, during which students see in practice the decision of questions of surgical tactics, choice of method of operation. In the training room understand different ways of intraoperative tactics, different methods of surgical operation completes with the pathology of p.

The teacher can give examples of practices that demonstrate various clinical manifestations of disease, difficulty of diagnosis and possibilities of modern medicine in treating these patients. It should not be hold during mikrolekcii sessions, dialogues with one student, and involve a survey of all students, drawing their attention to the discussed UE.

**Methodology for the practical part of the training.**

Students on the 2-3 person under the supervision of a teacher supervise the wards thoracic Department patients with divertikulami, ahalaziej, cancer, cicatrical obstructions, get acquainted with the history and research results. Differential diagnosis is performed between these diseases.

   ***Consolidating skills students anamnesis.***

Clarified the complaints of the patient upon admission and supervision. While drawing attention to the characteristics of the specific anamnesis data zabolevanijaP in the past. Be sure to emphasize the nature and dynamics of pain, other distinctive signs of the disease. Students should indicate the time of occurrence of nausea, vomiting, dysphagia, especially clinical coloring these symptoms unlike gastric pathology.

When supervision of patients with cancer AP students should detect the presence of precancerous diseases prior to the clinic, factors that contribute to cancer development p.

The teacher draws attention to the age of the patient, stresses the particular relevance of clarify the duration of disease, identify the life history of severe concomitant diseases (diabetes, obesity, Urological diseases cardiovascular system, lungs, liver, kidneys) to determine the tactics of surgical treatment of diseases of the p.

   ***Improving the students methods of an objective examination of the patient.***

On examination, the patient focuses on the general condition of the patient, the condition of the skin and mucous membranes (their color, dryness, humidity). The student must assess the condition of the respiratory (breathing frequency and nature), cardiovascular (BP, HEART RATE, pulse frequency and nature), digestive (oblojennosti language, localized abdominal pain, etc.), urinary systems (character of urination , diuresis). Curator demonstrates a knack for physical examination of lungs, heart, plays the simplest functional tests for an indicative definition of treatment tactics. During the examination of the abdomen are determined by the size of the liver, spleen, severity of flatulence, symmetry, tension and soreness of the localization of the abdominal wall, the presence of free liquid in abdominal cavity, the intensity of intestinal noises or lack thereof . Teacher requires knowledge of the most prominent symptom of diverticula, ahalazii, scarry strictures and esophageal cancer.

   ***Estimation of additional research.***

The students have a medical history of patients under or radiographs of the training set together with other paraklinicheskimi data. Through the survey analyzes data on additional methods of research: blood test, urine test, proteinology indexes, urea, creatinine. Students make conclusion on various radiographs with stenosis of PV of different nature, ahalazii and divertikulah, appreciate the conclusion of ECG, related professionals. When evaluating data, ESOPHAGOGASTRODUODENOSCOPY, students determine the localization and the reason for the narrowing, determine further surgical tactics explain the usefulness of conservative treatment, kardiodilatacii or surgical treatment.

On the basis of complaints, diseases and life history, clinical and paraclinical examination methods students justify clinical diagnosis according to modern classification. In the process of differential diagnosis of various clinical problems are solved, after which determines treatment policy.

**The technique of an estimation of knowledge of students.**

**Occupation shall be deemed to be met if the following conditions are true:**

1. The student attended class.

2. Completed SRS 1765

3. Student confirmed ownership of the methods of clinical examination of patients, evaluation of laboratory and instrumental data, gave an oral or a written opinion on these topics.

4. Received a positive assessment for the baseline test, interview on theoretical and clinical issues parsing supervised patient, interim and final control.

5. When unsatisfactory assessment on any of the stages of the student is assigned a practising in extracurricular time.

6. A missed lesson, distortion is executed in extracurricular time, the days of duty teachers on faculty in conditions close to the planned student oversees the patient evaluates the data in the secondary survey proves clinical diagnosis, carries out differential diagnosis, patient treatment plan identifies, defines the indications for operative treatment, explains the principles of surgical interventions.

7. Classes, missing for a good reason, interview with the implementation of theoretical are programmed control and solution of problem situations.

**A method of organization of independent work of students**

**in extracurricular time**

   ***The student in preparation for the occupation must find answers to the following questions:***

1. Anatomical and physiological information about a Gullet. Classification of diseases of the esophagus.

2. Achalasia. Classification. Clinic, Diagnostics. Principles of treatment, kardiodiljatacija, indications for surgical treatment, principles of operations.

3. esophageal Diverticula. Classification. Clinical picture, diagnosis, treatment.

4. Chemical burns and cicatricial esophageal narrowing. Pathogenesis. Clinic of acute period. First aid and treatment in the acute period. Early and late probing. Cicatricial esophageal narrowing, clinic, localization and shape. Diagnostics.

5. treatment, types of reconstricton, surgical treatment.

6. frequency, the etiology of esophageal cancer. The role of chronic esophagitis, ulcers, Cicatricial narrowing and polyp in the occurrence of cancer of the esophagus.

7. classification of esophageal cancer localization anatomicheskomu growth stages and paths of metastasis. Clinic and diagnostics of esophageal cancer: laboratory, radiological, instrumental, cytological.

8. Methods of surgical treatment of esophageal cancer. Radical and palliative surgery, indications and contra-indications to them. Radiotherapy and combined treatment of esophageal cancer.

9. complications in the postoperative period. Indications for the second phase-esophagoplasty.

10. Prevention of esophageal cancer.

   ***For successful mastery of the lesson the necessary practical skills for diagnosis, treatment of patients with complications of peptic ulcers, a student must repeat the House and examine the following questions:***

1. Anamnesis Technique of disease and life.

2. The technique of physical examination of patients.

3. X-ray diagnosis of diseases and their complications.

4. Endoscopic diagnosis of zabolevanijP.

5. Standards of laboratory parameters.

   ***Offered for a written decision of the clinical problems of the various sections of the themes and issues of the interim monitoring***:

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| NO. | Test content | | | | Etalon |
|  | **LEVEL 1 TESTS**  ***A. recognition*.** | | | |  |
| 1. | Whether the dysphagia first characteristic symptom of cancer of the esophagus?  and b) Yes No) | | | | (a) |
| 2. | Whether the occurrence of cancer of the esophagus prolonged exposure to hot food?  and b) Yes No) | | | | (a) |
| 3. | Is it possible to restore the patency of the esophagus in necrosis of the mucous membrane of the circular for 10 cm?  and b) Yes No) | | | | b |
| 4. | Esophageal cancer is the most frequent disease of the body?  and b) Yes No) | | | | (a) |
| 5. | Whether the average one-third of the esophagus most frequent localization of cancer?  and b) Yes No) | | | | (a) |
| 6. | Whether precancerous post-burn scars of the esophagus?  and b) Yes No) | | | | (a) |
| 7. | Whether the bleeding early symptom of cancer of the lower third of the esophagus?  and b) Yes No) | | | | b |
|  | ***B. on the difference.*** | | | |  |
| 1. | What symptom is characteristic for the early stages of cancer of the esophagus?  and sharp ishudanie)  b) intermittent dysphagia  in the) lack of appetite  g) salivation  d) chest pain | | | | b, c, d |
| 2. | What does the emergence of pulsionnogo diverticulum?  a) tuberculous bronhadenitom  b) diaphragmatic hernia  ) perijezofagitom  g) weakness of the esophageal muscular layer  d) salivaciej | | | | in, g |
| 3. | What research methods are necessary to confirm the diagnosis of esophageal cancer?  a chest x-ray review)  b) roentgenoscopy  esophagoscopy)  g) esophagoscopy + biopsy  d) jelektrojezofagografija  e) angiography  w) barium enema with barium | | | | b, c, d, e |
| 4. | Methods for the treatment of esophageal ahalazii  and esophageal resection)  b) jezofagoplastika colon  kardiomiotomija Geller on)  g) pnevmodiljatacija  d) Gastrostomy  (e)) jezofagofundoanastomoz  f) mezhkishechnyj anastomosis  w) digital extension for Mikulichu | | | | c, d, e, g |
| 5  . | List your palliative surgical methods for the treatment of cancer of the esophagus.  a) extirpation of the esophagus  b) Gastrostomy  in the Sutara) operation (kanjulizacija the esophagus)  g) jezofagofundoanastomoz  d) jezofagoplastika | | | | b, c, d, e |
|  | ***B. classification*** | | | |  |
| 1. | What symptoms are typical for:  1. Cancer of the esophagus.  2. Cicatricial esophageal narrowing.  a) intermittent dysphagia  b) reflected pain  salivation)  g) despepsiceskie phenomenon  d) ishudanie  e) chemical burn the esophagus disorder  f) radiographically-filling defects  w) radiographically-narrowing and irregularity of the contours of the esophagus | | | | 1. a, b, c, d, f.  2. d, e, g. |
| 2. | List the methods of treatment:  1. Cicatricial esophageal narrowing.  2. Cancer of the esophagus.  and esophageal resection)  b) extirpation esophagus + jezofagoplastika  in) Gastrostomy  g operation Sutara)  d) probing  (e)) radiation therapy  f) jezofagoplastika | | | | 1. a, b, d, f.  2. a, b, c, d, e, f. |
| 3. | What symptoms are typical for:  1. Cancer of the esophagus.  2. An achalasia of an esophagus.  a) old age  b) comparatively young age  c) intermittent dysphagia  d) exacerbation of dysphagia  d) disappearance of dysphagia after unrest  e) radiographically-funnel-shaped contraction of esophagus  f) radiographically-the graininess of the paths narrow esophagus | | | | 1. a, b, f.  2. b, g, d, a, e. |
|  | **LEVEL 2 TESTS**  ***Tests lookup*** | | | |  |
| 1. | Very characteristic for cancer of the esophagus is  symptom of intermittent ... | | | | Dysphagia |
| 2. | Another important sign for cancer of the esophagus is ... ... ... .... clearance with some upstream Division | | | the uneven contraction | |
| 3. | Crucial in diagnosing cancer of the esophagus are ... ... ... ... ... ... and ... ... ... ... ... .... | contrast  fluoroscopy  and esophagoscopy | | | |
| 4. | What are the three basic anatomical forms of esophageal cancer  (a))  b)  in) | | | a) Exo-  b endophytic)  in) mixed | |
| 5. | Name four physiological contractions of the esophagus  (a)),)  b)  in) | | and in the esophagus)  b) intersection with aortic arch  entering)  g) at the level of the diaphragm | | |
| 6. | Specify the main predisposing factors for cancer of the esophagus  (a))  b)  in) | | a) repeated Burns hot meals  b) mechanical trauma rough food  umbilicus) contraction | | |
| 7. | What are the treatments for cancer of the esophagus  (a))  b)  in) | | and surgical)  b) radiation  in) combined | | |
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| 2. | List the methods of treatment:  1. Cicatricial esophageal narrowing.  2. Cancer of the esophagus.  and esophageal resection)  b) extirpation esophagus + jezofagoplastika  in) Gastrostomy  g operation Sutara)  d) probing  (e)) radiation therapy  f) jezofagoplastika | | | | 1. a, b, d, f.  2. a, b, c, d, e, f. |
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|  | **LEVEL 2 TESTS**  ***Tests lookup*** | | | |  |
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***Tests of constructive.***

1. list the symptoms of esophageal ahalazii

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| 1. | 1. regurgitation |
| 2. | 2. weight loss |
| 3. | 3. dysphagia |
| 4. | 4. extension of the esophagus |
| 5. | 5. a sense of gravity in the sternum |
| 6. | 6. with an unpleasant smell eructations |

2. what kinds of diverticula according to their localization

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| --- | --- |
| 1. | 1. Neck |
| 2. | 2. Jepibronhialnye |
| 3. | 3. Naddiafragmalnye |

3. list the diseases with which to differentiate the esophageal cancer

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| --- | --- |
| 1. | 1. kardiospazm |
| 2. | 2. SCAR contractions |
| 3. | 3. esophagitis |
| 4. | 4. ulcer of oesophagus |
| 5. | 5. flebjektazii |
| 6. | 6. Sclerosing mediastinitis |

4. list periods of clinical course of Burns of the esophagus

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| 1. | 1. acute (up to 2 weeks) |
| 2. | 2. imaginary well-being (2-3 week) |
| 3. | 3. formation of cicatricial narrowing (3-4 week) |
| 4. | 4. shaped stricture (from 2 up to 6 months) |

5. list the main ways esophagoplasty

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| 1. | 1. skin tube |
| 2. | 2. skinny gut |
| 3. | 3. colon |
| 4. | 4. the stomach |

6. list the types of palliative operations with cancer of the esophagus

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| --- | --- |
| 1. | 1. Gastrostomy |
| 2. | 2. esophageal intubation (operation Sutara) |
| 3. | 3. jezofagoplastika |
| 4. | 4. jezofagofundoanastomoz |

7. What are the methods of treatment of patients with cancer of the esophagus?

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| 1. | 1. surgical |
| 2. | 2. radiation |
| 3. | 3. combined |

8. Surgical treatment of lesions of the esophagus is used in:

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| --- | --- |
| 1. | 1. damage of the esophagus as a result of blunt trauma, cut, stab and gunshot wounds |
| 2. | 2. penetrating injuries caused by instrumental research, with the presence of false progress over 2 cm |
| 3. | 3. penetrating injuries prescription more 12:00 am caused by foreign bodies |
| 4. | 4. damage caused by large dimensions in the process of kardiodiljatacii, with hydraulic and spontaneous tears |
| 5. | 5. penetrating wounds of abdominal oesophagus |
| 6. | 6. damage the esophagus, or abscess formation recently perturbed Phlegmon parajezofagealnoj fibre neck or mediastinum |

***Common tasks***

1. Patient 66 years three months ago was unable to swallow a piece of Apple. The phenomenon of dysphagia in the beginning there were transient, then became permanent, treatment did not help patient spazmolitikami lost weight 8 kg.

2.

|  |  |
| --- | --- |
| Your diagnosis? | Esophageal cancer |
| Methods of diagnosis? | Fluoroscopy, esophagoscopy |

2. A patient 70 years notes drop in appetite and reduced body weight for 5 months. At the same time, could not swallow the first firm, and then the liquid food. Yourself, drink warm underwent non-permanent temporary improvement.

Objectively: sick of medium height, slender, skin turgor is reduced, the skin is wrinkled, profuse salivation, swallowing liquid food possible, but with efforts in a few receptions.

X-ray of the esophagus-narrowing the jagged contours above places narrow-dilatation of the esophagus walls contrast with delay mass.

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| Your diagnosis? | Esophageal cancer |
| Your tactics? | Dispatch LTD |

3. Patient 18 years drank a cup 1/4 vinegar essence 30 minutes ago. On the inside of the lips, oral cavity milky white bloom, severe pain in the mouth and in the sternum.

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| How to give first aid? | 1. Drink 5% solution of carbonic soda-200 ml.  2. injection of 2 ml of 1% solution promedola n/a.  3. washing stomach 2-5% solution of carbonic soda through a thin probe  4. Hospitalization. |

**THIRD LEVEL TESTS**

***Problem situations***

1. The patient has 49 years diagnosed with malignant tumor of the oesophagus at the level of the lower edge of the aortic arch. The presence of distant metastases were detected. Duration 3 months dysphagia. The patient exhausted, anemizirovan, weakened.

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| What is your tactics? | 1. Intensive preoperative preparation.  2. Operation Dobromyslov-Torek.  3. In the absence of metastases through 6 months-esophagoplasty gut. |

2. A patient 70 years entered the clinic with complaints about the inability of swallowing anything other than warm milk little SIPs. At x-ray and endoscopy studies revealed swelling of the upper third of the thoracic esophagus with a length of 10 cm. Heart study indicates the presence of profound hypoxic changes character.

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| Your diagnosis and tactics? | Esophageal cancer, Gastrostomy. |

3. Patient's 45 years, strong, not human tumor detected depleted of the thoracic oesophagus. Metastases using available methods of research have been identified.

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| What are the treatment options for the patient can be offered? | A removal of the tumor with the jezofagofundo (or-ileo-) anastomosis. |

4. The patient 60 years, depleted and weak human, cervical cancer of the esophagus.

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| What is your tactics? | Radiation therapy. |

5. Patient 65 years diagnosed with cancer of the lower third of the esophagus, IV clinical group. because of the presence of metastasis in the neck on the left. Sick sharply depleted and dehydrated. At the time of the esophagus is only water, even the most liquid barium mass stops at the level of the throat tumor.

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| What assistance can be rendered to a patient? | Esophageal intubation (operation Sutara). |

**Annex.**

*Plan-hronokarta practice on the topic:*

*Diseases of the esophagus.*

*(4 academic hours)*

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| NO.  p/p | Name of phase | Stage description | The purpose of the  and maintenance phase | It's time  (m) | Providing themes |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1. | The Organization of classes. | Checking attendance. Organizational matters.  Deontology in surgery. | Mobilizing students for the next lesson. | 5 | Training room |
| 2. | Definition of the topic.  Its purpose is to | The teacher clarifies questions dealt with themes. Introduces students to the lesson plan. Sets goals of studying diseases,  the validity and relevance of its work to the doctor. | The teacher informs students about the stages of the work that lies ahead, said the contents of the practical work with patients: medical history, conducting objective examination, evaluation of the results of paraclinical examination methods, rationale for the diagnosis and definition of medical tactics. | 5 | Plan-hronokarta. |
| 3. | Preview    control | Each student receives a written job reference materials  knowledge. Teacher answer measurement evaluates work in the magazine. | Determine the initial level of knowledge, level of training students to engage in, the possibility of their participation in the interview. | 10 | Tests and tasks  2, u.u.    standards of responses. |
| 4. | Working with patients | Students on human 2-3 supervise patients with various diseases. .. The teacher monitors their work and make adjustments. | Master the technique and thematic surveys anamnesis of the patient. Highlight the key symptoms of the disease. | 20 | Thoracic outlet, patients with pathology of p. |
| 5. | Independent work of students | Students work with stories of disease, evaluate the results of paraclinical examination methods and compare them with their data, clinical examination, spend the differential diagnosis and formulate a diagnosis, plan a plan conservative treatment or preoperative preparation  Students attend and participate in the operations, perevazkah, in carrying out diagnostic and therapeutic manipulation. The teacher directs, complements and appreciates the work of students. | Develop the skills of practical application of knowledge, teach students how to properly evaluate data laboratory and instrumental examination, to formulate a diagnosis and determine medical-diagnostic tactic after carrying out differential the diagnosis. | 20 | Chamber, dressings, operating, DEP. jendosko-FDI, efferent therapy.  The history of the disease. |
| 6. | Clinical patients under parsing and theoretical issues | Student reports complaints history shows in house skills examination of the patient. In the training room supervisor questions, supplemented by clinical data, there are errors during the examination of the patient. With the teoretiches-kih knowledge students Provo-includes applying industrial diagnoses, formulating clinical diagnosis and plan treatment tactics, discusses the principles of conservative and surgical treatment. | Securing and controlling knowledge and practical skills of students with their correction.  Students master the skills of clinical report and investigating patients, public speaking. | 90 | Tables, slides, x-rays, treatment regimens.  Training room. |
| 7. | The hearing papers | 1-2 student report abstracts under one of the previously proposed themes, followed by discussion in the Group and comment. | Deepening the knowledge of students under this section and public speaking skills. | 10 | Summary |
| 8. | The final control. | Each student chooses a clinical task 3 u.u., parsing tasks. | Testing knowledge  students | 10 |  |
| 9. | Conclusion | The instructor summarizes the data on occupation, encourages active students, notes the unsuccessful students indicates errors. Evaluation reports giving the job the next day, shall designate the failover. | Summing up the lessons. Exposure assessments. Job on the House. | 10 | Training room. |

   ***Maintenance classes.***

1. A table of Anatomy of the esophagus and mediastinum.

2. Set of slides on the theme: "the disease of the esophagus."

3. A set of radiographs of the esophagus, chest.

4. Medical history of patients with ahalaziej p, Divertikulami p, p cancer, cicatrical contractions p.

   ***Integration topics.***

***Complications of gastric ulcer and duodenal ulcer.***

***(3 hours)***

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| NO.  p/p | The issues discussed at the Department of hospital surgery | Integration issues in other departments. |
| 1 | 2 | 3 |
| 1. | Etiology and pathogenesis, diverticula, ahalazii, contractions and esophageal cancer, their classification. | ***Department of pathological anatomy.***  Etiology, pathogenesis, morphological changes of the esophagus, pharynx, stomach, DUODENUM and other organs.  ***Department of Pathophysiology***.  Etiology, pathogenesis, clinic ahalazii, Diverticulum, contractions of the esophagus, esophageal cancer, changing homeostasis in various complications. |
| 2. | Clinic symptoms and diseases of the esophagus. | ***Department of general surgery and propedeutics of internal diseases.***  Medical history and physical examination skills complaints of the patient.  ***Department of pathological physiology.***  Pathophysiological aspects of the clinic and symptoms of diseases of the esophagus. |
| 3. | Diagnosis and differential diagnosis of diseases of the esophagus | ***Department of Radiology.***  Survey methods of patients with pathology of p.  Contrasting and beskontrastnye methods of patients with diseases and injuries of the esophagus. Skills assessment and reading radiographs.  ***Department of pathological physiology.***  Changes of blood, urine, cardiovascular and respiratory systems, kidneys, liver diseases and their complications, laboratory and instrumental support of these changes. |
| 4. | Conservative treatment, the preoperativive preparation and postoperative conducting. | ***Department of Pharmacology***  Medicines used in complex treatment of patients with pathology of n components of infusion therapy, their recipe, dosage, mechanism of action.  ***Department of Anesthesiology and resuscitation.***  The issues of pain and infusion therapy, dezintoksikatsionnaya therapy, intensive therapy in the pre-and aftercare period. |
| 5. | Surgical treatment: indications for surgical treatment, operation methods, principles of surgical treatment of various diseases of the p. | ***Department of Clinical Anatomy and operative surgery.*** Clinical Anatomy of the oropharynx, esophagus, stomach and DUODENUM, methods of operations at divertikulah, scarry, the narrowing of the oesophagus and an achalasia of an. .. |
| 6. | Clinical examination, rehabilitation of patients after operations on the esophagus. | ***Chair of polyclinic therapy.***  Clinical observation of patients, operirovannymi on the esophagus, the frequency and volume of research in the treatment and active calls patients to the clinic.    Social and labor rehabilitation of patients after operations on the esophagus. |

   ***The elements of education, ethics in discussing the topic.***

Lesson tutor shall be used not only with training, but also with educational goals. In the formation of the high moral character of the future expert personal example plays an important role of the teacher: the appearance, demeanor in the House, a form of treatment to sick of it all, replicated by students working together in the House. The teacher constantly monitors the students paying attention not only to the quality of cognitive activity, but also the manner of communicating with patients, to enforce the rules of deontology, which students met at the Junior courses.

At the stages of clinical and theoretical interview patients parsing, when solving situational tasks the teacher continues to shape students ' clinical skills of thinking and, thereby, contribute to the development of future doctor needed personal qualities (attention, observant, kindness, helpfulness, etc.).

Particular attention should be paid to compassionate survey patients with complications of peptic ulcers. Irritability, negativism patients due to a large extent grave condition and require the doctor of an individual approach, ability to inspire patient confidence in happy outcome of treatment. Therefore, students must know not only the questions of clinic treatment of peptic ulcer disease, but also to be able to anticipate possible outcomes, to predict the course of illness, competently and confidently advise patients on diet, behaviour regime after discharge from Hospital.

   ***List of practical abilities and skills.***

During the thematic sessions, students should, in accordance with the master and to fix the following practices:

1. Collect complaints, medical history and their clinical evaluation in patients with pathology of p.

2. Clinical examination of patients: inspection, palpation, auscultation, percussion.

3. Evaluation of the results of laboratory tests: complete blood and urine biochemical studies (proteinogram, urea, creatinine, blood electrolytes, blood type, etc.

4. Evaluation of results of instrumental studies: x-ray, CT, MRI, ECG, ultrasound, ESOPHAGOGASTRODUODENOSCOPY, functional studies.

5. Assessment of the patient identified pathological changes and formulation of a preliminary diagnosis.

6. Justification of the etiological and pathogenetic therapy posindromnoj, as a conservative treatment, preoperative preparation and postoperative therapy.

7. Defining indications for operative treatment in probodnyh, bleeding and stomach ulcers and duodenal stenozirujushhih, knowledge of the principles of the most common surgeries.

*8.* Emergency care when an emergency occurs in patients with complicated diseases and when his chemical burns and injuries.

   ***Literature for teachers.***

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     N.n. Blokhin, Peterson B.e.-Clinical Oncology t. I, II. 1984.

     Kazan, V.i.-surgery of esophageal cancer-m., 1974.

        Clinical Oncology/ed. N.n. Blokhin and Peterson B.e.-m., 1971, vol. 2.

     Oncology. Ed. N.n. Trapeznikova, A.a. Schein. -M.: medicine, 1992. -400 c.

     Boris Peterson-Surgical treatment of malignant tumors-m., 1976.

        Petrovsky B.v. Surgical illness.-m., 1981.

     Rogachev V.s.-esophageal cancer and its surgical treatment-m., 1968.

        Rusanov A.a. esophageal cancer.-m., 1974.

     Tamulevichjute d.i., Vitenas A.m.-Disease of the esophagus and Cardia-m., 1986.

        Surgery (supplemented with English translation), edited by Ym Lopukhina, v.s. Savelieva. Guide for physicians and students. M., 1997. -1074 with.

        Shanks V. Clinical Oncology: a guide for students and physicians. -M.: VUNMC, 1999. -from 384.

        Chernousov a.f., Silvestrov, v.s., Kurbanov F.s. esophagoplasty stomach cancer and benign strictures.-m., 1990.

     Shalimov a.a., Saenko v.f., Shalimov S.a.-surgery of the esophagus-m., 1975.