

Institute of Surgical Research

Surgical Techniques

A6 Practical Modul

A1. MODUL – Asepsis and the surgeon

A2. MODUL – Surgical instrumentation

A3. MODUL – Operations

A4. MODUL – Bleedings

A5. MODUL – Wound management

**A6. MODUL – Minor Surgical Procedures
Practical examination**



Minor Surgical Skills

Minor surgical interventions in local anesthesia can be performed in emergency rooms without special preoperative preparation and/or peri- or postoperative monitoring.

Principles of intervention:

- adequate surgical indication;
- keeping the rules of asepsis;
- adequate cost - benefit (risk) analysis.

Typical minor surgical interventions:

- **incisions**
- **excisions**

Incision

In a wider sense, incision is the basis of surgery, since invasive interventions always start with an **incision**.

Concerning minor surgery, **incision** means the opening of a cavity (abscess, cyst, etc.). Abscess is a common consequence of inflammatory processes.

Treatment of an abscess consists of **incision**, rinsing and drainage.

Abscesses arise most frequently in the skin (folliculitis, furunculus, carbunculus, inflamed atheroma, hydradenitis) or in the perianal area.

Excisions on the Skin

Excisions of skin lesions (such as scars, pigmented naevi) are frequently performed minor operations.

The lesion must be excised in three dimensions. Removing an ellipsoid tissue allows the cut edges to come together neatly.

Following an ellipse excision the wound should be closed with Donati-type interrupted sutures or intracutaneous (subcuticular) suture if the tension of wound edges is negligible.

Excisions Under the Skin Level

Palpable nodes with different histological types, under the skin (*sebaceous cysts or atheroma, lipoma, lymph nodes, ganglions, cysts*) could be subjects of excisions.

1. Some of these lesions are encapsulated (lipomas, atheromas or cysts);

2. Other lesions are well palpable and separable from the surroundings, but not encapsulated (such as lipomas on the back).

**„Minor Skin Procedures”
computer program**

Ellipse excision

Epidermoid cyst removal

Removing a lipoma

Practical Exam

The practical exam consists of the execution of 3 exercises at 3 workstations. Place: outer and inner operating theaters

Exercises

- 1. Scrubbing and Dressing – workstation No. 1 (5 students - max. 12 min); outer surgical theater;**
- 2. Tying knots – workstation No. 2 (max 8 min); demonstration of a correct surgical knot; inner surgical room;**
- 3. Suture techniques - workstation No. 3 (max 15 min); simple interrupted or vertical mattress (Donati-type) sutures; inner surgical room;**

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Schedule

Time (min)	0-15	15-30	30-45	45-60	60-75	78-90
	Introduction					
1. group		Scrub preparation 5 students	Knotting	Suture	Minor skin procedures	Minor skin procedures
2. group		Minor skin procedures	Scrub preparation 5 students	Knotting	Suture	Minor skin procedures
3. group		Minor skin procedures	Minor skin procedures	Scrub preparation 5 students	Knotting	Suture
4. group		Minor skin procedures	Minor skin procedures	Knotting 5 students	Scrub preparation	Suture

**Date of written theoretical exam
12th of December, 2006. 13.00 hr
Lecture Hall of the Department of
Surgery**

**The list of students, who must take the
written theoretical test exam, can be
found on the notice board at the door of
Institute.**