

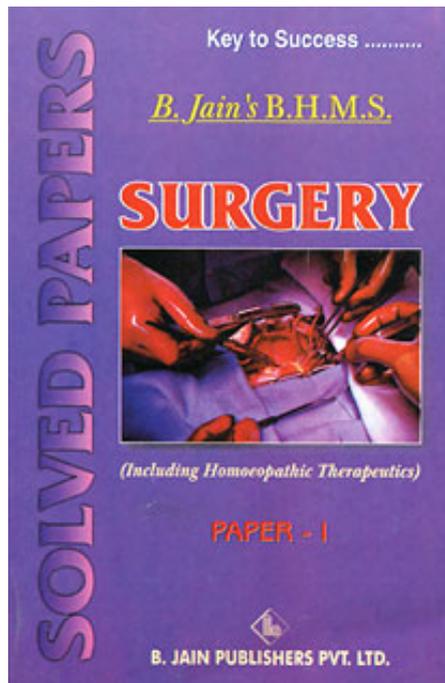
B. Jain Surgery (Paper I)

Reading excerpt

[Surgery \(Paper I\)](#)

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Paper-I

PART-A

Q.I What do you understand by burn and scald ? Describe degree and percentage of burn.

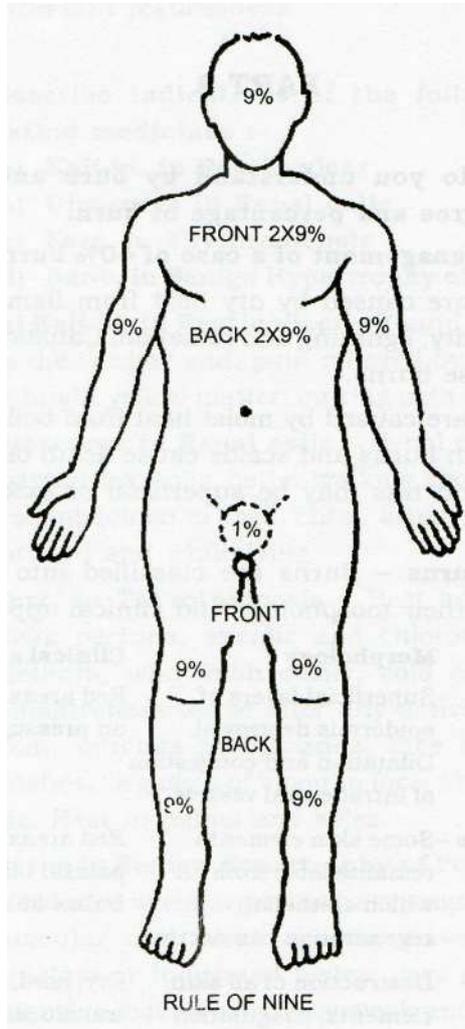
Give management of a case of 40% burns. 2, 8, 6

Ans. Burns are caused by dry heat from flames, heated metal, electricity, lightning and radiation. Caustic chemicals can also cause burns.

Scalds are caused by moist heat from boiling liquids or steam. Both burns and scalds cause death of the tissue they affect and this may be superficial or extend deeply into the body.

Degree of burns - Burns are classified into 3 degrees according to their morphology and clinical appearance :-

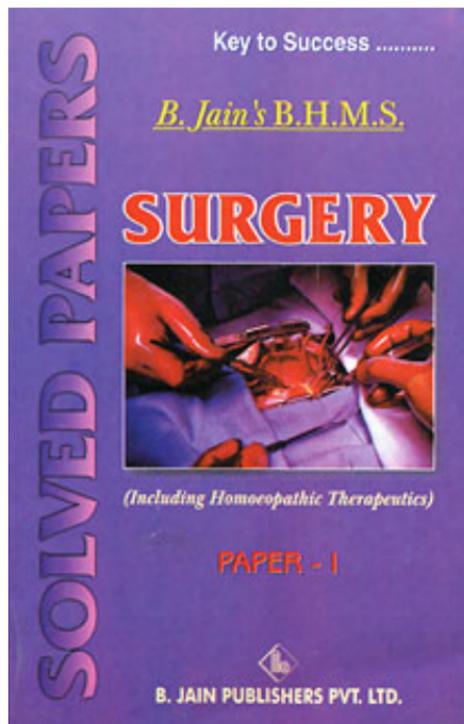
	Morphology	Clinical appearance
First degree -	Superficial layers of epidermis destroyed. Dilatation and congestion of intradermal vessels.	Red areas - blanching on pressure.
Second degree -	Some skin elements remain viable from which epithelial regeneration can occur.	Red areas. Weeping, painful blisters and bullae often present,
Third degree -	Destruction of all skin elements; coagulation of subdermal plexus	Dry, hard, inelastic and translucent areas with thrombosed veins visible, insensitive.



Percentage of burn : To estimate the amount of area affected by second or third degree burns in percentage (modern classification), the body is divided into different areas, each representing nine percent. This is called the *rule of nine*. **Management of a case of 40% burns :-**

The aims of the general treatment are :-

- 1) **Treatment of the shock** : In burns, shock is due to fluid loss and diminution of blood volume. In deep burns, there is also a considerable amount of destruction of red cells. This causes a reduction in the oxygen carrying capacity of the blood. The amount of fluid loss is proportional to the size of the burn. The '*rule of nine*' helps in approximately estimating the size of the burn. Shock is likely to develop if more than 20 per cent of the body surface is burnt. Transfusion should be employed in individuals over the age of 9 years when 18 per cent or more is burnt. *Approximately 1 litre fluid is required per 9 per cent of body affected.* Fluid loss is maximal during first 12 hours and half of the required fluid should be given during this period. At the end of the 48 hours, when the burned areas have coagulated, plasma loss ceases, then intravenous fluids may be stopped, provided fluids are taken by mouth. Measurement of urinary output and four hourly hemoglobin or hematocrit estimations determine whether the rate and quantity of fluid replacement should be increased or decreased.
- 2) **Relief of pain** : This is to be done by giving morphine or pethidine or other analgesics at regular intervals.
- 3) **Treatment of anoxia** : Oxygen inhalation may be necessary if there is anoxia and cyanosis. Tracheostomy may also be required in some cases.



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