GENERAL SURGERY

ACUTE MESENTERIC ISCHAEMIA

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

Mr. Thompson, a 72-year-old man, presents to the A&E department with severe, sudden-onset central abdominal pain which began 4 hours ago. The pain is constant and he describes it as the worst pain he has ever experienced.

OSCE

02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Chief complaint: Sudden onset severe abdominal pain.
- Duration, location, and nature of the pain.
- Presence of nausea, vomiting, or diarrhoea.
- Recent changes in bowel habits.
- Any similar episodes in the past.

- Onset and progression of symptoms.
- Any interventions or treatments tried and their outcomes.
- Information from family or friends, if available and appropriate.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- I. "Hello, my name is Dr. [Surname], and I'm here to help you today. I understand that you're experiencing severe abdominal pain. Could you please tell me when this pain started, where exactly it hurts, and what the pain feels like? Have you had any accompanying symptoms such as nausea, vomiting, or diarrhoea? Have there been any recent changes in your bowel habits, or have you experienced similar episodes in the past?"
- II. "Could you please provide me with more detail about the onset and progression of your symptoms? Have you tried any treatments or interventions, and if so, what were the outcomes? Is there anyone from your family or close friends who may have noticed something related to your current condition?"

FURTHER EXPLORATION...

- Investigate severity of pain: onset, progression, any relief or exacerbating factors.
- Ask about presence of bloody stools or maroon stools.
- Assess patient's appetite and any recent unintentional weight loss.
- Inquire about symptoms suggestive of shock: cold and clammy skin, rapid heart rate, light-headedness.

OSCE

01

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- III. "Can you describe to me how severe your pain is? When did it start and has it changed in intensity since then? Have you noticed anything that makes it better or worse? Have you noticed any bloody or maroon stools? How's your appetite been recently and have you lost weight without trying? Have you been feeling unusually cold, experiencing rapid heart rate or feeling lightheaded?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Pain out of proportion to physical findings.
  - Symptoms of shock or sepsis.
  - Significant bloody or maroon stools.
- **Common Complications:**
  - Bowel infarction and perforation.
  - Sepsis.
  - Multi-organ failure.
- **Risk factors**
  - Atrial fibrillation or other cardiac arrhythmias.
  - Vascular disease, including peripheral artery disease.
  - Hypercoagulable states, including malignancy.
  - Advanced age.

OTHER KEY PHRASES

IV. "I'll be looking out for certain 'red flag' symptoms during our examination, including pain that seems disproportionate to what we might expect, symptoms of shock or sepsis, or significant bloody or maroon stools."

V. "Some potential complications of conditions presenting like yours include bowel infarction and perforation, sepsis and multi-organ failure. These are serious, so it's important we investigate thoroughly."

PAST MEDICAL HISTORY

- Any history of cardiac disease, atrial fibrillation, recent myocardial infarction.
- History of vascular disease, previous vascular surgeries.
- History of thrombotic events or hypercoagulable states.

DRUG HISTORY

- Use of medications, particularly those that may precipitate mesenteric ischemia (e.g., vasopressors, digitalis, diuretics, beta-blockers).
- Compliance with any anticoagulation medication.
- Any allergies and the nature of the allergic reaction.

FAMILY HISTORY

- Family history of thrombotic events or hypercoagulable states.
- Family history of cardiac or vascular diseases.

SOCIAL HISTORY:

- Smoking history, as it is a risk factor for vascular disease.
- Alcohol consumption, as it can contribute to cardiac arrhythmias.
- Occupation, lifestyle, and support system.

PAST MEDICAL HISTORY

- VI. "May I ask if you have a history of any cardiac diseases, like atrial fibrillation or a recent heart attack? Have you had vascular disease or previous vascular surgeries? Do you have a history of blood clots or any conditions that increase your blood's tendency to clot?" VII. "Have you undergone any surgeries, particularly in your abdomen? Have you ever been diagnosed with or treated for mesenteric ischemia before?"

- VIII. "Certain factors may increase the risk of mesenteric ischemia, such as cardiac arrhythmias, vascular disease, conditions leading to increased blood clotting, or advanced age. Are you aware of any of these in your case?"

- IX. "Do you take any medications? In particular, are you on any medications like vasopressors, digitalis, diuretics, or beta-blockers, which could potentially precipitate conditions like mesenteric ischemia? Do you take any anticoagulation medications and, if so, do you comply with the prescribed regimen? Do you have any known allergies?"

FHX/SOCIAL

- X. "Is there a family history of blood clotting disorders or vascular diseases?"

- XI. "May I ask about your lifestyle? Do you smoke or consume alcohol? Smoking is a risk factor for vascular disease, and alcohol can contribute to cardiac arrhythmias. Can you tell me a bit about your occupation, lifestyle and support system?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."
  - "During our consultation, I'm also here to address any distress or anxiety you may be feeling. If you have any concerns, please feel free to share them with me."

EXAMINATION

- **Examination Findings:**
  - Vital signs: Evidence of shock (hypotension, tachycardia).
  - General appearance: Distressed, ill-looking.
  - Cardiovascular examination: Arrhythmias, murmurs.
  - Abdominal examination: Tenderness, peritonism, bowel sounds.
  - Peripheral examination: Peripheral pulses, signs of chronic vascular disease.

- **Risk Assessment (5 points)**
  - Assess severity of pain and risk of bowel infarction.
  - Evaluate risk of sepsis and multi-organ failure.

EXAMINATION

- XII. "I'll need to examine you now to better understand your condition. I'll be checking your vital signs, looking for signs of distress, listening to your heart, examining your abdomen and checking your peripheral pulses."
- XIV. "I'll be evaluating the severity of your pain and assessing the risk of serious complications such as bowel infarction, sepsis, and multi-organ failure."

DIFFERENTIAL DIAGNOSIS

- Acute pancreatitis: Would expect elevated amylase/lipase.
- Peptic ulcer disease with perforation: Usually history of chronic epigastric pain, free gas on X-ray.
- Acute cholecystitis: Right upper quadrant pain with Murphy's sign.

DIFFERENTIAL DIAGNOSIS

- XVI. "There are several conditions that could potentially cause your symptoms, including acute pancreatitis, peptic ulcer disease with perforation, and acute cholecystitis. We'll need to consider all of these as we investigate further."

OSCE

01

INVESTIGATION

- Blood tests: Full blood count, electrolytes, lactate, coagulation profile.
- Imaging: CT angiography for definitive diagnosis.
- ECG: To check for arrhythmias.

OSCE

01

INVESTIGATION

XV. "I would recommend some blood tests and a CT angiogram to help confirm the diagnosis, and an ECG to check for any arrhythmias. Is that alright with you?"

MANAGEMENT PLAN

- First line: Immediate resuscitation (ABCs, IV fluids), analgesia, broad-spectrum antibiotics, anticoagulation.
- Second line: Urgent surgical consultation for potential intervention (embolectomy, bypass graft, bowel resection as necessary).
- Third line: ICU admission, management of complications.

Management in the Community & Key Principles Before Discharge (2 points)

- Long-term anticoagulation if embolic event.
- Manage underlying risk factors (cardiac disease, vascular disease, smoking cessation).
- Importance of immediate presentation if similar symptoms recur.

MANAGEMENT PLAN

- XVIII. "The management plan involves immediate resuscitation, pain relief, antibiotics, and anticoagulation therapy. We may also need to consider urgent surgical intervention, and intensive care unit admission."
- XIX. "Once you're well enough to go home, we'll need to ensure long-term management of your condition. This could include long-term anticoagulation if you've had a clot, managing underlying risk factors such as cardiac disease, and we will stress the importance of seeking immediate medical attention if similar symptoms recur."

ADVICE TO GUARDIANS/RELATIVES

- Importance of prompt hospital transfer if similar symptoms occur in the future.
- Support and resources for managing underlying risk factors (cardiac disease, vascular disease).

Useful Resources (2 points)

- Cardiovascular health resources (British Heart Foundation).
- Smoking cessation resources (NHS Smokefree).

ADVICE TO GUARDIANS/RELATIVES

- XX. "I understand that this may be a lot to take in. In simple terms, your condition could be due to reduced blood supply to your bowel, which is quite serious. Our aim is to confirm this and manage it promptly and effectively."
- XXI. "To any relatives or guardians present, it's crucial that you ensure immediate hospital transfer if similar symptoms occur in the future, and help in managing underlying risk factors like cardiac and vascular disease."
- XXII. "There are several resources that might be helpful, such as those from the British Heart Foundation, and NHS Smokefree for support with quitting smoking."

COMPLICATIONS OF TREATMENT

MOA of Therapies

- Anticoagulation to prevent propagation of thrombus.
- Broad-spectrum antibiotics to prevent sepsis from bowel necrosis.

Basic Overview of Surgical Therapies:

- Embolectomy, bypass grafting, or stent placement to restore blood flow.
- Bowel resection for necrotic bowel.

Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- Anticoagulation risks (bleeding).
- Risks associated with surgery (bleeding, infection, anastomotic leak, short bowel syndrome).

COMPLICATIONS OF TREATMENT

- "XXIII. "All treatments do have potential complications. Anticoagulation therapy, for example, can increase the risk of bleeding. Surgery also carries risks like bleeding, infection, and complications like anastomotic leak or short bowel syndrome."
- XXIV. "The anticoagulation medication helps prevent the progression of blood clots, and antibiotics can help prevent an infection from spreading if part of the bowel dies."
- XXV. "Surgical options include removing the clot, bypassing the blocked blood vessel, or placing a stent to restore blood flow. If necessary, part of the bowel that has died may need to be removed."
-

FOLLOW UP

- Regular follow-up to monitor recovery, management of underlying conditions.
- Immediate presentation for recurrent symptoms.

FOLLOW UP

- XXVI. "Once you've been discharged, it will be important to have regular follow-up to monitor your recovery and manage any underlying conditions. And of course, if you experience any recurrent symptoms, you should seek medical attention immediately."

SEVERITY SYSTEMS

- No standard system, but could use a symptom scale (pain, nausea/vomiting) and objective markers (lactate, WBC, imaging findings).

NEVER MISS

- Acute mesenteric ischemia is a surgical emergency requiring immediate intervention.
- "Second-look" laparotomy is often required to ensure bowel viability.
- Manage underlying cardiac and vascular disease to prevent recurrence.
- Ensure patient and family understand the seriousness of the condition and the importance of rapid treatment.
- Long-term prognosis depends on the extent of bowel necrosis and patient's overall health.

TOP 1% QUESTIONS

1. How does acute mesenteric ischemia differ from chronic mesenteric ischemia?
2. What are the implications of "pain out of proportion to physical findings"?
3. Why is lactate a useful marker in acute mesenteric ischemia?
4. What is the role of "second-look" laparotomy in the management of acute mesenteric ischemia?
5. What are the long-term outcomes and quality of life following acute mesenteric ischemia?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

OSCE

03

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE

02

LET'S DISCUSS

OSCE

03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT

GENERAL SURGERY

BOWEL OBSTRUCTION

OSCE 12

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE

01

PROMPT

Mr. Roberts, a 75-year-old male presents with a 2-day history of worsening abdominal pain, bloating, inability to pass stool or gas, and episodes of vomiting.

OSCE

02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

OSCE

01

INTRODUCTION AND RAPPORT BUILDING

- "Thank you for coming in today. Could you please tell me about when you first noticed these symptoms? And how have they progressed since then?"

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Onset, duration, progression of abdominal pain
- Description of symptoms: abdominal pain, bloating, vomiting, constipation, inability to pass gas
- Impact of symptoms on daily life
- Previous episodes or similar symptoms
- Recent changes in bowel habits
- Any urinary symptoms
- Any associated symptoms (weight loss, weakness, fever)

- Previous abdominal surgeries
- Past medical history relevant to bowel obstruction (e.g., cancer, Crohn's disease)
- Medication history, including use of painkillers or drugs affecting the bowel movement
- Dietary habits (high fiber, fluid intake)
- Collateral history from relatives or caregivers if available

OSCE

01

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

Start by saying, "Could you please tell me about your abdominal pain? When did it start, how has it progressed, and how would you describe the pain? Have you noticed any changes in your bowel habits, such as constipation or difficulty passing gas? Have you ever experienced something similar before? How are these symptoms impacting your daily life? Do you have any other symptoms such as weight loss, weakness, or fever? Any urinary symptoms that you've noticed?"

FURTHER EXPLORATION...

- Detailed characterization of abdominal pain (location, radiation, intensity, quality)
- Frequency and content of vomiting
- Duration of constipation/absence of flatus
- Changes in appetite or weight
- Any associated symptoms (nausea, malaise, fever)

FURTHER EXPLORATION

Ask, "Could you give me more details about your abdominal pain – where it's located, whether it spreads anywhere, its intensity and what it feels like? How often have you been vomiting and what does it look like? How long have you had constipation or absence of passing gas? Have you noticed any changes in your appetite or weight? Have you been feeling generally unwell or had any fever?"

Ask, "Have you had any abdominal surgeries in the past? Do you have any medical conditions that you're aware of, especially any related to your bowel, such as cancer or inflammatory bowel disease? What medications do you currently take? Have you noticed any patterns in your symptoms with certain foods? If available, I would also like to hear from your relatives or caregivers about your symptoms."

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Severe abdominal pain
  - Rectal bleeding or black stools
  - Rapid onset of symptoms
  - Weight loss
  - Symptoms of dehydration (dizziness, dry mouth, infrequent urination)
- **Common Complications:**
  - Strangulation of the affected bowel
  - Perforation of the bowel
  - Sepsis
  - Dehydration and electrolyte imbalance
  - Pneumonia (from aspiration during vomiting)
- **Risk factors**
  - History of abdominal surgery
  - Malignancy
  - Chronic constipation
  - Use of certain medications (e.g., opioids)
  - Age and general health status

RED FLAGS...

Check, "Do you have severe abdominal pain? Have you noticed any bleeding from your back passage or black stools? Did your symptoms come on very quickly? Have you lost weight without trying? Have you been feeling dizzy, dry in your mouth, or passing urine less often?"

Assess by saying, "There are a few complications that can occur with bowel obstruction, such as severe infection, dehydration and problems with bowel blood supply. You've done the right thing by seeking help quickly."

Evaluate by saying, "Certain factors can increase the risk of developing bowel obstruction. Have you had any abdominal surgery in the past? Do you have a history of cancer, especially bowel cancer? Do you often suffer from constipation? Do you take painkillers, especially opioids, regularly? Given your age and overall health status, we need to thoroughly investigate your symptoms."

PAST MEDICAL HISTORY

- Previous abdominal surgeries
- Any gastrointestinal diseases (e.g., inflammatory bowel disease, diverticular disease)
- Any malignancies
- Regular medications
- History of recurrent bowel obstruction

DRUG HISTORY

- Use of painkillers, especially opioids
- Any constipation-inducing medications
- Any known drug allergies and the nature of reactions

FAMILY HISTORY

- Bowel cancer
- Inflammatory bowel disease

SOCIAL HISTORY:

- Occupation and lifestyle
- Smoking and alcohol use

PAST MEDICAL HISTORY

Ask, "Have you had any surgeries in the past, especially in your abdomen? Have you been diagnosed with any conditions related to your bowel, such as diverticular disease or inflammatory bowel disease? Have you been diagnosed with cancer? What medications are you currently taking? Have you experienced bowel obstruction before?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings:**
  - Vital signs including weight
  - General appearance: signs of distress, dehydration
  - Abdominal examination: distension, tenderness, bowel sounds, any masses or hernias
  - Rectal examination
  - Examination of other systems as guided by history
  - Mental state examination if indicated

- **Risk Assessment (5 points)**
  - Risk of bowel strangulation or perforation
  - Risk of dehydration or sepsis

EXAMINATION

Say, "I'm going to conduct a physical examination to understand your condition better. This will involve checking your general appearance, your vital signs including weight, examining your abdomen, listening to your bowel sounds, and feeling for any masses or hernias. We may need to perform a rectal examination as well. Don't worry, I'll guide you through the process and ensure your comfort throughout."

DIFFERENTIAL DIAGNOSIS

- Acute appendicitis: localised right lower quadrant pain, fever, raised WBC
- Gastroenteritis: diarrhoea, possible recent exposure to infectious agents, shorter duration of illness
- Irritable bowel syndrome: longer history, alternating bowel habits, absence of alarm symptoms
- Diverticulitis: older age, left-sided abdominal pain, altered bowel habit

OSCE

01

DIFFERENTIAL DIAGNOSIS

Explain, "Based on your symptoms and examination findings, there are several conditions we need to consider. These include acute appendicitis, gastroenteritis, irritable bowel syndrome, and diverticulitis. We will use your test results to help us confirm the diagnosis."

HISTORY

OSCE

01

INVESTIGATION

- Blood tests: FBC, U&E, CRP, LFTs, coagulation, lactate
- Abdominal X-ray or CT scan showing evidence of bowel obstruction
- Other imaging as indicated by history and examination

OSCE

01

INVESTIGATION

Say, "We need to do some tests to confirm the diagnosis. This will involve blood tests and imaging studies like an X-ray or CT scan of your abdomen. These tests will help us to understand your condition better."

MANAGEMENT PLAN

- Resuscitation with fluids and electrolyte correction
- Nasogastric tube and catheter placement
- Pain relief
- Surgical consultation
- Possible surgery (e.g., adhesiolysis, resection)
- Post-operative care (analgesia, VTE prophylaxis, fluids)
- Management of complications

Management in the Community

- Follow up care after discharge
- Diet and lifestyle advice

MANAGEMENT PLAN

- Discuss by saying, "Your management plan will depend on the cause and severity of your bowel obstruction. This could range from fluid replacement and placement of a nasogastric tube to surgical intervention. We will also need to manage your pain and prevent complications. The medical team will discuss the best options with you."

Explain, "After you are discharged, it will be important for you to attend follow-up appointments and adhere to dietary and lifestyle advice. You may also need support to manage your recovery at home."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Explanation of diagnosis, treatment plan and prognosis
- Safety netting advice: when to seek medical attention
- Arrangement of follow-up and indications for immediate return to the hospital

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

Say, "Before you leave the hospital, we will ensure that you understand your diagnosis, treatment plan and follow-up arrangements. We'll also provide you with information on what symptoms to look out for and when to seek immediate medical attention."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation of the Condition to Patients and Their Relatives (3 points):**
  - Explanation of bowel obstruction, its causes, symptoms and potential impact
  - Explanation of treatment options, including surgery
  - Encouragement of questions and checking understanding

- **Advice to Guardians (2 points):**
  - How to support patient's recovery
  - Monitoring for red flags

ADVICE TO GUARDIANS/RELATIVES

Say, "Bowel obstruction means that there's a blockage in your bowel that's preventing food and fluids from passing through. This can be caused by several things, including past surgeries, certain medications and diseases like cancer. We will discuss your treatment options with you, which could include surgery."

Advise by saying, "Supporting the patient's recovery at home will be crucial. Monitor their symptoms and seek medical help if they experience severe abdominal pain, fever, or if their symptoms worsen."

Suggest, "There are several online resources and local support groups that could help you understand and manage this condition better. I'll provide you with some of these resources before you leave."

COMPLICATIONS OF TREATMENT

MOA of Therapies

- Description of the surgical procedures commonly used in bowel obstruction, such as adhesiolysis or bowel resection

Complications of Medication and Surgical Therapy:

- Potential side effects of analgesics
- Complications of surgery (bleeding, infection, anastomotic leak, bowel injury)

COMPLICATIONS OF TREATMENT

MOA of Therapies

Say, "Pain relief medications work by blocking the signals to your brain that tell it you're in pain. This helps to make you more comfortable while we work on treating the underlying cause of your bowel obstruction."

Explain, "Depending on your situation, surgery may be needed to remove the blockage in your bowel. This can involve removing adhesions (which are scar tissues from past surgeries) or even a part of your bowel, if necessary."

Complications of Medication and Surgical Therapy:

Warn, "As with any condition, there are potential side effects and complications related to the treatment of bowel obstruction. These include complications from surgery like infection and complications from medications used for pain management. We'll discuss these in more detail as we plan your treatment."

FOLLOW UP

- Follow-up in 2-4 weeks to assess recovery
- Further follow-ups as needed

FOLLOW UP

Say, "After you leave the hospital, you will need to come back for follow-up appointments to monitor your recovery and make sure there are no complications. We'll provide you with a schedule of these appointments before you leave."

NEVER MISS

- Correctly identifying bowel obstruction from the history and examination
- Commencing appropriate resuscitation measures promptly
- Early involvement of surgical team
- Safety netting advice and recognizing when immediate medical attention is needed
- Appropriate follow-up and management of complications

TOP 1% QUESTIONS

1. Why is it important to place a nasogastric tube in patients with bowel obstruction?
2. How does opioid medication contribute to bowel obstruction?
3. What are some of the specific challenges in managing elderly patients with bowel obstruction?
4. Why are patients with bowel obstruction at risk of renal impairment?
5. How can lifestyle changes prevent recurrence of bowel obstruction?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

OSCE

03

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE

02

LET'S DISCUSS

OSCE

03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT

GENERAL SURGERY

DIVERTICULITIS

OSCE 13

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE

01

PROMPT

63-year-old female presents with acute left lower quadrant (LLQ) abdominal pain, nausea, vomiting, and fever

OSCE

02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]

INTRODUCTION AND RAPPORT BUILDING

- "Hello, my name is Dr. [Name], and I'm here to help you today. May I confirm your name and date of birth, please? I understand that you may be feeling anxious, and I want to assure you that you are in good hands. I'd like to talk to you about what brought you here, examine you, and discuss our plan of care. Is that alright with you? Please know that your comfort is my priority."

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Onset: When did the symptoms start?
- Location of Pain: Is it localized to the left lower quadrant?
- Character of Pain: Is it constant or intermittent?
- Associated Symptoms: Any nausea, vomiting, constipation, or diarrhea?

COLLATERAL

- Family Members' Observations: Any additional information from family members?
- Previous Medical Records: Including hospital admissions, emergency room visits, etc.

OSCE

01

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Onset: "Can you please tell me when you first noticed this pain?"
- Location of Pain: "Is the pain focused in any specific area, perhaps the left lower part of your abdomen?"
- Character of Pain: "How would you describe the pain? Is it constant, or does it come and go?"
- Associated Symptoms: "Have you had any other symptoms like nausea, vomiting, constipation, or diarrhea? I want to gather as much information as possible to help you."

FURTHER EXPLORATION...

- Previous Episodes: Has the patient experienced similar symptoms before?
- Progression: How have the symptoms changed over time?
- Aggravating/Alleviating Factors: What makes the symptoms better or worse?
- Systemic Symptoms: Any fever, malaise, weight loss?

FURTHER EXPLORATION

- Previous Episodes: "Have you felt this kind of pain before? If so, can you tell me about those times?"
- Progression: "How has the pain changed since you first noticed it?"
- Aggravating/Alleviating Factors: "Are there certain things that make the pain worse or better?"
- Systemic Symptoms: "Have you noticed any fever, fatigue, or weight loss?"

COLLATERAL

- Family Members' Observations: "Has anyone in your family noticed anything about your symptoms that you may not have?"
- Previous Medical Records: "Have you visited any other healthcare providers for this issue? If you have previous records or information, that could be very helpful."

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Severe Pain: Suggesting possible perforation.
  - Rectal Bleeding
  - Septic?
  - Signs of Infection: High fever, chills.
  - Urinary Symptoms: Such as pneumaturia, indicative of a fistula.

- **Common Complications:**
  - Abscess
  - Fistula
  - Bowel perforation

- **Risk factors**
  - Dietary Habits: Low fiber intake?
  - Medication History: Any nonsteroidal anti-inflammatory drugs (NSAIDs), steroids?
  - Chronic Constipation History: Extended periods of constipation?

RED FLAGS...

- Severe Pain/Perforation Signs: "The pain you're describing sounds quite intense. If it becomes unbearable or changes suddenly, please let me know right away, as it could indicate something more serious."
- Rectal Bleeding, Signs of Infection, and Urinary Symptoms: "Have you noticed any bleeding, chills, fever, or unusual symptoms when you urinate? These could be signs of something that needs immediate attention."

COMPLICATIONS

- "There are potential complications we need to consider, like abscess formation, fistula formation, or bowel perforation. We'll need to identify and manage these if they occur."

RISK FACTORS

- Dietary Habits: "Do you tend to eat a low fiber diet? Understanding your diet will help us create a treatment plan that works for you."
- Medication History: "Have you been taking any medications like NSAIDs or steroids recently?"
- Chronic Constipation History: "Have you struggled with constipation for extended periods? This might be related to your current symptoms."

PAST MEDICAL HISTORY

- Chronic Illnesses: Such as diabetes, immunosuppressive conditions.
- Previous Abdominal Surgeries: Any surgical interventions that might affect the present condition.
- Developmental Milestones and Feeding Patterns: If relevant, for pediatric patients.

DRUG HISTORY

- Current Medications: Including over-the-counter drugs.
- Allergies: Specific allergens and the nature of the allergic reaction.

FAMILY HISTORY

- GI Disorders: Any family members with gastrointestinal disorders, including diverticulitis?

SOCIAL HISTORY:

- Smoking, Alcohol, Illicit Drugs: Including frequency and duration.
- Occupation: Any relation to current symptoms?
- Living Situation: Living alone or with family? Support system?
- Travel History: Recent travel to areas with different dietary habits?

OSCE

01

PAST MEDICAL HISTORY

- Chronic Illnesses: "Do you have any chronic illnesses, such as diabetes, that might affect your current symptoms?"
- Previous Abdominal Surgeries: "Have you ever had surgery in your abdomen area? This can help us understand your current condition better."
- Developmental Milestones and Feeding Patterns: (If relevant) "For younger patients, understanding eating habits and developmental milestones can be very informative. Can you share any details on that?"

DH

- Current Medications: "What medications are you currently on, including over-the-counter ones?"
- Allergies: "Do you have any known allergies? Knowing this will help us tailor your treatment safely."

FH

- GI Disorders: "Has anyone in your family experienced gastrointestinal disorders like yours? Family history can provide valuable clues."

SH

- Lifestyle: "Can you tell me about your smoking, alcohol, and drug habits, as well as your occupation? Every piece of information helps."
- Living Situation: "Who do you live with? Understanding your support system is essential."
- Travel History: "Have you recently traveled to areas with different dietary habits? Sometimes, travel can be a factor in these symptoms."

HISTORY

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

OSCE

01

EXAMINATION

- **Examination Findings:**
  - Vital Signs (2 points): Blood pressure, pulse, respiratory rate, temperature, weight.
  - Airway and Breathing (2 points): Inspect and auscultate.
  - Cardiovascular Findings (2 points): Heart sounds, peripheral pulses.
  - Respiratory Examination (1 point): Lung fields.
  - Abdominal Examination (2 points): Tenderness, distension, bowel sounds.
  - Neurological Findings (2 points): Cranial nerves, sensation, reflexes.
  - Psychiatric Findings and MMSE (2 points): Orientation, memory, concentration.
  - Risk Assessment (2 points): VTE risk, fall risk.

OSCE

01

EXAMINATION

- **Vital Signs:** "I'm going to check your blood pressure, pulse, respiratory rate, and temperature now. These vital signs help give us a clear picture of your overall health."
- Airway and Breathing: "Let's take a moment to inspect and listen to your breathing. This will help me understand your respiratory system better."
- Cardiovascular Findings: "I'll now listen to your heart and check your peripheral pulses to ensure your cardiovascular system is functioning properly."
- Respiratory Examination: "I'm going to listen to your lung fields to make sure everything sounds normal."
- **Abdominal Examination:** "I will gently feel your abdomen to check for any tenderness, swelling, or unusual sounds. Please let me know if anything feels uncomfortable."
- Neurological Findings: "We'll now check some neurological functions like your cranial nerves, sensation, and reflexes. This gives us a complete picture of your nervous system."
- Psychiatric Findings and MMSE: "I want to ensure your memory, concentration, and mental state are in good order. This is a routine part of our examination."
- **Risk Assessment:** "We'll also assess your risk for blood clots and falls to prevent any potential complications."

DIFFERENTIAL DIAGNOSIS

- Crohn's disease, colon cancer, IBS, explaining why these are not correct.

OSCE

01

DIFFERENTIAL DIAGNOSIS

"Based on all the information, some possible diagnoses include Crohn's disease, colon cancer, or IBS. I'll explain why these might not be the correct diagnoses as we continue our evaluation."

HISTORY

OSCE

01

INVESTIGATION

- Bloods: WBC, CRP, with realistic values (2 points).
- Swabs: If suspecting infection (1 point).
- Imaging: CT findings related to diverticulitis (1 point).
- Other Relevant Tests: Such as colonoscopy if appropriate (1 point).

OSCE

01

INVESTIGATION

- "Based on what we've discussed and my examination, I'd like to order some blood tests to check your WBC and CRP. These can help us understand what might be going on."
- "I might also need to take some swabs if we suspect an infection."
- "We may require imaging, like a CT scan, especially if we're considering a diagnosis of diverticulitis."
- "Other relevant tests, such as a colonoscopy, might be appropriate, but we'll discuss that further if needed."

MANAGEMENT PLAN

- First Line Management:
  - Antibiotics, IV fluids, pain control, and observation (1 point).
- Second Line Management:
  - Surgical consultation if not improving (1 point).
  - Possible percutaneous abscess drainage (1 point).
- Third Line Management:
  - Surgical interventions, such as resection (1 point).
  - Dietary advice: Low fiber during acute phase, high fiber later (1 point).

COMMUNITY MANAGEMENT

- Follow-up care, diet modification, identifying recurrent symptoms.

MANAGEMENT PLAN

"Our management plan may include antibiotics, IV fluids, pain control, observation, or surgical consultation if not improving. We'll also consider dietary advice and follow-up care."

- Management in the Community (1 point)
  - "Before discharge, we'll make sure you understand the symptoms to watch for and when to seek help, along with wound care if you've had surgery, and your medications."
  - "I want you to know exactly what to do if certain symptoms arise that would require immediate medical attention. Here are the necessary contact numbers and instructions."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Key Principles Before Discharge (1 point): Education about symptoms to watch for, when to seek help, wound care (if post-surgery), medications.
- Safetynetting (1 point): Provide instructions for what symptoms would require immediate medical attention and provide necessary contact numbers.

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

"I want to ensure you're comfortable and confident with your care plan before you leave. Do you have any concerns or need any further clarification about what we've discussed?"

1. "Here's a summary of our care plan, your medication schedule, and dietary advice tailored to your condition."
2. "It's vital that you follow up with your primary care provider or specialist as needed, and please remember to attend any scheduled appointments."

"If your symptoms change, worsen, or you experience anything unexpected, please contact your healthcare provider or visit the emergency room immediately."

1. "Here's a written guide on what symptoms to watch for and the necessary steps to take if you notice them."
2. "I want you to feel confident in your ability to recognize an emergency and know what to do. Let's review the warning signs together."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation of Condition to Patient and Relatives (2 points):**
  - Nature of the condition, cause, and progression (1 point).
  - Surgical procedures if needed, explaining risks and benefits (1 point).

- **Advice to Guardians, Useful Resources (2 points):**
  - Lifestyle and dietary changes, medication compliance (1 point).
  - Offer leaflets, websites, and support groups related to diverticulitis (1 point).

ADVICE TO GUARDIANS/RELATIVES

- "If you are caring for a child or dependent adult, it's essential to monitor their symptoms closely and administer medications as directed."
- "Please make sure to offer appropriate food and fluids, and maintain comfort with rest and attention to any special needs."
- "Here's a guide specifically tailored for caregivers, including contact information if you have questions or need support."

COMPLICATIONS OF TREATMENT

MOA

- Description of potential surgical approaches, such as laparoscopic surgery (0.5 point).
- Explanation of how prescribed medications work (0.5 point).

COMPLICATIONS

- Possible side effects of prescribed medications, like antibiotics (0.5 point).
- Risks of surgical intervention, like infection or bleeding (0.5 point).

COMPLICATIONS OF TREATMENT

Mx of Therapies

- "The medications and treatments we've prescribed work in specific ways to address your symptoms and underlying condition. Would you like to know how they work?"
- "For example, if we're using antibiotics, they'll target the infection, whereas pain relief medications will help manage discomfort. We may also use specific therapies designed to reduce inflammation or modify other underlying factors."
- "Understanding how these therapies work can help you appreciate why it's crucial to follow the prescribed regimen. If you have any concerns or experience side effects, please let us know immediately."

Cx of Therapies

- "It's important to understand that treatments, including medications and procedures, might have side effects or complications. These could include reactions to medications, risks associated with surgery, or other possible issues."
- "Let's discuss these potential complications, how likely they are, and what we'll do to minimize the risk or address them if they happen."

FOLLOW UP

- Timing of follow-up appointments, expectations, specialist referrals (1 point).
- Provide a personalized plan, including instructions for dietary changes and potential physical restrictions (1 point).

FOLLOW UP

- "We'll need to keep an eye on your recovery through regular appointments and lab work. We'll follow the guidelines to ensure you get the best possible care, including referrals to specialists if needed."

NEVER MISS

1. Early Identification of Complications: Recognizing signs of abscess formation, perforation, or fistula early can prevent catastrophic outcomes.
2. Patient Education: Ensuring that the patient and family understand the nature of the condition, dietary modifications, and when to seek emergency care.
3. Appropriate Antibiotic Selection: Correct choice and dosage of antibiotics considering patient's allergies, age, and renal function.
4. Surgical Consideration: Timely referral to a surgeon if conservative management fails or if complications requiring surgical intervention are identified.
5. Follow-up Care Coordination: Establishing a clear follow-up plan, including lifestyle changes, medication compliance, and appointments with specialists if needed.

TOP 1% QUESTIONS

1. Question: What are the distinct mechanisms that can lead to the formation of a colovesical fistula in diverticulitis, and how would this present clinically?
2. Question: Describe the specific histological findings that would be seen in diverticulitis and how they differ from diverticulosis.
3. Question: What specific dietary recommendations would be made for a patient post-surgery for diverticulitis, and how does this change over time?
4. Question: Explain the rationale behind the choice of antibiotics in the management of diverticulitis, and how would you modify this regimen in a patient with renal impairment?
5. Question: How do the management strategies differ between a diverticular abscess less than 3 cm in diameter and one that is larger?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

OSCE

03

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE

02

LET'S DISCUSS

OSCE

03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT

GENERAL SURGERY

HERNIA STRANGULATION

OSCE 1.4

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE

01

PROMPT

A 68-year-old male patient arrives at the emergency department with severe abdominal pain, nausea, and vomiting. He reports a progressively worsening bulge in his groin area.

OSCE

02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]
- Chief complaint and duration.

OSCE

01

INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Sudden onset of severe pain?
- Nausea or vomiting?
- Constipation or inability to pass gas?
- Skin discoloration over the hernia?

OSCE

01

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Did the pain start suddenly and intensely?"
- "Have you felt nauseous or thrown up recently?"
- "Are you having difficulty passing stool or gas?"
- "Have you noticed any color changes on the skin where the lump is?"

FURTHER EXPLORATION...

- Duration of the lump and any prior awareness of having a hernia.
- Changes in size and reducibility of the hernia.
- Recent heavy lifting or any straining activity.

COLLATERAL

- Observations from family members about the patient's condition worsening or changes in behavior.

FURTHER EXPLORATION

- "How long have you noticed this lump?"
- "Have you or anyone else mentioned you might have a hernia before?"
- "Does the lump get bigger or smaller? Can you push it back in?"
- "Have you recently lifted anything heavy or strained a lot?"

COLLATERAL

- "Has anyone in your family or close friends noticed any changes in you or expressed concern about this?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Abrupt increase in pain.
  - Skin redness or warmth over the hernia.
  - Fever.

- **Common Complications:**
  - Bowel obstruction.
  - Gangrene of the trapped tissues.

- **Risk factors**
  - Smoking, chronic cough, history of heavy lifting, previous surgeries.

RED FLAGS...

- "Has there been a sudden increase in the pain you're feeling?"
- "Is the skin around the lump red or warm to touch?"
- "Have you had any fever recently?"

COMPLICATIONS

- "Have you felt like something might be blocking your bowels?"
- "Have you noticed any blackened areas or bad smell from the lump area?"

RISK FACTORS

- "Do you smoke or have a persistent cough? Have you had any history of heavy lifting or previous surgeries in the abdominal area?"

PAST MEDICAL HISTORY

- Prior hernia repairs?
- Chronic conditions like COPD (leading to recurrent cough) or constipation.

DRUG HISTORY

- Current medications, especially anticoagulants.
- Known allergies and description of allergic reactions.

FAMILY HISTORY

- Any family members with hernias?

Social History:

- Occupational hazards (heavy lifting).
- Support systems at home.

PAST MEDICAL HISTORY

Past Medical and Surgical History:

- "Have you ever had surgery for a hernia or any other conditions like COPD?"

DH

- "Are you currently on any medications, especially blood thinners? And are you allergic to anything?"

FAMILY AND SOCIAL HISTORY:

- Do any of your family members have a history of hernias?"
- "What kind of work do you do? Do you have to lift heavy things? Who's there to support you at home?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings: - <u>CHAPERONE</u>**
  - **Vital Signs:** Temperature. Heart rate. Respiratory rate. Oxygen saturation. Blood pressure. Weight.
  - **Airway:** Assess for patency.
  - **Breathing:** Effort, symmetry.
  - **Cardiovascular:** Regular rhythm, capillary refill time.
  - **Respiratory:** Breath sounds, any added sounds.
  - **Abdominal:** Visible hernia, tenderness, reducibility, bowel sounds.
  - **Peripheral Examination:** Inspection of hernia site, skin changes, and any limb signs due to large hernias.
  - **Psychiatric Findings & MMSE:** Orientation, memory, attention.
  - **Risk Assessment:** Risk of strangulation or incarceration, risk of bowel obstruction.

01
EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**
  - Vital Signs: "Let's check your temperature, heart rate, breathing rate, oxygen levels, blood pressure, and weight."
  - Airway: "I'm just going to ensure your airway is clear."
  - Breathing: "I'll check your breathing now. Please take a deep breath for me."
  - Cardiovascular: "Now, I'll feel your pulse and check the blood flow in your fingers."
  - Respiratory: "Listening to your lungs now."
  - Abdominal: "I'll gently press and check the area around the lump."
  - Peripheral Examination: "Let me inspect the hernia site more closely."

DIFFERENTIAL DIAGNOSIS

- Simple hernia: No signs of strangulation or obstruction.
- Abscess: Would present with local warmth, redness, and might have a history of fever.
- Hematoma: History of trauma or recent surgery.

Reasons Incorrect:

1. Clinical presentation and examination findings.
2. Radiological evidence.
3. Blood investigation results.

OSCE

01

DIFFERENTIAL DIAGNOSIS

- "After examining you and going through your symptoms, we're considering a few possibilities such as..."

But, based on their history, symptoms, and upcoming tests, we'll narrow this down."

HISTORY

OSCE

01

INVESTIGATION

- Bloods:
  - CBC (White cell count to detect infection).
  - Metabolic panel (Renal function, electrolytes).
- Swabs: Not particularly relevant for this scenario.
- Imaging:
  - Ultrasound of hernia site.
  - CT abdomen if needed.

OSCE

01

INVESTIGATION

- "We might need to take some blood tests to check for infection and ensure your kidneys are working well."
- "An ultrasound or possibly a CT scan can give us a clearer view of the hernia."

OSCE

01

MANAGEMENT PLAN

- **Immediate Management:**
  - Nil by mouth.
  - IV fluids.
  - Pain management.
  - Surgical consultation ASAP.
- **First Line:**
  - Urgent surgical repair.
- **Second Line:** Not particularly relevant for acute strangulation.
- **Third Line:** Post-operative care and monitoring.
- **Prevention:**
  - Weight management.
  - Avoiding heavy lifting.
  - Treating chronic cough.
- **Lifestyle Changes:**
  - Core strengthening exercises.
- **Management in the Community:**
  - Hernia support belts.
  - Physiotherapy.

MANAGEMENT PLAN

- "For now, it's best you don't eat or drink anything. We'll provide you with IV fluids to keep you hydrated."
- "We'll manage any pain you're feeling and consult with our surgical team as soon as possible."
- "If surgery is necessary, we'll walk you through every step. After surgery, you'll be closely monitored."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Stable vitals with no acute issues.
- Adequate pain control.
- Understanding of post-op care.
- Wound care understood.
- Follow-up arranged.

- **SAFETY NETTING: Return if:**
  - Increase in pain.
  - Fever or signs of wound infection.
  - Any digestive symptoms (vomiting, constipation).

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "We want to ensure your vitals are stable, your pain is managed, you understand how to care for your wound, and that we have a follow-up appointment set."

Safety Netting: "After treatment, if you experience an increase in pain, fever, or any signs of an infected wound, or problems with your digestion like vomiting or not being able to pass stool, please return immediately."

ADVICE TO GUARDIANS/RELATIVES

EXPLANATION TO PATIENTS/RELATIVES: "A hernia occurs when there's a weak spot in the muscle wall, allowing internal tissues to bulge out. When these tissues get trapped and cannot be pushed back in, blood supply may get cut off, leading to strangulation. This is an emergency and often requires surgery."

- **Useful Resources:**
  - Local surgical societies.
  - Hernia support groups.

- **Advice to Guardians,**
  - Watch for signs of complications, ensure medications are taken as prescribed.

ADVICE TO GUARDIANS/RELATIVES

"I understand this can be concerning. A hernia happens when there's a weak spot in your muscle wall, allowing internal parts to push out. It's vital we address this, especially if blood supply gets cut off to the bulging tissue. This can be serious and typically requires surgery. We're here to take the best care of you."

"There are local surgical societies and hernia support groups that can provide more information and support. It's also essential to understand potential complications and how medications work. We'll make sure you have all this information before leaving."

COMPLICATIONS OF TREATMENT

Complications of Medication:

- Post-op infections.
- Hematoma/seroma.
- Chronic pain.

Mechanism of Action:

- Painkillers (e.g., Paracetamol) act to reduce pain signals to the brain.
- Antibiotics (e.g., Cefuroxime) kill or inhibit the growth of bacteria.

Surgical Therapies:

- Hernia repair with or without mesh to reinforce the abdominal wall.

COMPLICATIONS OF TREATMENT

- "Like all surgeries and medications, there can be potential side effects or complications. Here's what we need to be watchful for post-operatively or while taking medications:"
- "Sometimes, after the surgery, there can be an infection at the wound site. It's important to keep the area clean and dry. If you notice increased redness, warmth, discharge, or if you develop a fever, please let us know immediately."
- "Another potential complication after surgery is the buildup of blood (hematoma) or clear fluid (seroma) near the surgical site. This might present as a swelling or lump. If you notice this, please come in for a check-up."
- "Some patients might experience persistent pain after surgery. This doesn't necessarily mean there's a problem, but we'll want to monitor it and manage it properly."

- "Painkillers, like Paracetamol, work by reducing the pain signals going to the brain. It's important to take them as advised, and not to exceed the recommended dose."
- "We might also give you antibiotics like Cefuroxime. They work by either killing harmful bacteria or preventing them from multiplying. This is to avoid any infections. If you notice any side effects or allergic reactions, such as rash, itching, or difficulty breathing, stop the medication and seek medical advice immediately."

FOLLOW UP

- Wound check in 1 week.
- Surgical review in 6 weeks.

SEVERITY SYSTEM

- Reducibility (Reducible/Non-reducible).
- Skin changes (Normal/Discolored).
- Pain (Mild/Moderate/Severe).
- Bowel symptoms (Present/Absent).

FOLLOW UP

"Let's schedule a wound check in a week, and then a more comprehensive surgical review in 6 weeks. We're here for you every step of the way."

NEVER MISS

1. Rapid assessment of reducibility.
2. Urgent surgical consult.
3. Pain management.
4. Thorough examination to rule out complications.
5. Educate patient on post-op care.

TOP 1% QUESTIONS

1. What is the difference between an indirect and direct inguinal hernia?
2. How do you differentiate between strangulated and incarcerated hernia?
3. Why are femoral hernias more prone to strangulation?
4. What's the role of laparoscopy in hernia repair?
5. What are the pros and cons of mesh repair?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

OSCE

03

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE

02

LET'S DISCUSS

OSCE

03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT

SURGERY

INFLAMMATORY BOWEL DISEASE

HISTORY X MANAGEMENT

OSCE
01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE
01

PROMPT

Mr. James Reynolds, a 36-year-old male, presents with a three-month history of persistent abdominal pain, diarrhea, and rectal bleeding.

OSCE
02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduce self and verify patient's identity.
- Obtain consent.
- Open-ended question about presenting complaint.

OSCE
01

INTRODUCTION AND RAPPORT BUILDING

1. Good morning, my name is Dr. [Your Name], and I'll be your physician today. May I kindly confirm your name and date of birth?"
2. "Before we proceed, I'd like to ask for your consent to discuss your medical history and perform an examination."
3. "Could you please start by telling me about the reason for your visit today? Is there anything specific that's been bothering you?"

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Onset, duration, progression of symptoms.
- Frequency and consistency of stools.
- Presence of blood or mucus in stools.
- Pain location and type.
- Appetite changes and weight loss.
- Extraintestinal manifestations (e.g. uveitis, skin changes).

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Could you tell me when you first noticed these symptoms and how they've progressed since?"
- "How often are you going to the toilet? And what's the consistency of your stools?"
- "Have you noticed any blood or mucus when you go to the toilet?"
- "Can you describe the pain to me? Where exactly do you feel it?"
- "Have there been any changes in your appetite or any unintentional weight loss?"
- "Have you noticed any problems with your eyes or any skin changes recently?"

FURTHER EXPLORATION...

- Diarrhea: Duration, nocturnal symptoms, consistency.
- Abdominal pain: Location, nature, radiation, aggravating or relieving factors.
- Fatigue or lethargy.
- Fevers, night sweats.

- COLLATERAL HISTORY:
  - From family or carers, especially if patient appears confused or unable to provide a clear history.

FURTHER EXPLORATION

- "Can you tell me more about the diarrhea? Does it wake you up at night?"
- "Regarding the abdominal pain: does anything make it better or worse?"
- "Have you been feeling more tired or lethargic than usual?"
- "Have you had any fevers or night sweats recently?"

Collateral History:

- "Is there someone close to you who might provide more information about your symptoms, especially if you might have missed anything?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Severe pain.
  - Sudden weight loss.
  - Recurrent vomiting.
  - Signs of obstruction.

- **Common Complications:**
  - Abscess formation.
  - Fistulae.
  - Obstruction.
  - Malnutrition.

- **Risk factors**
  - Smoking.
  - Use of NSAIDs.
  - Family history of IBD.

RED FLAGS...

- "Have you experienced any severe abdominal pain recently?"
- "Any rapid weight loss without trying?"
- "Have you been vomiting often?"
- "Any symptoms like bloating or feeling like your stomach is blocked?"

RISK FACTORS

- "Do you smoke, or have you ever smoked in the past?"
- "Have you been taking any painkillers, like NSAIDs?"
- "Is there a family history of inflammatory bowel diseases?"

COMPLICATIONS

- "Are you aware of any complications related to your condition, such as abscesses or connections between parts of the bowel?"

This is a common question asked by doctors and healthcare professionals when evaluating a patient's gastrointestinal health. Abscesses and connections between parts of the bowel, known as fistulas, can occur in patients with certain conditions such as Crohn's disease. These complications can cause pain, discomfort, and even lead to serious health issues if left untreated. It is important for patients to be aware of any symptoms they may be experiencing and to communicate them to their healthcare provider. Regular check-ups and monitoring can help detect any potential complications early on, allowing for prompt treatment and management. By working closely with their healthcare team, patients can take steps to maintain their gastrointestinal health and prevent complications.

PAST MEDICAL HISTORY

- Previous surgeries (e.g., bowel resections).
- Other auto-immune conditions.
- Childhood illnesses.

DRUG HISTORY

- Current medications including dosages.
- OTC medications and herbal supplements.
- Known allergies and the nature of reactions.

FAMILY HISTORY

- Relatives with IBD or other autoimmune diseases.

Social History:

- Smoking, alcohol, and drug use.
- Occupational exposures.
- Travel history.

PAST MEDICAL HISTORY

- "Have you ever had any surgeries in the past, especially involving your intestines?"
- "Are you diagnosed with any other autoimmune conditions?"
- "Were there any significant illnesses you had as a child?"

DH

- "Can you list all the medications you're currently on, including any over-the-counter meds or supplements?"
- "Do you have any known allergies, and if so, how does your body react?

Family History:

- "Do any of your close relatives have IBD or any autoimmune conditions?"

Social History:

- "Can you tell me about your alcohol and recreational drug use, if any?"
- "What do you do for work? Any exposures that you think might be relevant?"
- "Have you travelled outside the country recently?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings: - <u>CHAPERONE</u>**
  - **Vital Signs:**
    - Blood pressure, heart rate, respiratory rate, temperature, weight.
  - **General Examination:**
    - Paleness, dehydration, distress.
  - **Abdominal Examination:**
    - Distension, tenderness, masses, scars, bowel sounds.
  - **Respiratory & Cardiovascular Examination:**
    - Listen to the heart and lungs.
  - **Neurological & Cranial Nerves Examination:**
    - Assess for neuropathy, especially if B12 deficiency suspected.
  - **Peripheral Examination:**
    - Joint tenderness, erythema nodosum.
  - **Psychiatric Findings & MMSE:**
    - Orientation, memory, attention.
    - Risk assessment for self-harm.
  -

OSCE

01

EXAMINATION

- **Vital Signs:**
  - "I'd like to check your blood pressure, pulse, and temperature, if that's alright. It's also important to keep track of your weight."
- **General Examination:**
  - "Let's have a quick look at your overall appearance for signs of dehydration or distress."
- **Abdominal Examination:**
  - "I'm going to examine your stomach now. Please let me know if anything feels uncomfortable."
- **Respiratory & Cardiovascular Examination:**
  - "I'll listen to your heart and lungs now. Just relax and breathe normally."
- **Neurological & Cranial Nerves Examination:**
  - "I'd like to do a few neurological tests. This will involve checking your strength, sensation, and a few other things."
- **Peripheral Examination:**
  - "Let's also look for any joint problems or skin changes on your arms and legs."
- **Psychiatric Findings & MMSE:**
  - "I'm going to ask you some questions related to your mood and memory. Please answer as honestly as you can."

DIFFERENTIAL DIAGNOSIS

1. IBS, Infectious colitis, Diverticulitis.
    a. Explanation: IBS lacks inflammatory markers, infectious colitis may have a pathogen identified, diverticulitis often has older onset with diverticula seen on imaging.

OSCE
01

DIFFERENTIAL DIAGNOSIS

- "Based on what we've discussed and the findings, it could be IBD, but there are other conditions like IBS or infections that can present similarly. We'll do the necessary tests to be sure."

HISTORY

OSCE

01

INVESTIGATION

1. Laboratory Tests:
    a. Full Blood Count.
    b. CRP, ESR.
    c. Liver function tests, U&E.
2. Imaging:
    a. Abdominal X-ray.
    b. CT or MRI enterography.
3. Endoscopy:
    a. Colonoscopy with biopsies.

OSCE

01

INVESTIGATION

1. Laboratory Tests:
    a. "We need to do some blood tests including a full blood count and a few others to assess inflammation and your liver and kidney functions."
2. Imaging:
    a. "We might also need an X-ray or a CT scan of your abdomen to get a clearer view."
3. Endoscopy:
    a. "A colonoscopy might be necessary. This involves a camera being passed into your bowel to take a closer look and possibly some biopsies."

MANAGEMENT PLAN

- Immediate Management:
  - Resuscitation if required, bowel rest, IV fluids.
- First Line:
  - Corticosteroids.
- Second Line:
  - Immune modulators like azathioprine.
- Third Line:
  - Biologics like infliximab.
- Management in the Community:
  - Regular follow-ups, dietary advice, monitoring of drug side effects.

OSCE
01

MANAGEMENT PLAN

- Immediate Management:
  - "For now, the most important thing is to ensure you're stable. If needed, we might keep you in the hospital for observation and give fluids."
- First Line to Third Line Treatments:
  - "The treatment plan might start with medications like corticosteroids and then potentially move on to stronger medications if needed. We'll discuss each step in detail."
- Management in the Community & Before Discharge:
  - "Once you're home, regular check-ups and some lifestyle modifications will be important. And before you leave, we'll go over everything to make sure you understand the plan."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Before Discharge:
  - Ensure understanding of diagnosis, have a clear management plan, provide contact for flare-ups.
- Safety Netting:
  - When to seek urgent care: severe pain, vomiting, fever.

OSCE

01

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "If you experience severe pain, high fever, or persistent vomiting, it's crucial to seek medical attention immediately."

OSCE

01

EXPLANATION

- "IBD is a long-term condition and it can have periods where it gets worse and then better. It’s vital to adhere to medications and keep us informed of any changes."

ADVICE TO GUARDIANS/RELATIVES

- **Advice to Guardians & Resources:**
  - Discuss the chronic nature, the potential for flares, importance of medication adherence.

As a guardian, it's important to understand that the condition your loved one is dealing with is chronic. This means that they will likely experience symptoms and flares throughout their life. It's important to have open and honest conversations with your loved one about their condition and the potential for flares.

One of the most important things you can do as a guardian is to stress the importance of medication adherence. While medications may not cure the condition, they can help manage symptoms and prevent flares from occurring. Make sure your loved one understands the importance of taking their medication as prescribed and encourage them to communicate with their healthcare provider if they have any concerns or questions.

There are also a variety of resources available to both you and your loved one. Support groups, educational materials, and online communities can all provide valuable information and support. Don't be afraid to reach out and seek help when you need it. Remember, you are not alone in this journey.

COMPLICATIONS OF TREATMENT

1. Side Effects: Steroid-induced osteoporosis, infections.
2. Mechanism: Steroids reduce inflammation, immune modulators reduce immune response, biologics target specific immune cells/molecules.

Surgical Therapies Overview:

- Resection of affected bowel segments, formation of ostomies.

COMPLICATIONS OF TREATMENT

- "Each medication has its own set of potential side effects. We'll monitor you closely. In certain situations, surgery might be considered."

FOLLOW UP

- Outpatient clinic in 2 weeks, then regularly as per UK guidelines.

SEVERITY SYSTEM

- Use the Crohn's Disease Activity Index (CDAI) or the Ulcerative Colitis Disease Activity Index (UCDAI).

FOLLOW UP

- "We'll see you in an outpatient clinic in about 2 weeks and then regularly thereafter. We may use indices like the CDAI to monitor disease activity."

NEVER MISS

1. Rule out red flag symptoms.
2. Ensure the correct diagnosis by ruling out differential diagnoses.
3. Address the psychosocial impacts of IBD.
4. Regular monitoring for medication side effects.
5. Ensure patient understanding of the chronic nature and management of IBD.

TOP 1% QUESTIONS

1. Explain the pathophysiology of Crohn's vs. Ulcerative Colitis.
2. What are extraintestinal manifestations of IBD?
3. Discuss the impact of smoking on Crohn's Disease.
4. How does pregnancy affect IBD and vice versa?
5. Differentiate between a fistula and an abscess in IBD.

SOFT SKILLS

- "Before we conclude, I want to make sure that all your concerns and questions have been addressed. Is there anything else you'd like to discuss?"
- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE
02

LET'S DISCUSS

OSCE
03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT