#### UNIT 17 THE ACUTE ABDOMEN IN THE PREGNANT PATIENT

### **UNIT OBJECTIVES:**

1. Demonstrate knowledge of the principles and rationale for the assessment and management of the pregnant patient with an acute abdomen.

2. Demonstrate the ability to manage surgical conditions in the pregnant patient requiring non-obstetrical surgery.

## **COMPETENCY-BASED KNOWLEDGE OBJECTIVES**

1. Delineate the most common causes of acute abdomen in the pregnant patient:

- a. Acute Appendicitis
- b. Cholecystitis
- c. Ovarian pathology
- d. Other

2. Demonstrate a working knowledge of the natural changes in cardio-pulmonary physiology during the following stages of pregnancy:

- a. In the first trimester
- b. In the second trimester
- c. In the third trimester

3. Describe the risk to the fetus in terms of radiation exposure and organogenesis during pregnancy.

4. Delineate the relative risk of surgery during pregnancy and the indications for intra-operative fetal monitoring.

5. Describe adjustment in the performance of laparoscopic procedures in the pregnant patient.

# **COMPETENCY-BASED PERFORMANCE OBJECTIVES**

1. Differentiate between conventional open and scope-assisted surgery in the pregnant patient and fetus, including:

- a. Anesthetic considerations
- b. Effects of pneumoperitoneum and placental blood flow
- c. Differences in patient outcome during the 3 stages of pregnancy

2. Discuss the physical limitations imposed on the user participating in minimal access surgery, and the gravid uterus, including:

- a. Two-dimensional perspective
- b. Visual limitations of scope and monitoring equipment
- c. Crucial importance of patient position and cannula position for optimum exposure
- d. Using an open technique to access the peritoneal cavity

3. Understand strategies to offset the difficulties suggested in #2 above, including:

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- a. Proper alignment of eye-camera-instrument axes
- b. Efficient biomechanics
- c. Effective use of assistants
- d. Rotating the pregnant patient

4. Analyze the factors affecting the decision to select a minimal access approach (as opposed to an open surgical approach) for a particular clinical problem.