

HISTORY TAKING AND EXAMINATION IN SURGERY

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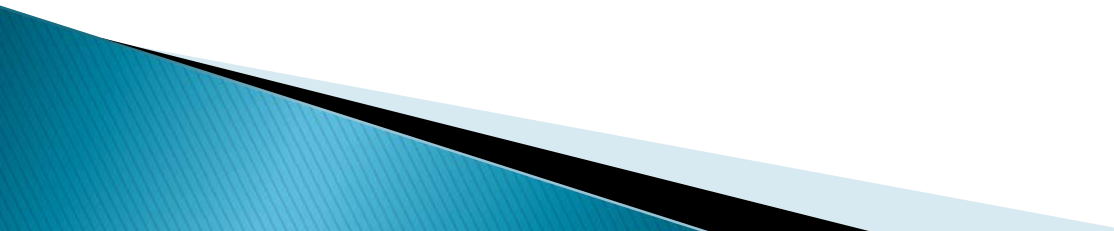
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Goals of History Taking and Examination

- ▶ Arrive at a Clinical Diagnosis
 - Relevant differential diagnoses
 - ▶ Helps in choosing relevant Investigations
 - ▶ Helps in initiating appropriate treatment
- 

Definitions

- ▶ **History Taking**

Process of communication by which information is obtained from patients for the clinical diagnosis of their illnesses.

- ▶ **Physical Examination**

Process of communication by which signs are elicited in patients for the clinical diagnosis of their illnesses

HISTORY TAKING

- ▶ Purpose:

Obtain information about the patient's condition that will yield diagnostic information

A good clinician can often determine the diagnosis from the history alone!

HISTORY TAKING:

Required Skills

- ▶ Communication skills
- ▶ Interviewing skills

Be aware that sick people are human, fearful, and hopeful, seeking relief, help and reassurance. BE COMPASSIONATE

History Taking Important Consideration

- ▶ **LISTEN to the patient!**

HISTORY TAKING

Important Considerations

- Sick persons often go to great ends to convince themselves that illness does not exist, or unconsciously they set up elaborate defenses to divert attention from the real problem that they perceive to be serious or life-threatening.

HISTORY TAKING

Gems

- ▶ Questioning the patient:
 - Open-ended questions: a good way to begin the interview
 - Allows patient to speak and feel listened to (rapport)
 - Reveals several clues to springboard from
 - *Ex: “How did this start?”; “Tell me about it.”; “Tell me more.”; “Continue.”*
 - Closed-ended questions:
 - Use this after developing rapport
 - Purpose is to clarify

HISTORY TAKING

Gems

▶ Three powerful techniques:

1. Echo:

- Repeat the patient's words, often as a question.
- “The pain is *strange* now?”

2. Clarification:

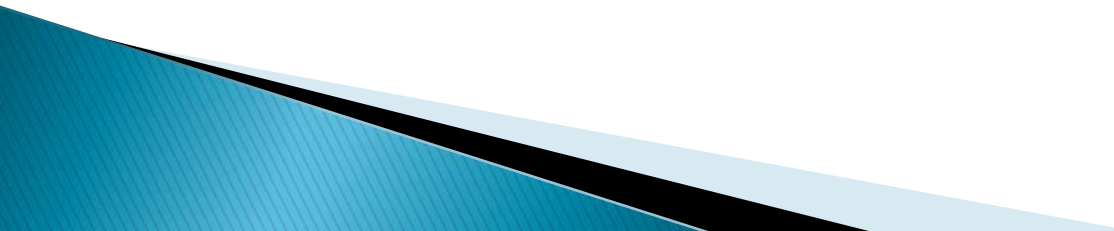
- “So, this pain is **worse** than before or is it just **different** ?”

3. Summarization:

- “So, this pain started two months ago, but has now changed in that it's constant, not just with food.”

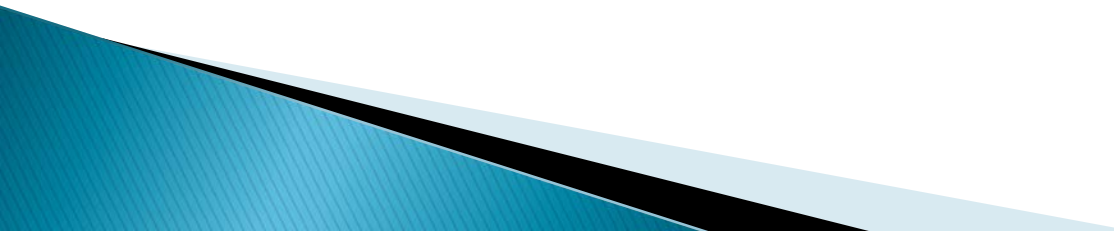
HISTORY TAKING

(A) Biodata

- ▶ Name
 - ▶ Age
 - ▶ Gender
 - ▶ Full Address
 - ▶ Occupation
 - ▶ Religion
- 

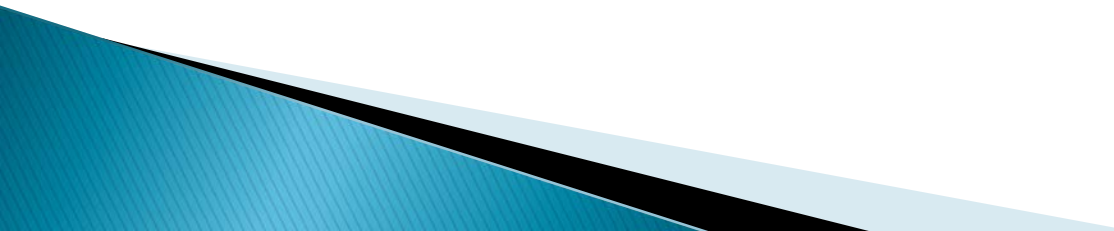
HISTORY TAKING-

Biodata contd

- ▶ Should always be the starting point in non-emergency situations
 - ▶ Helps in establishing rapport
 - ▶ Data gathered can be very important in decision making
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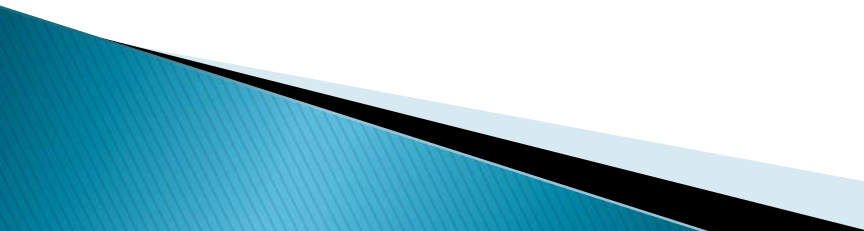
HISTORY TAKING

(B) Presenting complaints

- ▶ Lists patients' symptoms
 - ▶ In patient's own 'words'
 - ▶ Recorded in chronological order
 - ▶ Also include duration
- 

HISTORY TAKING

(C) History Of The Presenting Complaints

- ▶ Add more details to the presenting complaints
 - ▶ detailed review of the systems to which the symptoms are referable
 - ▶ leading questions may be asked but avoid grafting signs to the history
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HISTORY TAKING

(C)History Of The Presenting Complaints

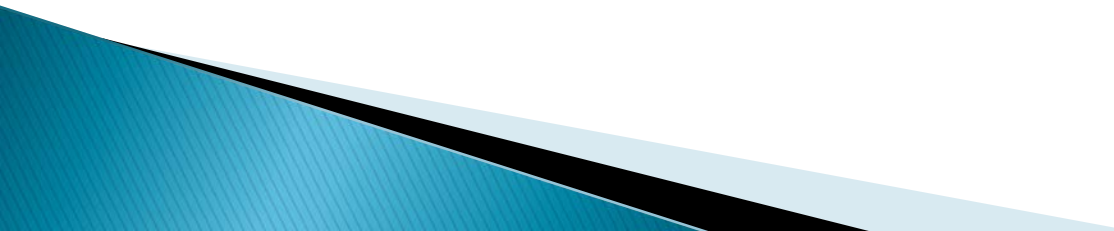
GEMS

- ▶ Ask questions on important positive symptoms.
 - This helps to establish diagnosis!
- ▶ Ask questions on important negative symptoms.
 - Helps in ruling-out differential diagnoses!

HISTORY TAKING

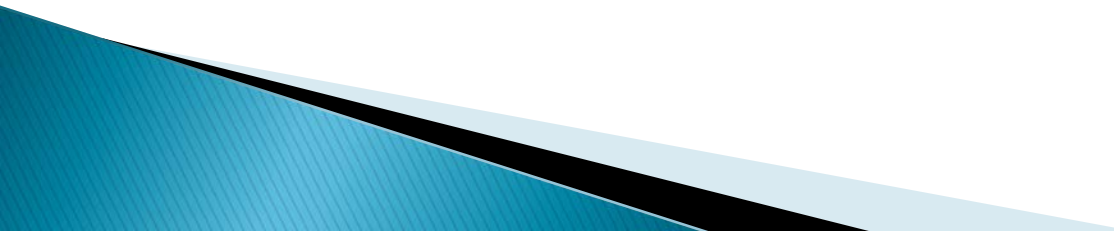
(C) History Of The Presenting Complaints

Ask about the following things for each component of the presenting complaint:

- Quality / character
 - Onset....sudden/gradual
 - Duration
 - Severity (grade)
 - Location / radiation
 - Aggravating & alleviating factors
 - Associated symptoms
- 

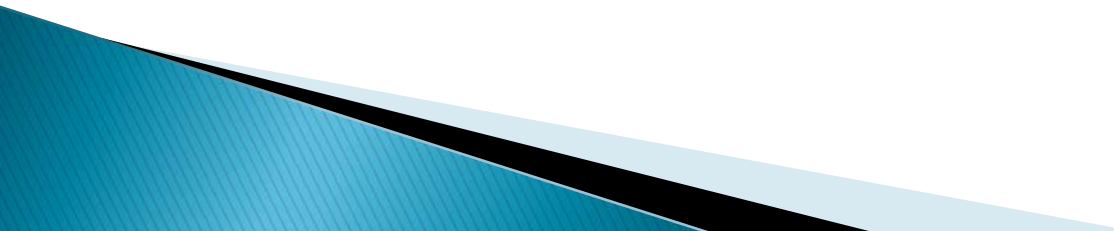
HISTORY TAKING

(D) Review Of The Systems

- ▶ Explore the systems besides the ones to which the patient's symptoms are referable
 - ▶ Ask leading questions to elicit information from the patient
 - ▶ How the disease has affected these other systems
 - ▶ How the systems have helped the patient to adapt to the disease process
 - ▶ Important in identifying other illnesses
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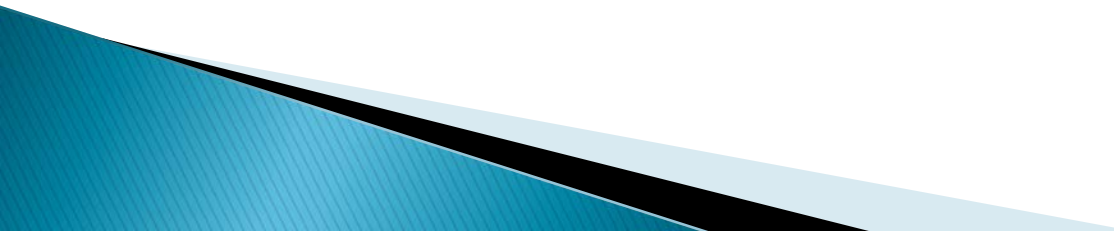
HISTORY TAKING

(E) Obstetric And Gynaecological History

- ▶ Parity
 - ▶ Menarche
 - ▶ Catemania
 - ▶ Last menstrual period
 - ▶ Last confinement
 - ▶ Use of Contraceptive
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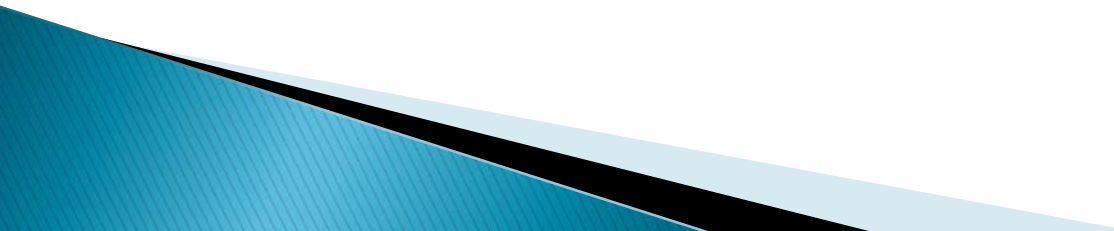
HISTORY TAKING

(F) Past Medical History

- ▶ Past medical illnesses
 - ▶ Past hospitalizations
 - ▶ Past surgeries and types of anaesthesia
 - ▶ Past traumas
- 

HISTORY TAKING

(G) Family And Social History

- ▶ **Family:** history of current or other illnesses in family members, hereditary diseases, health of parents, siblings and spouse
 - ▶ **Social:** marital status, number of children, place of domicile (past and present), occupation, habits (smoking, drinking, drug abuse, hobbies)
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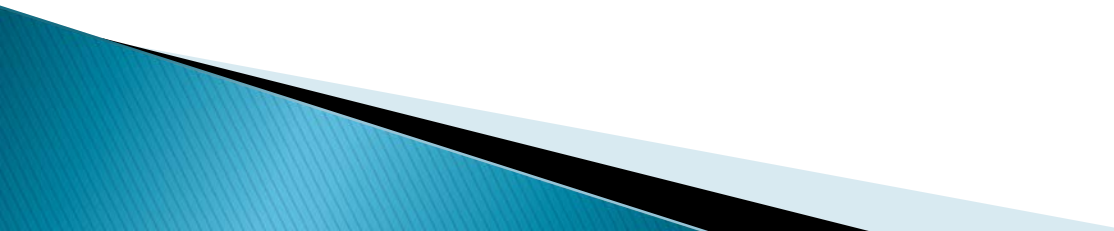
HISTORY TAKING

(G) Drug History & History of Allergy

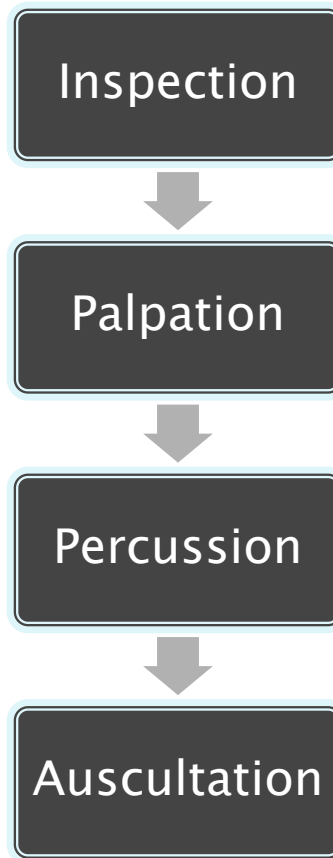
- ▶ Past drug use
- ▶ Present drug use
- ▶ Allergy
 - Food
 - Drugs

HISTORY TAKING

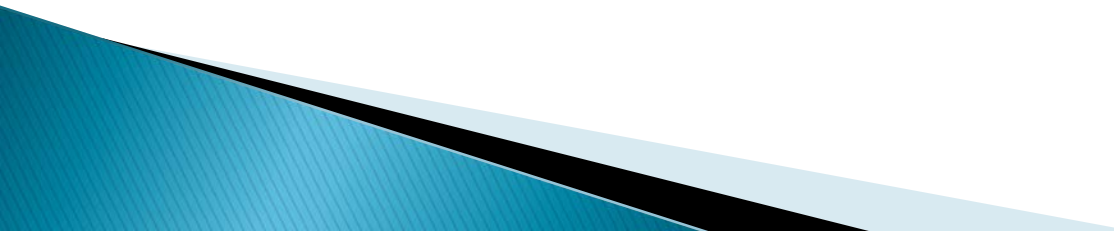
(I) Paedatric Patient

- ▶ Pregnancy history
 - ▶ Birth history
 - ▶ Neonatal history
- 

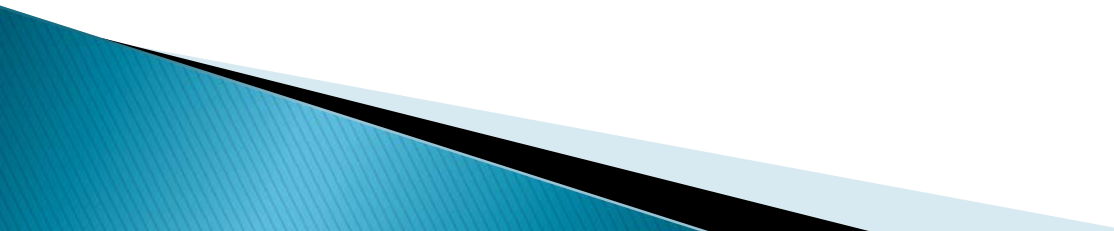
PHYSICAL EXAMINATION



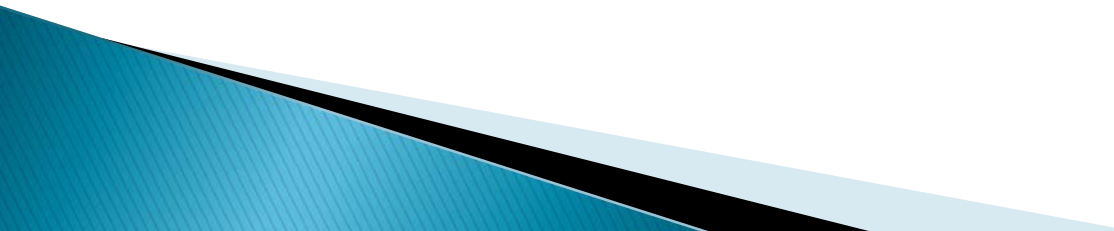
PHYSICAL EXAMINATION

- ▶ General examination
 - ▶ Regional/Systemic examination starting from the head and neck region
 - ▶ Local examination
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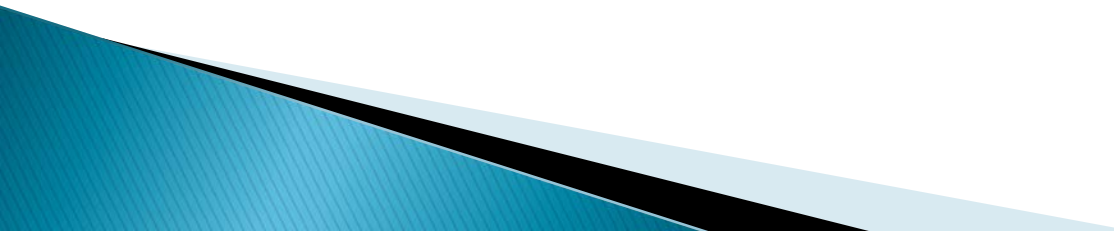
General Examination

- ▶ State of health
 - ▶ Consciousness
 - ▶ Acute distress (pain, respiratory)
 - ▶ Anaemia (Pallor)
 - ▶ Jaundice
 - ▶ Cyanosis
 - ▶ Edema
 - ▶ Significant lymphadenopathy
- 

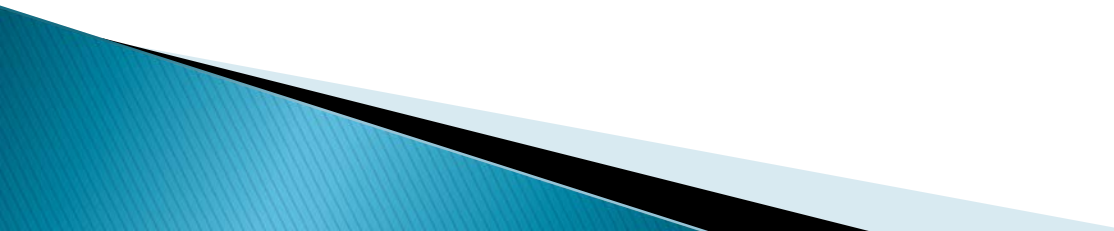
SYSTEMIC EXAMINATION

- ▶ Respiratory
 - ▶ Cardiovascular
 - ▶ Gastrointestinal including Rectal Examination
 - ▶ Genitourinary
 - ▶ Musculoskeletal
 - ▶ Local Examination
 - ▶ Nervous System
- 

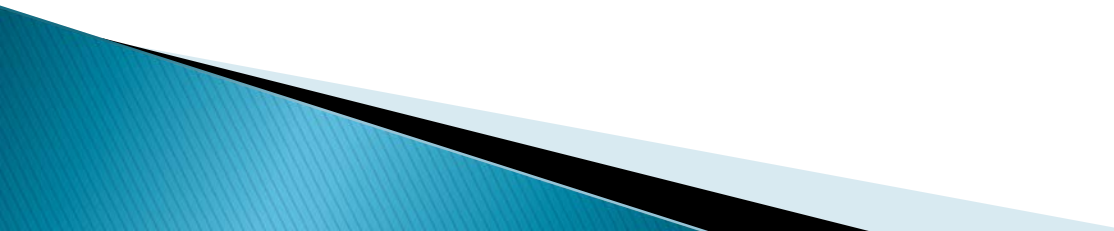
Head & Neck

- ▶ Scalp
 - ▶ Eyes
 - ▶ Ears
 - ▶ Nose
 - ▶ Throat
 - ▶ Neck
- 

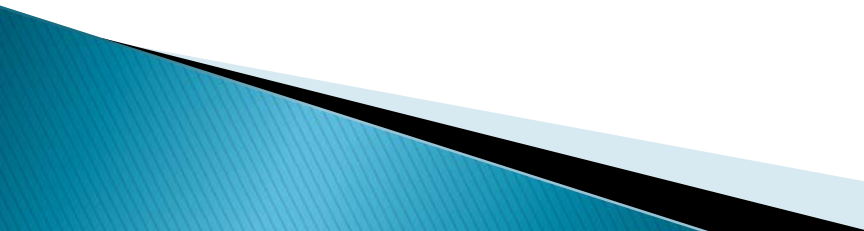
Respiratory

- ▶ Thoracic cage movement
 - ▶ Respiratory rate
 - ▶ Percussion
 - ▶ Auscultation of the chest
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Cardiovascular system

- ▶ Pulse rate
 - ▶ Blood pressure
 - ▶ Jugular venous pressure
 - ▶ Apex beat
 - ▶ Heart sounds
- 

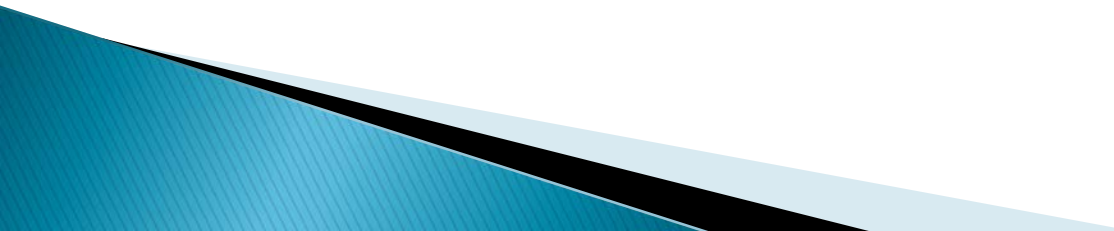
Gastrointestinal system (Abdomen)

- ▶ **Inspection:** fullness, movement, marks, swellings, veins, etc.
 - ▶ **Palpation:** tenderness, rigidity, organs, other masses, specific signs – Rovsing's, Murphy, etc.
 - ▶ **Percussion:** gas, fluid, organs, and masses
 - ▶ **Auscultation:** bowel sounds and bruit
- 

Genitourinary

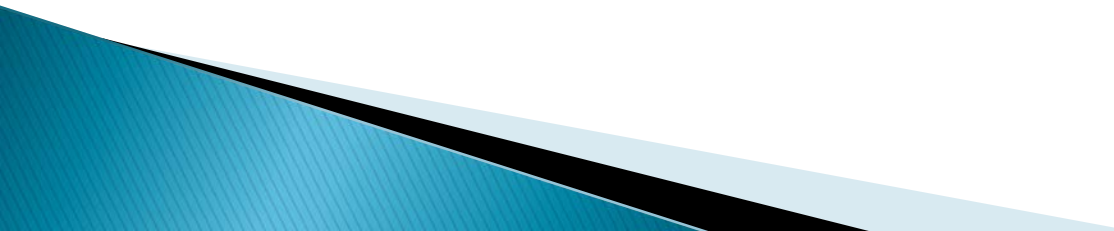
- ▶ Kidneys
- ▶ Bladder
- ▶ Genitalia
 - Phallus, Scrotum, Testis
 - Vulva, vagina, cervix, uterus, ovary, adnexae
 - urethral meatus

Rectal Examination

- ▶ Perianal skin
 - ▶ Anal verge
 - ▶ Anal sphincter
 - ▶ Rectal wall and
 - ▶ Prostate gland
- 

Musculoskeletal

Approach to musculoskeletal examination!

- ▶ Look
 - ▶ Feel
 - ▶ Move
- 

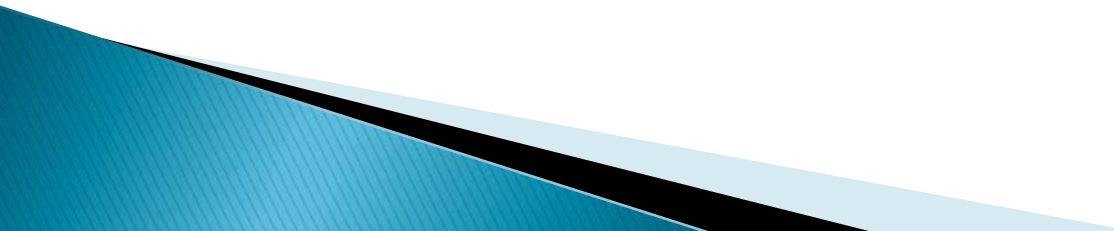
Musculoskeletal

Look for:

- ▶ Posture of the limb
- ▶ Deformities
- ▶ Swellings
- ▶ Skin changes

Musculoskeletal

Feel for:

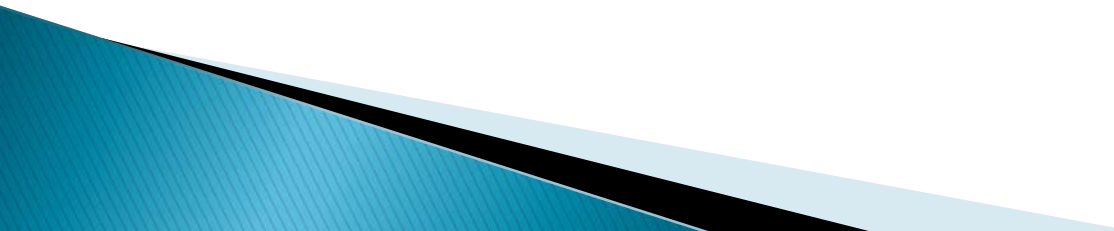
- ▶ Masses / swellings and their characteristics
 - ▶ Tenderness
 - ▶ Warmth
 - ▶ Pulses
 - ▶ Sensations
- 

Musculoskeletal

Move

- ▶ Passive range of motion of joints
- ▶ Active range of motion of joints
- ▶ Muscle power
- ▶ Specific signs and tests e.g., Tredelenburg's sign, Straight leg raising tests etc.

Musculoskeletal

- ▶ **Limbs and the back**
 - ▶ **Bones and joints**
 - ▶ **Deformities, swelling, colour**
 - ▶ **Muscle wasting, tenderness, sensation**
 - ▶ **Movement (range, abnormal)**
- 

Nervous System

- ▶ **Level of consciousness using the Glasgow Coma Scale, mental status, cranial nerves**
- ▶ **Motor**
 - power, tone, reflexes (superficial, deep, primitive), coordination and cerebellar function

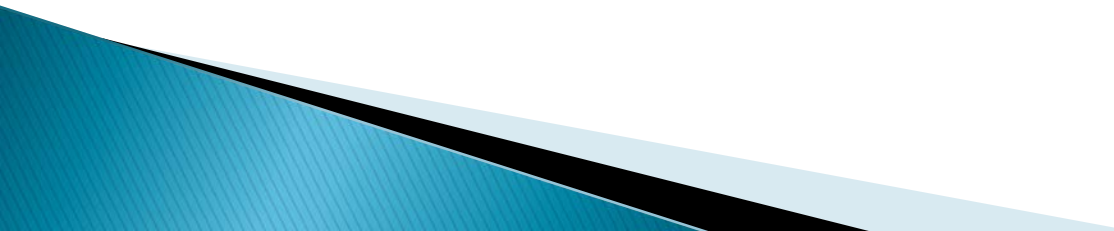
Nervous System

- ▶ **Sensory**
 - temperature and pain
 - vibration and joint position sensation, touch

Local Examination

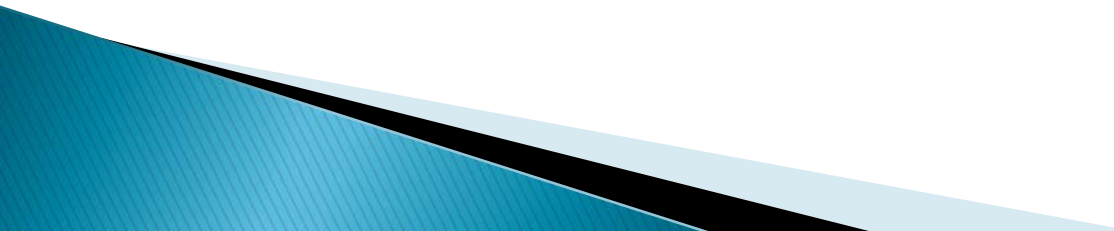
- ▶ **Inspection**
- ▶ **Palpation**
- ▶ **Percussion**
- ▶ **Auscultation**
- ▶ **Lumps, hernia, hydrocoele, goitre, e.t.c.**

LOCAL EXAMINATION–INSPECTION

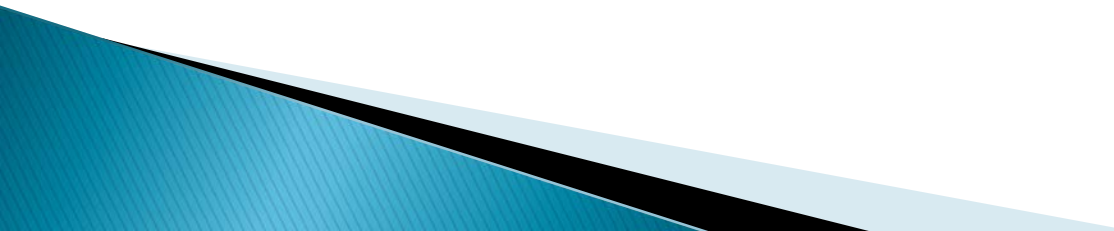
- ▶ **Site**– anatomical description
 - ▶ **Surface**– smooth, rough, red/ shiny, scarification marks, veins, pulsatile, pigmentation
 - ▶ **Shape**– round, oval, irregular
 - ▶ **Surrounding skin**– veins, pigmentation, scarification
 - ▶ **Punctum**
- 

LOCAL EXAMINATION

PALPATION

- ▶ Tenderness
 - ▶ Temperature– compare with distant skin
 - ▶ Thrill
 - ▶ Consistency– soft, firm, hard
 - ▶ Size: 2–dimensional
 - ▶ Pulsation
 - ▶ Getting above and below it (in the neck, abdomen)
- 

LOCAL EXAMINATION–PALPATION

- ▶ Fluctuancy–: in two axes
 - ▶ Reducibility
 - ▶ Emptying
 - ▶ Fixity / mobility– attachment to surrounding structures–skin, fascia, etc.
 - ▶ Regional lymph nodes
 - ▶ Skin sensation
 - ▶ Transillumination
- 

LOCAL EXAMINATION

PERCUSSION

An indirect evaluation of the extent and content of the mass.

Useful in

- ▶ retrosternal goiter
- ▶ abdomen– liver, spleen, & other masses; ascites

LOCAL EXAMINATION

AUSCULTATION

- ▶ Bruit
- ▶ Transmitted pulsations

CLINICAL DIAGNOSIS

Pathognomonic Signs

- ▶ Emptying sign– *haemangioma*
- ▶ Slipping sign & lobulation– *lipoma*
- ▶ Punctum– *sebaceous cyst*
- ▶ Café au lait spots– *neurofibroma*
- ▶ Movement on swallowing– *goiter*

CLINICAL DIAGNOSIS

Pathognomonic Signs

- ▶ Movement on tongue protrusion
 - Thyroglossal duct cyst
- ▶ Reducibility– hernia, hydrocoele
- ▶ Transillumination– clear fluid e.g., hydrocoele
- ▶ Soft & fluctuant– cyst

DIFFERENTIAL DIAGNOSES

TINCABED

TINCABED is an acronym for general causes of illnesses

- ▶ **T** – Trauma
- ▶ **I** – Inflammatory / infection
- ▶ **N** – Neoplastic
- ▶ **C** – Congenital
- ▶ **A** – Angiogenic
- ▶ **B** – Blood
- ▶ **E** – Endocrine
- ▶ **D** – Degenerative

The End

Thank You

