Colloquium 3 - Theoretical issues

Abdominal wall.

1. Topographic anatomy of the abdominal wall. Projections of the abdominal organs. Types of laparotomies, their topographic and anatomical assessment. The concept of laparoscopic operations on the abdominal organs.

2. Topographic anatomy of the umbilical region. Linea alba, umbilical ring. Topographic-anatomical assessment of midline laparotomies. Operations for umbilical hernias and hernias of the white line of the abdomen.

3. Topographic anatomy of the groin area. Inguinal space. Inguinal canal. Types of inguinal hernias. Anatomical prerequisites for the formation of oblique and direct inguinal hernias. Stages of surgery for inguinal hernias.

4. Surgical anatomy of oblique and direct inguinal hernias. Principles of inguinal canal plastic surgery for inguinal hernias, possible errors and complications.

5. Anatomical prerequisites for the occurrence of strangulated hernias. Types of intestinal strangulation. Features of surgical techniques for strangulated inguinal and femoral hernias. Dangers and possible complications. Features of surgical techniques for congenital and sliding inguinal hernias.

Abdomen

1. Peritoneum, its properties. Abdominal and peritoneal cavities: sections, communications with the pelvic cavity. Main landmarks of the peritoneal cavity. Revision (examination) of the abdominal cavity for penetrating abdominal wounds.

2. Upper part of the peritoneal cavity. Bursae (recesses), their connections with the lower section and their significance in purulent-inflammatory processes and hematomas. Lesser omentum, its contents, omental bursa. Operative access to the omental bursa, their assessment

3. Lower part of the peritoneal cavity. Mesenteric sinuses, paracolic grooves (lateral canals), their connections with the upper section and recesses of the small pelvis. Recesses (pockets) of the lower section, their clinical significance. Method for determining the duodenum-jejunal flexure according to Gubarev.

4. Topographic anatomy of the liver. Operative approaches to the liver. Hemostatic suture of the liver. Suturing liver wounds. Liver resection.

5. Topographic anatomy of the gallbladder. Evaluation of surgical approaches to the gallbladder. Cholecystostomy, cholecystectomy: indications, methods, surgical techniques. Dangers and possible complications.

6. Topographic anatomy of the extrahepatic bile ducts. Variants of anatomical relationships between the common bile and pancreatic ducts. Methods of external and internal drainage of the bile ducts for obstructive jaundice (cholecysto- and choledochostomy, cholecystojejunostomy, choledochoduodenostomy).

7. Topographic anatomy of the portal vein. Porto-caval anastomoses. The importance of splenoportography and transumbilical portohepatography in the diagnosis of liver diseases. Concept of surgical treatment of portal hypertension.

8. Topographic anatomy of the stomach. Operative access to the stomach. Suturing a perforated ulcer. Ideas about selective vagotomy with drainage operations in the treatment of gastric and duodenal ulcers.

9. Gastrotomy. Gastrostomy: indications, methods (Witzel, Stamm-Kader, Topver, Yukhtin), main stages, possible complications. Gastroenteroanastomoses: indications, methods of application.

10. Gastric resection: indications, methods. Modern modifications of gastric resection according to Billroth-I and Billroth-II.

11. Topographic anatomy of the duodenum. Use of the duodenum during operations of internal drainage of the biliary tract. Ideas about papillosphincterotomy methods.

12. Topographic anatomy of the pancreas. Operational access. The concept of operations for acute pancreatitis, cysts and cancer of the head of the pancreas.

13. Topographic anatomy of the small intestine. Resection of the small intestine. Types of interintestinal anastomoses, their clinical and physiological assessment.

14. Topographic anatomy of the ileocecal angle. Variants of the position of the appendix, their clinical significance. Types of surgical approaches to the appendix. Techniques for detecting the cecum and appendix. Appendectomy: methods, surgical technique, possible complications.

15. Topographic anatomy of the colon. Colon resection. Colostomy. Imposition of an unnatural anus.

16. Topographic anatomy of the celiac trunk, superior and inferior mesenteric arteries. Poor circulation of the abdominal organs. The concept of selective angiography and operations for acute mesenteric circulation disorders.

17. Intestinal suture. Main types, requirements, assessment of intestinal sutures. Suture of Lambert, Pirogov, Albert-Lambert, Mateshuk, Schmiden, single-row continuous. Suturing wounds of the stomach and intestines.

Lumbar region and retroperitoneum

1. Topographic anatomy of the lumbar region: boundaries, layers, weak points. Operative access to the kidneys and ureters, their topographic and anatomical assessment.

2. Topographic anatomy of the retroperitoneal space. Surgical anatomy of the abdominal aorta, inferior vena cava, nerves, nerve plexuses. Cellular spaces and ways of spreading purulent leaks and hematomas. Opening of purulent paranephritis.

3. Topographic anatomy of the kidneys. Types of surgical approaches to the kidney. Nephrotomy. Nephrectomy, technique, possible complications.

4. Topographic anatomy of the kidneys. Gate of the kidney. Syntopy of the elements of the vascular “pedicle” of the kidney. Understanding kidney transplantation.

5. Topographic anatomy of the ureters. Suture of the ureter, indications, technique, requirements for the suture of the ureter. Reconstructive and plastic surgeries on the ureters.

Small pelvis

1. Topographic anatomy of the pelvis. Lateral walls and bottom of the pelvis. Holes, channels and their contents. Urogenital diaphragm and pelvic diaphragm. Their importance in fixing organs.

2. Topographic anatomy of the peritoneal pelvis. Anatomical relationships of the peritoneum with the organs of the male and female pelvis, folds, depressions. Clinical significance of peritoneal depressions, opening and drainage of abscesses of the peritoneal pelvis.

3. Topographic anatomy of the subperitoneal pelvis. Fascia and cellular spaces, ways of spreading urinary and purulent leaks. Drainage of pelvic phlegmon.

4. Topographic anatomy of the subcutaneous pelvis (perineal area). Genital area. Surgical anatomy of the testicle. Operations for cryptorchidism and hydrocele.

5. Topographic anatomy of the bladder and prostate. Bladder puncture, cystostomy. Types of surgical approaches to the prostate.

6. Topographic anatomy of the pelvic ureters. Anatomical relationships of the ureters with the pelvic organs and blood vessels, their significance during operations on the pelvic organs. Operative approaches to the pelvic ureters.

7. Topographic anatomy of the uterus, fallopian tubes, ovaries. Operative access to the uterus. Tubectomy for disturbed ectopic pregnancy. The concept of supravaginal amputation of the uterus.

8. Topographic anatomy of the rectum: skeletotopy, syntopy, clinical significance of bends. Fascial sheath of the rectum. Anatomical rationale for the localization of paraproctitis. Incisions for paraproctitis.

9. Topographic anatomy of the rectum. Pathways for the outflow of venous blood, venous plexuses, structural features of the submucosal venous plexus of the hemorrhoidal zone. Anatomical prerequisites for the occurrence of hemorrhoids. Hemorrhoidectomy according to the Martynov-Ryzhikh, Milligan-Morgan method.

10. Topographic anatomy of the rectum. Closing apparatus of the rectum. Pathways of cancer metastasis. Ideas about radical operations for rectal cancer.