

Essential
Clinical Surgery

S E C O N D E D I T I O N

Stanley Mathew

Professor and Head, Department of General Surgery
Kasturba Medical College, Manipal



Universities Press

ESSENTIAL CLINICAL SURGERY, SECOND EDITION

UNIVERSITIES PRESS (INDIA) PRIVATE LIMITED

Registered Office

3-6-747/1/A & 3-6-754/1, Himayatnagar, Hyderabad 500 029, Telangana, India
info@universitiespress.com; www.universitiespress.com

Distributed by

Orient Blackswan Private Limited

Registered Office

3-6-752, Himayatnagar, Hyderabad 500 029, Telangana, India

Other Offices

Bengaluru, Chennai, Guwahati, Hyderabad, Kolkata
Mumbai, New Delhi, Noida, Patna, Visakhapatnam

© First edition by Perumpallichera Publishers 2012
First edition published by Perumpallichera Publishers 2012
© Second edition by Stanley Mathew 2021
Second edition published by Universities Press (India) Private Limited 2021

ISBN 978 93 89211 72 6

All rights reserved. No part of the material may be reproduced or utilised in any form, or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the copyright owner.

Cover and book design

© Universities Press (India) Private Limited 2021

Typeset in Minion Pro 11/13.5 pt by
ELITE Graphics, Hyderabad 500 039

Illustrations by

RK Majumdar
New Delhi 110 092

Printed in India at

Rasi Graphics Pvt Ltd., Chennai 600 014

Published by

Universities Press (India) Private Limited
3-6-747/1/A & 3-6-754/1, Himayatnagar, Hyderabad 500 029, Telangana, India

501748



Care has been taken to confirm the accuracy of the information presented in this book. The author and the publisher, however, cannot accept any responsibility for errors or omissions or for consequences from the application of the information in this book and make no warranty, express or implied, with respect to its contents.

Contents

<i>Preface to the Second Edition</i>	<i>vii</i>
<i>Preface to the First Edition</i>	<i>ix</i>
1 History	1
2 Physical examination	14
3 Investigations and diagnosis	32
4 Ulcer, sinus and fistula	47
5 Lumps and swellings	68
6 Arterial system	98
7 Venous system	134
8 Lymphatic system	153
9 Hands and feet	172
10 Bones and joints	185
11 Peripheral nerves	205
12 Breast	227
13 Thyroid	262
14 Head and neck	293
15 Oral cavity	313
16 Salivary glands	333
17 Acute abdomen	345
18 Chronic abdomen	377
19 Abdominal lumps	427
20 Jaundice	457
21 Rectum and anal canal	478
22 Hernia and inguinoscrotal swellings	497
23 Genitourinary system – internal	521
24 Genitourinary system – external	542
25 The final examination	560
Index	564

Preface to the Second Edition

Essential Clinical Surgery is a contemporary resource for undergraduate and postgraduate medical students. The second edition of this book is aimed at providing students with an understanding of the basic tenets of clinical surgery and at retaining and building on the following objectives of the first edition:

1. To describe the art of eliciting history and physical signs without ambiguity
2. To present up-to-date clinical material relevant to the practice of clinical surgery in India
3. To use appropriate clinical photographs and an algorithmic approach to corroborate and augment the textual description

Essential Clinical Surgery is aimed at filling a void that exists in the currently available clinical resources which either lack clarity in describing clinical signs, allude to diseases that are only of historical importance or describe obsolete investigations. This book is a contemporary Indian clinical resource which will augment the clinical material available to students of surgery (particularly in private medical colleges where student intake is in excess of the clinical material available for adequate exposure and training of medical students) as well as help teachers to supplement clinical instruction (particularly in government medical colleges which are equipped with a profusion of clinical material but are plagued with faculty shortage). Another trend of concern is the proliferation of super specialty departments in medical colleges, whose contribution to undergraduate teaching is virtually negligible, resulting in the broad specialties losing numbers and the range of patients available for undergraduate tutelage. Essential Clinical Surgery is meant to help bridge this gap between the inadequate spectrum of clinical material available to students and the dearth of teachers who can provide quality clinical instruction.

Understanding the above-ground reality, in 2019, the erstwhile Medical Council of India, which was replaced by the National Medical Commission on 25 November 2020, rolled out the Competency Based Medical Education (CBME) curriculum. This curriculum lists a specified number of knowledge, skill and AETCOM (attitude, ethics and communication modules) competencies with a certain amount of flexibility in the designing of surgical syllabi and an emphasis on simulation and formative assessments to achieve competence in the specified skill. The design mandates that these skill sets be formally administered and formatively assessed instead of assuming that students will acquire them during their clinical sessions in the ward.

The proposed National Exit Test (NEXT) at the end of the MBBS course, as envisaged in the CBME curriculum of the National Medical Commission, is likely to result in a rise in the trend of tutoring or coaching classes to supplement formal course delivery in at least some medical colleges. If the NEXT eventually replaces the NEET entrance exams as the benchmark for postgraduate admissions, the above scenario is a foregone conclusion. Medical college teachers will then need reorientation, and students will have to be motivated to acquire the skills required for clinical practice rather than preparing and excelling in the exams alone.

As a teacher, I wish that novice undergraduate and postgraduate students will pay heed to the significance of imbibing and practicing a robust clinical methodology and utilising investigations to supplement their clinical methods rather than consider them as a substitute for sound clinical methods.

I wish to thank my surgical colleagues and assistants who have been patient during my attempts at serially documenting the findings in patients under our care. Above all, and most importantly, I am especially indebted to my patients, who have tolerated our intrusion into their lives during their hour of crisis and allowed us to learn and teach while they were being diagnosed with life-threatening conditions and terminal cancers.

Dr Stanley Mathew, M.S, DNB, FRCS Ed
Professor and Head
Department of General Surgery
Kasturba Medical College, Manipal
stanleysurgeon@gmail.com
www.stanleysurgeon.com

Preface to the First Edition

As an undergraduate MBBS student in the mid-1980s, an M.S. General Surgery postgraduate in the early 1990s, an undergraduate teacher and examiner in the late 1990s and a postgraduate teacher and examiner in the new millennium, I have witnessed a sea of change in how surgery is taught and practised today in comparison to what prevailed in the 1980s. Though the basic tenets of clinical surgery remain unchanged, there is a perceptible shift from relying only on a clinical diagnosis to confirming the diagnosis using investigations before initiating treatment.

I have had a unique opportunity to observe surgical practice in the United Kingdom and Malaysia, and work in various capacities in a tertiary care private medical college and a resource-constrained primary care district hospital in South India. This has given me insight few would have even at the end of their long surgical careers. It was during the latter that the idea of Essential Clinical Surgery was conceptualised with the following objectives:

1. Describe the art of eliciting history and physical signs
2. Present up-to-date clinical material relevant to practicing clinical surgery in India
3. Use appropriate clinical photographs to corroborate and augment the textual description
4. Introduce an algorithmic approach to the clinical and differential diagnosis

In several medical colleges with batches exceeding 200 students and sparse clinical material to support such student load, it is now becoming a trend to have the demonstration of clinical signs, simulated patient sessions and even PowerPoint presentations of patients. The noble intent of minimising patient discomfort cannot be faulted but questions remain regarding the appropriateness of such alternate teaching methods. At the other extreme, we have the traditional government medical colleges, where a small batch of students are overwhelmed with a profusion of clinical material, with their teachers unable to allocate time for teaching as they are overburdened with clinical duties to take care of their patients, understaffed institutes and underpaid staff being the norm.

I acknowledge the pioneer textbooks and manuals of clinical surgery without which we would not have the now standard method of eliciting history and physical signs. The methodology has indeed become universal in appeal and permits uniformity in describing the clinical condition of patients cutting across religion and specialty. I am also indebted to the teachers who have so etched this methodology in our minds that it is now second nature and comes to us without much thought or effort. I would also like to acknowledge the initiatives of several internet sites with open access medical literature, for this has changed the way we now access and share information. I have also tried to utilise this appeal by extending the concepts of this book to its companion site, www.stanleysurgeon.com.

I wish to thank my surgical colleague Dr Sudesh Kumar who was an invaluable friend and guide during my stint at Udupi Government Hospital. I not only learnt a lifetime's worth but also thoroughly enjoyed the brief deputation. I wish to thank Dr Winny Varikat, West Mead Hospital, Sydney, Australia, for providing all the histopathology slides used in this book. I also acknowledge my surgical assistants, Dr A. Anand, Dr Yashpal Singla, Dr Praveen Kumar and Dr Jennifer Daniel for their wholehearted support and enthusiasm in managing patients in our surgical unit and contributing to this book. I also thank the numerous hospital staff at the government hospital, in particular, the staff in the operation theatre and the ward nursing staff, whose dedication to patient care in the most trying of circumstances is reason to cheerfully return to work every day. Lastly, and most importantly, I am especially indebted to my patients who tolerated our intrusion into their lives during their hour of crisis, allowing us to learn and teach when they were diagnosed with life-threatening conditions and terminal cancers.

Dr Stanley Mathew, M.S., DNB, FRCS Ed.
Consultant General Surgeon
stanleysurgeon@rcsed.ac.uk
www.stanleysurgeon.com