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ASSESSMENT TOOLS

UROLOGY

Qualification	Specialist
Specialty	31.05.01 General Medicine
Form of education	Full-time
Designer Department	Surgical diseases
Graduate Department	Internal diseases

Sample of control work:

Topic 1.3. Semiotics and symptomatology of urologic diseases. Instrumental methods of examination.

Task 1. List of questions for oral questioning on the topic:

1. General principles of diagnostics in urologic pathology.
2. Typical clinical manifestations of urologic diseases.
3. Modern methods of instrumental diagnostics in urological pathology.

Task 2. Test.

1. HEMATURIA IS NOT CHARACTERISTIC OF

- A. Urolithiasis
- B. Urinary tract tuberculosis
- C. Testicular tumors
- *D. Tumors of the urinary tract
- E. Goodpasture's syndrome

2. A 54-year-old man in the clinic, after another attack of renal colic, began to experience generalized weakness, chills, and an increase in body temperature to 39.90 C. He has been suffering from urolithiasis for 10 years with recurrent stone retention. For 10 years he has been suffering from urolithiasis with periodic discharge of stones. On examination: the skin is pale, acrocyanosis, BP-75/40 mm Hg, pulse-130 beats/minute, weak filling. Which of the following is the most possible explanation of the given data?

- *A. Bacteriotoxic shock
- B. Acute serous pyelonephritis.
- C. Acute purulent pyelonephritis
- D. Acute prostatitis
- E. Prostate abscess

3. An 18-year-old boy came to the emergency room with complaints of pain in the right side of the abdomen with irradiation to the scrotum, nausea, vomiting. He fell ill acutely, for the first time. Palpatory muscle tension in the right half of the abdomen was detected. Shchetkin's symptom is doubtful. Pasternatsky's symptom is weakly positive on the right side. Temperature 37.60 C. The number of leukocytes in the general blood count is $8 \cdot 10^9$. Urinalysis shows 30-50 erythrocytes in the field of view. Which of the following is the most likely diagnosis?

- *A. Renal colic
 - B. Acute appendicitis
 - C. Acute cholecystitis
 - D. Intestinal obstruction
 - E. Perforated 12-perforated ulcer of the 12-peritoneum.
4. WHAT DISEASE IS CHARACTERIZED BY DYSURIA?
- A. Hydronephrosis
 - B. Nephroptosis
 - *C. IBC (urolithiasis)
 - D. Polycystic disease
 - E. Renal artery thrombosis

5. PATIENT BEHAVIOR IN RENAL COLIC

- A. Immobile on the back
- *B. Continuously changing body position
- B. Lying on his side
- Г. Forced sitting position on a chair
- Д. Vertical position

Task 3. Situational task.

A 23-year-old man was referred to the urological clinic by a general practitioner. He complains of recurrent headaches, decreased visual acuity. Four years ago, while serving in the army, the medical commission for the first time revealed high blood pressure. He was treated in a military hospital. Blood pressure rose at times up to 220/230 mmHg. Hypotensive drugs had no effect. Condition is satisfactory. BP - 200/100 mmHg. A diastolic murmur is heard in the epigastric region. Kidneys are not palpated. Urinalysis is without pathology. Renal angiography revealed narrowing in the middle and distal thirds of the right renal artery in the form of a "string of beads". Diagnosis. Pathogenesis. Treatment.

Response. Symptomatic nephrogenic (angiogenic) arterial hypertension. The cause of hypertension is hyperproduction of renin and angiotensin in response to renal ischemia. Endovascular angioplasty with stenting of the affected renal arteries against the background of antihypertensive therapy is indicated.

Topic 1.4. Radiologic, radioisotope, ultrasound methods of examination, computer and magnetic resonance tomography.

Task 1. List of questions for oral questioning on the topic:

1. Urography. Types, indications for use.
2. Renal scintigraphy. Indications for use.
3. Ultrasound examination in renal pathology, interpretation of results.
4. CT and MRI scanning in urologic pathology. Indications and interpretation of results.

Task 2. Test.

1. THE SAFEST, NON-INVASIVE METHOD OF DIAGNOSTICS IN NEPHROLITHIASIS

*A. Ultrasound of the kidneys

- B. Excretory urography
- C. Infusion urography
- D. Computed tomography
- E. Chromocystoscopy

2. WHICH SYMPTOM IS DETERMINED DURING EXCRETORY UROGRAPHY OF A RADIOPAQUE RENAL STONE?

- *A. The "filling defect" symptom
- B. The "sickle shadow" symptom.
- C. The "slumping" symptom.
- D. The "beak" symptom
- E. Hourglass symptom

3. IN CASE OF INTOLERANCE TO IODINE PREPARATIONS FOR DIAGNOSING THE LEVEL OF URETERAL OBSTRUCTION IS INDICATED

*A. Retrograde pneumopieloureterography

- B. Radioisotope renography
- C. Renal ultrasound
- D. Dynamic scintigraphy
- E. Computed tomography

4. FOR DIFFERENTIAL DIAGNOSIS OF BLADDER STONE IS THE MOST INFORMATIVE METHOD OF

- A. Descending cystography
- B. Review image
- C. Pneumocystography
- *D. Cystoscopy
- E. Urofluorometry

5. IN THE PRESENCE OF BILATERAL CORALLOID KIDNEY STONES AND SUSPECTED HYPERPARATHYROIDISM, THE DIAGNOSTIC PLAN SHOULD INCLUDE

- A. Study of blood renin, aldosterone
- B. Determination of calcium, phosphorus of blood serum and daily urine

C. Determination of blood parathormone, calcitonin

D. Parat hormone test, skeletal scans . All except a)

Task 3. Situational task.

A 56-year-old patient was admitted to the urological department with complaints of blood in the urine, worm-shaped clots, general weakness, increased body temperature, severe pain in the lower back on the left side. The pains disappeared after passing with urine a necrotized piece of renal tissue, which on examination resembled a renal papilla. Fever and hematuria persisted. Diagnosis. Necessary studies. Tactics.

Answer. There is a decaying tumor of the left kidney, macrohematuria. CT, retrograde pyelography, renal scintigraphy are indicated. Nephrectomy with lymphodissection.

Topic 1.6-1.7 Nephrolithiasis.

Task 1. List of questions for oral questioning on the topic:

1. Nephrolithiasis, etiopathogenesis, types of concretions.
2. Classification of nephrolithiasis.
3. Modern diagnostic methods in nephrolithiasis. Indications and sensitivity of methods.
4. Clinical manifestations of various forms of nephrolithiasis.
5. Tactics in uncomplicated nephrolithiasis.
6. Modern methods of treatment of nephrolithiasis. Types of operations.

Task 2. Test.

1. AT WHAT LOCALIZATION OF THE NODULE IS THE GREATEST THREAT OF COMPLETE OBTURATION?

- A. Upper calyx stone
- B. Coralloid stone of the pelvis
- *C. Ureteral stone
- D. Bladder stone

2. THE SAFEST, NON-INVASIVE METHOD OF DIAGNOSIS FOR NEPHROLITHIASIS

- *A. Renal ultrasound
- B. Excretory urography
- C. Infusion urography
- D. Computed tomography
- E. Chromocystoscopy

3. THE SUGGESTION OF NEPHROLITHIASIS DOES NOT ARISE IN:

- A. Macrohematuria
- B. Microhematuria
- B. Dull pain in the lumbar region
- *G. Daily protein loss of more than 2 gD.
- D. Renal colic

4. URETEROLITHOEXTRACTION IS APPROPRIATE FOR

- *A. Women with stones of the lower third of the ureter up to 6 mm in size, with uncomplicated course.
- B. Men in the same situation
- C. Stones of the middle third of the ureter 5-6 mm for men and women
- D. Bilateral stones of the upper third of the ureter
- E. Bladder stones

5. A 50-YEAR-OLD PATIENT WITH PYONEPHROSIS ON THE RIGHT SIDE AND A CORAL STONE ON THE LEFT SIDE SHOULD BE RECOMMENDED FOR

- A. Pyelolithotomy and nephrostomy on the left side
- *B. Nephrectomy on the right
- C. Right nephrectomy, pyelolithotomy and nephrostomy on the left side at the same time.
- D. Shock-wave lithotripsy on the left side
- E. Intervention is not indicated

Task 3. Situational task.

A 28-year-old patient has a shadow suspicious for a nodule in the projection of the middle third of the right ureter on the overview image of the urinary system. A few days ago he had an attack of acute right lumbar pain. What is your presumptive diagnosis? What investigations are necessary to determine the nature of the shadow? Treatment if a stone is found.

Answer. IBC. A stone of the cp/3 of the right ureter. Excretory urography, retrograde pyelography, chromocystoscopy, CT scan are indicated. Endoscopic lithoextraction, remote lithotripsy with water loading, ureterolithotomy is indicated.

Topic 1.9-1.10. Tumor of the kidney and bladder. BPH and prostate cancer.

Task 1. List of questions for oral questioning on the topic:

1. Kidney tumor. Etiology, pathogenesis, classification. Modern principles of diagnosis and treatment of renal tumors. Types of operations.
2. Bladder tumor. Etiology, pathogenesis, classification. Modern principles of diagnosis and treatment in bladder tumors. Types of operations. The role of non-operative methods of treatment.
3. BPH. Etiology, pathogenesis, classification. Clinical manifestations, modern principles of diagnostics and treatment in BPH. Types of operations.
4. Prostate cancer. Etiology, pathogenesis, classification. Clinic, modern methods of diagnosis and treatment. Types of operations. Screening of prostate cancer.

Task 2. Test.

1. SCREENING OF PROSTATE CANCER IS CARRIED OUT ACCORDING TO THE FOLLOWING INDICATORS
 - A. General urinalysis
 - *B. PSA
 - C. CA19-9
 - D. REA
 - E. Alpha fetoprotein
2. MORPHOLOGY OF CHANGES IN PROSTATE PATHOLOGY IS INVESTIGATED BY THE METHOD OF
 - A. Excretory urography
 - B. Cystoscopy
 - C. Dopplerometry
 - *D. Transrectal ultrasound with biopsy
3. IN RENAL TUMOR HEMATURIA A. Initial B. Terminal *B. Total G. Microhematuria
4. THE RADICAL TREATMENT FOR KIDNEY CANCER IS *A. Radical nephrectomy B. Hormone therapy B. Immunotherapy G. Radiation therapy D. Renal artery embolization
5. METHOD OF DETECTING BLADDER CANCER METASTASIS TO PELVIC LYMPH NODES A. Palpation of the abdomen B. Excretory urography *B. Magnetic resonance imaging of the pelvis D. Pelvic lymphadenectomy D. Cystostomy

ask 3. Situational task.

A patient complains of blood in the urine. There is no pain. When performing a three-cup test, blood evenly stains all portions of urine. At bimanual palpation of the tumor in the pelvis is not determined. Atypical cells are detected in the urine. On cystogram there is a filling defect of 2.5x3.5 cm. At cystoscopy on the right lateral wall of the bladder, a roughly dorsiform mass on a wide base with areas of necrosis and hemorrhage was found. The bladder mucosa around the mass was hyperemic. Excretory urography revealed good function of both kidneys with undisturbed passage of urine to the ureter. Lung X-ray and liver ultrasound showed no pathology. Diagnosis. Treatment. Scope of surgical intervention and technique of operation. Answer. Bladder cancer. Surgical treatment - cystectomy with bilateral ureterostomy or ureteroentero-ureteroneocystanostomosis. The technique of the latter operation is associated with the formation of an intestinal reservoir and transplantation of proximal ureters into it.

Topic 1.12. Hydronephrosis and developmental anomalies of the genitourinary organs.

Task 1. List of questions for oral questioning on the topic:

1. Hydronephrosis. Etiology, pathogenesis, classification. Clinic, diagnosis, treatment. Types of operations.
2. Anomalies of development of urogenital organs. Etiology, pathogenesis, classification. Clinic, diagnosis, treatment. Indications for surgical treatment. Types of operations.

Task 2. Test.

1. TESTICULAR HYDROCELE IS
 - *A. Accumulation of serous fluid between the layers of the peritoneal lining of the testis
 - B. Accumulation of fluid in the scrotum
 - B. Accumulation of urine near the testicle
 - D. Accumulation of seminal fluid in the testicular appendage
2. SURGERY FOR TESTICULAR HYDROCELE
 - A. Bassini.
 - *B. Winkelman
 - C. Ivanesiewicz
 - D. Whipple
3. IN CRYPTORCHIDISM DIAGNOSED IN AN ADULT, SURGERY IS INDICATED FOR
 - A. Testicular Descent
 - *B. Orchiectomy
 - C. Surgical treatment is not indicated

4. IN CRYPTORCHIDISM DIAGNOSED IN EARLY CHILDHOOD, SURGERY IS INDICATED FOR

- *A. Testicular descending
- B. Orchiectomy
- C. Surgical treatment is not indicated

5. SURGICAL TREATMENT FOR TRUNCAL HYPOSPADIAS

- A. Not indicated
- B. Recommended
- *C. Absolutely shown

Task 3. Situational task.

A two-year-old boy is missing a testicle in the scrotum, the right half of the scrotum is underdeveloped. In the inguinal canal palpatorily testicle is not found. Where else should the testicle be searched and what diagnostic methods should be applied? At what age should orchopexy be performed and why? Its technique.

Answer. In the abdominal cavity (small pelvis) It is optimal to perform orchopexy at the earliest possible age to prevent the formation of malignant seminoma. The operation consists of mobilization and lowering of the testis from the abdominal cavity to the thigh or scrotum.

Topic 1.14-1.15. Tuberculosis of the genitourinary system. Acute and chronic renal failure.

Task 1. List of questions for oral questioning on the topic:

1. Renal tuberculosis. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment.

Indications for surgical treatment. Types of operations.

2. Acute renal failure. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment.

Indications for substitution therapy. Types of dialysis.

3. Chronic renal failure. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment.

Indications for replacement therapy. Types of dialysis.

Task 2. Test.

1. RENAL TUBERCULOSIS MORE OFTEN AFFECTS

- *A. Kidney
- B. Ureter
- C. Bladder
- D. Urethra
- E. Penis

2. IN RENAL TUBERCULOSIS, THE LESIONS ARE MORE LIKELY TO BE

- *A. Unilateral
- B. Bilateral
- C. The kidneys are not affected by tuberculosis

3. MECHANISM OF INFECTION OF THE KIDNEY IN TUBERCULOSIS

- A. Ascending
- B. Contact
- *C. Hematogenous
- Г. Lymphogenic

4. THE MOST COMMON PROCEDURE FOR TUBERCULOUS KIDNEY DISEASE IS THE FOLLOWING

- A. Decapsulation of the kidney
- B. Autopsy of the kidney abscess
- C. Kidney stenting
- *D. Nephrectomy
- E. Transplantation

5. KIDNEY TRANSPLANTATION IN RUSSIA AT THE PRESENT STAGE IS MORE OFTEN PERFORMED USING

- A. Cadaver kidney
- B. Donor kidney from an unrelated donor
- *C. Donor kidney from a related donor

Task 3. Situational task.

A 25-year-old woman was admitted to the clinic in a serious condition. Three days ago she had an abortion in out-of-hospital conditions. After the abortion, her body temperature rose to 38, she had chills, vaginal discharge with an unpleasant odor. The patient had no urine for 1.5 days. The condition is severe. Skin and visible mucous membranes are pale in color. The tongue is dry. BP- 95 mm. PT. Pulse - 101 per minute, rhythmic, weak filling. Bladder is not palpated. A catheter was inserted into the bladder - no urine was obtained. Serum urea - 26 mmol, creatinine - 0.65 mmol/l.

Diagnosis? Treatment?

Answer. Criminal abortion. Acute postabortal endometritis. Severe sepsis. SPON with predominant acute renal failure. Treatment in RAO. Preoperative preparation followed by urgent amputation of the uterus for vital indications. Intensive therapy, massive antibacterial therapy, renal replacement therapy - hemodialysis.

Topic 1.17-1.18. Pyelonephritis (acute and chronic) and nephrogenic hypertension.

Task 1. List of questions for oral questioning on the topic:

1. Acute pyelonephritis. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment.

Indications for surgical treatment. Types of operations.

2. Principles of antibacterial therapy of acute pyelonephritis. 2.

3. Chronic pyelonephritis. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment.

Indications for surgical treatment. Types of operations.

4. Nephrogenic hypertension. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment.

Indications for surgical treatment. Types of operations.

Task 2. Test.

1. THE MOST INFORMATIVE METHOD OF DIAGNOSTICS OF RENAL CARBUNCLE

*A. Ultrasound examination of the kidneys

B. Excretory urography

C. The study of glomerular filtration

D. Retrograde pyelography

E. Kidney biopsy

2. IN CHRONIC PYELONEPHRITIS, ANTIBIOTIC THERAPY IS BASED ON THE FOLLOWING FACTORS

A. Age

B. Gender

C. Physician's personal preference

*D. Results of urine microbiologic examination and microflora sensitivity testing

3. INFECTION OF THE RENAL PARENCHYMA IN PYELONEPHRITIS IN WOMEN IS MORE LIKELY TO OCCUR

A. Hematogenously

B. Lymphogenously

C. Contact

*D. Ascending

4. IN RENAL CARBUNCLE WITH SIGNS OF UROGENIC SEPSIS, IT IS NECESSARY TO

A. Administer intravenous and endolymphatic antibiotics, detoxification

*B. Perform urgent nephrectomy

B. Perform urgent pyelolithotomy, excision of carbuncle, nephrostomy

Г. Perform ureteral catheterization, conservative therapy

Д. Perform puncture nephrostomy

5. A PATIENT HAS BEEN DIAGNOSED WITH ACUTE SEROUS PYELONEPHRITIS ON THE BACKGROUND OF URETERAL STONE OBTURATION. TACTICS.

A. continue antibacterial, antispasmodic therapy at home *B. emergency hospitalization in urological hospital C.

ureteral catheterization in outpatient clinic D. antishock therapy prophylactically E. equivalent options a), c) and d)

Task 3. Situational task.

A 75-year-old patient admitted to the urological department with complaints of chills, dry mouth, thirst, pain in the right lumbar region. The condition is severe. Body temperature is 38.7 C, dry tongue. The enlarged and painful right kidney is palpated. Positive Pasternatsky's symptom on the right. Blood sugar is 12.7 mmol/l. Leukocytosis-10000, neutrophils - 12%. In urine analysis, leukocytes are up to 10 in the field of view. According to the data of excretory urography there is no data for urolithiasis, the function of the right kidney is reduced, the left kidney is satisfactory. On retrograde pyelogram - amputation of the lower calyx of the right kidney, the ureter is passable throughout. On ultrasound - purulent-necrotic nodule on the external contour of the lower pole of the kidney. Diagnosis. Treatment.

Answer. Acute abscess of the lower pole of the right kidney. Urgent surgery is indicated - drainage of renal abscess by open method or under ultrasound control by puncture. Infusion, detoxification, massive antibacterial therapy.

Topic 1.20-1.22. Emergency urology (renal colic, bleeding, acute urinary retention, anuria). Injuries of the urogenital system.

Task 1. List of questions for oral questioning on the topic:

1. Renal colic. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment. Indications for surgical treatment. Types of operations.
2. Algorithm of diagnostics and treatment of renal colic.
3. Hematuria. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment. Differential diagnosis. Indications for surgical treatment. Types of operations.
4. Acute urinary retention. Etiology, pathogenesis, classification, clinic, modern methods of diagnosis and treatment. Differential diagnosis. Indications for surgical treatment. Types of operations.
5. Technique of puncture and traditional epicystostomy.
6. Differential diagnosis of anuria. Algorithm of diagnosis and treatment.

Assignment 2: Test.

1. IN RENAL COLIC, THE PATIENT'S BEHAVIOR IS AS FOLLOWS

- A. Immobile on the back
- *B. Continuously changes body position
- B. Lying on his side
- Г. Forced sitting position on the chair
- Д. Vertical position

2. TYPICAL IRRADIATION OF PAIN IN RENAL COLIC

- A. To the shoulder, scapula
- B. To the sternum medulla
- B. Epigastric region
- *Г. In the inguinal region, thigh, genitals
- Д. In the neck

3 A patient was admitted a day after the onset of the disease with complaints of pain in the right iliac and lumbar region of the abdomen. General condition is satisfactory, body temperature is up to 37.40 C, pulse is 92 per minute, attention is drawn to the forced position of the patient (right leg bent at the knee joint and brought to the abdomen, lying on the right side). Palpatorily the abdomen is soft, painful in the right iliac area, as well as in the projection of Petit's triangle.

Positive symptoms: Rovzinga, Obraztsov, Pasternatsky. Urine is without pathological changes, leukocytosis is 10.2 thousand. Your diagnosis, treatment tactics?

- A. Renal colic, antispasmodic therapy
- B. Acute pyelonephritis, antibacterial therapy
- B. Acute adnexitis, antibiotic therapy
- *Г. Acute retrocecal appendicitis, surgical treatment
- Д. Purulent paranephritis, surgical treatment

4. IN POSTRENAL ANURIA WITH URETERAL STONES, EMERGENCY TREATMENT IS INDICATED

- A. intravenous large doses of lasix, infusion therapy
- *B. ureteral catheterization
- C. simultaneous bilateral nephrostomy
- D. shock wave lithotripsy
- E. equally c) and d)

5. IN ACUTE URETHRAL TRAUMA URETEROGRAPHY *A. It is mandatory in the first hours B. Not mandatory C. Not indicated

Task 3. Situational task.

A 40-year-old man was kicked in the abdomen. He was admitted to the clinic 2 hours after the injury. He complains of pain in the lower abdomen, difficult urination in drops. Urine is with an admixture of blood. The condition is satisfactory. In the suprapubic region soreness, muscle tension, percussion and dull sound are determined. Positive symptom of Shchetkin-Blumberg. Presumptive diagnosis. What methods of research are necessary? Treatment.

Answer. Extraperitoneal rupture of the bladder is possible. Cystoscopy or cystography is indicated. If the diagnosis is confirmed, emergency surgery is indicated - suturing the bladder rupture with 2-row sutures with unloading epicystostomy or management with a permanent urinary catheter. Uroantiseptics, antibacterial therapy.

Sample of credits with an assessment in 9 term:

Midterm assessment is carried out in the form of credits with an assessment. Tasks for the exam include one theoretical point and one problem.

List of theoretical points

1. Urolithiasis. Etiology, pathogenesis, the clinical picture. Diagnostic methods. Treatment, types of operations. Emergency care for renal colic
2. Pathology of the prostate. Classification. Etiology, pathogenesis, the clinical picture. Methods of screening for cancer of the pancreas. Methods of diagnosis and treatment, types of operations. Emergency care for acute urinary retention.
3. Kidney cancer. Methods of diagnosis and treatment, types of operations. Emergency care for haematuria.
4. A tumor of the bladder. Etiology, pathogenesis, classification. Current principles of diagnosis and treatment of bladder tumors. Types of operations. The role of nonsurgical treatments. Emergency care for haematuria.
5. Acute renal failure. Etiology, pathogenesis, principles of diagnosis, and treatment. Emergency care for acute urinary failure.
6. Chronic renal failure. Etiology, pathogenesis, principles of diagnosis, and treatment
7. Acute pyelonephritis. Etiology, pathogenesis, the clinical picture. Diagnostic methods. Treatment, types of operations
8. Chronic pyelonephritis. Etiology, pathogenesis, the clinical picture. Diagnostic methods. Treatment, types of operations
9. Nephrogenic hypertension. Etiology, pathogenesis, classification, clinical features, current methods of diagnosis and treatment. Indications for surgical treatment. Types of operations.
10. Renal tuberculosis. Etiology, pathogenesis, classification, clinical features, current methods of diagnosis and treatment. Indications for surgical treatment. Types of operations.
11. Kidney trauma. Etiology, pathogenesis, classification, clinical features, current methods of diagnosis and treatment. Indications for surgical treatment. Types of operations.
12. Bladder trauma. Etiology, pathogenesis, classification, clinical features, current methods of diagnosis and treatment. Indications for surgical treatment. Types of operations.

Sample Case – study, practical skills

A 40-year-old man was kicked in the stomach. He was admitted to the clinic 2 hours after the injury. Complains of pain in the lower abdomen, difficulty urinating drop by drop. Bloody urine. The condition is satisfactory. In the suprapubic region, soreness, muscle tension is determined, a dull sound is determined percussion. Positive symptom of Shchetkin-Blumberg. Presumptive diagnosis. What research methods are needed? Treatment.

1. Answer. Extraperitoneal rupture of the bladder is possible. Cystoscopy or cystography is indicated. When the diagnosis is confirmed, an emergency operation is indicated - suturing the rupture of the bladder with a 2-row suture with unloading with an epicycstostomy or guiding on an indwelling urinary catheter. Uroantiseptics, antibacterial therapy.
2. 1. Collect complaints, anamnesis, physical examination of a patient with urological pathology, interpret the results.
2. Write a list of prescriptions for a particular patient and justify the indications for the use of the medications