Course Number: PHA 623
Course Title: General Surgical Supervised Clinical Practice
Number of Credits: 8 Credit Hours
Day/Time: FT – 8 weeks
Prerequisites: Successful Completion of Year 1 PA Curriculum and All Prior Clinical Rotations
Faculty: Course Coordinator:
Nicole Papermaster, PA-C
Office: Charles House 205
Office Hours: by appt.
Telephone: 262-524-7401
Email: npaperma@carrollu.edu

Course Description:
The student will evaluate and manage patients with a variety of surgical problems. The student will develop an understanding of the role of the surgeon, anesthesiologist, assistant surgeon, circulating nurse, scrub nurse, scrub tech, recovery room nurse, and the surgery floor nurses, aides and techs in the care of the surgical patient.

Course Content:
Students will work under the supervision of a Program determined licensed healthcare professional or his or her designee(s). The student will actively engage in applying the medical knowledge and clinical skills gained during the didactic year, along with continuing to develop clinical reasoning through an evidence based approach to the evaluation and management of problems encountered in the inpatient surgical setting. In addition students will work toward expanding their knowledge of surgical care and as well as their surgical skills through active participation and engagement as part of the surgical team both within the hospital and operating suite settings.

The student should prioritize gaining knowledge and experience in the efficient and effective evaluation, treatment and management common emergent, urgent, acute and chronic surgical diseases and conditions encountered in adult and geriatric patients to include the pre-operative, intra-operative and post operative care and management.

The knowledge (cognitive) objectives for this course along with the topic lists are to be used as a guide for readings, studying and preparing for the End of Rotation examination. Students must keep in mind that not all diseases or conditions will be seen during the rotation however they should initiate and engage in reading and studying these entities and areas as they may be included on the End of Rotation examination. The skills (psychomotor) and professionalism (affective) objectives are to guide the student regarding the expected level and nature of participation (what students should be doing) and the required professional conduct while at the rotation site.

General Surgery Instructional Goals:
- Provide the student with an exposure to the principals, practices and procedures used in the General Surgical clinic, hospital and operating room.
- Expose the student to the varied social, economic factors involved in providing health care to a community based population.
- Expose the student to a wide range of general surgical problems with an emphasis on the management of routine surgical cases and early recognition of acute surgical problems.
- Expose the student to common diagnostic and therapeutic surgical procedures and the risks, benefits and alternatives
• Allow the student to expand on their interview, physical exam and assessment skills.
• Provide information into the care and management of acute surgical problems, traumatic surgical problems and burns.
• Expose the student to various cultural factors that influence how patients are interviewed, examined and treated.
• Provide the student with an understanding of and empathy for the needs of the surgical patient.

General Surgery Rotation Goals:
1. Provide the student with the opportunity and access to a diverse population of patients and a variety of emergent, urgent, acute and chronic diseases and condition requiring surgical intervention and management in the inpatient setting.
2. Support ongoing development and mastery of the student's ability and skill in obtaining a surgical history, conducting a physical examination, recommending and interpreting diagnostic studies and discussing and recommending treatment plans with the guidance of a preceptor.
3. Provide clinical based exposure and opportunities to develop the student's ability to evaluate and assess common surgical diseases and conditions in a hospital surgical setting.
4. Provide exposure and the opportunity to learn and work as part of an inpatient surgical care team.
5. Provide clinical based opportunities to continue to develop the student's ability to generate differential diagnoses and determine a primary diagnosis.
6. Provide supervised patient care based opportunities which foster the development of the student's ability to recommend appropriate surgical treatment and management plans.
7. Provide supervised patient care based opportunities which foster the development of the student's surgical assisting abilities, pre, intra and post-operative care of surgical patients.
8. Provide patient care based opportunities which foster the development of the student's ability to generate written documentation and oral presentation of surgical patient encounters to include a pre admission history and physical examinations, perform daily patient rounds and to participate in discharge planning.
9. Provide opportunities for continued development of the student’s ability to effectively and efficiently communicate with a diverse population of patients as well as with others professionals in the health care environment.
10. Provide opportunities for continued development of the skills needed to search, interpret and evaluate medical literature in relationship to medical decision making and patient care.
11. Expose and provide opportunities to foster inter-professional understanding and collaboration.

General Surgery Learning Outcomes:
At the end of this eight week rotation, students will be able to:
1. Accurately assess when common medical diseases and conditions require surgical management through the application and integration of core medical knowledge (etiology, pathophysiology, prevalence, clinical presentation, diagnostic evaluation and interpretation) and the use of evidence based decision making toward the diagnosis, management and treatment of emergent, urgent acute, chronic and/or life threatening conditions encountered in general surgery (see topic list).
2. Identify, evaluate, stabilized and/or recognize life threatening conditions which required immediate surgical intervention.
3. Recognize, evaluate and monitor patients during the pre, intra and post-operative stages of surgical care.
4. Recognize, evaluate, monitor and treat patients for pre and post-operative medical and/or surgical risks and/or complications.
5. Recognize and/or recommend appropriate medical and/or supplementary referral services in managing the surgical patient.
6. Recognize, develop and/or recommend discharge planning to include patient instruction, education, referral and follow up.
7. Employ and demonstrate competent and ethical medical record documentation (including pre and post-operative notes, operative notes, admission and post-operative orders and surgical rounding notes).
8. Perform concise, articulate and effective oral case presentations.
9. Recognize and engage in effective on-going (continuity) patient care in an empathetic fashion that demonstrates awareness and sensitivity to diverse religious, cultural, and ethnic patient populations over the course of rotation.
10. Recognize, apply and demonstrate effective communication skills
11. Effectively and professionally navigate the role and responsibilities as a physician assistant (within the confines of the student role) practicing in an inpatient surgical setting.
12. Participate efficiently, collaboratively and professionally with other health care providers and team members within the context of inpatient surgical care.

Assessment:

<table>
<thead>
<tr>
<th>Course Requirements</th>
<th>% of Final Grade</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Rotation – Student Evaluation from preceptor</td>
<td>40%</td>
<td>1 wk after end of rotation</td>
</tr>
<tr>
<td>End of Rotation Exam</td>
<td>40%</td>
<td>EOR day</td>
</tr>
<tr>
<td>Case Write-up</td>
<td>10%</td>
<td>EOR day</td>
</tr>
<tr>
<td>Typhon logging</td>
<td>5%</td>
<td>EOR day</td>
</tr>
<tr>
<td>Cultural reflection paper</td>
<td>5%</td>
<td>EOR day</td>
</tr>
</tbody>
</table>

Letter Conversion Scale

<table>
<thead>
<tr>
<th>Letter</th>
<th>Conversion Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100-93</td>
</tr>
<tr>
<td>AB</td>
<td>92.99-90</td>
</tr>
<tr>
<td>B</td>
<td>89.99-83</td>
</tr>
<tr>
<td>BC</td>
<td>82.99-80</td>
</tr>
<tr>
<td>C</td>
<td>79.99-70</td>
</tr>
<tr>
<td>D</td>
<td>69.99-60</td>
</tr>
<tr>
<td>F</td>
<td>59.99 and below</td>
</tr>
</tbody>
</table>

Suggested Readings & Resources:

1. CURRENT Diagnosis and Treatment Surgery, 14th Edition
2. A Comprehensive Review for the Certification and Recertification Examinations for Physician Assistants
3. Didactic textbooks and class notes

Preceptors may require and assign additional readings during the course of the rotation.
Policy Statements

Statement on Academic Integrity – The Carroll University Academic Integrity Policy is located in your student handbook. Students are encouraged to familiarize themselves with it. If a student violates this policy in any way, the instructor(s) reserve the right to impose a sanction of failure on the assignment/assessment or failure in the course. If you have questions about appropriate citations, please ask your instructor.

Accommodation for Disabilities – Any requests for accommodation must be made through the Walter Young Disability Services Coordinator at Carroll University. Appropriate accommodations will be made once notification has been received from the Walter Young coordinator.

Modifications to the syllabus: The instructor and the University reserves the rights to modify, amend, or change the syllabus (schedule, course requirements, grading policy, etc.) as the curriculum and/or program require(s).

Student Responsibilities (Refer to Clinical Education Manual)

Attendance
Consistent attendance and punctuality are expected of all students during enrollment in the program. Part of the socialization in the PA program is learning the values necessary to be a competent Physician Assistant. One of these is a sense of responsibility and obligation to commitments. Students make a commitment to patient care for clinical assignments, both to the patients and to the other members of the health care team. Students should not be late to a clinical site or rounds. Please see the Clinical Manual for details of the program’s attendance policy.

Preceptor Evaluations
Each student will be given Preceptor Evaluation of Student Performance forms. The End of Rotation Preceptor Evaluation form is to be given to each preceptor at the beginning of the last week of the clinical rotation. It is the student’s responsibility to collect the completed forms and deliver them to the Clinical Coordinator within one week of completion of the rotation. For rotations longer than 4 weeks, a two week evaluation is required. A grade for that rotation will not be assigned until all required forms are submitted and may result in an “Incomplete” for the rotation.

Site Evaluation Forms
Each student is required to complete evaluations of each of their rotation sites at week two and at the end of each rotation. Students will provide their opinion on both positive areas and on areas needing improvement of the clinical site and experience. Preceptor and clinical site evaluations are reviewed by the Clinical Coordinator. Any issues or problems are identified, documented and discussed with the preceptor and the student for resolution or improvement. Site evaluations are due on the EOR days for each rotation.

Patient Profile/Clinical Procedure Logs
Students will be required to maintain a patient log in Typhon which gives the program an opportunity to further evaluate the clinical experience. The patient log will show the numbers and types of patients being seen, diagnosis, and level of participation. Students must log at least three patient entries per day. This information assists in providing information to remain in compliance with the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA). It will also help document graduate competencies as well as assist students in building a personal portfolio if desired. Students are also required to document all required procedures and skills.

End of Rotation Exams
Students will complete an EOR exam for every required clinical rotation completed in the 8-weeks preceding the Return to Campus Day with the exception of the elective rotation. Due to scheduling, some students will
have to complete more than one exam. Exam content will be based on the learning objectives and topic list outlined in each rotation’s syllabus and provided to both the student and preceptor. Clinical experiences may vary depending on patient population and site strengths/weaknesses. It is the student's responsibility to review the objectives and topics and augment their clinical experiences with independent research and discussion with the preceptor as necessary. See Rotation Progression Standards in the Clinical Manual.

**Case Write Up**
The clinical write-up is a complete H&P (SOAP format) which includes an assessment and plan from a case study for each rotation. A case discussion should also be completed along with documentation of references. If a student fails to achieve a passing grade of 70% on the case write up, they will be required to re-write the assignment and be given a grade of 70% on the assignment. The clinical write ups must be submitted to the Clinical Coordinator on the EOR day or one letter grade will be deducted. See Appendix in the Clinical Manual for grading details.

**Cultural Reflection Paper**
The student will write a personal reflection paper on one culturally diverse patient issue they have observed or encountered during the clinical rotation including, but not limited to, the cultural skills learned in year one of the practicum. One paper is due at each EOR time. Over the course of the clinical year, the student will have completed 6 cultural reflection papers. See Appendix in the Clinical Manual for grading details.

**Rotation Specific Objectives**
These objectives are to guide the student in preparing for the End of Rotation examination by defining areas of content to be emphasized and studied as well as the clinical skills and professional behavior required and expected during this rotation.

**I. Medical Knowledge (Cognitive)**
Acquisition of these objectives represents the foundation of core knowledge and cognitive ability needed to fulfill the clinical role of a physician assistant in an inpatient surgical care setting. These objectives are to be used with the topic list included. At the conclusion of this rotation, the successful Physician Assistant student will be able to:

1. Recognize and/or differentiate the anatomy, epidemiology, physiology, pathophysiology, and prognosis associated with medical diseases and conditions which require surgical intervention and/or management commonly encountered in the adult and geriatric population (see topic list).
2. Identify, evaluate and/or select the prevalence, risk factors and clinical presentation (to include pertinent historical, physical examination) for those diseases and conditions commonly encountered in the adult and geriatric population in the general surgery setting (see topic list).
3. Identify, select and/or interpret diagnostic evaluation methods and/or their findings needed to confirm or rule out a diagnosis including consideration to the indications, contraindications, complications and cost-effectiveness of the diagnostic method.
4. Identify the indications, required preparation (where applicable), normative and abnormal findings, limitations and risks of commonly used diagnostics in surgical practice to include but not limited to the following:
   a. ECG
   b. Ultrasound
   c. CXR
   d. Pulmonary function testing
   e. Plain x-ray films (to include flat and upright abdominal)
   f. CT
   g. Endoscopy
   h. MRI
   i. Doppler
   j. Mammogram
   k. Bone scan
   l. HIDA scan
   m. V/Q scan
   n. Angiography
   o. Thalium stress testing
   p. Flexible sigmoidoscopy and colonoscopy
5. Identify the basic indications, procedures, normative and abnormal values, limitations for the following common diagnostic labs used in surgical practice to *include but not limited to the following*:
   a. CBC with differential
   b. Urinalysis with microscopic
   c. Chemistry panel
   d. Urine culture and sensitivity
   e. Coagulation panel
   f. Hemoccult/DRE
   g. Liver function tests
   h. CEA
   i. Thyroid panel
   j. Fine needle aspiration (FNA)
   k. Electrolytes
   l. Arterial blood gases
   m. D-dimer assays
   n. Amylase & lipase

6. Identify and/or differential diagnoses based on history and physical examination findings for medical diseases and conditions which may require surgical intervention.

7. Identify, generate and/or select a primary diagnosis based on history, physical examination findings, and laboratory and imaging study findings for medical diseases and conditions which may or do require surgical intervention.

8. Identify and/or select treatment and management approaches (pharmacological, non-pharmacological and surgical) and/or potential complications of such treatments taking into consideration the indications, contraindications, complications, prognosis and cost-effectiveness.

9. Identify, recognize and/or select appropriate pain management (analgesics, narcotics, opioids) of the surgical patient including indications, contraindications, and potential adverse reactions of common pharmacological agents used in the surgical patient.

10. Identify, recognize and/or select the potential complications or sequel of the surgical treatment of diseases, and/or conditions commonly encountered in general surgery.

11. Identify and/or select follow-up care and/or monitoring (including diagnostic testing) needed for short- and long term management of surgical patients.

12. Identify and/or choose educational information and/or counseling content and techniques in the communication of diagnosis, treatment plan and prognosis to patients which facilitate and enhances understanding and compassion, including between patients and their families.

13. Recognize and/or select the indications for hospital admission for conditions encountered in surgery.

14. Recognize and/or identify surgical anatomical landmarks for common general surgical procedures.

15. Recognize and/or discern the advantages, disadvantages, indications, contraindications and/or complications of laparoscopic surgery.

16. Recognize the indications for permanent and/or temporary colostomies and ileostomies.

17. Identify and recognize the indications, contraindications and complications regarding blood typing and transfusions.

18. Recognize, determine and/or select appropriate fluid and electrolyte management of the surgical patient.

19. Identify, differentiate and/or select effective and professional communication approaches and techniques which foster a respectful position for patients from diverse cultures, religions and lifestyles, for adult and geriatric patients and including between patients and their families.

20. Identify and/or distinguish appropriate nutritional education content, nutritional requirements and/or the treatment of nutritionally related health problems and/or issues in the surgical patient.

21. Identify, recognize and/or discern the legal and ethical issues of informed consent, refusal of care, surrogate decision makers, assessment of patient competency, advanced directives, power of attorney, end of life decision making and do not resuscitate orders (DNR) in relation to the surgical patient.

22. Identify and/or select information needed to discuss and counsel patients and patient families about issues of loss, death and dying, and grief and bereavement.

23. Identify, recognize and/or select preoperative risk factors and/or post-operative complications.

24. Identify, recognize and/or chose the preoperative assessment and/or post-operative evaluation and management for healthy patients as well as those with but not limited to the following pre-existing diseases:
   i. Adrenal insufficiency
   ii. Cardiac (MI, CHF, Angina, VHD)
   iii. HTN
iv. Respiratory (Asthma, pneumonia, COPD, URI)
v. Renal (AKI, CKD, ESRF)
vi. Liver (Hepatitis, Cirrhosis)
vii. Endocrine (Diabetes, Thyroid disease)
viii. Hematologic (Anemia, bleeding and clotting disorders)
ix. Immunocompromised (HIV, AIDS, chemotherapy, pregnancy, etc.)

25. Identify and/or recognize the parameters used to determine when antibiotic prophylaxis is needed for a surgical patient.
26. Identify and/or recognize the common pathogens and select the appropriate antibiotic agent for commonly performed general surgeries.
27. Appropriately identify and/or recognize the components, format and information needed for documentation of a pre-operative note, operative note, post-operative note, surgical SOAP notes, surgical history and physicals, admission orders, pre and post-operative orders and discharge summary.
28. Identify and/or discern the special considerations for the elderly surgical patient and appropriately select needed adjustments to the pre-operative evaluation of such patients.
29. Recognize and/or select the components of routine pre-operative care including but not limited to: routine labs, NPO status guidelines, need for holding medications or making dose adjustments prior to surgery.
30. Identify and/or recognize the predisposing factors, strategies for prevention, clinical presentation, diagnostic workup, expected findings and management for the following post-operative complications:
   a. Fever
   b. Pulmonary embolus (PE)
   c. Atelectasis
   d. Sepsis
   e. Pneumonia
   f. Urinary tract infection (UTI)/retention
   g. Internal hemorrhage
   h. Deep vein thrombosis (DVT)
   i. Wound infection/dehiscence
   j. Pressure ulcers
   k. Ileus
31. Identify and/or recognize the appropriate management of common fluid and electrolyte imbalances in the surgical patient and/or select the appropriate replacement fluid.
32. Recognize and/or identify the classifications of surgical wounds and select the appropriate use and choice of antibiotics for each.
33. Recognize and/or select components of routine post-operative care (including but not limited to: pain management, advancing diet, fluid, inputs/outputs (I’s & O’s), activity advancements, wound management, routine labs).
34. Identify and/or recognize the indications, contraindications, adverse reactions including the medical management of reactions related to transfusion therapy.

II. Clinical Skills (Psychomotor)
These objectives provide guidance for what skills and procedures students should be doing while on site. Students should volunteer and/or request to participate in these tasks with preceptor permission and/or supervision. Upon completion of this practicum students will be able to:
1. Obtain and document complete and/or focused accurate surgical history emphasizing those areas specific to the patient’s current condition and co-morbidities and incorporating effective, professional and caring communication techniques for adult and geriatric patients.
2. Perform and document complete and/or focused integrated and systematic physical examination with specific emphasis on pertinent system(s) as related to the patient’s current condition and co-morbidities in the inpatient surgical setting and demonstrating correct examination technique to include draping, patient positioning and patient privacy for adult and geriatric patients.
3. Determine and/or recommend laboratory and radiographic diagnostic studies needed to confirm and/or rule out diagnoses for surgical problem(s) encountered in the inpatient setting including consideration to the indications, contraindications, complications and cost-effectiveness of the diagnostic method.
4. Review and/or interpret normal and abnormal results of laboratory and radiographic diagnostic studies as related to both medical and surgical problem(s) encountered in the inpatient setting.
5. Formulate differential diagnoses based on history, physical examination findings, and laboratory and imaging studies.
6. Formulate a primary diagnosis based on clinical presentations and diagnostic findings.
7. Formulate, recommend and/or assist in the surgical treatment plan and/or management including referral (where warranted) for acute, chronic and/or life threatening conditions which occur in the surgical setting.
8. Formulate, discuss and/or document the following:
   a. Pre-Operative Admission orders
   b. Pre and post-operative notes
   c. Operative note
   d. Post-operative orders
9. Attend, engage and/or perform daily patient surgical rounds including documentation.
10. Perform and/or assist in surgical consults in the emergency room or hospital floor units, including documentation
11. Monitor a patient's progress through continuous evaluation, data collection and analysis.
12. Education and/or assist in the communication of diagnosis, treatment plan and prognosis to patients which facilitate and enhances understanding and compassion, including between patients and their families.
13. Perform concise, articulate and effective oral case presentations.
14. Develop and engage cooperative and collaborative inter-professional relationships within the surgical health care team.
15. Participate efficiently, collaboratively and professionally with other health care providers and surgical team members within the context of operating suite and care of the surgical patient.
16. Recommend, assist in the development of, and/or document discharge planning to
   a. Include patient instruction, education, follow up and referrals.
17. Recommend and/or perform discharge summaries.

Additional skills student should engage in and/or perform:
1. Troubleshoot adverse responses and/or complications which may arise during the care and treatment of hospitalized surgical patients.
2. Perform/assist in the following surgical skills
   - surgical scrub and gowning process
   - OR patient positioning, prepping and draping
   - surgical assisting on common surgical cases
   - placement of sutures, ties and/or staples
   - surgical hand knot tying
   - removal of sutures and/or staples
   - insertion and/or removal of chest tube
   - insertion and/or removal of surgical drains
   - insertion and/removal of urinary catheters
   - insertion and/or removal of central venous line

III. Professional Behaviors and Skills (Affective)
These objectives define the behavioral and attitudinal conduct, responsibilities and expectations of the physician assistant student. At all times throughout the rotation, the student must adhere to the following:
1. Demonstrate professional responsibility by arriving on time, being prepared, completing all assigned
tasks and remaining until the end of the scheduled time or until released by preceptor.

2. Always perform duties under the supervision and direction of the Program determined licensed healthcare professional or his or her designee(s).

3. Treat all patients, faculty, university and site staff, preceptors, faculty, health care workers and fellow students with dignity and respect.

4. Conduct themselves in a professional courteous manner and with the highest ethical standards expected of a health care professional and consistent with the role and responsibilities of a physician assistant.

5. Use effective, open and genuine communication in all encounters.

6. Comply with all PA program, Carroll University and clinical site policies and procedures, HIPAA regulations regarding patient confidentiality and OSHA regulations regarding safety.

7. Use accurate and honest reporting, documentation and transmittal of information in professional interactions with all members of the healthcare team.

8. Be supportive and show sensitivity regarding the emotional, cultural and socioeconomic aspects of the patient, his/her illness and their families.

9. Recognize personal and professional limitations and seek help from others when appropriate.

10. Comply with the ethical and legal principles and concepts as they relate to the AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession.

11. Be open to receiving, considering, and appropriately acting upon constructive criticism.


**General Surgery Topics**

Clinical experiences may vary depending on patient population and site strengths/weaknesses. *It is the student's responsibility to review the objectives and topics and augment their clinical experiences with independent research and discussion with the preceptor as necessary.*

Please refer to both the EOR exam content topic list as outlined on the PAEA website and the topic list below.

<table>
<thead>
<tr>
<th>BREAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess</td>
</tr>
<tr>
<td>Carcinoma</td>
</tr>
<tr>
<td>Fibroadenoma</td>
</tr>
<tr>
<td>Mass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEAD &amp; NECK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thyroid cancer</td>
</tr>
<tr>
<td>Thyroid nodules</td>
</tr>
<tr>
<td>Hyperparathyroidism</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VASCULAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal aortic aneurysm/dissection</td>
</tr>
<tr>
<td>Mesenteric ischemia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABDOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophageal &amp; Stomach Diseases</td>
</tr>
<tr>
<td>Strictures &amp; Obstruction</td>
</tr>
<tr>
<td>Gastroesophageal Varices</td>
</tr>
<tr>
<td>Upper GI Bleeding</td>
</tr>
<tr>
<td>Gastric Cancer</td>
</tr>
<tr>
<td>Peptic ulcer disease</td>
</tr>
</tbody>
</table>

| Small Intestine, Colorectal and Anal |
| Appendicitis |
| Diverticular disease |
| Inflammatory bowel disease (Crohns Dz, Ulcerative Colitis) |
| Ischemic bowel disease |
| Small and large bowel obstruction |
| Volvulus |
| Lower GI Bleeding |
| Hemorrhoids |
| Colorectal Neoplasms |
**Anorectal abscess/fistula**  
**Pilonidal Disease**  
**Rectal Prolapse**  

**Liver, Biliary and Pancreatic Diseases**  
- Acute/chronic cholecystitis  
- Cholelithiasis/choledocolithiasis  
- Acute cholangitis  
- Acute/chronic pancreatitis  
- Pancreatic neoplasms

<table>
<thead>
<tr>
<th><strong>HERNIAS</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophageal/hiatal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarcerated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strangulated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umbilical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inguinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Femoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incisional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER**  
- Decubitus ulcers/leg ulcers  
- Lipomas/epithelial inclusion cysts  
- Chronic/acute arterial occlusion