

**SURGERY**

## Content Of Dr. Murali Bharadwaz's E-Learning Material

<b>Surgery Mock Test &amp; Notes</b>			
<b>Topic</b>	<b>Lecture</b>	<b>Duration</b>	<b>Size (MB)</b>
<b>Surgery Test 468</b>	Lec-01	0:39:49	136
	Lec-02	0:38:16	131
	Lec-03	0:41:12	141
	Lec-04	0:41:57	143
<b>Surgery Test 540</b>	Lec-01	0:39:27	135
	Lec-02	0:40:46	139
	Lec-03	0:35:15	120
	Lec-04	0:33:39	115

<b>Surgery Notes</b>	
<b>Surgery Notes</b>	<b>No. of Pages = 197</b>

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 26</b>	<ul style="list-style-type: none"> <li>◆ Superior Mesentericocaval Anastomosis</li> <li>◆ Digital Splenorenal Shunt</li> <li>◆ Budd-Chiari Syndrome</li> <li>◆ Neoplasms of the Liver</li> <li>◆ Haemangioma</li> <li>◆ Hepatoadenomas</li> <li>◆ Hepatocarcinoma</li> <li>◆ Fetoprotein(AFP)</li> <li>◆ Secondary Neoplasms of the Liver</li> <li>◆ Secondary Carcinoid(agentaffin) tumours</li> <li>◆ Treatment of Neoplasms of the Liver</li> <li>◆ Primary liver tumour</li> <li>◆ Spleen</li> <li>◆ Response to antigenic challenge</li> <li>◆ Investigation of the Spleen</li> <li>◆ Rupture of the Spleen</li> <li>◆ Kehtr's Sign</li> <li>◆ Infracgction of the spleen</li> <li>◆ Elective splenectomy</li> <li>◆ Tropical Splenomegaly</li> <li>◆ Felthy's Syndrome</li> <li>◆ Splenectomy</li> <li>◆ Usual Indications</li> <li>◆ Laparoscopic Splenectomy</li> <li>◆ Postopervative Complications</li> <li>◆ Postsplenectomy septicaemia</li> <li>◆ Gall Bladder</li> <li>◆ Surgical Anatomy and physiology</li> <li>◆ Cystic artery</li> <li>◆ Arterial supply of gall bladder</li> <li>◆ Surgical physiology</li> <li>◆ Bile,as it the liver</li> <li>◆ Gail Bladder concentrates the bile</li> <li>◆ Gallbladder-Functions</li> <li>◆ Concentration of Bile</li> </ul>	0:37:39	128
	<b>Lec 27</b>	<ul style="list-style-type: none"> <li>◆ Oral Cholecystography-Graham -Cole Test</li> <li>◆ GALL BLADDER WITH STONES</li> <li>◆ Contraindications for Oral Cholecystography</li> <li>◆ Ultrasonography</li> <li>◆ Endoscopic Retrograde Cholangiography</li> <li>◆ PRIMARY BILIARY CIRRHOSIS</li> <li>◆ Radioisotope Scanning</li> <li>◆ Biliary Scan(hida scan)</li> <li>◆ Liver SPECT Scan</li> <li>◆ Percutaneous Transhepatic</li> <li>◆ Percutaneous Transhepatic Cholangigraphy(PTC)</li> <li>◆ Peroperative Cholangigraphy</li> <li>◆ Postoperative Cholangigraphy</li> <li>◆ Congenital abnormalities of the gallbladder and bile duets</li> <li>◆ Biliary Atresia</li> <li>◆ The Kasai Procedure</li> <li>◆ Choledochal Cyst</li> <li>◆ Gallstones(Cholelithiasis)</li> <li>◆ Limey Bile</li> </ul>	0:39:22	134

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
SURGERY	Lec 01	<ul style="list-style-type: none"> <li>◆ Surgical complications</li> <li>◆ Postsurgical bleeding</li> <li>◆ Characteristic and Treatment of Coagulopathies in Surgical</li> <li>◆ Wound problems</li> <li>◆ Subperichondrial seroma</li> <li>◆ Dehiscence</li> <li>◆ Postoperative pain</li> <li>◆ Post operative Psychosis</li> <li>◆ Atelectasis</li> <li>◆ Aspiration pneumonia</li> <li>◆ Properties of Pleural Effusion Fluid</li> <li>◆ Exudates can be found in</li> <li>◆ Myocardial infarction</li> <li>◆ Intestinal ileus</li> <li>◆ Anastomotic leaks</li> </ul>	0:50:10	171
	Lec 02	<ul style="list-style-type: none"> <li>◆ Vascular complication, Pneumothorax</li> <li>◆ Iatrogenic cardiac tamponade</li> <li>◆ Pulmonary embolus, "Hampton's Hump"</li> <li>◆ Fat emboli, Bergman's triad</li> <li>◆ Differential Diagnosis of Postoperative Fever</li> <li>◆ Complications of Minimal Access Surgery (Laparoscopy or Thoracoscopy)</li> <li>◆ Pneumothorax</li> </ul>	0:39:13	134
	Lec 03	<ul style="list-style-type: none"> <li>◆ Surgical nutrition</li> <li>◆ Assessment of Nutritional Status</li> <li>◆ Laboratory markers of nutritional status</li> <li>◆ Serum Proteins Used as Makers of Nutritional Status, Energy expenditure</li> <li>◆ RQ, Energy requirements</li> <li>◆ Harris-Benedict equation</li> <li>◆ Positive &amp; Negative nitrogen balance</li> <li>◆ During intravenous (IV) nutritional supplementation</li> </ul>	0:20:10	69.3
	Lec 04	<ul style="list-style-type: none"> <li>◆ Enteral nutritional support</li> <li>◆ Nasoduodenal tubes</li> <li>◆ Complications Associated with Enteral Nutritional Support</li> <li>◆ Enteral Parenteral Nutritional Support</li> <li>◆ Glutamine</li> <li>◆ Parenteral nutrition</li> <li>◆ Phosphorus supplementation</li> <li>◆ Refeeding syndrome</li> <li>◆ Complications Associated with parenteral Nutrition, Lipid solutions</li> <li>◆ Schedule for administration of Tetanus Toxoid</li> <li>◆ Specialized formula</li> <li>◆ Surgical Infections</li> <li>◆ Classification of Operative Cases Based on Potential Bacterial Contamination</li> <li>◆ Perioperative Wound Infections</li> <li>◆ Perioperative antibiotic prophylaxis</li> <li>◆ Prophylaxis against tetanus</li> <li>◆ Tetanus toxoid, Traumatic Injuries</li> <li>◆ Skin and Soft Tissue Infections</li> <li>◆ Abscesses, Bite wounds</li> </ul>	0:35:13	120

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 05</b>	<ul style="list-style-type: none"> <li>◆ Toxic shock syndrome(TSS)</li> <li>◆ Nosocomial pneumonia</li> <li>◆ Postoperative Nosocomial Infections</li> <li>◆ Urinary tract infections</li> <li>◆ WOUND HEALING AND PLASTIC SURGERY</li> <li>◆ Wound Healing</li> <li>◆ healing by secondary intention</li> <li>◆ Proliferative phase</li> <li>◆ Remodeling phase</li> <li>◆ Wound contraction</li> <li>◆ Factors impeding wound healing</li> <li>◆ Local and Systemic Factors tghat May Impair Wound Healing</li> <li>◆ Systemic factors affecting wound closure</li> <li>◆ Chronic glucocorticoid therapy</li> </ul>	0:24:36	84.4
	<b>Lec 06</b>	<ul style="list-style-type: none"> <li>◆ Characteristics of Hypertrophic Scars and Keloids</li> <li>◆ Skin Grafts and Tissue Flaps</li> <li>◆ Split-thickness skin grafts</li> <li>◆ A full-thickness skin graft(FTSG)</li> <li>◆ Comparison Chart of Split-Thickness and Full -Thickness Skin Grats</li> <li>◆ Skin grafts survival</li> <li>◆ Flaps</li> <li>◆ Dissection of the pedicle</li> <li>◆ Flaps classified by surgical technique in pedicled flaps</li> <li>◆ free flaps</li> <li>◆ Skin flaps</li> <li>◆ TRAM flap</li> <li>◆ Random pattern flaps</li> <li>◆ Rotation flaps</li> <li>◆ Arc of rotation of a latissimus dorsi flap</li> <li>◆ Transposition flaps</li> <li>◆ Z-plasty</li> <li>◆ Transposition graft(Z-plasty)</li> <li>◆ Advancement flaps</li> <li>◆ An axial pattern flap</li> <li>◆ Island flaps</li> <li>◆ Muscle and musculocutaneous flaps</li> <li>◆ Commonly used muscle flaps</li> </ul>	0:30:55	106
	<b>Lec 07</b>	<ul style="list-style-type: none"> <li>◆ Hand Surgery</li> <li>◆ Lateral bands,No man's Land</li> <li>◆ nerves most important to hand function</li> <li>◆ Hand infections,Paronychia, Felon</li> <li>◆ Tenosynovitis, Trigger finger</li> <li>◆ Kanavel's four signs of tenosynovitis</li> <li>◆ De Quervain tenosynovitis</li> <li>◆ Dupuytern contracture</li> <li>◆ partial fasciectomy,A ganglion,An inclusion cyst</li> <li>◆ Tumors of the hand</li> <li>◆ Xanthoma(i.e., giant cell ltumor)</li> <li>◆ Enchodromas, Glomus tumors,Liver allografts</li> <li>◆ Hyperacute rejection,Chronic rejection</li> </ul>	0:28:38	98.2

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 08</b>	<ul style="list-style-type: none"> <li>◆ Complications of immunosuppressive therapy</li> <li>◆ Posttransplant lymphoproliferative disease(PTLD)</li> <li>◆ Classification of Organ Transplants An autograft</li> <li>◆ An isograft</li> <li>◆ An allograft</li> <li>◆ A xenograft</li> <li>◆ Kidney Transplantation</li> <li>◆ Donors for kidney transplants</li> <li>◆ Clinical criteria for brain death</li> <li>◆ Pancreas transplantation-Indications</li> <li>◆ Heart transplantation-Indications</li> <li>◆ Lung transplantation-Indications</li> <li>◆ Kidney transplanatation-Indications</li> <li>◆ renal graft</li> <li>◆ Lymphocele</li> <li>◆ Acute cellular rejection</li> <li>◆ Liver Transplantation</li> <li>◆ Surgical implantation of the Liver</li> <li>◆ Post-transplant complications</li> <li>◆ Criteria for liver transplanatation in fullminant hepatic failure</li> <li>◆ Pancreas Transplantation</li> <li>◆ Heart transplantation</li> <li>◆ Post-transplant complications</li> <li>◆ Combined Heart-Lung Transplantation</li> <li>◆ Bronchiolitis obliterans</li> </ul>	0:51:48	177
	<b>Lec 09</b>	<ul style="list-style-type: none"> <li>◆ FLUIDS AND CRITICAL CARE</li> <li>◆ Estimation of total body water</li> <li>◆ Third space fluids</li> <li>◆ Hypovolemia</li> <li>◆ Hypervolemia</li> <li>◆ Electrolyte Concentration of Common Intravenous(IV)</li> <li>◆ Fresh forzen plasma(FFP)</li> <li>◆ Maintenance fluids</li> <li>◆ Maintenance electrolyte replacement</li> <li>◆ Composition of Gastrointestinal Secretions</li> <li>◆ Blood products</li> <li>◆ Blood products</li> <li>◆ Blood typing</li> <li>◆ Whole blood</li> <li>◆ FFP(human)</li> <li>◆ Cryoprecipitate</li> <li>◆ Complications of transfusion</li> <li>◆ Complications of Transfusion of Blood products</li> <li>◆ Anaphylaxis</li> <li>◆ ABO incompatibility</li> <li>◆ Principles of Critisal Care</li> <li>◆ Common ventilator Settings</li> <li>◆ Complications of pulmonary arteyr catheters</li> <li>◆ The Glasgow Coma Scale (GCS)</li> <li>◆ The systemic Inflammatory response syndorme(SIRS)</li> <li>◆ Multiple system organ failure</li> </ul>	0:44:00	150

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 10</b>	<ul style="list-style-type: none"> <li>♦ TRAUMA AND BURNS</li> <li>♦ TRAUMA</li> <li>♦ Estabilhsing airway patency</li> <li>♦ Transfusion with packed red blood cells</li> <li>♦ AVPU mnemonic</li> <li>♦ Glasgow coma scale</li> <li>♦ pneumothorax</li> <li>♦ Open pneumothorax</li> <li>♦ Chest tube Insertion Procedure</li> <li>♦ Flail chest</li> <li>♦ Massive hemothorax</li> <li>♦ Cardiac tamponade</li> <li>♦ Penetrating neck trauma</li> <li>♦ Zone I</li> <li>♦ Zone II</li> <li>♦ Zone III</li> <li>♦ Diagnostic peritoneal Lavage(DPL)</li> <li>♦ Stab wounds</li> </ul>	0:37:00	126
	<b>Lec 11</b>	<ul style="list-style-type: none"> <li>♦ Colon injuries</li> <li>♦ Rectal injuries</li> <li>♦ Pelvic Injuries</li> <li>♦ BURNS</li> <li>♦ a.First degree burns</li> <li>♦ b.Second degree, or partial-thickness</li> <li>♦ superficial partial-thickness burns</li> <li>♦ Deep Partial-thickness burns</li> <li>♦ "Parkland Formula"</li> <li>♦ TBSA</li> <li>♦ Escharotomies</li> <li>♦ Truncal escharotomies</li> <li>♦ Burn wound care</li> <li>♦ Wound closure</li> <li>♦ Prophylaxis against gastrointestinal ulceration</li> </ul>	0:31:57	109
	<b>Lec 12</b>	<ul style="list-style-type: none"> <li>♦ Lingual thyroid</li> <li>♦ Median(thyroglossal)Ectopic thyroid</li> <li>♦ Thyroglossal cyst</li> <li>♦ Thyroglossal fistula</li> <li>♦ Adult Hypothyroidism</li> <li>♦ Myxoedema</li> <li>♦ Myxedema coma</li> <li>♦ Factors known to Precipitate Myxedema Coma</li> <li>♦ Physical Findings in Myxedema Coma</li> <li>♦ Simple Goitre</li> <li>♦ Goitrogens</li> <li>♦ Diffuse Hyperplastic Goitre</li> <li>♦ Large multinodular goitre</li> <li>♦ Isotope scan</li> <li>♦ Fine-Needle Aspiration Cytology(FNAC)</li> <li>♦ Indirect laryngoscopy</li> <li>♦ Large bore needle(trucut)biopsy</li> </ul>	0:41:25	141

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 13</b>	<ul style="list-style-type: none"> <li>♦ Thyroid cysts</li> <li>♦ Indications for operation in isolated thyroid swellings</li> <li>♦ Retrosternal Goitre</li> <li>♦ Pemberton's sign</li> <li>♦ Hyperthyroidism</li> <li>♦ Diffuse toxic goitre</li> <li>♦ Primary thyrotoxicosis</li> <li>♦ Toxic nodular goitre</li> <li>♦ Secondary thyrotoxicosis</li> <li>♦ Toxic nodule</li> <li>♦ signs of thyrotoxicosis</li> <li>♦ Principles of Treatment of Thyrotoxicosis</li> <li>♦ Carbimazole</li> <li>♦ Iodides</li> <li>♦ Radioiodine</li> <li>♦ General contraindications for therapy with<sup>131</sup>I</li> <li>♦ Questionable contraindications for therapy with <sup>131</sup>I</li> </ul>	0:35:46	122
	<b>Lec 14</b>	<ul style="list-style-type: none"> <li>♦ Treatment of cholic</li> <li>♦ Diffuse toxic goitre</li> <li>♦ Toxic nodular goitre, Toxic nodule</li> <li>♦ Special problems in Treatment</li> <li>♦ Pregnancy</li> <li>♦ Postpartum Hyperthyroidism</li> <li>♦ Thyrocardiac</li> <li>♦ Jod-Basedow Thyrotoxicosis</li> <li>♦ Neonatal Thyrotoxicosis</li> <li>♦ Postoperative Complications</li> <li>♦ Thyrotoxic Crisis(Storm)</li> <li>♦ Neoplasms of the Thyroid</li> <li>♦ Follicular adenomas</li> <li>♦ Follicular adenomas</li> <li>♦ Papillary carcinoma</li> <li>♦ Diagnosis of Thyroid Neoplasms</li> <li>♦ Occult Carcinoma</li> <li>♦ Follicular Carcinoma</li> <li>♦ Hurthle Cell Tumours</li> <li>♦ Prognosis in Differentiated Thyroid Ca</li> </ul>	0:41:58	143
	<b>Lec 15</b>	<ul style="list-style-type: none"> <li>♦ Indications of total thyroidectomy</li> <li>♦ Classification of Thyroiditis</li> <li>♦ Differentiating Thyroiditis</li> <li>♦ Clinical Manifestations of Thyroiditis Subtypes</li> <li>♦ Chronic lymphocytic(Autoimmune)thyroiditis</li> <li>♦ Goitre, Granulomatous Thyroiditis</li> <li>♦ BREAST</li> <li>♦ Comparative and Surgical Anatomy</li> <li>♦ Lymphatics,Cracked Nipple,Amazia</li> <li>♦ Evaluation and Management of Breast pain</li> <li>♦ Congenital Abnormalities</li> <li>♦ Duct Papilloma,Management of Breat Cysts</li> <li>♦ Mastitis of infants,Benign Breast Disease</li> <li>♦ Discharge from Single duct</li> <li>♦ Fibroadenoma,Phyllodes tumor</li> </ul>	0:43:23	148



Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 16</b>	<ul style="list-style-type: none"> <li>♦ Carcinoma of the Breast</li> <li>♦ Inflammatory Carcinoma</li> <li>♦ Ductal (Dcis) carcinoma insitu</li> <li>♦ Paget's Disease of the Nipple</li> <li>♦ The spread of mammary carcinoma</li> <li>♦ Peau'd orange</li> <li>♦ Cancer-en-cuirasse</li> <li>♦ Lymphangiosarcoma</li> <li>♦ Stages of Breast Cancer</li> <li>♦ Prognosis of Breast Cancer</li> <li>♦ Treatment of carcinoma</li> <li>♦ Mastectomy</li> <li>♦ patey' Mastectomy</li> <li>♦ Radical mastectomy- Halsted</li> <li>♦ Modified radical mastectomy</li> <li>♦ Structures preserved</li> <li>♦ Conservative Breast Cancer Surgery</li> <li>♦ The Role of Axillary Surgery</li> <li>♦ Mammography</li> <li>♦ changes on serial mammography</li> <li>♦ Treatment of Advanced Disease</li> <li>♦ The Male Breast</li> </ul>	0:46:47	160
	<b>Lec 17</b>	<ul style="list-style-type: none"> <li>♦ Lung Cysts</li> <li>♦ Extralobar sequestration</li> <li>♦ The Diaphragm</li> <li>♦ Congenital Hernia</li> <li>♦ Hernia through the foramen of Morgagni</li> <li>♦ Hernia through the Foramen of Bockdalek</li> <li>♦ Eventration of the Diaphragm</li> <li>♦ Eventration Diaphragm</li> <li>♦ Fibreoptic Oesophagoscopy</li> <li>♦ Rigid oesothagoscopy</li> <li>♦ Congenital tresia of the oesophagus</li> <li>♦ Injuries of Oesophagus(mainly introgenic)</li> <li>♦ Full Thickness Rupture(Boerhaave's syndrome)</li> <li>♦ Partial Thickness Mucosal Rupture(Mallory_Weiss)</li> <li>♦ Diverticula</li> <li>♦ Pulsion diverticula</li> <li>♦ Midoesophageal diverticulum-Traction diverticulum</li> <li>♦ Zencker's divercticulum</li> <li>♦ Oesophageal varices</li> <li>♦ Oesophagitis</li> </ul>	0:47:49	168
	<b>Lec 18</b>	<ul style="list-style-type: none"> <li>♦ Sliding Hiatus Hernia</li> <li>♦ Sliding(Commoner)and rolling</li> <li>♦ Mechanism of Herniation</li> <li>♦ Complications of Hiatus Hernia</li> <li>♦ Oesophagoscopy</li> <li>♦ Treatment of sliding hiatus hernia</li> <li>♦ Besley repair</li> <li>♦ Nissen fundoplication</li> <li>♦ Paraoesophageal('Rolling')Hernia</li> <li>♦ Barrett's oesophageal(Columnar cell-lined oesophageal)</li> <li>♦ The Plummer-Vinson Syndrome</li> <li>♦ Achalasia of the oesophagus</li> </ul>	0:30:15	103

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 19</b>	<ul style="list-style-type: none"> <li>◆ Diffuse oesophageal spasm</li> <li>◆ Benign Tumours</li> <li>◆ Leiomyoma</li> <li>◆ Carcinoma of the Oesophagus</li> <li>◆ Squamous cell carcinoma of the esophagus</li> <li>◆ Carcinoma of Middle Third of oesophagus</li> <li>◆ Carcinoma of Lower Third of Oesophagus and Cardia</li> <li>◆ Stomach&amp;Duodenum</li> <li>◆ Tests of gastric Secretion</li> <li>◆ Histology of Stomach</li> </ul>	0:27:22	93.8
	<b>Lec 20</b>	<ul style="list-style-type: none"> <li>◆ Hypertrophic pyloric Stenosis of Infants</li> <li>◆ Ramstedt's Operation</li> <li>◆ Congenital Atresia of the Duodenum</li> <li>◆ Ulcers-Peptic Ulcers</li> <li>◆ Accute Peptic Ulcers</li> <li>◆ Chronic Duodenal Ulcers</li> <li>◆ Chronic Gastric Ulcers</li> <li>◆ Benign chronic gastric ulcer</li> <li>◆ Penetrating gastric carcinoma</li> <li>◆ Acute peptic ulcer</li> </ul>	0:32:08	110
	<b>Lec 21</b>	<ul style="list-style-type: none"> <li>◆ Chronic Duodenal Ulcers</li> <li>◆ Gastroduodenoscopy</li> <li>◆ Treatment of Chronic Uncomplicated</li> <li>◆ Gastric and Duodenal ulcers</li> <li>◆ Operations for Gastric ulcers</li> <li>◆ Billroth I Partial Gastrectomy</li> <li>◆ Billroth II Gastrectomy</li> <li>◆ Difference between Billroth I and II</li> <li>◆ Four types of vagotomy</li> <li>◆ Gastric Drainage procedures</li> <li>◆ Gastrojejunostomy</li> <li>◆ Antrectomy</li> <li>◆ Perforated Peptic Ulcer</li> <li>◆ "Double wall sign"="Rigler sign"</li> <li>◆ "Telltale triangle sign"</li> <li>◆ Perforated Ulcer-duodenal bulb ulcer</li> <li>◆ Pyloric stenosis</li> <li>◆ Hourglass Stomach</li> <li>◆ Complications after Gastric Opertions</li> </ul>	0:38:16	131
	<b>Lec 22</b>	<ul style="list-style-type: none"> <li>◆ Stomal obstruction</li> <li>◆ DuodenalFistula('Blow-ot')</li> <li>◆ Recurrent ulcer</li> <li>◆ Gastro-jejuno-colic Fistula</li> <li>◆ Postgastrectomy Syndromes</li> <li>◆ Late post-cibal Syndormes</li> <li>◆ Early post-cibal syndormes</li> <li>◆ Nutritional disturbances</li> <li>◆ postvagotomy Syndromes</li> <li>◆ Gastric Neoplasms, Leiomyoma</li> <li>◆ Adenomatous polyp</li> <li>◆ Menetrier's disease, Virchows Node</li> <li>◆ Carcinoma of the stomach</li> <li>◆ Villous adenoma of the stomach</li> </ul>	0:31:57	120

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 23</b>	<ul style="list-style-type: none"> <li>◆ Colloid Caarcinoma</li> <li>◆ Leather-Bottle Stomach(Linitis Plastica)</li> <li>◆ Gastric lymphoma</li> <li>◆ Acanthosis Nigricans</li> <li>◆ Treatment of Carcinoma of the Stomach</li> <li>◆ Signs of inoperability</li> <li>◆ Sarcoma of the Stomach</li> <li>◆ Leiomyosarcoma</li> <li>◆ Gastric Surgery for Morbid Obesity</li> <li>◆ Indications for Surgery</li> <li>◆ Obesity-associated diseases</li> <li>◆ Vertical banded gastroplasty</li> <li>◆ Hair-ball of the Stomach(Trichobezoar)</li> <li>◆ Acute Dilatation of the Stomach</li> <li>◆ Volvulus of the Stomach</li> <li>◆ Surgical Lobes of the Liver</li> <li>◆ Portosystemic Encephalopathy</li> </ul>	0:34:23	117
	<b>Lec 24</b>	<ul style="list-style-type: none"> <li>◆ Special Mehtods of Investing the liver</li> <li>◆ Liver biopsy</li> <li>◆ Cholangitis</li> <li>◆ Suppurative Cholangitis</li> <li>◆ Idiopathic Pyogenic Liver Abscess</li> <li>◆ Routes of Entry</li> <li>◆ Amoebic Liver Abscess</li> </ul>	0:37:35	128
	<b>Lec 25</b>	<ul style="list-style-type: none"> <li>◆ Actinomycosis of the Liver</li> <li>◆ Honeycomb' Liver</li> <li>◆ Hydatid Disease of the Liver</li> <li>◆ Treatment of Hydatid Cyst of the Liver</li> <li>◆ Partial hepatectomy</li> <li>◆ Polycystic liver disease</li> <li>◆ Cirrhosis of the Liver</li> <li>◆ PRIMARY BILIARY CIRRHOSIS</li> <li>◆ Haemochromatosis</li> <li>◆ Hepatolenticular Degeneration(Wilson's Disease)</li> <li>◆ Cirrhosis</li> <li>◆ Ascitis</li> <li>◆ Prehepatic</li> <li>◆ Inhrahepatic</li> <li>◆ Posthepatic</li> <li>◆ Oesophageal Varices</li> <li>◆ Gastric Varices-Three types</li> <li>◆ Portosystemic Shunt Operations</li> <li>◆ Portacaval Anastomosis</li> <li>◆ Splenorenal Anastomosis</li> </ul>	0:38:45	132

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 28</b>	<ul style="list-style-type: none"> <li>◆ Pigment stones</li> <li>◆ Effects and Complications of Gall stones</li> <li>◆ Chronic Calculous Cholecystitis</li> <li>◆ Murphy's Sign</li> <li>◆ Acute Calculous cholecystitis</li> <li>◆ Clinical Features of acute Cholecystitis</li> <li>◆ Boas's Sign</li> <li>◆ Mucocele of the Gallbladder</li> <li>◆ Acalculous Cholecystitis</li> <li>◆ Cholecystectomy and Cholecystostomy</li> <li>◆ Symptoms persisting after cholecystectomy</li> <li>◆ Stones in the Bile Ducts</li> <li>◆ Cholelithiasis and Choledocholithiasis</li> <li>◆ Courvoisier's Law</li> <li>◆ Choledochoduodenostomy</li> <li>◆ Strictures of the Common Bile Duct</li> <li>◆ Hogarth Pringle's Manoeuvre</li> </ul>	0:35:54	122
	<b>Lec 29</b>	<ul style="list-style-type: none"> <li>◆ Primary sclerosing cholangitis</li> <li>◆ Carcinoma of Gall Bladder</li> <li>◆ Porcelain Gallbladder</li> <li>◆ Bile Duct Carcinoma</li> <li>◆ Cholangiocarcinoma</li> <li>◆ Biliary Fistulas</li> <li>◆ External Fistulas</li> <li>◆ Internal fistulas</li> <li>◆ Pancreas</li> <li>◆ Anatomy and physiology</li> <li>◆ Head of Pancreas</li> <li>◆ Neck, ERCP</li> <li>◆ Computed Tomography(CT Scan)</li> <li>◆ Endoscopic Retrograde Cholangio Pancreatography</li> <li>◆ MRCP, Cystic fibrosis</li> <li>◆ Congenital Abnormalities</li> <li>◆ Annular Pancreas</li> </ul>	0:37:45	129
	<b>Lec 30</b>	<ul style="list-style-type: none"> <li>◆ Ectopic Pancreas</li> <li>◆ Injuries to the Pancreas</li> <li>◆ Classification of pancreatic injury</li> <li>◆ Acute Pancreatitis</li> <li>◆ Acute Pancreatitis</li> <li>◆ Phlegmon/Inflammatory Mass</li> <li>◆ Chronic Pancreatitis</li> <li>◆ Potential Complications of Acute Pancreatitis</li> <li>◆ Glasgow's Prognostic Criteria</li> <li>◆ Apache I Scoring system</li> <li>◆ APACHE II Scoring System</li> </ul>	0:34:50	119
	<b>Lec- 31</b>	<ul style="list-style-type: none"> <li>◆ Therapies for Acute Pancreatitis</li> <li>◆ Hypocalcaemia</li> <li>◆ Pseudocyst</li> <li>◆ Chronic Pancreatitis</li> <li>◆ Chronic calcific pancreatitis</li> <li>◆ Pancreatic pseudocyst, EUS</li> </ul>	0:24:25	83.7

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 32</b>	<ul style="list-style-type: none"> <li>♦ Pancreatoduodenectomy</li> <li>♦ Endocrin Tumours of the pancreas</li> <li>♦ Hyperinsulinism(b-cell tumour)</li> <li>♦ Insulinoma</li> <li>♦ Zollinger-Ellison Syndrome</li> <li>♦ The physiology</li> <li>♦ Acute Peritonitis</li> <li>♦ Natural factors that favour localisation of peritonitis</li> <li>♦ Complications of Peritonitis</li> <li>♦ Paralytic ileus</li> <li>♦ pelvic abscess</li> <li>♦ Subphrenic abscess</li> <li>♦ Anatomy and physiology</li> <li>♦ Left Superior(anterior)intrapertoneal(Left subphrenic)</li> <li>♦ Left inferior(Posterior)intrapertoneal(Left subhepatic)</li> <li>♦ Extraperitoneal</li> </ul>	0:41:48	143
	<b>Lec 33</b>	<ul style="list-style-type: none"> <li>♦ Special Forms of Peritonitis</li> <li>♦ The mesentery</li> <li>♦ Seat Belt Syndrome</li> <li>♦ Acute nonspecific ileocaecal</li> <li>♦ Mesenteric Adenitis</li> <li>♦ Nurse's Syndrome</li> <li>♦ Hirschprung's Disease</li> <li>♦ Duhamels' operation</li> <li>♦ Swenson's prodedure</li> <li>♦ Coloanal anastomosis</li> <li>♦ Restaorative proctectomy</li> <li>♦ Vascular Anomalies(Angiodysplasis)</li> <li>♦ Blind Loop syndrome</li> <li>♦ Diverticular Disease</li> <li>♦ Small intestine Diverticula</li> <li>♦ Duodenal Diverticulum</li> <li>♦ Jejunal Divedrticula</li> <li>♦ Meckel's Diverticulum</li> <li>♦ Inflamed Meckel's diverticulum</li> </ul>	0:42:30	145
	<b>Lec 34</b>	<ul style="list-style-type: none"> <li>♦ Meckel's Diverticuletomy</li> <li>♦ Diverticulosis of Colon</li> <li>♦ Diverticulosis of Colon</li> <li>♦ Diverticulitis</li> <li>♦ Ulcreative Colitis</li> <li>♦ Barium Enema Findings In Inflammatory Bowel Disease</li> <li>♦ Proctitis</li> <li>♦ Toxic megacolon</li> <li>♦ Pyoderma Gangrenosum</li> <li>♦ Ulcerative colitis-Radiology</li> <li>♦ Dysplasia arising in chronic ulcerative colitis</li> <li>♦ The cancer risk in colitis</li> </ul>	0:38:38	132

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 35</b>	<ul style="list-style-type: none"> <li>♦ Extra-intestinal Manifestations</li> <li>♦ Arterial insufficiency ulcers</li> <li>♦ Crohn's Disease(Regional enteritis)</li> <li>♦ Anal Disease</li> <li>♦ Intestinal Amoebiasis</li> <li>♦ Tuberculosis of the Intestine</li> <li>♦ Actinomycosis</li> <li>♦ Tumors of the Small Interstine</li> <li>♦ peutz-jeghers Syndrome</li> <li>♦ Primary Lymphome</li> <li>♦ Carcinoid tumor</li> </ul>	0:36:23	124
	<b>Lec 36</b>	<ul style="list-style-type: none"> <li>♦ Tumours of the Large Intestine</li> <li>♦ Villours Adenoma</li> <li>♦ Tubulovillous adenoma</li> <li>♦ Harmartomatous polyps</li> <li>♦ Haemangiomas</li> <li>♦ juvenile polyposis, Juvenile polyposis</li> <li>♦ Hyperplastic polyp</li> <li>♦ Familial Adenomtous polyposis</li> <li>♦ Familial polyposis, Malignant Tumours</li> <li>♦ AdenoCarcinoma of the Colon</li> <li>♦ Colorectal cancer</li> <li>♦ Adenocarcinoma(Colon)</li> <li>♦ Ca. Transverse colon</li> <li>♦ Carcimoma of the splenic flexure or descending colon</li> <li>♦ Hepatic Metastases</li> <li>♦ Pneumatosis Cystoides Intestinalis</li> <li>♦ Necrotizing enterocolitis with perforation of the terminal ileum</li> <li>♦ Pneumatosis intestinalis</li> <li>♦ Extra cutaneous of Faecal Fistula</li> <li>♦ Temporary colostomy</li> <li>♦ Kock or Koch Pouch</li> <li>♦ Pelivic pouch or Ileo-Anal Pull -Through</li> <li>♦ Ileoanal anastomosis with reservoir</li> <li>♦ Construction of loop Ileostomy</li> <li>♦ Double-Barrel Ostomy-two stomas</li> </ul>	0:43:23	142
	<b>Lec 37</b>	<ul style="list-style-type: none"> <li>♦ End Ostomy and Hartmann's Pouch-one stoma</li> <li>♦ Intestinal Obstruction</li> <li>♦ Acute Dynamic Obstruction</li> <li>♦ Chronic &amp; Acute Chronic Obstruction</li> <li>♦ High level small bowel Obstruction</li> <li>♦ Low level small bowel Obstruction</li> <li>♦ Large bowel Obstruction</li> <li>♦ Intestine below the Obstruction</li> <li>♦ Role of contrast enemas in abdominal imaging</li> <li>♦ Advantages and disadvantages of Barium and Gastrografin enemas</li> <li>♦ Fluid levels, Congenital atresia</li> <li>♦ Gastrpgrafin injection</li> <li>♦ Volvulus of the midgut</li> </ul>	0:46:47	151

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 38</b>	<ul style="list-style-type: none"> <li>♦ Claw sign</li> <li>♦ "meniscus sign"</li> <li>♦ coild spring" appearance</li> <li>♦ Relative merits of various modalitieis in the non-operative</li> <li>♦ Volvulus</li> <li>♦ Ace of spades appearance- sigmoid volvulus</li> <li>♦ Bird's-beak or bird-of-prey sign</li> <li>♦ Volvulus of Caecum</li> <li>♦ Volvulus of Pelvic Colon</li> <li>♦ compund Volvulus</li> <li>♦ Adhesions and Bands</li> <li>♦ Stricture of Small Intestine</li> <li>♦ Chronic intestinal Obstruction</li> <li>♦ Paralytic Ileus</li> <li>♦ Comparison of large and small bowel obstruction features</li> </ul>	0:44:04	144
	<b>Lec 39</b>	<ul style="list-style-type: none"> <li>♦ Ischemic Bowel Disease</li> <li>♦ Ischemic colitis</li> <li>♦ Atheroscleoritic embolization</li> <li>♦ Ischemic Bowel Disease</li> <li>♦ Pseudo-Obstruction of the Colon</li> <li>♦ The Vermiform Appendix</li> <li>♦ Mesoappendix</li> <li>♦ Appendicular artery</li> <li>♦ Mc Burnery's point</li> <li>♦ Acute appenditictis</li> <li>♦ Obstructive Acute Appendicitis</li> <li>♦ Retrocaecal appendix</li> <li>♦ Pelvic Appendicitis</li> <li>♦ Postileal Appendicitis</li> <li>♦ Special features according to age Infants</li> <li>♦ Appendix Mass</li> <li>♦ Appendix Abscess</li> <li>♦ Differential Diagnosis of an Appendix Mass</li> <li>♦ Treatment</li> <li>♦ Appendicectomy</li> <li>♦ Rutherford Morison's incision</li> <li>♦ Removal of the Appendix</li> <li>♦ Problems encountered during appendicectomy</li> <li>♦ Management of an Appendix mass</li> <li>♦ Appendix abscess</li> <li>♦ Complications after Appendicectomy</li> <li>♦ Mucocele of the Appendix</li> <li>♦ Neoplasms of the appendix</li> <li>♦ Carcinoid tumour</li> <li>♦ Clinical and Biochemical Characteristics of Carcinoid</li> </ul>	0:37:00	139

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 40</b>	<ul style="list-style-type: none"> <li>◆ Neuroendocrine Tumors</li> <li>◆ Rectum</li> <li>◆ Surgical Anatomy</li> <li>◆ Three lateral curvatures</li> <li>◆ Blood Supply</li> <li>◆ Superior Rectal Artery</li> <li>◆ Branches of the internal iliac artery</li> <li>◆ Middle Rectal Artery</li> <li>◆ Inferior Rectal Artery</li> <li>◆ Superior rectal Vein</li> <li>◆ Lymphatic drainage</li> <li>◆ Superior rectal nodes</li> <li>◆ Clinical Features of Rectal Disease</li> <li>◆ Redctum of anal canal may be injured in</li> <li>◆ Prolapse</li> <li>◆ Partial rectal prolapse</li> <li>◆ Complete Prolapse</li> <li>◆ Delorme's operation</li> <li>◆ Solitary Rectal Ulcer</li> <li>◆ Being tumours</li> <li>◆ Polyps</li> <li>◆ Juvenile polyp</li> <li>◆ Metaplastic polyps</li> <li>◆ Pseudopolyps</li> <li>◆ Villous adenomas</li> <li>◆ Familial adenomatous polyposis</li> <li>◆ Rectal Carcinomas</li> <li>◆ pathological histology</li> <li>◆ Prognosis</li> <li>◆ Histological Grading</li> <li>◆ Colloid Carcinoma</li> </ul>	0:37:35	138
	<b>Lec 41</b>	<ul style="list-style-type: none"> <li>◆ Principles of Surgical treatment</li> <li>◆ Sphincter-Saving operation</li> <li>◆ Abdominoperineal excision</li> <li>◆ Anterior Resection, Anus</li> <li>◆ Anatomy and physiology</li> <li>◆ Longitudinal muscle</li> <li>◆ Puborectalis, Dentate line</li> <li>◆ Crypts of Morgagni(Syn. Anal Crypts)</li> <li>◆ Anorectal Ring</li> <li>◆ Venous Drainage, Lymphatic Drainage</li> <li>◆ Anal Muscles and pelvic floor</li> <li>◆ Imperforate anus</li> <li>◆ Anorectal Aggenesis</li> <li>◆ Cloaca</li> <li>◆ Imperforate anus</li> <li>◆ Sacrococcygeal Teratoma</li> <li>◆ Pilonidal Sinus</li> <li>◆ Anal incontinence</li> <li>◆ Anal Fissure</li> <li>◆ chronic anal fissure</li> <li>◆ Lateral Internal Sphincterotomy</li> <li>◆ Proctaligia Fugax</li> <li>◆ Haemorrhoids,internal Haemorrholds</li> </ul>	0:38:45	132



Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 42</b>	<ul style="list-style-type: none"> <li>◆ Second-degree haemorrhoids</li> <li>◆ Third-degree haemorrhoids</li> <li>◆ Anal tag(arrow)</li> <li>◆ Anoscopy</li> <li>◆ Treatment of Hemorrhoids</li> <li>◆ Sclerotherapy</li> <li>◆ Rubber band ligation</li> <li>◆ Closed Hemorrhoidectomy</li> <li>◆ Strangulation,thrombosis and gangrene</li> <li>◆ External Haemorrhoids</li> <li>◆ Anorctal Abscesses</li> <li>◆ Classification</li> <li>◆ Perianal</li> <li>◆ Ischioractal Abscess</li> <li>◆ Submucous abscess, Pelvirectal abscess</li> <li>◆ Fistula In ano</li> <li>◆ Low-level fistulas</li> <li>◆ Goodsall's Ruls</li> <li>◆ Mucosal advancement flap</li> </ul>	0:24:05	82.7
	<b>Lec 43</b>	<ul style="list-style-type: none"> <li>◆ Granulomatous Infections and Crohn'sdisease</li> <li>◆ Fistula with many external openings</li> <li>◆ Carcinoma arising within perianal fistulas</li> <li>◆ High-level fistulas</li> <li>◆ Suprlevator fistula, Seton</li> <li>◆ Malignant Tumours</li> <li>◆ Squamous-cell carcinoma</li> <li>◆ Basaloid carcinoma</li> <li>◆ Mucoepidermoid carcinoma, Melanoma</li> <li>◆ Anal carcinoma-Clinical Features</li> <li>◆ Treatment of squamous carcinoma of the anus and anal canal</li> <li>◆ Hernia,Composition of hernia</li> <li>◆ Reducible hernia, Richter's Hernia</li> <li>◆ Strangulated Omentocoele, Inguinal Hernia</li> <li>◆ Surgical Anatomy, Direct inguinal hernias</li> <li>◆ Boundaries of the inguinal canal</li> <li>◆ Route of an indirect hernia</li> <li>◆ Route of a femoral hernia</li> <li>◆ Nyhus classification of groin Hernias</li> <li>◆ Hemiotomy and repair(Herniorrhapy)</li> <li>◆ Direct inguinal hernias</li> <li>◆ Complications of hemiorrhaphy</li> <li>◆ Strangulated inguinal Hernia,Maydl'shernia</li> <li>◆ Sliding hernia(Hernie-en-glissade)</li> <li>◆ Femoral Hernia, Surgicl anatomy</li> <li>◆ Treatment of Famoral Harnis,Umbilical Hernia</li> <li>◆ Umbilical hernia of infants and children</li> <li>◆ paraumbilical hernia of adults</li> <li>◆ Epigastric Hernia,Spigelian, Lumbar Hernia</li> <li>◆ Lumbar Hernia, Neoplasms of the Umbilicus</li> <li>◆ Brst adbomen and incisional hernia</li> <li>◆ burst abdomen(Abdominal dehiscence)</li> <li>◆ Urinary Symptoms,Investigation of the Urinary Tract and Anuria</li> </ul>	0:39:22	140

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 44</b>	<ul style="list-style-type: none"> <li>♦ Heamaturia</li> <li>♦ Tests of Renal Function</li> <li>♦ Antegrade Pyelography</li> <li>♦ Renal arteriography</li> <li>♦ Urethrography</li> </ul>	0:14:17	49.2
	<b>Lec 45</b>	<ul style="list-style-type: none"> <li>♦ Venography</li> <li>♦ Computed Tomography</li> <li>♦ Magnetic Resonance Imaging</li> <li>♦ Whitaker's Test</li> <li>♦ Anuria</li> <li>♦ Renal Failure</li> <li>♦ Peritoneal dialysis</li> <li>♦ Haemodialysis, Haemofiltration</li> <li>♦ Ureteric Stones, Malignancy</li> <li>♦ The Kidneys and Ureters</li> <li>♦ Embryology</li> <li>♦ Surgical Anatomy</li> <li>♦ Congenital Anbormalities of the Kidney</li> <li>♦ Congenital Cystoc Kidneys(polycyaticKidneys)</li> <li>♦ Solitary Renal Cyst</li> <li>♦ (Simple Cyst of the Kidney)</li> <li>♦ Postcaval Uretar</li> <li>♦ Injuries to the Kidney</li> <li>♦ Meteorism</li> <li>♦ Injuries to the Ureter</li> <li>♦ Methods for repairing a damaged uretar</li> <li>♦ Hydropephrosis</li> <li>♦ Cause of Unilateral Ureteric Obstruction</li> </ul>	0:40:25	138
	<b>Lec 46</b>	<ul style="list-style-type: none"> <li>♦ DTPA radionuclide study</li> <li>♦ Renal Calculi</li> <li>♦ Types of Renal Calculi</li> <li>♦ Oxalate calculus(calcium oxalate)</li> <li>♦ Phosphate calculus</li> <li>♦ Urate calculi</li> <li>♦ Cystine calculi</li> <li>♦ Investigation of suspected urinary stone disease</li> <li>♦ Radiography-KUB</li> <li>♦ Surgical treatment of urinary calculi</li> <li>♦ Extracorporeal shock wave lithotripsy(ESWL)</li> <li>♦ Ureteric Calculus</li> <li>♦ Infections of the Kidney</li> <li>♦ Acute Pyelonephritis</li> <li>♦ Chronic Pyelonsphritis</li> <li>♦ pyonephrosis</li> <li>♦ Perinephric Abscess</li> <li>♦ Perinephric Abscess</li> </ul>	0:38:58	133
	<b>Lec 47</b>	<ul style="list-style-type: none"> <li>♦ Renal Tuberculosis</li> <li>♦ TB of the Bladder</li> <li>♦ Neoplasms of the Kidney</li> <li>♦ Wilms' tumour(Nephroblastoma)</li> <li>♦ Hypernephroma(Grawitz's tumour)</li> <li>♦ Papillary Transitional Cell Tumours of the Renal Pelvis</li> </ul>	0:21:17	73.2

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 48</b>	<ul style="list-style-type: none"> <li>♦ Urinary Bladder</li> <li>♦ Distal urethral sphincter</li> <li>♦ Nerve Supply to Bladder</li> <li>♦ Ectopia vescicae</li> <li>♦ Rupture of Bladder</li> <li>♦ intraperitoneal rupture</li> <li>♦ Urinary Retention</li> <li>♦ Anatomy of Micturition</li> <li>♦ Lesions of Spinal Cord and their effect on bladder function</li> <li>♦ Spinal cord Lesions above T10</li> </ul>	0:40:05	137
	<b>Lec 49</b>	<ul style="list-style-type: none"> <li>♦ Lesions involving sympathetic outflow(T11-L2)</li> <li>♦ Incontinence of urine</li> <li>♦ Causes of incontinence</li> <li>♦ Chronic urinary retention with overflow in men Causes</li> <li>♦ Urinary incontinence in female</li> <li>♦ Vesical calculus</li> <li>♦ Diverticulum of Bladder</li> <li>♦ Pulsion diverticulum</li> <li>♦ Traction diverticulum</li> <li>♦ Diverticulum of Bladder</li> <li>♦ Pulsion diverticulum</li> <li>♦ Traction diverticulum</li> <li>♦ vesicoureteric Reflux</li> <li>♦ Schistosomiasis of bladder</li> <li>♦ Neoplasms of Bladder</li> </ul>	0:45:28	155
	<b>Lec 50</b>	<ul style="list-style-type: none"> <li>♦ Prostate Specific Antigen:PSA</li> <li>♦ Benign Prostatic Hyperplasia</li> <li>♦ Rectal examination in BPH</li> <li>♦ Indication for prostatectomy</li> <li>♦ TURP</li> <li>♦ Operative points in TURP</li> <li>♦ Complications of TURP</li> <li>♦ Corpora Amylacea</li> <li>♦ Carcinoma of Prostate</li> <li>♦ Prerequisites for Radical Prostatectomy</li> <li>♦ Blood tests in metastatic Ca.Prostate</li> <li>♦ Prostatitis</li> </ul>	0:54:39	186
	<b>Lec 51</b>	<ul style="list-style-type: none"> <li>♦ Acute Prostatitis</li> <li>♦ Chronic Prostatitis</li> <li>♦ Urethra</li> <li>♦ Meatal stenosis</li> <li>♦ Congenital Valves of Posterior Urethra</li> <li>♦ Epispadias</li> <li>♦ Rupture of Bulbar Urethra</li> <li>♦ Rupture of Membranous Urethra</li> <li>♦ Extravasation of Urine</li> <li>♦ Urethral Stricture</li> </ul>	0:19:54	68.4

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 52</b>	<ul style="list-style-type: none"> <li>◆ Phimosis</li> <li>◆ Balanoposthitis</li> <li>◆ Genital Herpes</li> <li>◆ Lymphogranuloma venereum</li> <li>◆ Granuloma inguinale</li> <li>◆ Corde</li> <li>◆ Peyronie's Disease</li> <li>◆ Priapism</li> <li>◆ Carcinoma Penis</li> <li>◆ Torsion of the Testes</li> <li>◆ Varicocele</li> <li>◆ Hydrocele</li> <li>◆ Spermatocele</li> <li>◆ Epidymoporchitis</li> <li>◆ Testicular Tumors</li> <li>◆ Scrotum</li> <li>◆ Vasectomy</li> </ul>	0:40:40	139
	<b>Lec 53</b>	<ul style="list-style-type: none"> <li>◆ Ulcers</li> <li>◆ ulcers are of five main varieties</li> <li>◆ Diagnostic and interventional radiology</li> <li>◆ Conventional radiology</li> <li>◆ MRI</li> <li>◆ Computerized Tomography</li> <li>◆ Advantagves of helical(Spiral)versus conventional CT</li> <li>◆ Magnetic resonance imaging</li> <li>◆ MRI-advantages</li> <li>◆ Radionuclide imaging</li> <li>◆ Imaging in the acute abdomen</li> <li>◆ Imaging in trauma</li> <li>◆ Suspected cord damage require an urgent MRI scan</li> <li>◆ Percutaneous biliary procedures</li> </ul>	0:39:30	135
	<b>Lec 54</b>	<ul style="list-style-type: none"> <li>◆ Gall bladder drainage</li> <li>◆ Percutaneous renal intervention</li> <li>◆ Percutaneous gastrostomy-indications</li> <li>◆ Interventional vascular techniques</li> <li>◆ Percutaneous transluminal angioplasty</li> <li>◆ Vascular stenting</li> <li>◆ Therapeutic embolisation-Indications</li> </ul>	0:15:30	53.4
	<b>Lec 55</b>	<ul style="list-style-type: none"> <li>◆ Wounds,Tissue Repair%Scars</li> <li>◆ Wound Healing</li> <li>◆ Classiication of Wounds</li> <li>◆ Degloving</li> <li>◆ Critical Care</li> <li>◆ Fluid,Electrolyte</li> <li>◆ Acid-base Balance</li> <li>◆ Blood transfusion</li> <li>◆ Reactionary Haemorrhage</li> <li>◆ Secondary Haemorrhage</li> </ul>	0:24:32	84.3

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 56</b>	<ul style="list-style-type: none"> <li>◆ Acid-Base Disturbances</li> <li>◆ Respiratory Alkalosis</li> <li>◆ Metabolic Acidosis</li> <li>◆ Anion Gap</li> <li>◆ Water Intoxication</li> <li>◆ SIADH</li> <li>◆ Sodium Excess(Syn.Hypermnatraemia)</li> <li>◆ Estimation of electrolyte Balance</li> <li>◆ Sodium Excess(Syn.Hypermnatraemia)</li> <li>◆ Potassium</li> <li>◆ Calcium</li> <li>◆ Magnesium</li> <li>◆ Hyojakaemic alkalosis</li> </ul>	0:38:51	133
	<b>Lec 57</b>	<ul style="list-style-type: none"> <li>◆ Transfusion of Blood and Blood Products</li> <li>◆ Blood storage</li> <li>◆ Fresh frozen plasma</li> <li>◆ Cryoprecipitate</li> <li>◆ Fibrinogen</li> <li>◆ SAG-mannitol blood</li> <li>◆ Complications of Blood Transfusion</li> <li>◆ Transfusion Reactions'</li> <li>◆ Haemophilia</li> <li>◆ Dextrans</li> <li>◆ Parenteral Fuid Therapy</li> <li>◆ SHOCK</li> <li>◆ Neurogenic shock</li> <li>◆ Hypovolaemic shock</li> <li>◆ Pathophysiology of haemorrhage and shock</li> <li>◆ Central Venous Pressure</li> </ul>	0:40:31	138
	<b>Lec 58</b>	<ul style="list-style-type: none"> <li>◆ Overt compensated hypovolaemia</li> <li>◆ Nitric Oside</li> <li>◆ Nutritional Support and Rehabilitation</li> <li>◆ Malnutrition</li> <li>◆ Clinical indications for nutritional support are</li> <li>◆ Assessment and managemetn of nutrition</li> <li>◆ Minerals and Trace Elements</li> <li>◆ Zince deficiency</li> <li>◆ Copper deficiency</li> <li>◆ Tube enterostomy</li> <li>◆ Jejunostomy is the pcedure of choice</li> <li>◆ Enteral nutrition by gastrostomy</li> <li>◆ Parenteral Nutrition</li> <li>◆ Central venous catheter</li> <li>◆ Home Parenteral nutrition</li> <li>◆ Anaesthesia and Pain Relief</li> <li>◆ Preparation for anaesthesia</li> <li>◆ Preoperative Drugs and Treatment</li> <li>◆ General Anaesthesia</li> <li>◆ Induction of anaesthesia</li> <li>◆ Maintenance of anesthesia</li> <li>◆ How is IV anesthesia is given</li> <li>◆ Neuromuscular blockade during surgery</li> </ul>	0:40:24	138

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>SURGERY</b>	<b>Lec 59</b>	<ul style="list-style-type: none"> <li>◆ Haemostasis and blood pressure control</li> <li>◆ The common causes of failure to breather after</li> <li>◆ General anaesthesia are</li> <li>◆ Local Anaesthesia</li> <li>◆ Epidural and intrathecal anaesthesia</li> <li>◆ Local anaesthesia</li> <li>◆ Bier's block</li> <li>◆ Topical anaesthesia</li> <li>◆ Local infiltration</li> <li>◆ Advantageous for patients who have</li> <li>◆ Intravenous regional anaesthesia Bier's block Principle of Biers block</li> <li>◆ Potential complication of epidural opioid analgesia</li> <li>◆ Epidural anesthesia(with bupivacaine or ropivacaine)</li> <li>◆ Caudal Epidural Anaesthesia</li> <li>◆ Chronic pain relief in Malignant Disease</li> <li>◆ First rung</li> <li>◆ Second rung</li> <li>◆ Third rung</li> </ul>	0:26:05	89.5