

GENERAL INFORMATION		
Course name	Surgery 3 – Abdominal Surgery	
Course director	Assoc. Prof. Goran Kondža, MD, PhD	
Assistants	Prof. Željko Bušić, MD, PhD	
Study program	Integrated undergraduate and graduate university study program Medical Studies in German	
Course status	Mandatory	
Year of study, semester	4 th year, 8 th semester	
Credits allocated and form of instruction	ECTS student workload	3
	Number of teaching hours (L+S+E)	50 (20+15+15)
COURSE DESCRIPTION		
Course objectives		
Basic surgical anatomy and pathophysiology, preoperative treatment and preparation of a patient, basic abdominal surgical procedures and potential complications and treatments, and modern aspects of visceral oncological surgery.		
Course requirements		
There are no specific requirements for this course except those defined in the study program curriculum.		
Learning outcomes relevant to the study program		
1.1, 3.5		
Expected learning outcomes (5-10 learning outcomes)		
Knowledge		
<ol style="list-style-type: none"> 1. Name the most common acute surgical conditions, describe illnesses and conditions that require surgical treatment, and distinguish between illnesses and conditions that require urgent surgical treatment 2. Describe adequate procedures for surgical conditions and diseases that directly threaten the patient's life 3. Differentiate between appropriate diagnostic procedures in surgical patients 4. Analyze and make correlations between the clinical picture and the results of diagnostic procedures in surgical patients 		
Skills		
<ol style="list-style-type: none"> 1. Develop the skills necessary to diagnose pathologic conditions in the field of abdominal surgery 2. Identify illnesses and conditions that require surgical treatment, and distinguish between illnesses and conditions that require urgent surgical treatment 3. Relate surgical procedures to potential complications 4. Learn about the surgical materials and instruments used in abdominal surgery 		
Course content		
<p><i>Acute abdomen.</i> Causes of an acute abdomen, signs of an acute abdomen, diagnostic procedures for diagnosing an acute abdomen, surgical procedures for treating an acute abdomen. <i>Ileus.</i> Mechanical obstruction of the small intestine, intraluminal obstruction, strangulating obstruction, functional intestinal obstruction. Outpatient clinic presentation and diagnosis of patients with acute abdomen. Preparing patients for acute abdomen surgery. Presentation of surgical procedures performed for acute abdomen in the OR. Outpatient clinic</p>		

presentation of patients with the symptoms of ileus. Diagnostic procedures for ileus. Preoperative preparation of patients with intestinal obstruction. Presentation of surgical procedures performed on patients diagnosed with ileus in the OR. *Hernias*. Causes of hernia, anatomy of hernia, inguinal hernia, femoral hernia, umbilical hernia, epigastric hernia, incisional hernia, diagnosis of hernia, hernia complications, surgical treatment of hernia, postoperative complications. *Stomach surgery*. Peptic ulcer, peptic ulcer complications, surgical treatment of peptic ulcer, acute massive gastric dilatation, benign stomach cancers, stomach cancers, stomach cancer incidence, symptomatology of stomach cancer, diagnosis of stomach cancer, surgical treatment of stomach cancer, upper gastrointestinal hemorrhage. Clinical presentation of patients with hernia libera and incarcerated external abdominal hernias. Diaphragmatic hernia. Clinical presentation of patients with incarcerated hernia. Introduction and presentation of surgical procedures for treating hernias. Presentation of surgical procedures for treating incarcerated hernias with complications. Monitoring patients after a hernia surgery. Clinical presentation of patients with stomach cancer. Clinical presentation of patients with stomach tumors and signs of gastrointestinal and duodenum bleeding. Assisting in the diagnosis of bleeding from the digestive tube. Presentation of surgical procedures for treating stomach tumors and presentation of surgical procedures for gastrointestinal and duodenum bleeding. Postoperative monitoring of the above mentioned patients. Presentation of complications of the above mentioned surgical procedures. *Diseases of the liver, bile ducts and pancreas*. Liver diseases, liver abscess, cystic liver diseases, liver tumors, diagnosis and surgical treatment of liver diseases, cholelithiasis and cholecystitis (clinical picture, diagnosis and treatment), cholangitis, choledocholithiasis (clinical picture, diagnosis and treatment), tumors and bile duct injuries, acute pancreatitis (clinical picture, diagnosis and treatment), chronic pancreatitis, pancreatic cancer (clinical picture, diagnosis and treatment). Clinical presentation of patients with acute cholecystitis, acute pancreatitis and malignant obstructive jaundice. Diagnosis and preoperative preparation of patients with biliary concretions, bile duct cancer, malignant liver tumors and pancreatic cancer. Assisting in the diagnosis of malignant liver and pancreatic diseases. Insertion of the nasogastric tube and catheter in patients with acute pancreatitis. Presentation of surgical procedures in the OR performed on the gallbladder, bile ducts, liver and pancreas. Monitoring of postoperative patients and presentation of complications following the surgery of patients with diseases of the gallbladder, bile ducts, liver and pancreas. *Surgery of small and large intestines*. Crohn's disease (etiopathogenesis, clinical picture, complications, surgical treatment), ulcerative colitis (etiopathogenesis, clinical picture, complications, surgical treatment), diverticulitis (etiopathogenesis, clinical picture, complications, surgical treatment), surgical treatment of small intestine cancer, colorectal cancer (incidence, pathohistology, clinical picture, complications, surgical treatment). *Surgery of small and large intestines*. Clinical presentation of patients with Crohn's disease. Clinical presentation and postoperative treatment of patients with gastrointestinal perforation. Clinical presentation and postoperative treatment of patients with ulcerative colitis and diverticulitis. Clinical presentation and postoperative treatment of patients with colon cancer. Clinical presentation of patients with acute appendicitis. Diagnosis of acute appendicitis. Presentation of surgical procedures to treat small and large intestines problems and acute appendicitis. Postoperative monitoring, dressing and control of laparotomy wounds following the above mentioned surgical procedures. Presentation of complications following the surgery of the small and large intestine. *Laparoscopy*. Most common laparoscopic procedures in surgery (appendectomy, cholecystectomy, colon cancers, diagnostic laparoscopy). Clinical presentation of patients where laparoscopy is indicated. Presentation of surgical equipment and procedures in the OR.

Form of instruction	<input checked="" type="checkbox"/> lectures	<input type="checkbox"/> individual assignments
	<input checked="" type="checkbox"/> seminars and workshops	<input type="checkbox"/> multimedia and Internet
	<input checked="" type="checkbox"/> exercises	<input type="checkbox"/> laboratory
	<input type="checkbox"/> distance learning	<input type="checkbox"/> mentoring activities
	<input type="checkbox"/> field course	<input type="checkbox"/> other
Student obligations		

Come to class prepared by studying the recommended literature for each unit and actively participate in all forms of instruction. The student must participate in at least 70% of classes to pass the course.

Monitoring student learning

Attendance	x	Active participation	x	Seminar paper		Experimental work	
Written exam	x	Oral exam	x	Essay		Research	
Project		Continuous assessment		Paper		Practical work	
Portfolio							

Assessment and evaluation of students during class and on the final exam

Students' performance will be evaluated during class and on the final exam. Students are evaluated numerically and descriptively (insufficient (1), sufficient (2), good (3), very good (4), excellent (5)). During classes, a student can earn a maximum of 100 points. Students can earn a maximum of 20 points during classes through different types of activities. On the final exam, students can earn a maximum of 80 points. The final grade represents the sum of the points earned during classes and on the final exam.

Mandatory reading

1. Siewert R, Stein H. Chirurgie. Springer; 2012

Additional reading

1. Becker, Heinz; Markus, Peter M. Allgemein- und Viszeralchirurgie I Allgemeinchirurgie - Common Trunk.; 2014
2. Bangard M; Schwenk W. Perioperative Leitsymptome in der Allgemein- und Viszeralchirurgie : praktische Algorithmen und Differenzialdiagnostik. Elsevier, Urban Fischer; 2016

The number of copies of mandatory reading in proportion to the number of students currently taking this course

<i>Title</i>	<i>Number of copies</i>	<i>Number of students</i>
Siewert R, Stein H. Chirurgie. Springer; 2012		A purchased license for online textbooks shall be used https://bfdproxy48.bfd-online.de/login.htm?back=http%3a%2f%2fpartner.bfd-online.info.bfdproxy48.bfd-online.de%2fameos%2fbfdAboGateway%3fabold%3d264117 Access will be granted to all students enrolled in the study program

Quality monitoring methods ensuring the acquisition of knowledge upon completion, skills and competences

The quality of course performance is monitored through an anonymous student survey on the quality of the organization and conduction of classes, the course content and the work of professors. The usefulness of the lectures from the students' perspective, the curriculum content, the professor preparedness, the clarity of the presentation, the amount of new content and the quality of the presentation are evaluated. The curriculum and its execution are administratively compared. The participation of students in lectures and exercises, as well as the excuses for missing classes, are controlled and analyzed.