

Vanderbilt University Medical Center
Emergency General Surgery Service
Surgical Residency Rotation and Curriculum

UNIT 19 THE IMMUNO-SUPRESSED SURGICAL PATIENT

UNIT OBJECTIVES:

1. Demonstrate knowledge of the principles and rationale for the assessment and management of the Immuno-suppressed patient with an acute abdomen.
2. Demonstrate the ability to manage surgical conditions in the patients with HIV.

COMPETENCY-BASED KNOWLEDGE OBJECTIVES

1. Delineate the most common causes of acute abdomen in the Immuno-suppressed patient:
 - a. Cecal perforation
 - b. Toxic megacolon
 - c. Acalculous cholecystitis
 - d. CMV enteritis
 - e. Gastric ulcer perforation
2. Demonstrate a working knowledge of the limitations of cellular and humoral immunity in Immuno-suppressed patients.
3. Describe the alteration of wound healing and risk of healing a bowel anastomosis in the immuno-suppressed patient.
4. Delineate the risk of transmission of HIV to health care workers in the operating room.
 - a. open vs. laparoscopic surgery
 - b. surgical pathologic specimens

COMPETENCY-BASED PERFORMANCE OBJECTIVES

1. Describe the peri-operative resuscitation of the immuno-suppressed patient.
 - a. Cardio-pulmonary monitoring
 - b. IV access
 - c. Empiric antibiotic coverage
2. Differentiate between conventional open and scope-assisted surgery in Immuno-suppressed patient, including:
 - a. Anesthetic considerations
 - b. Effects of pneumoperitoneum
 - c. Differences in patient outcome
 - d. Infectious Complications (ie.HIV)
3. Discuss the conservative management of colonic disease if the immuno-suppressed patient.