

GI/Nutritional

Esophageal Cancer

- Usually occurs in males 50-70 years old here
- Types
 - Squamous cell: occurs in upper 2/3 of esophagus
 - Risks: alcohol, tobacco, achalasia, caustic esophageal injury, head/neck cancer, black, male, Plummer-Vinson syndrome (dysphagia, iron-def anemia, glossitis, cheilosis, esophageal webs)
 - High diet in nitrosamine
 - Dietary deficiencies in vitamins and minerals (Fe def) (Plummer-Vinson syndrome)
 - Genetic Predisposition (Tylosis)
 - Was most common seen in North America and Europe; MC world wide
 - Higher incidence in African Americans and Males
 - Mainly seen in mid to proximal segment of esophagus
 - Adenocarcinoma: occurs in low 1/3 of esophagus
 - Risks are Barrett's esophagus/GERD, white ethnicity, male. (Recent trend towards adenocarcinoma)
 - MC in US
 - Higher prevalence in whites
 - Distal esophagus (3/4 found here)
 - Associated with Barrett's esophagus from GERD
- Signs & Symptoms
 - Progressive dysphagia from solids to liquids. Odynophagia; weight loss 'chest pain' anorexia, cough, hoarseness, reflux, hematemesis
 - Pt usually not symptomatic until late stage
- Diagnosis
 - First step in workup – barium swallow
 - DX – endoscopy + biopsy
 - Staging - Endoscopic ultrasounds, CT chest/abdomen, PET
 - COR showing mediastinal widening, lung or bony mets; barium swallow showing infiltrative or ulcerative lesions and strictures; chest CT, endoscopic US for staging
- Management
 - Surgical resection with gastric pull-up or colonic interposition, palliative radiation, chemo, palliative stenting
 - Staging
 - For stages IIa or earlier, there is limited local tumor invasion, no lymph node involvement, no metastasis
 - Survival is 50% or >
 - IIb and IV is < 30%
 - Neoadjuvant Therapy
 - Because most esophageal cancer presents as an advanced stage, the goal of neoadjuvant therapy is to "down stage" the tumor and improve cancer survival after surgical resection
 - 5-fluorouracil and cisplatin with 45 Gy radiation over 6 to 7 weeks, followed by surgical resection 1 month after completion of treatment
 - Surgical Treatment
 - **Esophageal substitutes**
 - Stomach is most frequently used (rich vascular supply, ease of surgical mobilization as a vascularized pedicle, and the need to create two less GI anastomosis)
 - Left colon- advantage of a longer and more relaxed reach to the cervical esophagus
 - Surgical Procedures for Esophagus
 - Thoracotomy vs transhiatal approach
 - Thoracotomy = standard (cleaner and visually direct resection of tumor)
 - Associated with higher morbidity than abdominal incision so transhiatal approach introduced
 - Three main surgical approaches of thoracotomy
 1. Right thorax combined with an abdominal incision (IVOR LEWIS)
 2. Gastroesophageal anastomosis is located in right chest
 3. Tumors involving the proximal and midesophagus, a three incision approach (McKeown) → abdominal, right thoracotomy, and cervical approach
 - For distal esophageal tumor with extensive local disease, a left

Osler General Surgery Study Guide

Johns Hopkins Hospital

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the Johns Hopkins Hospital text.

Osler General Surgery Study Guide:

General Surgery Residency Survival Guide Asanthi Ratnasekera, Marc Neff, Kahyun Yoon-Flannery, Alec Beekley, 2023-03-27 There are over 250 surgical residencies in the United States. Most residents experience some degree of shock once they start on the very first day and the demands of residency are high. The current overall dropout rate is 16% and there is evidence for higher burnout rates, suicide rates, addiction rates, and divorce rates among all surgeons compared to other careers. There is therefore a critical need for the education of resiliency during surgical residency and guidance on surviving this challenging portion of their career. Unfortunately, the experiences of trial and error are the basis for survival and resiliency training is often overlooked as part of the traditional surgical training. This practical guide is founded on many conversations with struggling general surgery residents and will have wide appeal utilizing these experiences via interviews with current residents at different residency programs and covering an even wider variety of topics with variable experiences based on differing ages, races, sexes, and marital statuses. Each chapter begins with a topic and a brief introduction, expansion on the topic based on their unique experiences, and then a concluding list of pearls to remember and use in daily residency. The topics are broken down thematically into five main sections covering the breadth of residency experience and work-life balance: academics, clinical duties, life outside of work, leadership, and ethics, and basic survival skills and self-care. Written by current residents for current residents, *General Surgery Residency Survival Guide* will be a valuable resource for everyone navigating this challenging portion of their medical career. *Surgery-General Specialty Review and Study Guide* Joseph Lee, 2015-09-25 Includes Multiple choice, fact scenario, and case-based questions. Correct answers and explanations to help you quickly master specialty content. All questions have keywords linked to additional online references. The mission of StatPearls Publishing is to help you evaluate and improve your knowledge base. We do this by providing high-quality peer-reviewed educationally sound questions written by leading educators. StatPearls Publishing [SRB's Manual of Surgery](#) Sriram Bhat M, 2019-06-30 This sixth edition of nearly 1300 pages is a comprehensive guide to the complete field of surgery for undergraduate medical students. The book covers surgical procedures for disorders in all systems of the body and includes discussion on surgical anatomy. Each topic has been fully revised and expanded to include the very latest information in the specialty. Recent grading and staging of malignant conditions are discussed in depth, and the American Joint Committee on Cancer (AJCC) 8th Edition has been added to this new edition. The sixth edition is highly illustrated with 3000 clinical photographs and figures, and key points for each disorder are highlighted in boxes. The style, formatting, and font variations have been updated in this edition to help students understand and prepare for examinations. Key points Comprehensive guide to surgery for undergraduate medical students. Fully revised and updated sixth edition with many new topics and inclusion of AJCC 8th Edition. Features 3000 photographs and figures across 1300 pages. Previous edition 9789351524168 published in 2016. **Puzzles in General Surgery** Hassan A. Bukhari, 2013-03-19 The beauty of general

surgery is putting different but important pieces of information together to find the answer It is like putting pieces of a puzzle together The market is full of either massive textbooks or deficient handbooks This book is not meant to discuss in depth the disease but rather put all the important principles and knowledge together to achieve the clearest picture of different surgical diseases The book uses a to the point approach and outlines important points for patient care rounds and even board examinations This book will help the surgical student or resident to become a well rounded surgeon

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A Manual of Dental Anatomy, Human and Comparative ... Sir Charles Sissmore Tomes, 1894 *Manual of Gynecology* Henry Turman Byford, 1897 *Manual of pathology* William Michael Late Coplin, 1898 A Compend of diseases of the skin Jay Frank Schamberg, 1898 **Ocular therapeutics** Friedrich Wilhelm Max Ohlemann, 1898 **Victor Von Richter's Organic Chemistry: Chemistry by the aliphatic series** Victor von Richter, 1899 *Johns Hopkins Hospital Bulletin* Johns Hopkins Hospital, 1906 *A Clinical Manual of Skin Diseases* William Augustus Hardaway, 1901
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