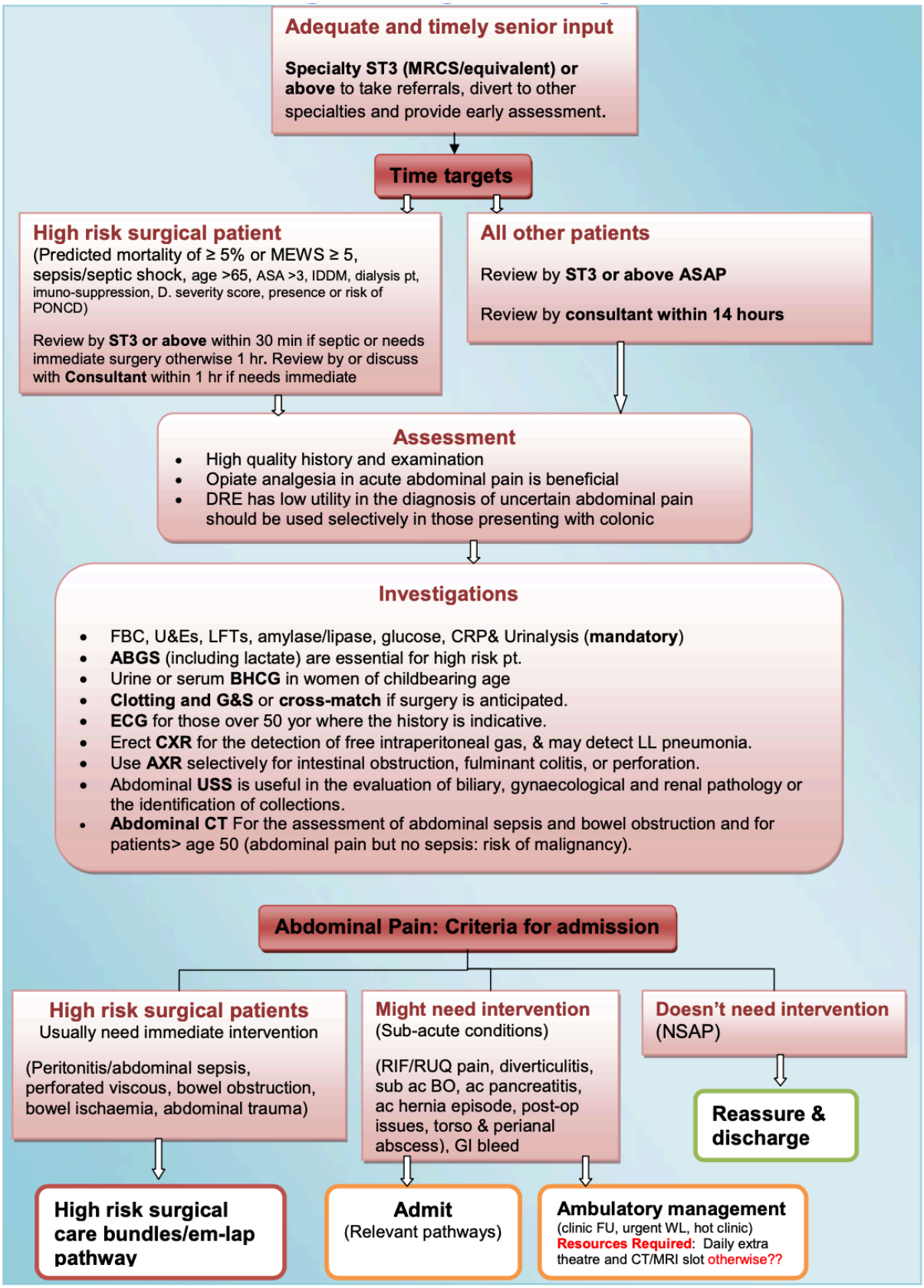
The Dudley Group
NHS Foundation Trust

General Surgery Induction Booklet

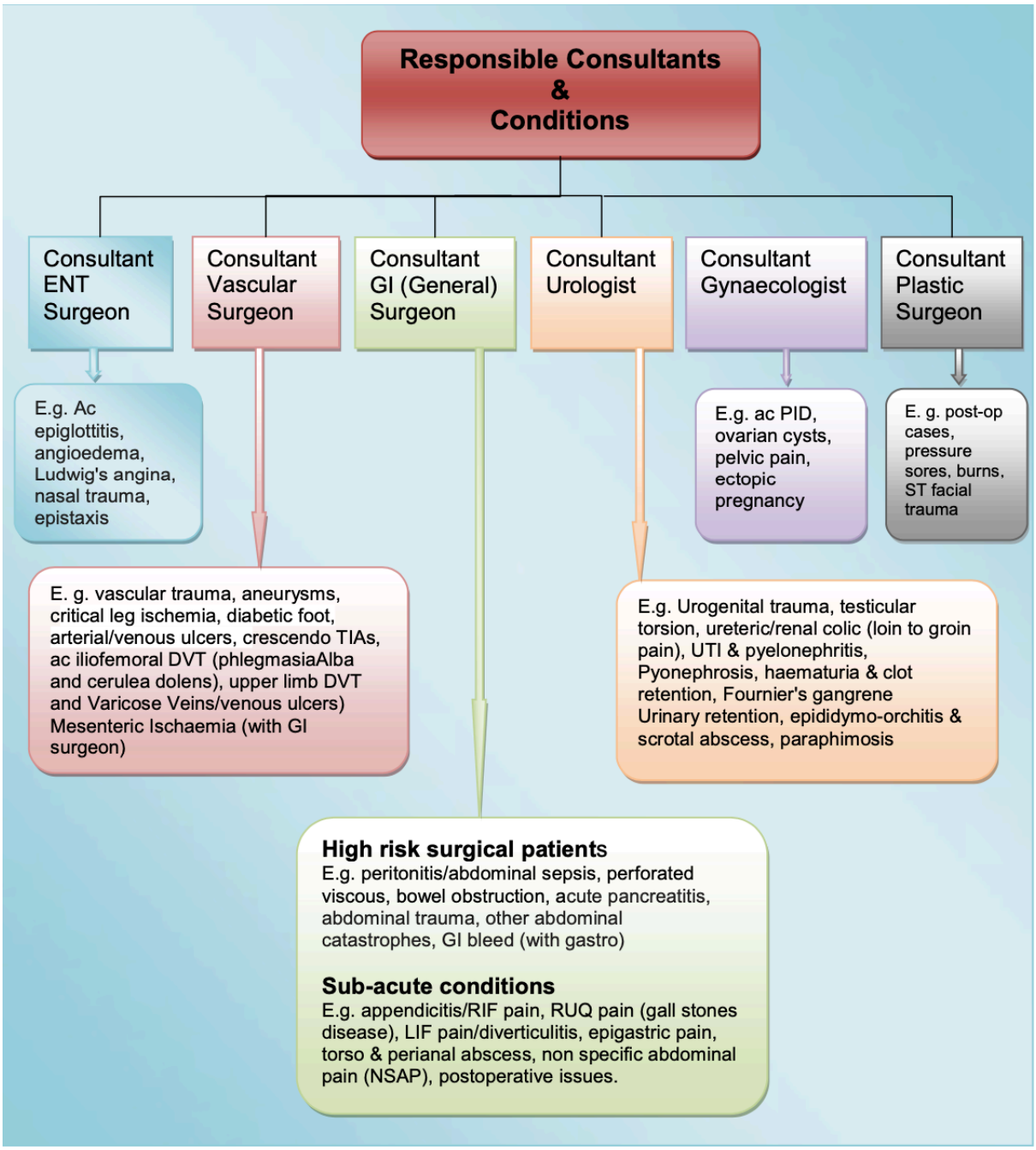
PATIENT PATHWAYS

1. Handling Surgical Emergencies
2. Surgical Specialties & SAU Cover
3. Surgical Ambulatory Emergency Care (SAEC)
4. High-risk Patient Care Bundles
5. Sepsis
6. Non-specific Abdominal Pain
7. Appendicitis/Right Iliac fossa pain
8. Diverticulitis/ Left Iliac fossa pain
9. Acute Gallstone Disease/Right upper quadrant
10. Acute Lower Gastrointestinal Bleeding
11. Small Bowel Obstruction
12. Large Bowel Obstruction
13. Colorectal 2 Week Wait Referral & Triage
14. Breast Abscess

1. Handling Surgical Emergencies

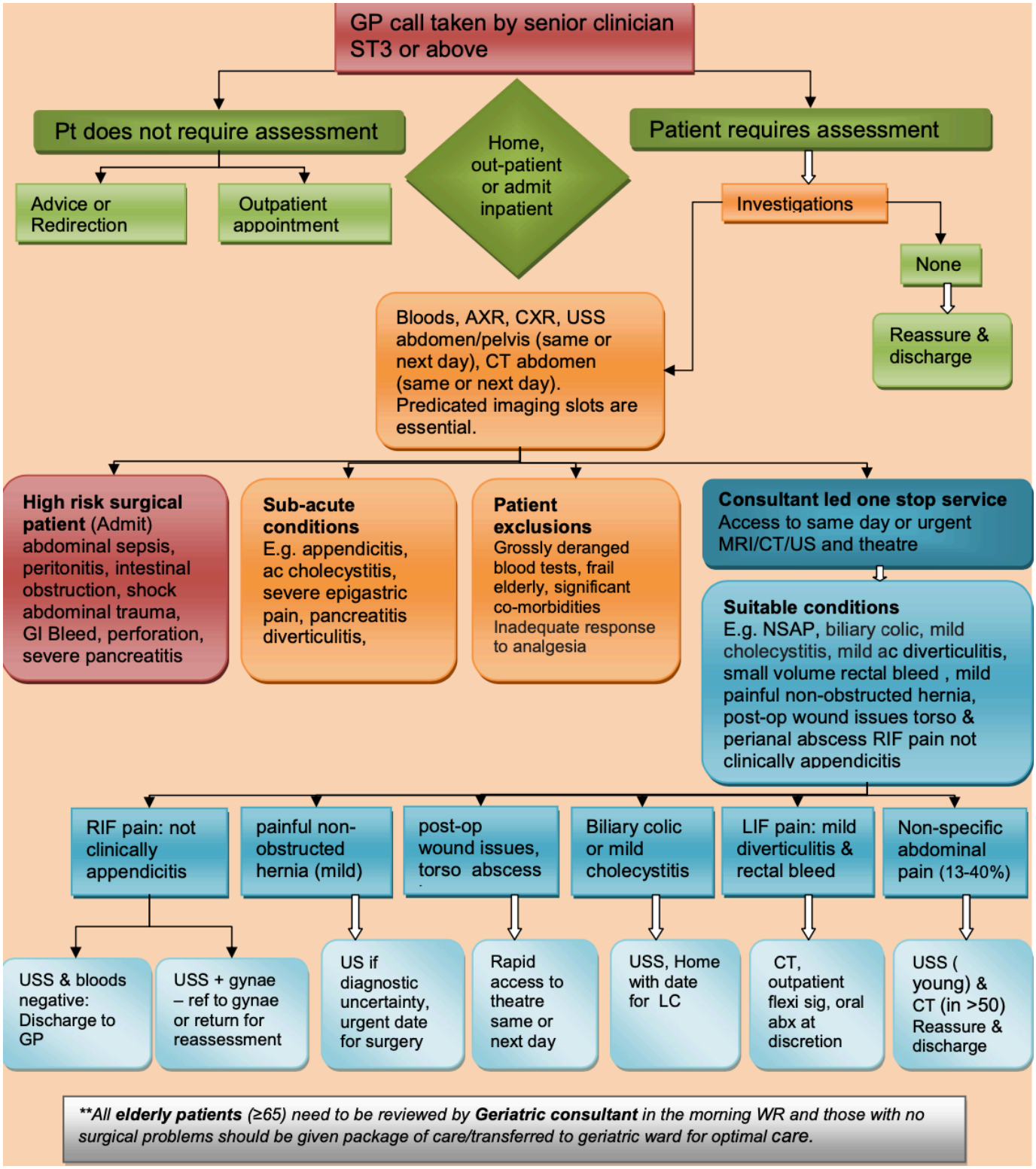


2. Surgical Specialties & SAU Cover



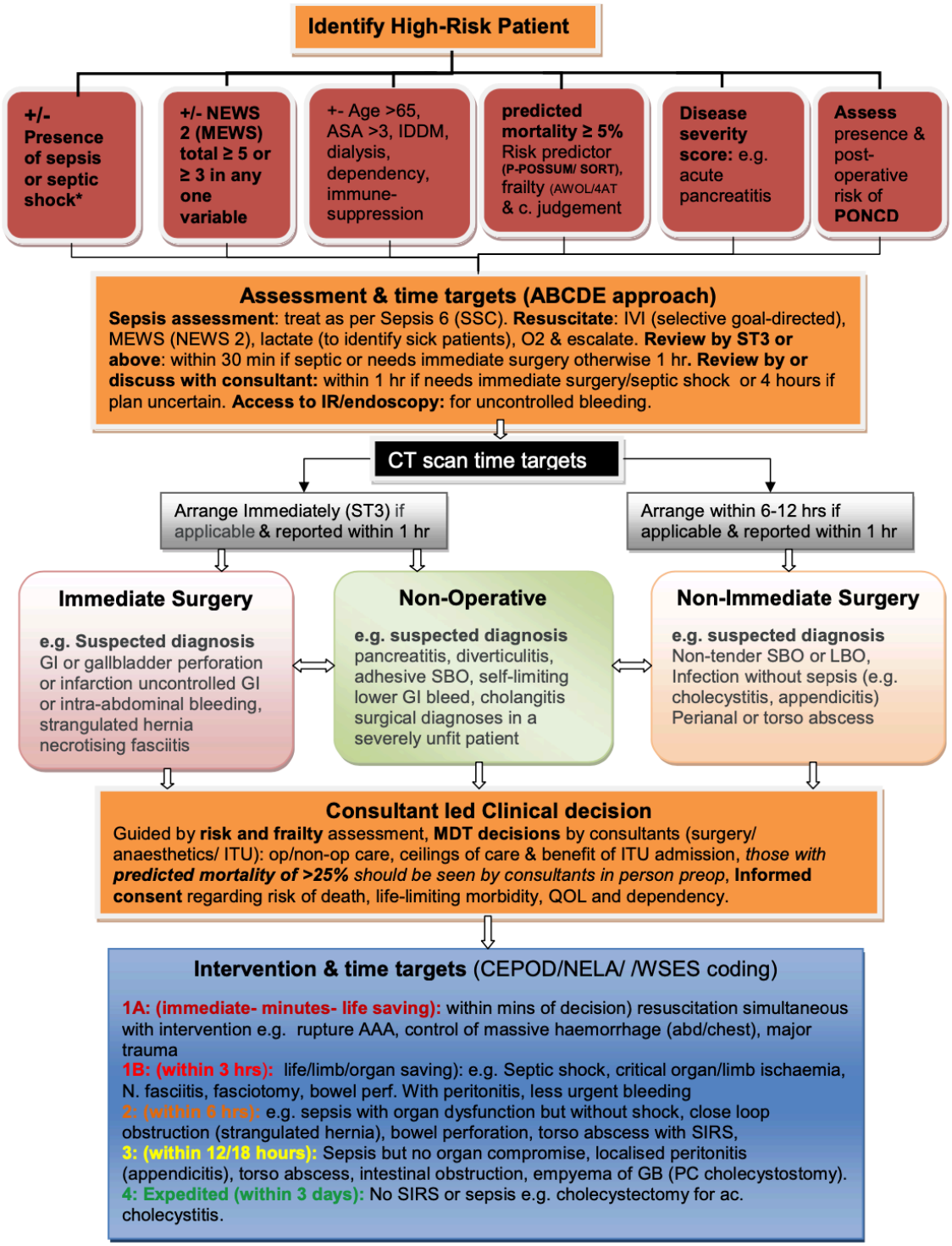
1. https://www.rcseng.ac.uk/-/media/files/rcs/news-and-events/media-centre/2018-press-releases-documents/rcs-report-the- highrisk-general-surgical-patient--raising-the-standard--december-2018.pdf
2. https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/emergency-general-guide/
3. https://www.baus.org.uk/professionals/baus_business/publications/14/emergency_urology_2014
4. https://www.nice.org.uk/guidance/conditions-and-diseases/urological-conditions
5. https://www.vascularsociety.org.uk/patients/conditions/
6. https://pathways.nice.org.uk/pathways/acutely-ill-patients-in-hospital
7. https://www.rcseng.ac.uk/careers-in-surgery/trainees/foundation-and-core-trainees/surgical-specialties/

3. Surgical Ambulatory Emergency Care (SAEC)

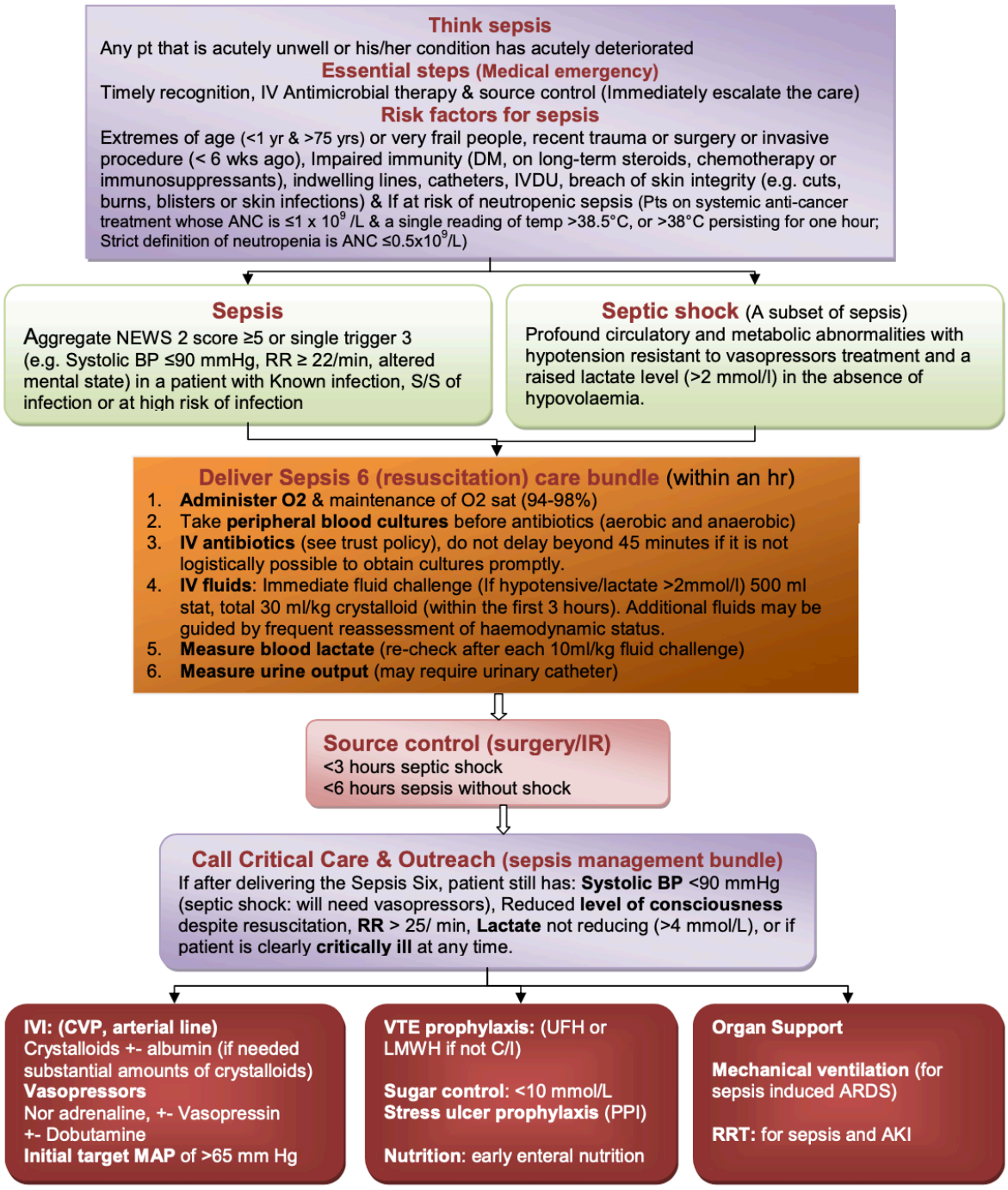


5. https://www.evidence.nhs.uk/search?om=[%7B%22srn%22:[%22Royal%20College%20of%20Surgeons%20-%20RCS%22]%7D]&q=ambulatory+emergency+care&sp=on
6. https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/12/Getting-it-right-in-emergency-care-Aug18.pdf
7. https://www.england.nhs.uk/wp-content/uploads/2016/04/Bath-ESAC-Case-Study.pdf

4. High-risk Patient Care Bundles

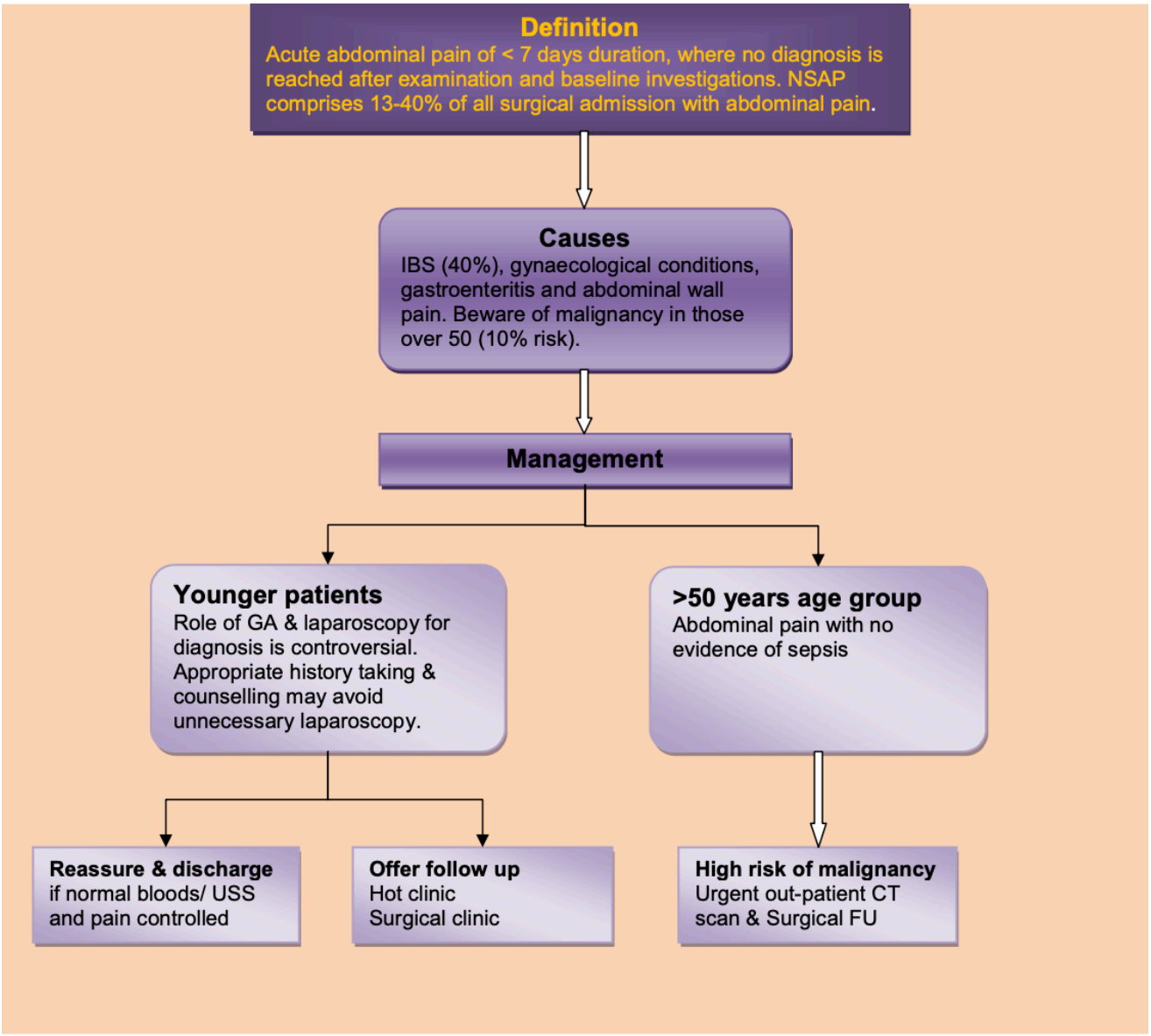


5. Sepsis



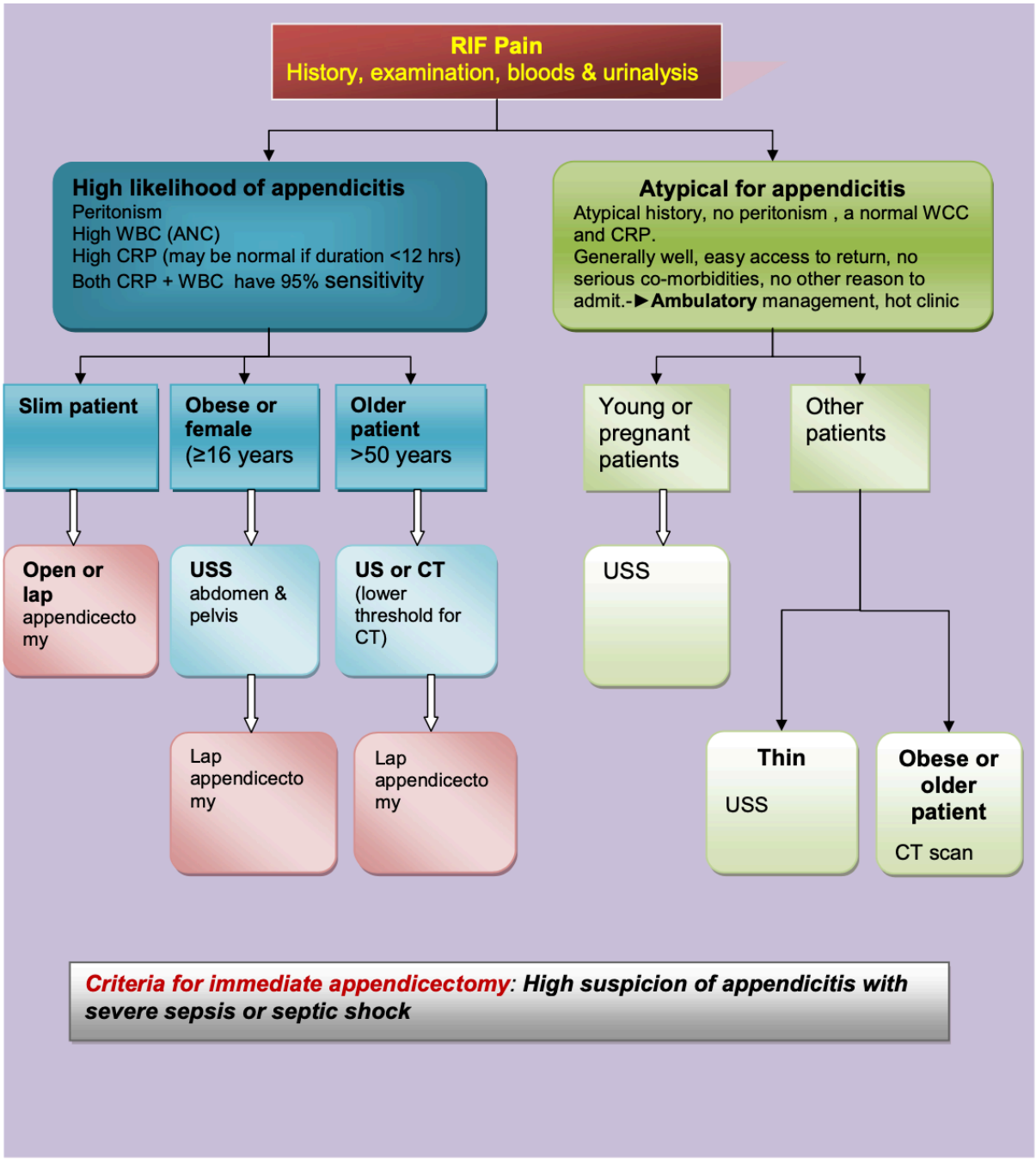
1. https://journals.lww.com/ccmjournal/Fulltext/2017/03000/Surviving_Sepsis_Campaign__International.15.aspx
2. https://www.nice.org.uk/guidance/ng51/resources/algorithm-for-managing-suspected-sepsis-in-adults-and-young
3. people-aged-18-years-and-over-in-an-acute-hospital-setting-2551485715
4. https://www.nice.org.uk/guidance/ng51/resources/sepsis-recognition-diagnosis-and-early-management-pdf-1837508256709
5. https://sepsistrust.org/wp-content/uploads/2018/06/ED-adult-NICE-Final-1107.pdf

6. Non-specific Abdominal Pain



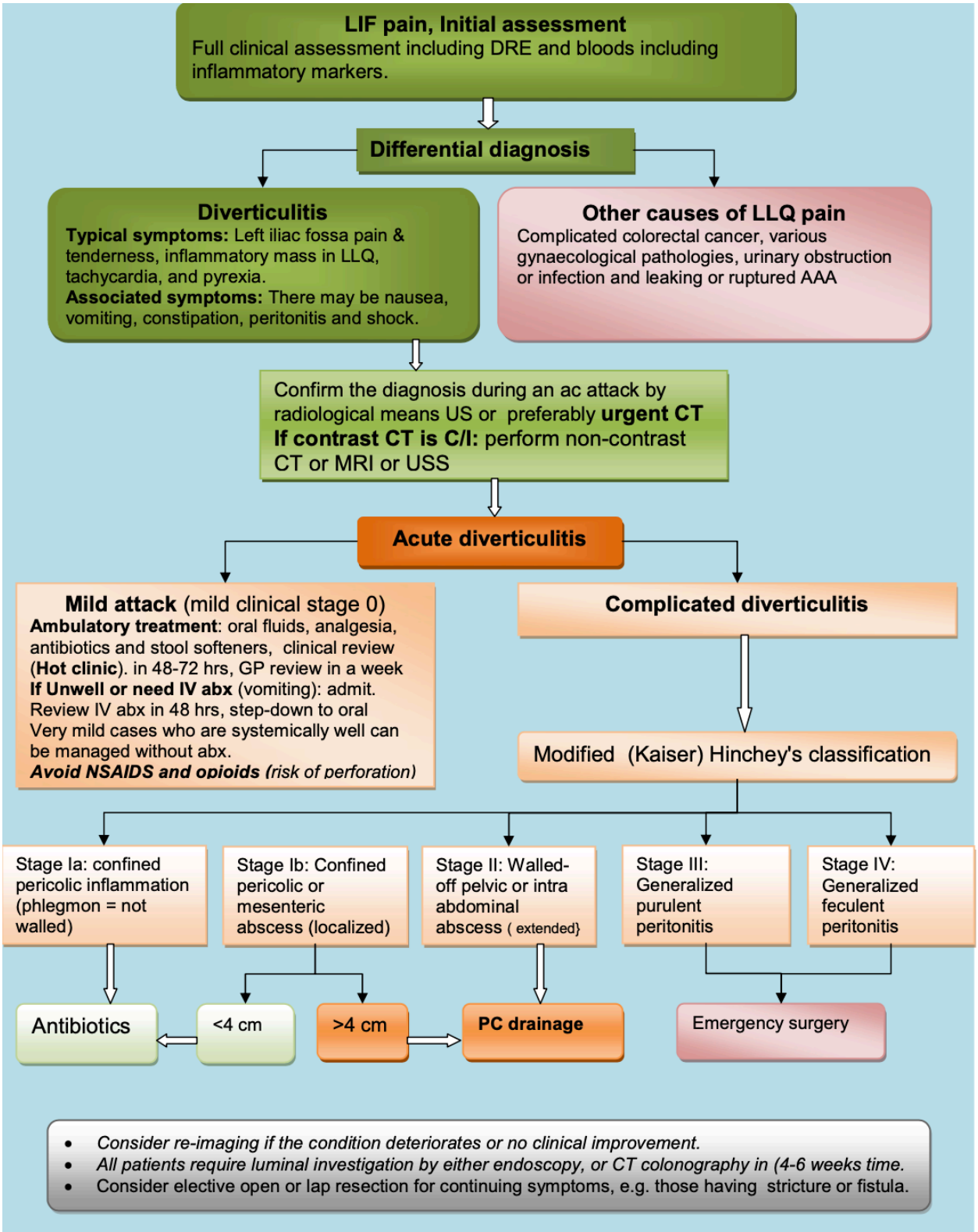
https://www.evidence.nhs.uk/search?om=[%7B%22srn%22:[%22Royal%20College%20of%20Surgeons%20-%20RCS%22]%7D]&q=ambulatory+emergency+care&sp=on

7. Appendicitis/Right Iliac fossa pain



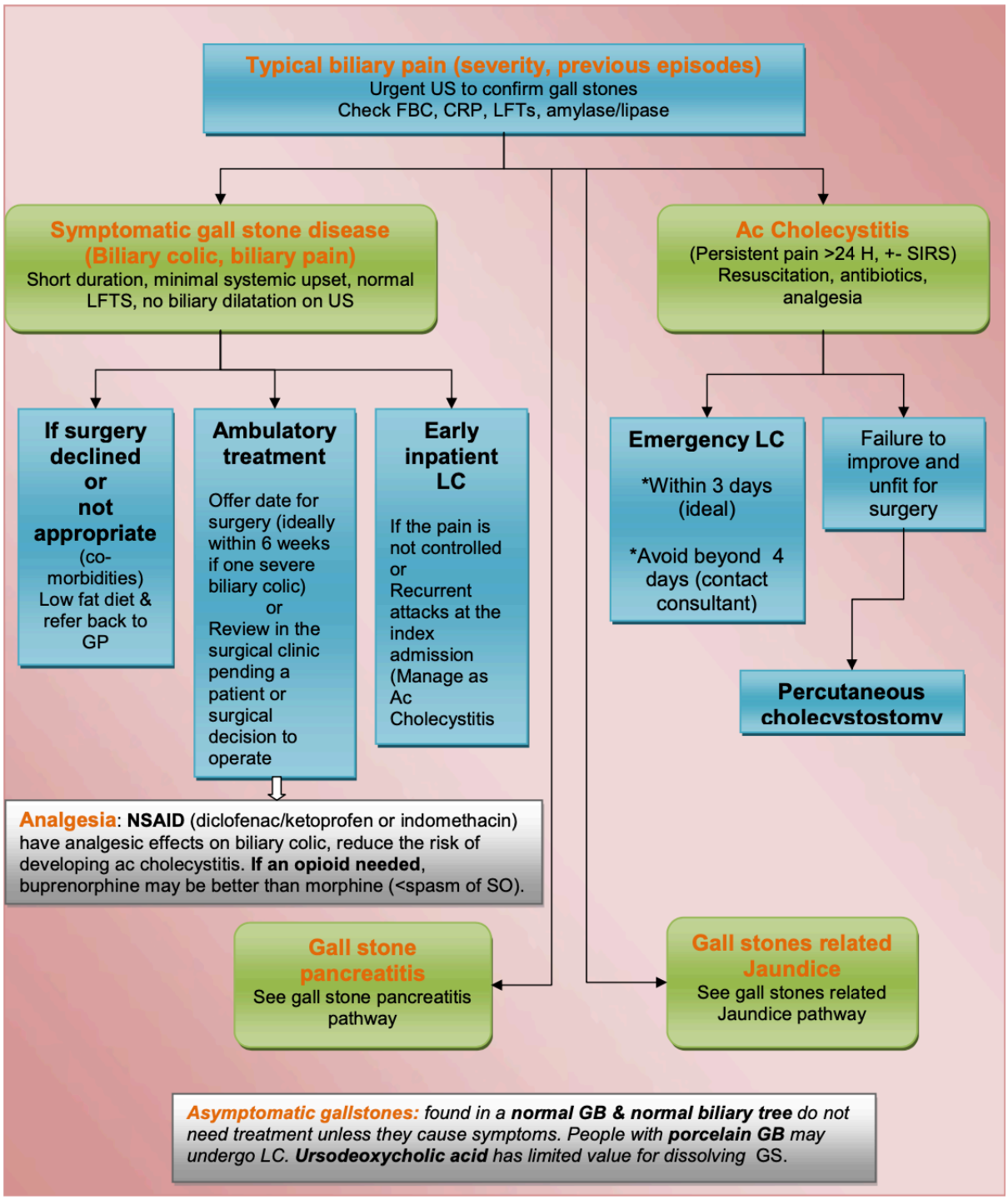
https://www.evidence.nhs.uk/search?om=[%7B%22srn%22:[%22Royal%20College%20of%20Surgeons%20%20RCS%22]%7D]&q=ambulatory+emergency+care&sp=on

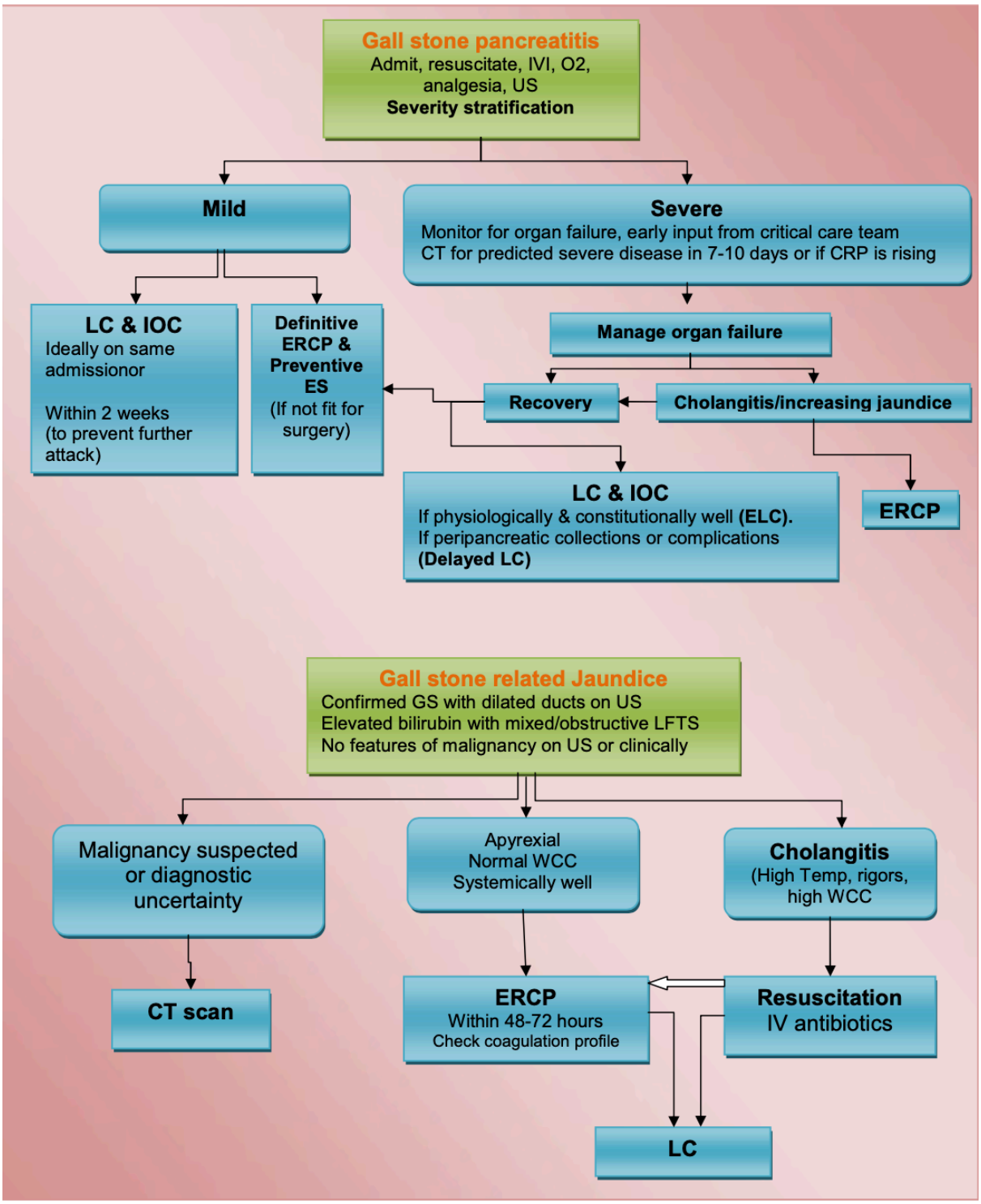
8. Diverticulitis/Left Iliac fossa pain



1. https://www.nice.org.uk/guidance/ng147/chapter/recommendations#complicated-acutediverticulitis
2. https://www.bsg.org.uk/wp-content/uploads/2020/02/NICE-Diverticuar.pdf
3. https://wjes.biomedcentral.com/articles/10.1186/s13017-020-00313-4

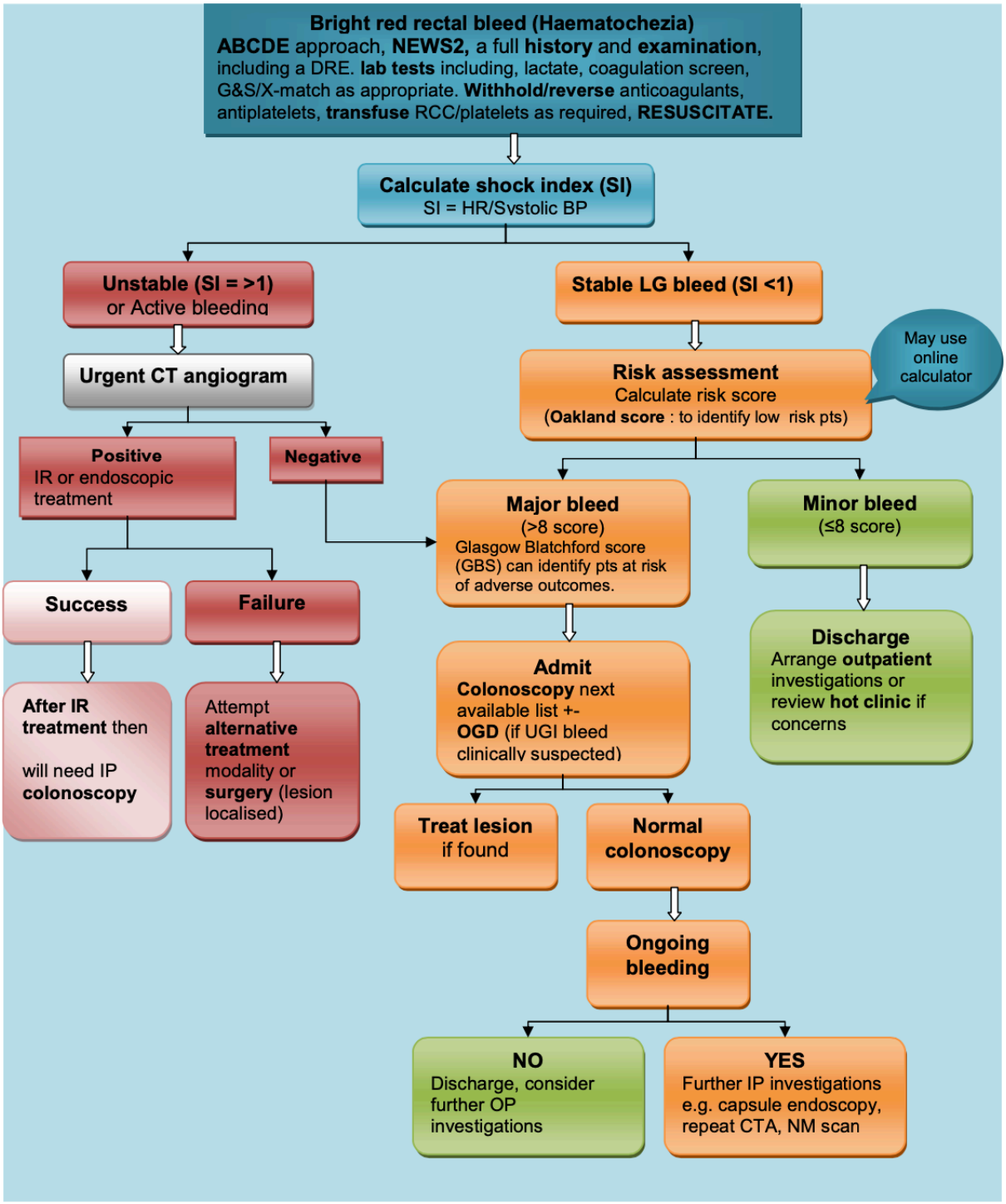
9. Acute Gallstone Disease/Right upper quadrant





1. https://www.augis.org/wp-content/uploads/2014/05/Acute-Gallstones-Pathway-Final-Sept-2015.pdf
2. https://easl.eu/wp-content/uploads/2018/10/Gallstones-English-report.pdf
3. https://www.evidence.nhs.uk/search?q=gallstones

10. Acute Lower Gastrointestinal Bleeding



1. https://www.mdcalc.com/glasgow-blatchford-bleeding-score-gbs
2. https://www.bsg.org.uk/wp-content/uploads/2019/02/gutjnl-2018-317807.pdf
3. https://www.uptodate.com/contents/approach-to-acute-lower-gastrointestinal-bleeding-in-adults

Oakland scoring

Predictor
Age: <40 (0), 40-69 (1), ≥70 (2)
Sex: M (1), F (0)
Previous LGIB admission:(1)
DRE: blood on finger (1)
HR: 70-89 (1), 90-109 (2), ≥110 (3)
SBP: <90 (5), 90-119 (4), 120-129 (3), 130-159 (2), ≥160 (0)
Hb: ≥160 (0), 130-159 (4), 110-129 (8), 90-109 (13), 70-89 (17), < (22)

Superior ability to identify patients at low risk of adverse outcomes: Patients with **score of ≤8** are suitable to discharge and have outpatient investigations. It can also predict rebleeding and the need for RBC transfusion but is inferior at predicting mortality.

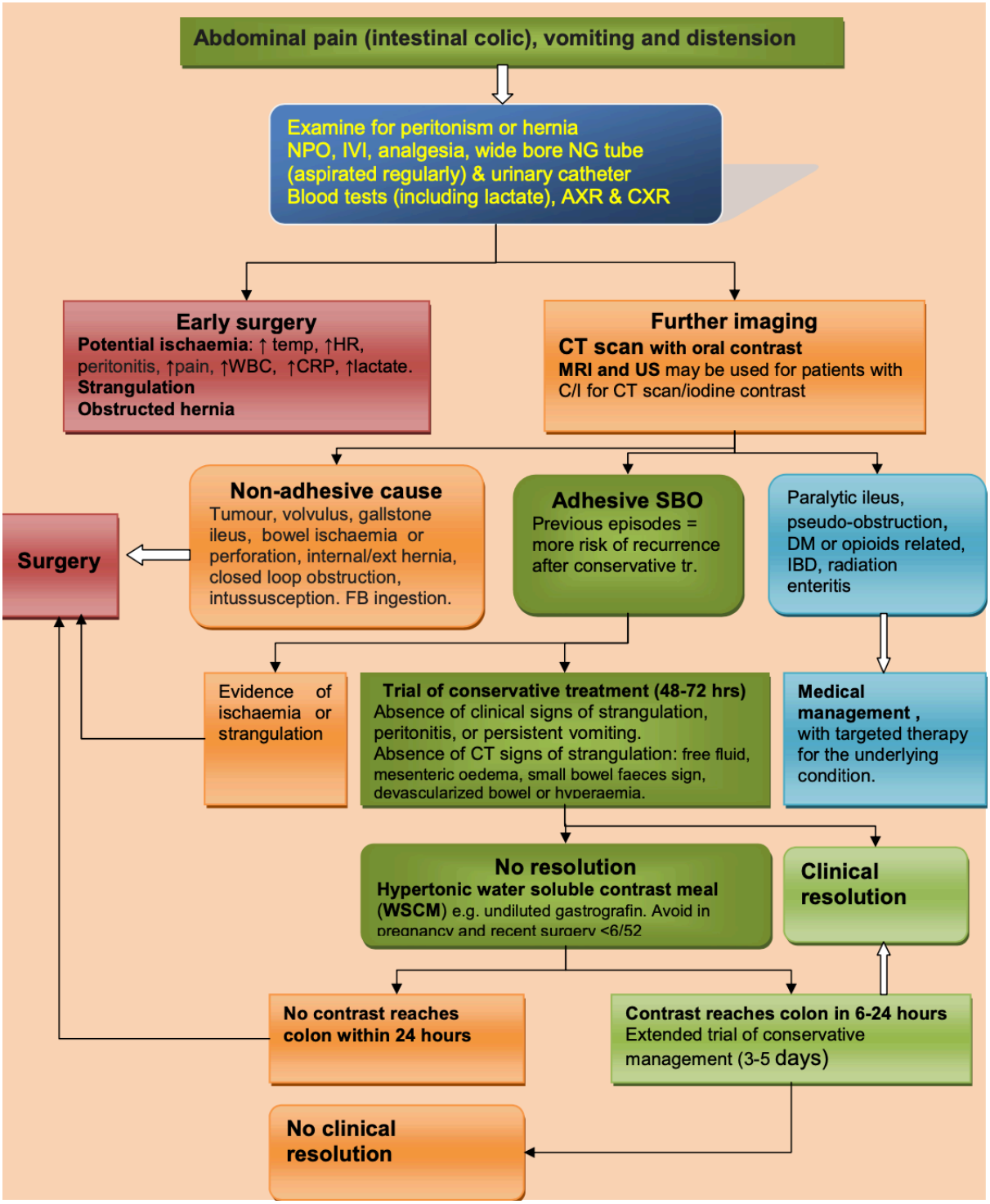
Glasgow-Blatchford score (GBS)

Admission risk marker	Score component value
Blood Urea (mmol/L)[5]	
6.5–8.0	2
8.0–10.0	3
10.0–25	4
>25	6
Haemoglobin (g/dL) for men	
12.0–12.9	1
10.0–11.9	3
<10.0	6
Haemoglobin (g/dL) for women	
10.0-11.9	1
<10.0	6
Systolic blood pressure (mm Hg)	
100–109	1
90–99	2
<90	3
Other markers	
Pulse ≥100 (per min)	1
Presentation with melaena	1
Presentation with syncope	2
Hepatic disease	2
Cardiac failure	2

In the validation group, **scores ≥6** were associated with a greater than 50% risk of needing an intervention. In a controlled study, 16% of people presenting with UGIB had a GBS **score of "0"**, considered low. Among this group there were no deaths or interventions needed and people were able to be effectively treated in an outpatient setting.

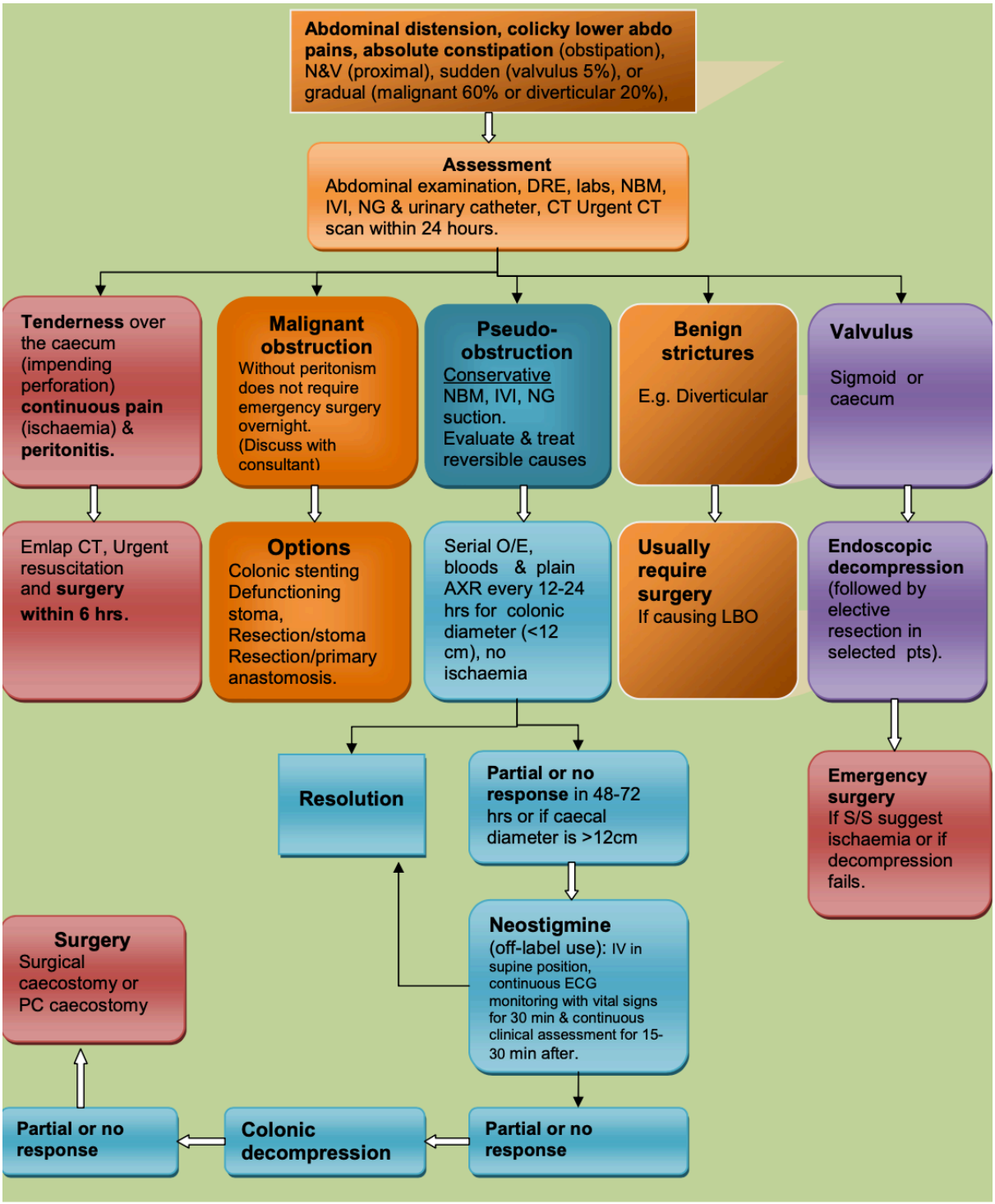
GBS was designed for risk stratification in UGIB, has also been studied in patients with LGIB, and can identify patients at risk of adverse outcomes (rebleeding, need for RBC transfusion, in-hospital death). It may be clinically useful when assessing the risk of adverse outcomes in patients who it is not safe to discharge.

11. Small Bowel Obstruction



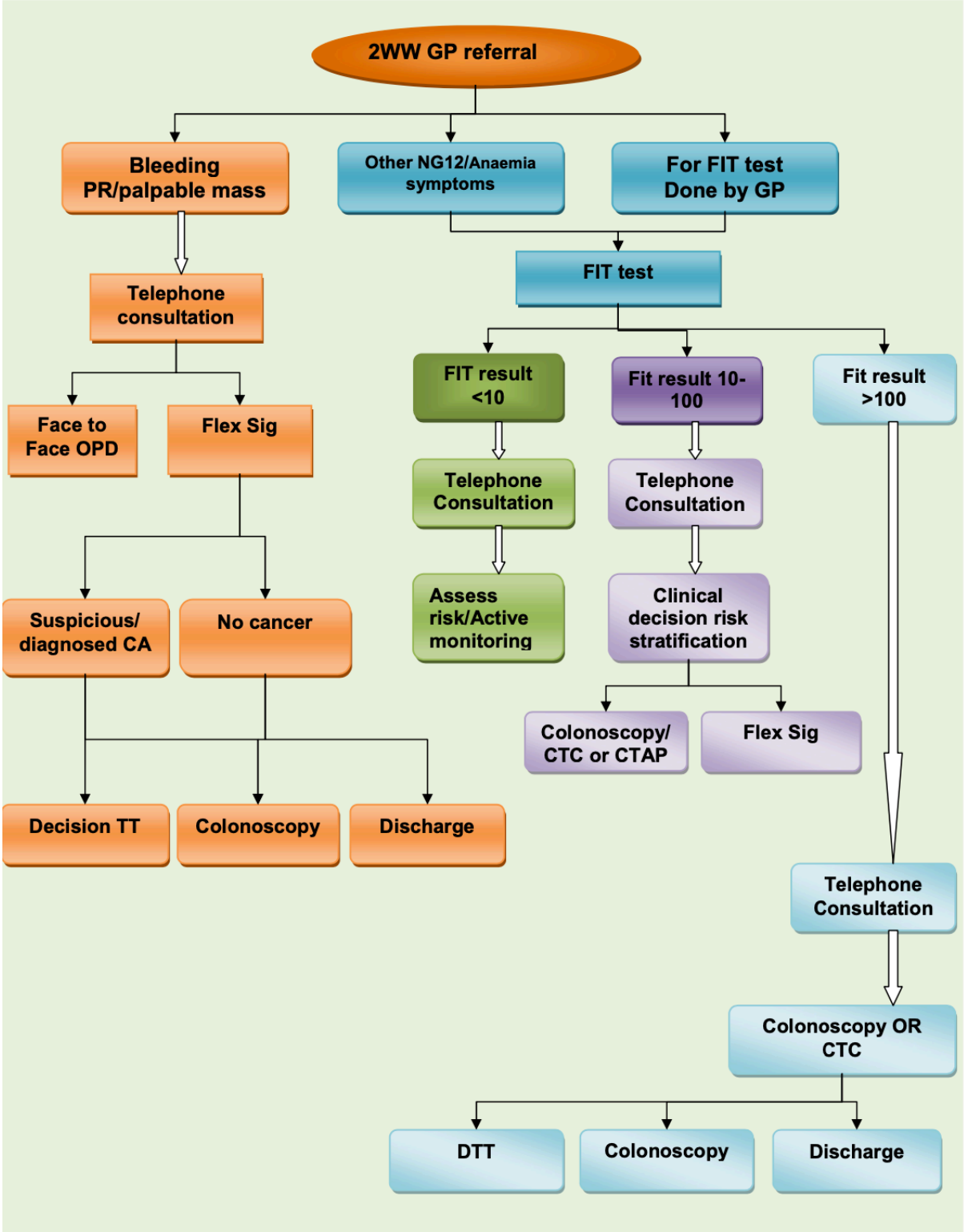
1. https://www.wses.org.uk/wp-content/uploads/2015/06/asbo-guidelines.pdf
2. https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/emergency-general-guide/
3. https://www.uptodate.com/contents/management-of-small-bowel-obstruction-in-adults

12. Large Bowel Obstruction

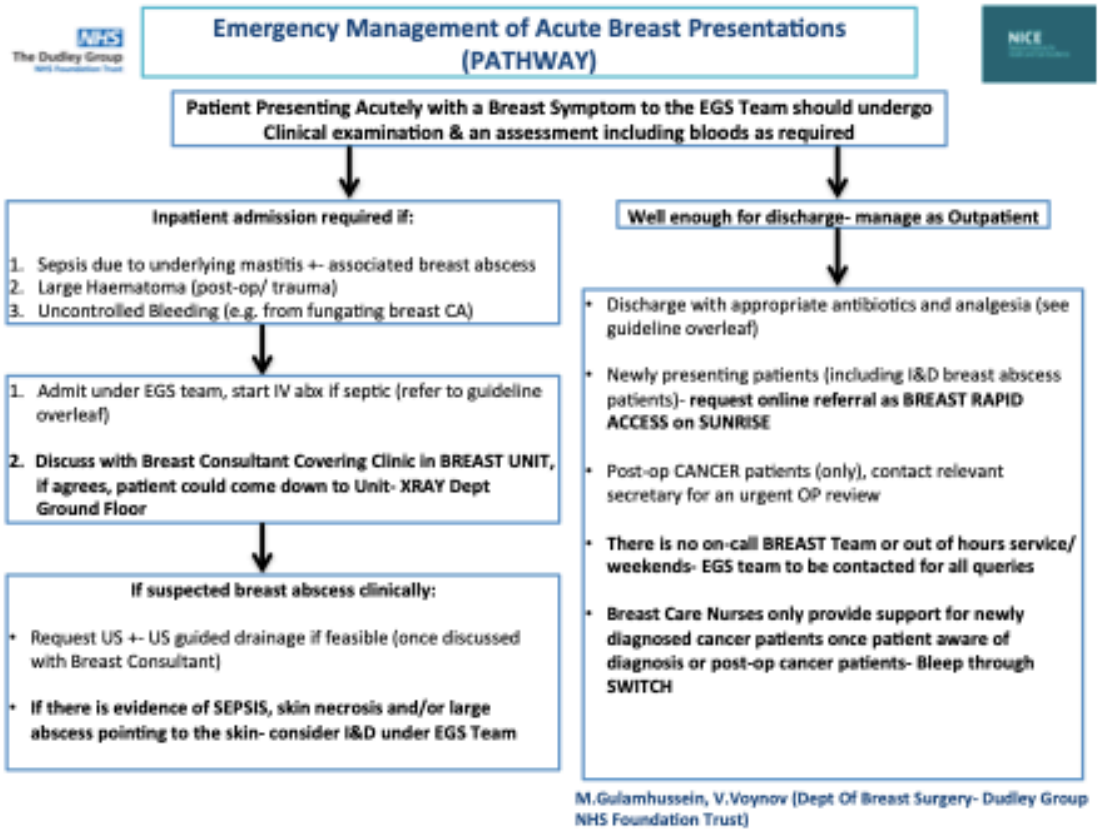


1. https://www.uptodate.com/contents/acute-colonic-pseudo-obstruction-ogilvies-syndrome
2. https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/emergency-general-guide/

13. Colorectal 2 Week Wait Referral & Triage



14. Breast Abscess



Diagnosis	First Line	Penicillin allergy	Note
Lactational Mastitis +- abscess Without an implant present	Flucloxacillin 2g IV 6 hourly OR Oral switch Flucloxacillin 1g PO 6 hourl	Clindamycin 600 mg IV 6 hourly OR Oral switch Clindamycin 450 mg 6 hourly	(7-14) days, consider short course (7 days) if abscess drainage performed. If failure within 48 hours or patient has adverse effects, consult Micro-oncall
Non-lactational Mastitis +- abscess Without an implant present	Flucloxacillin 2g IV 6 hourly OR Oral switch Flucloxacillin 1g PO 6 hourly	Clindamycin 600 mg IV 6 hourly OR Oral switch Clindamycin 450 mg 6 hourly	(7-14) days, consider short course (7 days) if abscess drainage performed. Consider adding Metronidazole (if anaerobic infection suspected- Surgeon's discretion)