

**Abdominal and Endocrine Surgery (Green, Va, Concord General Surgery Services):
PGY-3 and -4**

ABDOMINAL SURGERY OBJECTIVES:

Demonstrate an understanding of the anatomy, physiology, pathophysiology, and presentation of diseases of the abdominal cavity and pelvis.

Demonstrate the ability to formulate and implement a diagnostic and treatment plan for diseases of the abdomen and pelvis that are amenable to surgical intervention.

PATIENT CARE:

1. Open and close abdominal incisions of all varieties.
2. Treat wound complications such as infections and evisceration. Use retention sutures appropriately.
3. Perform laparotomy for acute abdomen, demonstrating a systematic approach for determination of the etiology of the process and appropriate measures for its management (e.g., acute appendicitis, small bowel obstruction, perforated peptic ulcer [the 5th year resident should be able to guide the more junior resident through the case]).
4. Perform more complex laparotomies involving diffuse peritonitis in the septic patient (e.g., a gangrenous or severely inflamed gallbladder or perforated diverticulitis requiring resection).
5. Coach a junior resident through the repair of simple hernia (indirect inguinal or umbilical). (The chief resident should be able to perform repair of any of the hernias mentioned earlier in the text.)
6. Provide appropriate surgical drainage for any intra-abdominal abscess.

ALIMENTARY TRACT AND DIGESTIVE SYSTEM OBJECTIVES:

Demonstrate an understanding of the anatomy, physiology, and pathophysiology of the alimentary tract and digestive system.

Demonstrate the ability to manage problems of the alimentary tract and digestive system that are amenable to surgical intervention

PATIENT CARE:

1. Perform initial consultation for inpatients with problems of the GI tract; develop differential diagnosis and initiate treatment plan.
2. Assist the chief resident and attending staff with complex digestive system cases.
3. Perform, under appropriate supervision, GI operations, including:
 - a. Vagotomy
 - b. Pyloroplasty
 - c. Gastric resection
 - d. Small bowel resection with anastomosis
 - e. Drainage of pancreatic cysts
 - f. Drainage of abdominal and retroperitoneal abscesses
 - g. Lysis of adhesions

- h. Repair of enterotomies
- i. Colon resection
- j. Creation of ostomies
- 4. Develop diagnostic and therapeutic endoscopy skills such as:
 - a. Diagnostic esophagogastroduodenoscopy
 - b. Endoscopic control of GI bleeding
 - c. Percutaneous endoscopic gastroscopy
 - d. Dilatation of intestinal strictures
 - e. Assist with endoscopic retrograde cholangiopancreatography (ERCP)
 - f. Diagnostic colonoscopy
 - g. Polypectomy
- 5. Select and interpret appropriate pre- and post- operative diagnostic studies.
- 6. Assist junior residents in the diagnosis, surgical management, and follow-up care of patients with diseases of the alimentary tract and digestive system.
- 7. Coordinate intervention of multiple specialties that may be involved in management of complex GI problems such as:
 - a. Varicele hemorrhage
 - b. Biliary obstruction
 - c. Chronic varices
 - d. Inflammatory bowel disease
 - e. Chronic abdominal pain
 - f. Chronic constipation
 - g. Localized and advanced malignancies
- 8. Perform appropriate reoperative laparotomy for a variety of gastrointestinal problems.
- 9. Supervise postoperative care of GI and digestive tract surgical patients.

LIVER, BILIARY TRACT AND PANCREAS OBJECTIVES:

Demonstrate knowledge of the anatomy, physiology, and pathophysiology of the liver, biliary tract, and pancreas.

Demonstrate the ability to manage disease and injury of the liver, biliary tract, and pancreas amenable to surgical intervention.

PATIENT CARE:

Liver and Biliary Tract

- 1. Perform detailed evaluation of patients with liver and biliary disease and plan appropriate management and operative approach.
- 2. Perform, under supervision, increasingly complex hepatobiliary surgery:
 - a. Laparoscopic cholecystectomy with cholangiography
 - b. Common bile duct exploration with choledochoscopy
 - c. Biliary drainage procedures, such as:
 - (1) Choledochoduodenostomy
 - (2) Roux-en-Y and loop choledochojejunostomy
 - (3) Cholecystojejunostomy
 - (4) Sphincteroplasty
 - d. Drainage of liver abscess
 - e. Peritoneovenous shunts
 - f. Complicated cholecystectomy--acute, gangrenous

- g. Simple liver resection

Pancreas

1. Perform detailed evaluation of patients with pancreatic disease and plan appropriate medical or surgical management.
2. Perform increasingly complex pancreatic surgery such as:
 - a. Internal drainage of pseudocysts with Roux-en-Y cystjejunostomy
 - b. Longitudinal pancreaticojejunostomy (Puestow Procedure)
 - c. Distal pancreatectomy
 - d. Biliary bypass for carcinoma

ENDOCRINE SURGERY OBJECTIVES:

Demonstrate knowledge of endocrine anatomy and physiology, both normal and pathological.

Demonstrate the ability to apply this knowledge to the surgical care of patients.

PATIENT CARE:

1. Develop a comprehensive plan for the surgical management of endocrine disease.
2. Perform or assist in the performance of adrenal, pancreas, thyroid, and parathyroid surgery.
3. Evaluate patients with complex endocrine disease and present a differential diagnosis.
4. Independently manage the diagnosis, pre- and post- operative care, and surgery for a variety of endocrine surgery cases.
5. Perform endocrine related surgical procedures under faculty supervision.