**Surgery Selective**

**Administrative Contact Rotation Director**

Name: Name: Faisal Qureshi

Email: Email: fqureshi@cnmc.org

Phone: Phone: 202-476-2151

**Introduction:** The goal of the Surgery Selective is to provide pediatric residents exposure to pediatric surgery outpatient clinic. Residents will learn how to differentiate normal and abnormal conditions and to determine which pathology requires surgical intervention.

**Schedule:**

**Roles and Responsibilities:**

**Goals and Objectives:**

Below are the general goals and objectives for the rotation. The resident should tailor the goals and objectives based on personal goals and career trajectory.

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| Subspecialty Rotation: Surgery, Pediatric |
| Primary Goals for this Rotation |
| **6.82 GOAL: Normal Vs. Abnormal (Surgery). Differentiate normal conditions from pathologic ones requiring surgical intervention.**  |
| 6.82.1 : Counsel parents regarding the natural history of uncomplicated umbilical hernia. |
| 6.82.2 : Distinguish inguinal hernia from hydrocele and describe when it is appropriate for the pediatrician to observe and follow, and when to refer for evaluation.  |
| 6.82.3 : Distinguish acute abdominal pain related to transient events like constipation, musculoskeletal pain or gastroenteritis from pain that is likely to come from a serious surgical condition. |
| 6.82.4 : Interpret clinical and laboratory tests to identify conditions that require surgical intervention, including: 1. Blood studies (CBC, ESR, Electrolytes, BUN, Creatinine, LFTs, amylase, lipase)
2. Occult blood in gastric fluid and stool
3. Cultures (blood, stool, wound, urine, fluid from body cavities and abscesses)
4. Radiographic studies (KUB and upright abdominal films, barium enema, UGI and small bowel follow through)
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| **6.83 GOAL: Undifferentiated Signs and Symptoms (Surgery). Evaluate and appropriately treat or refer signs and symptoms that may require surgery.**  |
| 6.83.1 : Create a strategy to determine if the following presenting signs and symptoms are caused by a surgical condition, provide initial evaluation or treatment, and refer appropriately:1. Acute abdominal pain
2. Acute scrotum
3. Vomiting, especially bilious or bloody
4. Inguinal swelling or mass
5. Abdominal mass
6. Bloody stools
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| **6.84 GOAL: Common Conditions Not Referred (Surgery). Diagnose and manage common conditions that generally do not require surgical referral.**  |
| 6.84.1 : Diagnose, manage, and counsel patients and parents about the following conditions that generally do not require surgical evaluation:1. Umbilical hernia
2. Retractile testes
3. Resolving hydrocele
4. Transient lymphadenopathy
5. Minor lacerations
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| **6.85 GOAL: Conditions Generally Referred (Surgery). Diagnose, provide initial stabilization, and refer appropriately conditions that usually require surgical evaluation.**  |
| 6.85.1 : Recognize, stabilize and initiate management and surgical referral for the following conditions:1. Intussusception
2. Tumor
3. Trauma (e.g., blunt abdominal trauma)
4. Burns
5. Failure to thrive or gastroesophageal reflux requiring gastrostomy tube or Nissen fundoplication
6. Central venous access
7. Atypical mycobacterial adenitis
8. Acute lymphadenitis
9. Prenatal diagnosis of surgical condition: Congenital diaphragmatic hernia, Hirschsprung's, Atresia or stenosis of gastrointestinal tract, CCAM (cystic adenomatoid malformation), abdominal wall defects (gastroschisis and omphalocele), lymphatic malformations (cystic hygroma) of the neck, esophageal anomalies, sacrococcygeal teratomas
10. Caustic strictures of esophagus
11. Pleural effusion or empyema
12. Hypertrophic pyloric stenosis
13. Meconium ileus
14. Meckel?s diverticulum
15. Malrotation, volvulus
16. Ascites
17. Premature infant with short bowel syndrome following necrotizing enterocolitis
18. Neck masses (thyroglossal duct cyst, branchial cleft cyst, cystic hygromas)
19. Anorectal anomalies (imperforate anus)
20. Chest wall defects: pectus excavatum and carinatum
21. Intersex and ambiguous genitalia
22. Lymphangiomas
23. Dysphagia, achalasia
24. Abdominal mass: Wilms Tumor, Neuroblastoma
25. Ovarian mass: teratomas, etc.
26. GI bleeding
27. Intestinal obstruction
28. Undescended testis
29. Ganglion cysts
30. Inflammatory bowel disease
31. Polyposis syndromes
32. Appendicitis
33. Biliary atresia
34. Gall bladder disease
35. Portal hypertension
36. Pancreatitis
37. Vascular anomalies
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| 6.85.2 : Identify the role and general scope of practice of pediatric surgeons; recognize situations where children benefit from the skills of surgeons with specialized training in the care of infants and children; and work effectively with these professionals in the care of children's surgical conditions.  |
| **6.86 GOAL: Pre-operative and Post-operative Evaluation (Surgery). Collaborate with surgeons in the pre-operative and post-operative evaluation and management of pediatric patients, differentiating between adult and pediatric surgeons.**  |
| 6.86.1 : Refer patients needing surgical intervention to the appropriate pediatric surgical subspecialist, if available in your locale. |
| 6.86.2 : Evaluate patients pre-operatively to provide medical clearance for surgery. 1. Obtain history of prior surgery and anesthesia.
2. Identify bleeding tendencies.
3. Assess oral cavity for loose teeth if endotracheal intubation is anticipated.
4. Manage any chronic respiratory conditions (e.g., asthma) that may have an impact on surgery and recovery.
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| 6.86.3 : Participate in the post-operative follow-up of surgical patients.1. Monitor fluid and electrolyte status.
2. Observe for fever and recognize different causes of fever and their appropriate evaluation.
3. Recognize and manage common post-operative complications (bleeding, stridor, infections, wound dehiscence).
4. Manage post-operative pain.
5. Assess discharge and follow-up plans.
6. Recognize psychosocial stresses of surgery on families and anticipate potential barriers to adequate post-op care.
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| **Source**Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 06/27/2011]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.  |

**Recommended Reading:**