## LECTURE PROGRAMME:- 9TH SEMESTER

**Wednesday:** 9 am to 10 am  
**Thursday:** 9 am to 10 am  
**Venue:** Lecture Hall-3

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| 1  | History of Surgery & Principles of Surgery | ❖ **History of Surgery**  
* Definition of History  
* Definition of Surgery  
* Ancient Surgery  
* Medieval Surgery  
* Modern Surgery  
* Recent Trends in Surgery  
* Newer concepts in surgery  
❖ **Principles of Surgery**  
* Hippocratic oath  
* Do no harm  
* Halsted’s principles of surgery  
➢ Gentle handling of tissues  
➢ Meticulous Haemostasis  
➢ Preservation of blood supply  
➢ Minimal tension on tissues  
➢ Accurate tissue apposition  
➢ Obliteration of dead space  
➢ Strict asepsis technique  
➢ Optimisation of the patient  
➢ Early recovery after surgery protocols | Dr. (Brig) KVS Rana VSM |
| 2  | Head Injury | ❖ **HEAD INJURY**  
* Introduction  
* Pathophysiology  
* Types  
* Injuries of scalp  
* Skull fracture  
* Focal brain trauma  
* Diffuse brain trauma  

I. Scalp injury  
* Incidence  
* Pathophysiology  
* Types  
➢ Contusion and haematoma  
➢ Laceration  
➢ Avulsion  
* Management | Dr. (Brig.) Gurjit Singh |
## II. Skull fracture
- Incidence
- Pathophysiology
- Types
  - Linear
  - Depressed
  - Compound
- Assessment
- Management
- Complications

## III. Focal brain injury
- Definition
- Incidence
- Pathophysiology
- Types
  - Cortical contusion
  - Epidural haematoma
  - Subdural haematoma
  - Intracerebral haematoma
- Assessment
- Glasgow Coma Scale
- Management
- Complications

## IV. Diffuse brain injury
- Definition
- Incidence
- Pathophysiology
- Types
  - Concussion
  - Diffuse axonal injury
- Assessment
- Management
- Complications

## V. Raised intracranial pressure
- Incidence
- Pathophysiology
- Assessment
- Management
- Complications

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<td>Acute suppurative tenosynovitis of flexor tendon sheath of palm.</td>
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* Types  
* Pathophysiology  
* Clinical Presentation  
* Management | Dr. S. V. Panchabhai |
| 8    | Cholelithiasis | ✷ Cholelithiasis  
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* Clinical presentation  
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* Complications | Dr. (Brig.) Gurjit Singh |
| 9    | Shock II | ✷ Shock II  
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  ➢ Introduction  
  ➢ Clinical features  
  ➢ Diagnosis | Dr. (Brig.) Gurjit Singh |
- Management
- Complications

* Laryngocele
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  - Clinical features
  - Diagnosis
  - Management
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* Cystic hygroma
  - Introduction
  - Clinical features
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* Ludwig’s angina
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  - Clinical features
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* Parapharyngeal abscess
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* Subhyoid bursitis
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* Carotid body tumour
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  - Clinical features
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* Sternomastoid tumour
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* Tuberculous lymphadenitis
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  - Clinical features
  - Stages
  - Pathology
  - Diagnosis
  - Management
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* Relations  
* Blood Supply  
* Lymphatic drainage  
* Supports  
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* Investigation  
* Principles of management | Dr. S. P. Dubhashi |
| 16 | Anatomy of Prostate, Bladder outlet obstruction | **Anatomy of Prostate, Bladder outlet obstruction**  
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* Aetiology of Bladder Outflow Obstruction  
* BPH  
* Management Of BPH Or Bladder Outflow Obstruction  
* Prostatectomy  
* Complications | Dr. Shahaji Chavan |
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* Treatment | Dr. S. V. Panchabhai |
| 18 | Peritonitis | **Peritonitis**  
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* Bacteriology  
* Non-gastrointestinal causes of peritonitis  
* Route of infection  
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| 19 | Fissure in Ano, Abscess, Fistula in Ano | **Fissure in Ano**  
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* Aetiology  
* Types  
* Clinical Features  
* Treatment  
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* Definition  
* Types | Dr. S. P. Dubhashi |
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22 | Intraperitoneal Abscesses | **Intraperitoneal Abscesses** |
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23 **Benign Breast Disease**

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- Surgical Anatomy
- Congenital Abnormalität
- Injuries of the breast
- Investigations

Dr. (Mrs.) D. S. Nirhale

24 **Choledocholithiasis, Carcinoma Gall Bladder**

- Surgical anatomy of gall bladder and physiology
- Cholelithiase
  - Incidence
  - Aetiology
  - Types of gall stones
    - Pigment stones
    - Cholesterol stones
    - Mixed stones
  - Clinical presentation
  - Diagnosis
  - Management
  - Complications

**Carcinoma gall bladder**

- Incidence
- Pathology
- Clinical features
- Investigation
- Management
- Prognosis

Dr. (Brig) KVS Rana VSM

25 **Carcinoma Breast**

- Introduction
- Aetiological factor
- Pathology
- Clinical presentation
- Staging
- Prognosis
- Treatment

Dr. (Mrs.) D. S. Nirhale

26 **Acute Pancreatitis, Pseudocyst of Pancreas**

- Definition
- Classification of Pancreatitis
- Aetiopathogenesis
- Clinical Features
- Investigation
- Treatment

Dr. S. P. Dubhashi
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| 27   | Pseudocyst of Pancreas | * Definition  
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| 28   | Chronic Pancreatitis, Pancreatic tumours | * Definition  
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  - Susceptibility to infections  
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* Approach to a patient of Diabetic Foot |

Dr. S. V. Panchbhai  
Dr. S. P. Dubhashi  
Dr. (Mrs.) D. S. Nirhale  
Dr. S. P. Dubhashi
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| 32 | Abdominal Tuberculosis |  | Dr. (Mrs.) D. S. Nirhale |
| 33 | Metabolic response to Surgery & Trauma |  | Dr. (Brig) KVS Rana, VSM |

**Acute Abdomen**

- Introduction
- Pathology
- Clinical presentation
- Treatment

**Abdominal Tuberculosis**

- Introduction
- Aetiological factor
- Pathology
- Clinical Presentation
- Treatment

**Metabolic Response to Surgery & Trauma**

- Define Homeostasis
- Responses to trauma & surgery
  - Neuroendocrine response
  - Sympathetic adrenal response
  - Immunological and haematological response
- Phases of response to trauma and surgery
  - EBB Phase
  - Flow Phase
  - Anabolic Phase
- Types of responses
  - SIRS
  - CARS
  - MODS
  - DEATH

- Optimisation of the patient

Dr. (Brig) KVS Rana, VSM, Semester I/c

Dr. (Brig.) Gurjit Singh

Dr. Shahaji Chavan

Dr. (Mrs.) D. S. Nirhale

Dr. S. P. Dubhashi

Dr. S. V. Panchabhai

Dr. (Brig.) KVS Rana, VSM

Prof. & Head

Date: July, 2014
## TUTORIAL PROGRAMME – 9TH SEMESTER

**Friday: 2 pm to 3 pm & 3 pm to 4 pm**

**Venue:** Lecture Hall

**Batch A:** Roll No. 701 to 750
**Batch B:** Roll No. 751 to 800
**Batch C:** Roll No. 801 to 848

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</table>
* Basic f Radiology  
* CXR how to explain  
* Normal chest –ray  
* Abnormalities  
* Identification  
* Indications  
* Normal Abdominal x-ray  
* Abnormal Abdominal x-ray  
  > Gas under diaphragm  
  > Intestinal abstraction  
  > Foreign body – Urolithiasis  
* Introduction  
* Indication  
* Contraindication  
* Preparation  
* Procedure  
* Post procedure management                                                                 | Dr. Trupti Tonape           |
|    |           | Radiology – II : Plan X-ray Abdomen        |                                                                                                         | Dr. Shama Shaikh            |
|    |           | Radiology – III : Barium Meal Studies      |                                                                                                         | Dr. Hanumant Lohar          |
| 2  | 27/6/2014 | Radiology – IV : IVU                       | * Introduction  
* Indication/Contraindication  
* Pre-requisites & pre-medication  
* Procedures  
* How to Read an IVU  
* Abnormalities  
* Principles  
* Indications  
* Identification of organs in plates  
* Advantages  
* Disadvantages  
* Contraindication  
* Introduction  
* Principles of USG, Poopler & Angiogram                                                                 | Dr. Trupti Tonape           |
<p>|    |           | Radiology – V : CT Scan and MRI            |                                                                                                         | Dr. Shama Shaikh            |
|    |           | Radiology – VI : Ultrasound, Doppler and Angiogram |                                                                                                         | Dr. Hanumant Lohar          |</p>
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<th>Instruments-I : General Surgery</th>
<th>Instruments –II : Special Instruments</th>
<th>Instruments –III: Tubes, Catheters, Antiseptics and Drugs</th>
<th>* Various modalities of angiogram</th>
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<td>Dr. Rashmi Patil</td>
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<td>Dr. Mahendra Kataria</td>
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<td>Dr. Asma Khalife</td>
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**4/7/2014**

- Sterilization of Instruments – Methods
- Basics and History of Instruments
- Methods of Sterilization
- Laparotomy – Instruments
- Resection Instruments
- Identification of Instruments
- Tubes and Catheters.
  - Introduction
  - Name
  - History
  - Uses
  - Contraindications
  - Disadvantages

**11/7/2014**

- Basic Surgical Instruments
  - Name
  - Parts
  - Handling
  - Uses
- Ways to use Intra- Operatively
- Orthopaedic Instruments
- Gynaecology Instruments
- Anaesthetic Instruments
- Identification of Instruments
- Antiseptics
  - Name
  - Action
  - Uses
  - Properties
- Drugs
  - Name
  - Uses
  - Doses
  - C/I
  - S/E

**18/7/2014**

- To identify parent organ & the pathology.
- Clinical presentation of specific pathology.
- Investigation & treatment of diseases.

Dr. Bhushan Shah
### Surgical Pathology II – GIT

- Introduction: Etiology, Pathogenesis
- Gen. Pathology: Macroscopic appearance
- Clinical Features: Complications, Metastasis, Prognosis
- Mode of Death

- Verrucous Carcinoma
- Squamous Cell Carcinoma of the skin
- Malignant Melanoma
- Digit Amputation
- All type of leg amputation
- Fore foot amputation
- Below knee amputation
- Above knee amputation
- Madura Foot
- P.V.D. Foot Transmetatarsal amputation

- **Carcinoma Breast**
- Toilet mastectomy
- Modified radical mastectomy

### Appendix

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<th>Gallbladder</th>
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- Hydatid Cyst
- Meckel’s Volvu
- Anatomy of Prostate, Bladder outlet obstruction
- Stomach
  - CA
  - Colon
  - Anal Canal

- Worms/TB
- Structure Colon
- Introduction
- Pathology
  - Gross
  - Microscopy

- Investigation
- Treatment
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| 6    | Surgical Pathology IV – Renal | - To identify parent organ & the pathology.  
- Clinical presentation of specific pathology.  
- Investigation & treatment of diseases.  
- Introduction:- Etiology, Pathogenesis  
- Gen. Pathology:- Macroscopic appearance  
- Clinical Features:- Complications, Metastasis, Prognosis  
- Mode of Death  
- Polycystic Kidney with stag horn calculus  
- Renal Stores  
- Renal cell carcinoma  
- Hydronephrosis  
- Angiomyolipoma kidney  
- Calculus hydrenephrosis |
| 25/7/2014 | Surgical Pathology V – Testis and Penis | |
| 7    | Surgical Procedures –I: Hernia | - Anatomy Inguinal Canal  
- Harniotomy  
- Harniorraphy  
- Harmoplasty  
- Lap Hernia Intadration Type |

Dr. Tushar Jadhav

Dr. Bhushan Shah

Dr. S. S. Sabale

Dr. Tushar Jadhav

Dr. Dinesh Dole

Dr. Pankaj Bhalerao
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<tr>
<td>8/8/2014</td>
<td>Testis and Scrotum</td>
<td>Surgical Procedures – III: Renal and Urinary Bladder</td>
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| 8/8/2014 | Surgical Procedures – IV: Gall Bladder Surgery | * Anatomy of GB  
* Open cholecystectomy  
* Lap Cholecystectomy | Dr. Dinesh Dole |
| 8/8/2014 | Surgical Procedures – V: Stomach and Small Intestine | * Indications  
* Operative procedure – Step  
* Complications  
  ➢ Early  
  ➢ Late | Dr. Pankaj Bhalerao |
| 8/8/2014 | Surgical Procedures – VI: Appendix and Colon | * Indications  
* Operative procedure – Step  
* Complications | Dr. Shama Shaikh |
| 9/8/2014 | Laparoscopic Surgery | * Introduction  
* Advantages  
* Disadvantages  
* O.T. Set Up  
* Instruments – Overview  
* Complications/Trouble – shooters | Dr. Trupti Tonape |
| 5/9/2014 | Endoscopy | * Introductions  
* Upper & Lower GI Scopy  
* Indications  
* Procedures  
* Advantages  
* Disadvantages | Dr. Shama Shaikh |
| 12/9/2014 | Surgery Videos | * Circumcision  
* Appendicectomy  
* I&D  
* Videos of surgical procedures  
  ➢ Appendicectomy Lap/open  
  ➢ Inguinal hernia repair  
  ➢ I&D of abscess | Dr. Trupti Tonape |
| 19/9/2014 | Revision – Radiology | * CXR (As explained above)  
* Queries by students  
* X-ray abdomen revision under same headings (Radiology – II)  
* Question-answer session  
* Barium meal studies (As explained above)  
* Queries by students | Dr. Shama Shaikh |
<p>| 19/9/2014 | Revision – Instruments | * Revision of ALC Instruments | Dr. Rashmi Patil |</p>
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<th>Feedback from students</th>
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<td>Revision – Surgical Pathology</td>
<td>Dr. Bhushan Shah</td>
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<td><strong>To identify parent organ &amp; the pathology.</strong>&lt;br&gt;<strong>Clinical presentation of specific pathology.</strong>&lt;br&gt;<strong>Investigation &amp; treatment of diseases.</strong>&lt;br&gt;<strong>Introduction:- Etiology, Pathogenesis</strong>&lt;br&gt;<strong>Gen. Pathology:- Macroscopic appearance</strong>&lt;br&gt;<strong>Clinical Features:- Complications, Metastasis, Prognosis</strong>&lt;br&gt;<strong>Mode of Death</strong>&lt;br&gt;<strong>Revision of Surgical Patho – I &amp; II</strong>&lt;br&gt;<strong>Lilaly Q/A on the previous topics (Orientation to IIIrd MBBS surgery practical examination)</strong>&lt;br&gt;<strong>Revision of Hepatobiliary</strong>&lt;br&gt;<strong>Head &amp; Neck Specimen</strong>&lt;br&gt;<strong>Under same headings</strong>&lt;br&gt;<strong>With question – answer session</strong></td>
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<td>31/10/2014</td>
<td>* IVU (As explained above)</td>
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<td>* CT, MRI-Revision under same heading (Radiology - V)</td>
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<td>* VGS Clappler &amp; Angiogram (As explained above)</td>
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<td>Dr. Shama Shaikh</td>
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<td>Dr. Hanumant Lohar</td>
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**Dr. (Brig.) KVS Rana, VSM**
Prof. & Head

Date:- June 2014
### 7th Semester - Lecture Programme

**Wednesday: 3 pm to 4 pm**
**Venue: Lecture Hall: -4**

<table>
<thead>
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<th>SN</th>
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<tr>
<td>1.</td>
<td>2/7/2014</td>
<td>Oesophagus – Anatomy / Physiology / Investigations</td>
<td>Definition, etiology, Management: – Endoscopic &amp; Open Surgical Management</td>
<td>Dr. (Brig.) B. B. Dogra</td>
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<td>2.</td>
<td>3/7/2014</td>
<td>Liver – Anatomy / Physiology / Investigations</td>
<td>Introduction, Division of Lopper, Division of Segments, Lab. Investigation</td>
<td>Dr. B. D. Dhaigude</td>
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<td>3.</td>
<td>9/7/2014</td>
<td>Management of Dysphagia</td>
<td>Features, Definition, Diagnosis, * Investigation, * Differential Diagnosis, Management</td>
<td>Dr. (Brig.) B. B. Dogra</td>
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<td>10/7/2014</td>
<td>Liver Abscess</td>
<td>Introduction, Types, Aetiopathogenesis, Clinical Treatment, Investigation, Management, Amoebic liver abscess</td>
<td>Dr. B. D. Dhaigude</td>
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<td>16/7/2014</td>
<td>Oesophageal Motility Disorders</td>
<td>* Surgical Anatomy, * Physiology, Symptoms, * Signs, * causes &amp; treatment</td>
<td>Dr. (Brig.) B. B. Dogra</td>
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<td>6.</td>
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<td>Liver Trauma</td>
<td>Introduction, Aetiological Factor, Clinical Presentation, Treatment</td>
<td>Dr. B. D. Dhaigude</td>
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<td>24/7/2014</td>
<td>Liver Tumours</td>
<td>* Introduction, * Benign tumors of liver, Hemangiomas, Hepatic Adenomas, Focal Nodular Hyperplasia, Primary malignant tumors of liver, Hepatocellular carcinoma</td>
<td>Dr. B. D. Dhaigude</td>
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<td>Carcinoma Oesophagus</td>
<td>Dr. (Brig.) B. B. Dogra</td>
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<td>6/8/14</td>
<td>Pancreas – Anatomy / Physiology</td>
<td>Dr. V. S. Athavale</td>
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<td>7/8/14</td>
<td>Stomach – Anatomy / Physiology / CHPS</td>
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<td>13/8/14</td>
<td>Acute Pancreatitis</td>
<td>Dr. V. S. Athavale</td>
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<td>14/8/14</td>
<td>Peptic Ulcer – 1/2 Aetiology, Pathophysiology, Investigations and Medical Management</td>
<td>Dr. Sangram Jadhav</td>
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<td>20/08/14</td>
<td>Pseudocyst of Pancreas and Chronic Pancreatitis</td>
<td>Dr. V. S. Athavale</td>
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<td>Peptic Ulcer – 2/2 Surgical Management and Management of Complications</td>
<td>Dr. S. Jadhav</td>
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<td>17</td>
<td>27/8/2014</td>
<td>Pancreatic Tumors</td>
<td>Dr. V. S. Athavale</td>
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<td>28/8/2014</td>
<td>Carcinoma of Stomach</td>
<td>Dr. S. Jadhav</td>
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<td>Obstructive Jaundice</td>
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<td>Upper G.I Bleed – Aetiology and Principles of Management</td>
<td>Dr. S. Jadhav</td>
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| 10/9/2014 | Spleen – Anatomy / Physiology / Rupture of Spleen                     | * Anatomy  
  ➢ Blood Supply  
  ➢ Venous Supply  
  ➢ Lymphatic Drainage  
 * Physiology  
 * Functions | Dr. M. Calcuttawala                                                |
| 11/9/2014 | Extra Hepatic Biliary Apparatus – Anatomy / Physiology / Investigations | ❖ Extra Hepatic Biliary Apparatus-Anatomy/Physiology/Investigation  
 * Development  
 * Surgical Anatomy  
 * Surgical Physiology | Dr. Iqbal Ali                                                     |
| 17/9/2014 | Splenomegaly and Splenectomy                                           | * Introduction  
 * Causes of splenomegaly  
 * Splenectomy  
 ➢ Indications  
 ➢ Procedure  
 ➢ Complications  
 * Overwhelming post splenectomy infections  
 ➢ Clinical features  
 ➢ Prevention  
 ➢ Treatment | Dr. M. Calcuttawala                                                |
| 18/9/2014 | Cholelithiasis                                                          | ❖ Cholelithiasis  
 * Incidence  
 * Etiology  
 * Pathophysiology  
 * Types of gall stones  
 ➢ Pigment stones  
 ➢ Cholesterol stones  
 ➢ Mixed stones  
 * Clinical presentation  
 * Diagnosis  
 * Management  
 * Complications | Dr. Iqbal Ali                                                     |
| 24/9/2014 | Peritonitis – Aetiology and Principles of Management                   | * Causes  
 * Infected peritonitis  
 * Perforation of part of the gastrointestinal tract  
 * Disruption of the peritoneum,  
 * Spontaneous bacterial peritonitis (SBP)  
 * Systemic infections (such as tuberculosis) may rarely have a peritoneal localisation.  
 * on-infected peritonitis  
 * Leakage of sterile body fluids into | Dr. M. Calcuttawala                                                |
the peritoneum.
- Signs and symptoms
- Abdominal pain and tenderness
- Collateral manifestations
- Diffuse abdominal rigidity ("washboard abdomen").
- Fever
- Sinus tachycardia
- Development of ileus paralyticus.
- Diagnosis
- Routine investigation may show-Leukocytosis, hypokalemia, hypernatremia, and acidosis.
- Treatment
- General supportive measures such as vigorous intravenous rehydration and correction of electrolyte disturbances.
- Antibiotics are usually administered intravenously, but they may also be infused directly into the peritoneum.
- Surgery (laparotomy)
- Complications
- hypovolemia, shock, renal failure, peritoneal abscess, sepsis

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<td>Cholecystitis and Principles of Laparoscopic Cholecystectomy</td>
<td>Dr. Iqbal Ali</td>
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<td>Intraperitoneal Abscesses</td>
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<td>Diaphragm – Anatomy, Thoracic Diaphragm</td>
<td>Dr. M.</td>
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Dr. (Brig.) B. B. Dogra, Prof. & Semester I/c
Dr. Sanagram Jadhav, Professor
Dr. B. D. Dhaigude, Professor
Dr. Iqbal Ali, Professor
Dr. V. S. Athavale, Associate Professor
Dr. M. Calcuttawala, Associate Professor

Dr. (Brig.) KVS Rana, VSM
Prof. & Head
Date: June 2014