Do’s and Don’t of your Surgery Rotation

- **Do:**
  - Always be respectful to everyone
  - Be on time
  - Be polite

- **Don’t:**
  - Don’t interrupt people
  - Don’t fight over cases
  - Forget about medicine!
Pre-Rounds

- Show up with enough time to Pre-Round
- Things to look up before rounds:
  - Vital signs from overnight (range, max)
  - Any events since the previous day
  - Any new labs, radiology, etc
  - Medications/fluids
    - Know day of antibiotic therapy
- Make sure you have supplies for dressing changes (depends on the patients)
  - 4x4s
  - Silk tape
  - Saline flushes
  - Abdominal pads
  - Wound packing material
  - 20cc syringe (to pull foley)
  - Suture removal kits (sterile forceps and scissors)
Pre-Rounds

- Pre-round info from the floors
  - Ask the nurse
    - They know more than you
  - Any events overnight? Pain?
  - Flatus/bowel movements?
  - Ins/outs (per 24h)
    - Urine
    - Drain outputs
  - Ask the Patient how they are doing/new complaints/pain?
  - Physical exam
    - LISTEN!! (if you don’t hear bowel sounds, listen for 2 minutes)
    - Observe, palpate, etc
Rounds: outside the room

- Give a **concise** presentation about your patient to the chief on rounds
- Use SOAP format
- Always state the surgery performed and the post-op day
- At the end, give a suggestion for what you think should be done
  - You’re not expected to be experts, but the residents like it when you give input. It shows you’re reading and that you care!
1 liner: __ yo man, s/p ____ for ___, post-op day #

Yesterday: significant events, Overnight events


Objective: Tmax/Tcurrent, Vitals (range, max)
- Ins/Outs: Urine, NG, IR drains, JP’s / 24 hrs
- Exam: Abd!! Inspection, auscultation, palpation
- Labs, Imaging
A/P
- Have SOMETHING to say– include current probs
  - HTN/DM well controlled, continue meds.. etc

Plan: Always mention
- Diet
- Abx (know dosage/day#)
- Surgical
- Imaging?
- DVT ppx
Rounds: in the room

- Silent unless spoken to
  - DON’T interrupt the patient or chief when they’re talking
  - DON’T answer questions for interns/residents re pts
  - Keep gloves with you for yourself and the residents
- If the patient needs dressing changes, be ready
  - Chiefs often like to take a look at the wound before the dressing is changed
  - Wet-to-dry: wet gauze with saline, squeeze until not dripping. Place wet gauze in wound, cover with dry gauze, tape
- Don’t interrupt the flow of rounds
Floor Work

- **BE PRESENT**
  - Don’t disappear to eat/read/etc
  - You’re actually VERY helpful to the intern

- Get your stuff done early
  - Keeps tasks from slipping through the cracks

- Jobs for med students
  - Draw labs
  - Update sign out – don’t treat it as scut!
  - Walk patients/get them out of bed to chair
  - Educate patients (incentive spirometry, etc)
  - Talk to the patients, get to know them better
    - You’re able to pay way more attention to your patients than anyone else in the hospital
The day before:
- Update the board for the next day
- Sign up for cases – don’t fight over them
- Know everything about the patient
  - Why are they getting the surgery? What were their pathology results?
- Read about the operation: basic anatomy. Learn about the procedure if you’re interested
  - AccessSurgery is very good for this

The morning of:
- Eat breakfast, stay hydrated, use the bathroom
- Introduce yourself to the attending and ask if it’s ok that you scrub in
- **Introduce yourself to the patient** in the pre-op area
In the OR

- Help transport the patient into the OR and set up for the surgery
  - It’ll be confusing the first time, but pay attention to what people are doing so you can help next time
- Introduce yourself to the nurses and say you’ll be scrubbing in
  - Offer to get gloves/gowns for yourself
- Scrub when the attending or chief tells you to
  - You are the lowest priority
- Scrubbing is a privilege, not a right: Be polite and grateful for the opportunity to scrub
During the surgery

- Don’t talk unnecessarily
- Stay out of the way
- Don’t - Do something unless an attending tells you to.
  - Examples: putting suction in wounds, grabbing organs in the heat of the moment.
- Try to pay attention to what the surgeon is doing and learn his/her tendencies
- Cut suture tails (when they’re tying, ask the scrub tech for the suture scissors)
- If retracting, stay in position until someone tells you that you can release
- Be helpful, have fun, and try to learn something!
After the case

- The attending usually leaves the resident to close and finish the case.
- You may get to help close – you’ve been practicing your suturing, right?
- Help clean the patient and stick around to help when the patient is waking up and for transport.
- That is YOUR patient now: expect to follow him/her for the rest of the hospital course.
- Post-op check ~3-4 hours after the surgery.