

Basic Surgical Skills – High-Yield MCQ Notes (For Proff Exams)

These notes focus on **MCQ-friendly facts**, definitions, instruments, sutures, knots, asepsis, and peri-operative care commonly tested in professional exams.

1. Asepsis & Antisepsis (VERY COMMON)

Definitions

- **Asepsis:** Absence of microorganisms
- **Antisepsis:** Destruction/inhibition of microorganisms on living tissue
- **Sterilization:** Complete destruction of all forms of life including spores
- **Disinfection:** Destruction of pathogenic organisms (not spores)

Common MCQs

- **Best antiseptic for skin preparation:** Chlorhexidine + alcohol
- **Best antiseptic for wounds:** Povidone-iodine (diluted)
- **Most effective hand scrub:** Chlorhexidine or povidone-iodine

Sterilization Methods

Method	Uses	MCQ Point
Autoclaving (steam under pressure)	Instruments, linen	Kills spores
Ethylene oxide	Plastic, endoscopes	Heat-sensitive items
Dry heat (hot air oven)	Glassware	160°C for 2 hrs
Glutaraldehyde	Endoscopes	High-level disinfectant

2. Surgical Instruments (VERY HIGH YIELD)

Cutting Instruments

- **Scalpel blade No. 10:** Skin incisions
- **Blade No. 11:** Stab incisions, abscess drainage
- **Blade No. 15:** Fine incisions (plastic surgery)

Grasping Instruments

- **Toothed forceps:** Skin (prevents slippage)
- **Non-toothed forceps:** Viscera, bowel

Hemostatic Forceps

- **Mosquito:** Small vessels
- **Kelly:** Medium vessels
- **Kocher:** Tough tissue (has tooth)

Needle Holders

- **Mayo-Hegar:** Most commonly used
- **Olsen-Hegar:** Has scissors + needle holder

3. Sutures (EXTREMELY IMPORTANT)

Absorbable Sutures

Suture	Absorption	MCQ Tip
Catgut	Enzymatic	Unpredictable
Vicryl	60–90 days	Most common absorbable
PDS	Slow	Fascia closure

Non-Absorbable Sutures

Suture	Use
Silk	Ligation
Nylon	Skin
Prolene	Vascular, hernia

MCQ Pearls

- **Best suture for skin:** Nylon
 - **Best for bowel anastomosis:** Vicryl
 - **Best for fascia:** PDS / Prolene
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4. Surgical Needles

Types

- **Cutting needle:** Skin
- **Reverse cutting:** Tough skin (less tear)
- **Round body:** Bowel, muscle

MCQ Point

- Skin → **Cutting needle**
 - Viscera → **Round body needle**
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5. Knots (FREQUENT MCQs)

Types

- **Square knot:** Most secure
- **Surgeon's knot:** Extra turn for tension
- **Granny knot:** Weak (wrong answer)

Principles

- Knot should be flat
 - Adequate tension
 - Short ends increase security
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6. Hemostasis

Methods

- Pressure
- Ligature
- Electrocautery
- Topical agents

MCQs

- **Monopolar diathermy:** Cutting + coagulation
 - **Bipolar diathermy:** Neurosurgery, precise
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7. Wound Healing

Phases

1. Hemostasis
2. Inflammation
3. Proliferation
4. Remodeling

MCQ Pearls

- **Collagen type III** → early
 - **Collagen type I** → late
 - **Vitamin C deficiency:** Delayed healing
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8. Types of Wounds

Type	MCQ Point
Clean	No infection
Clean-contaminated	Controlled GI entry
Contaminated	Fresh trauma
Dirty	Old infected wounds

9. Drains

Types

- **Corrugated drain:** Passive
- **Romovac / Jackson-Pratt:** Active (suction)

MCQ

- **Active drains reduce infection risk**
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10. Pre-operative Care

MCQs

- **NPO time:** 6 hrs for solids, 2 hrs clear fluids
- **Consent:** Mandatory before surgery

- **Prophylactic antibiotics:** Within 1 hour before incision
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11. Post-operative Complications

Early

- Hemorrhage
- Shock
- Atelectasis (most common)

Late

- Wound infection
 - Incisional hernia
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12. Shock (BSS Favorite)

Types

- Hypovolemic (most common surgical shock)
- Septic
- Cardiogenic

MCQ

- **First fluid in shock:** Crystalloids (Normal saline / Ringer lactate)
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13. Basic Trauma Life Support (ATLS)

Primary Survey

ABCDE - Airway - Breathing - Circulation - Disability - Exposure

MCQ

- **Cervical spine protection is mandatory**
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Last-Minute MCQ Tips

- Never choose **Granny knot**
- Fascia \neq skin suture
- Round body needle \neq skin

- Hypovolemic shock = most common
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If you want, I can also: - Convert this into **one-page revision sheets** - Make **MCQs with answers** - Align strictly with **Bailey & Love / SRB**