

## Block P day 3

### Repeat

Exophthalmos

What investigations would you do?

What would be your probable diagnosis?

How will you treat this condition?

### Repeat

Scenario of a child with polydipsia polyuria no ketones no pH abnormality non-diabetic and had a trauma and all of these symptoms have appeared after that trauma

abnormal urine osmolality

diagnosis central diabetes insipidus

Causes any three (pituitary adenoma trauma infections haemorrhage ischaemia brain congenital)

Treatments three

(Desmopressin water intake increase salt restriction)

### Repeat

Council and obese patient with high

BMI and obese waist circumference

about diet and lifestyle and exercise

Paediatric station

Small months old child presented with nausea vomiting one episode of fits hyponatraemia hyperkalaemia and there was a picture of genitalia region what could you see in the picture? Ambiguous genitalia & undescended testes in left

What would be the diagnosis (congenital adrenal hyperplasia )  
what investigation would you order



Renal CT report

Case was of an elderly woman presenting with sudden by lateral flying pain

Interpret CT

Diagnosis

Management

(it was biliteral kidney stones and they were very big in size so we go for PCNL or open surgery

station of sutures

Name some types of sutures

On the station, there were needle holder plane forceps catgut suture and a silk suture and a suture pad gloves

Why cat gut is not used now (cause this bovine spongiform encephalopathy)

What is catgut derived from? sheep intestine

Then show how to hold a needle holder and forceps and how to grab the suture with them

Cushing syndrome

Two pictures, one of moon faces and other of abdominal striae

1 write the findings of the pictures

2 write the diagnosis

3 write four investigations

4 causes 2

Images identification of

testicular torsion

Grade 3 varicose

Grade 3 haematoma around the kidney

Renal tumour of the lower pole of right kidney in a solitary functioning kidney (there was no kidney on the left side in the image)

Penile fracture

Examining patient for ascites pedal edema and kidney palpation

### Obstetrics 1

Female with heavy regular bleeding for past few years

What is the new name for this? (Heavy menstrual bleeding) old is menorrhagia

How will you medically manage this?

How will you surgically manage this?

### Obstetrics 2

Copper IUCD

Identify

Mechanism of action

Two indications

Two complications

Two contraindications

### Obstetrics 3

Consult a patient of 40 years having a 16 week size fibroid in the uterus for hysterectomy

Is there any other management? no because the size is big

Can the surgery be performed vaginally? normally can be performed but in this case again it is big fibroid so no.

Explain the whole procedure why it is needed what could be the complications if she does not

Could be there any, could there be any complications after surgery?

So bleeding infection and in long-term menopausal symptoms

#### Obstetrics 4

Perform breech vaginal delivery

Types of breech

Modes of delivery for breech

Two maternal and two fetal causes of breech

Incidence of breech (3 -5%)

#### Obstetrics 5

Shoulder dystocia scenario

Diagnose

For manoeuvres that are performed for it

Tell all the management

The two invasive methods that are used ( cleidotomy  
symphysiotomy )

What would be the management for her the next time her  
baby is macrosomic?

(do not attempt VD go for elective CS)

#### Obstetric 6

Define PPRM

Complications of PPRM for mother and fetus

Preterm baby will have low birth weight what is the main  
consequence of this (hypothermia due to less fat pads and  
hypoglycemia )

Percentage incident of PPRM

Causes of PPRM 3%

#### Obstetrics 7

40 weeks POG Pregnant female comes with generalised tonic  
clonic seizure

Diagnosis eclampsia

Management

Shift to ICU

ABC

MGSO4 &/or diazepam

Definitive treatment would be to deliver the fetus

## Obstetrics 8

Female with the one years of sub fertility hair on the face amenorrhea

Diagnosis

Medical management for conception

Surgical management for concept

Long-term consequences

What test would you want to perform?

## Repeat

### Obstetrics 9

Vacuum

Identify

Three indications

Maternal and fetal

complications 2 each

### Obstetrics 10

Female with six weeks amenorrhea pain abdominal but there is no signs of pregnancy pregnancy test is negative

Scenario of ectopic pregnancy

Risk factors of ectopic pregnancy

Medical management of ectopic

Surgical management of ectopic

And what is used to monitor the progress?



Hematuria ( red urine in bottle) scenario of periorbital edema, hematuria, htn  
What questions to ask in history  
Whats your diagnosis  
Treatment ( for htn too)

- Congenital hypothyroidism (protruding tongue)
- Confirmatory test: TFTs
- Treatment: Thyroxine

Investigation at 10 week of antenatal visit . at which week we do anomaly scan and growth scan in high risk patient

10 days old baby,  
Presented with not able to feed , sleepy ,  
Protrude tongue  
test  
Diagnosis  
(Congenital hypothyroidism picture)  
Treatment

Baseline investigation of 10 weeks pog.  
At which gestation  
Anomaly scan is done  
At which gestation growth scan is done

Partogram  
Components ( bio data ,maternal fetal etc)  
What we measure  
Types of arrest bhi tha primary and secondary  
Arrest of labor causes: 3Ps

Station 11  
Examination of thyroid Gland

: Vaginal delivery  
Post partum care

PPH case

Management ( immediate+ further management)  
Maternal and fetal complications

Twin pregnancy ( one breech, one cephalic)  
Mode of delivery?  
Risks to mother and fetus due to twin pregnancy

PCNL counseling

CT of kidney stone

[ Post op dietary counseling to prevent recurrence of kidney stone ( diet, water intake( 8 glass output must) , less salt intake , no juices, less meat and milk, 9% chance of recurrence... If no dietary modifications then 25% chance)

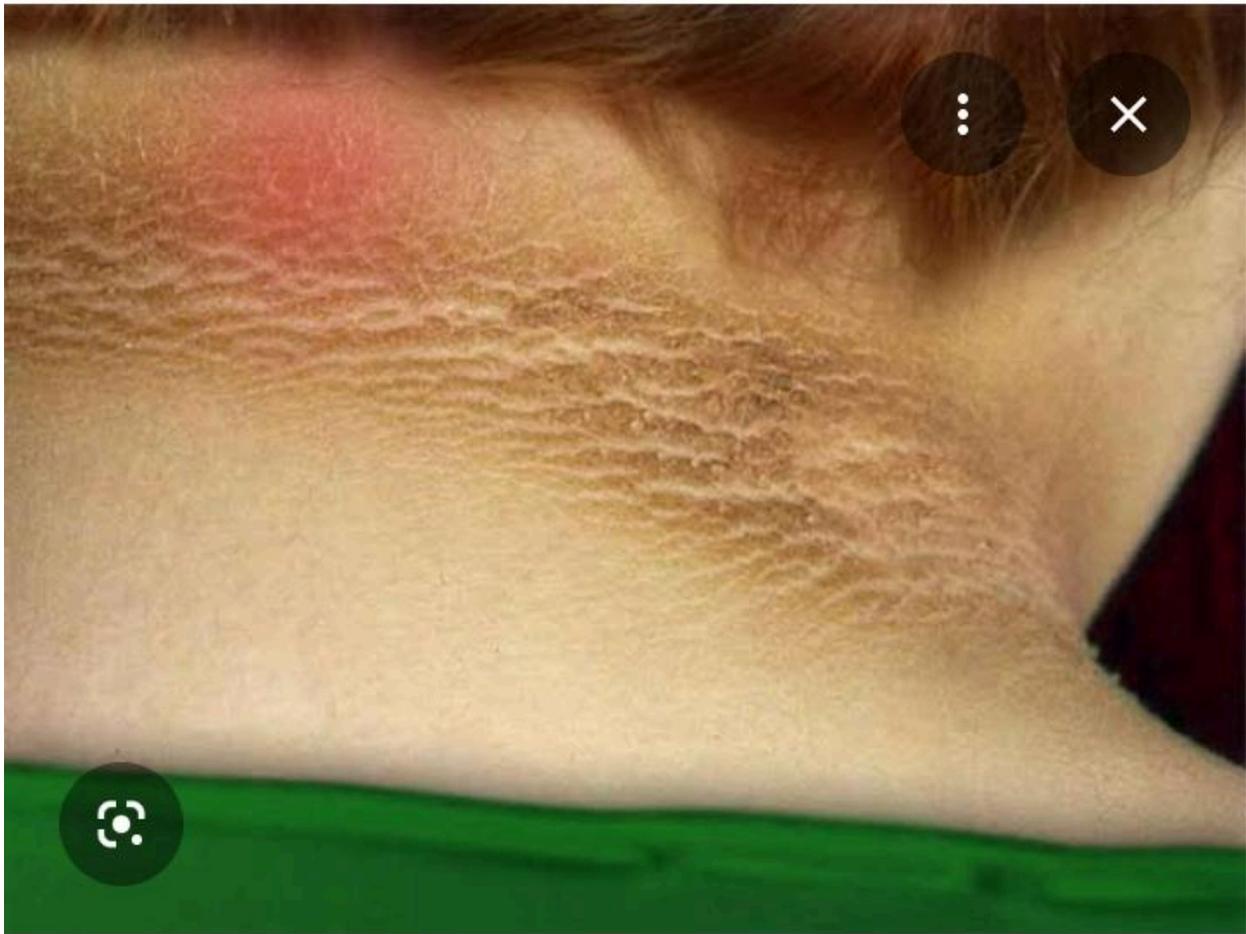
Diabetes counseling.

( Medications compliance, if patient asks => tell side effects,  
Dietary modifications, exercise=> duration 5 times a week, metformin BD ( timings . morning evening) , sugar monitoring=> fasting and two hours after meal)

Any other question/ queries?

Thanking

: Findings in picture/ diagnosis  
Investigations to diagnose  
causes



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Scenario: labor onset and then arrest ,,,,fetal station is +2 ( we can do vacuum and forcep both)  
Caput++( only because of this we do forcep delivery)

Type of instrumental delivery done

Types of forceps

Maternal and fetal complications ( facial nerve injury, scalp injury or abrasions , skull fracture)

[

BP measurement:

Pre requisites

How to measure ( all questions regarding hx of any exercise before measurement, where to apply cuff, measure pulse systolic pressure before actual measurement via bp set)

Placenta previa(picture) diagnosis

How to diagnose it

Mode of delivery

Risks to fetus and mother

Thalassemia

Repeated

Uncontrolled Diabetes . In pregnancy

Maternal

Fetal complications

Investigations

Batch c 2025

Block p ospe

Station 1

- Define episiotomy
- What surgical grade is it
- Types of episiotomy
- Indications
- Complication

Station 2

Normal vaginal delivery on dummy

Station 3

Instruments( episiotomy scissor, plane forceps , sims speculum, needle holder)

Station 4

G3p2 women present to ER with profuse bleeding after delivering a 4kg baby. Write the management for this patient.

Station 5

Oxytocin

Mechanism of action Uses

Uses

Complications

Station 6

Case of pph scenario

Diagnosis

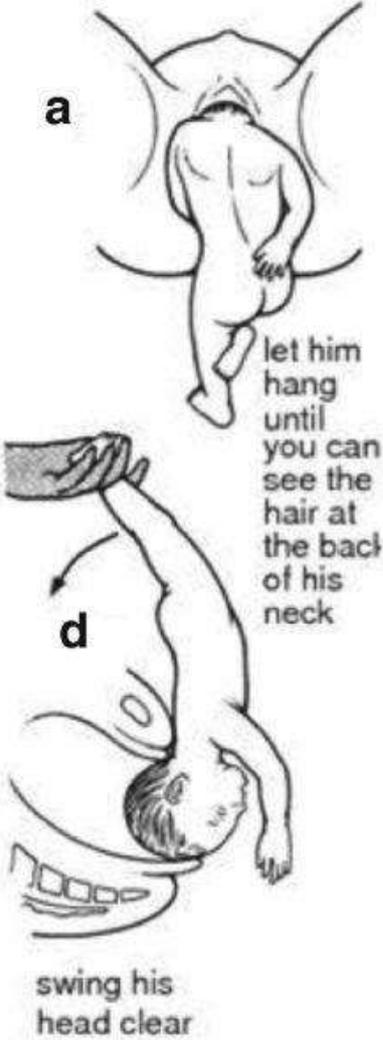
Complications

Station 7

Maneuver identification and explanation

# THE BURNS-MARSHALL MANEUVER

Monika's nursing academy





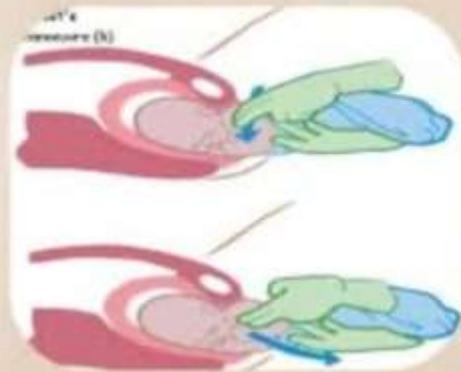
Instagram



Selection wala topic

@shurhabeel\_talks\_med

# Lovset's Maneuver



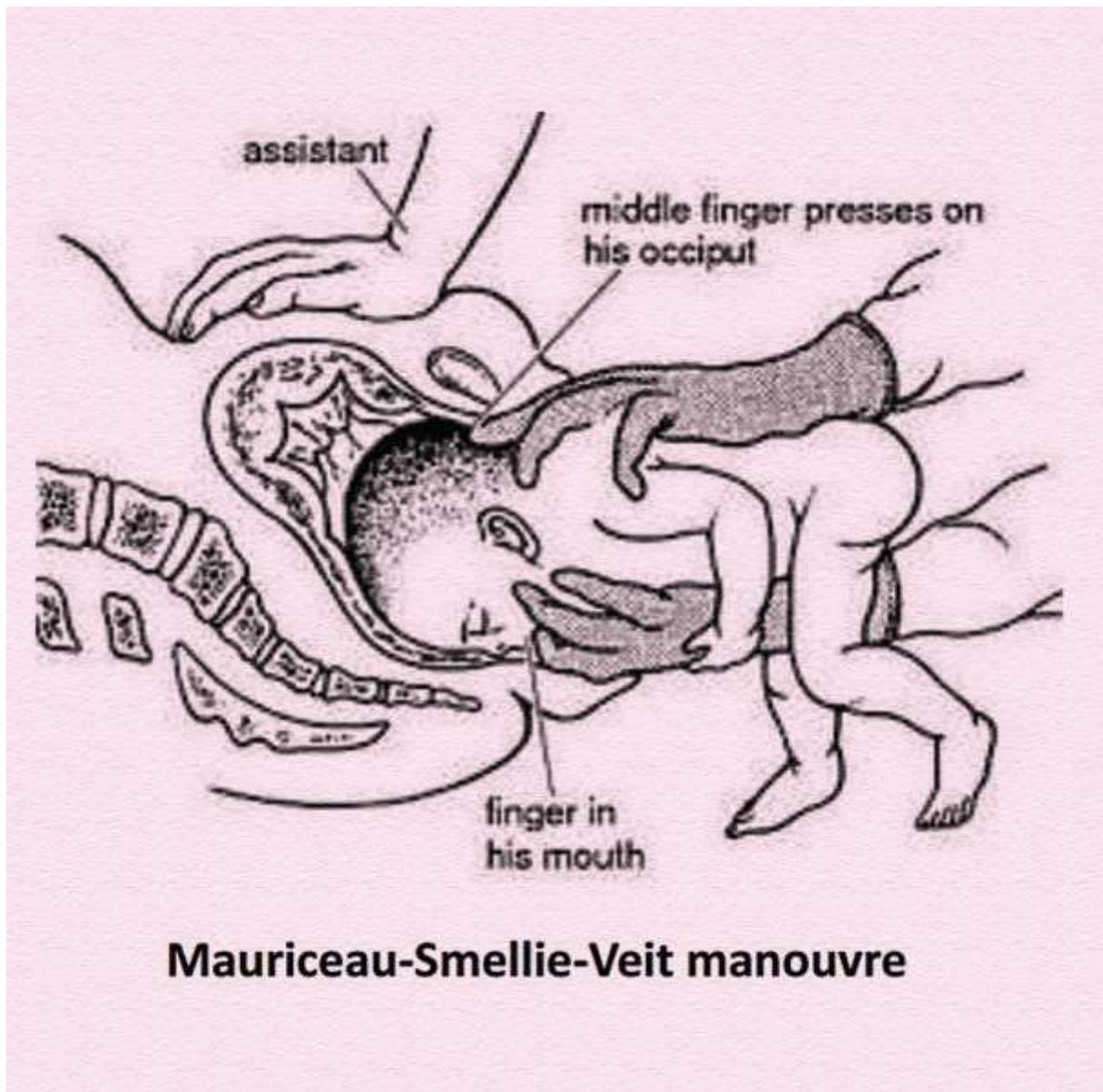
- Used for delivery of arms in breech.
- Rotate trunk 180° each side → brings arms down.



 BREECH DELIVERY MANEUVERS – A MUST-KNOW FOR EVERY MEDICAL ...

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Station 8

Ospe Station block P

1. What is CTG? Definition?
2. What are its 5 variables
3. What are its uses in obstetrics
4. What does late deceleration signify

Station 9

Jazz  
Ufone VoLTE



4.72K/s



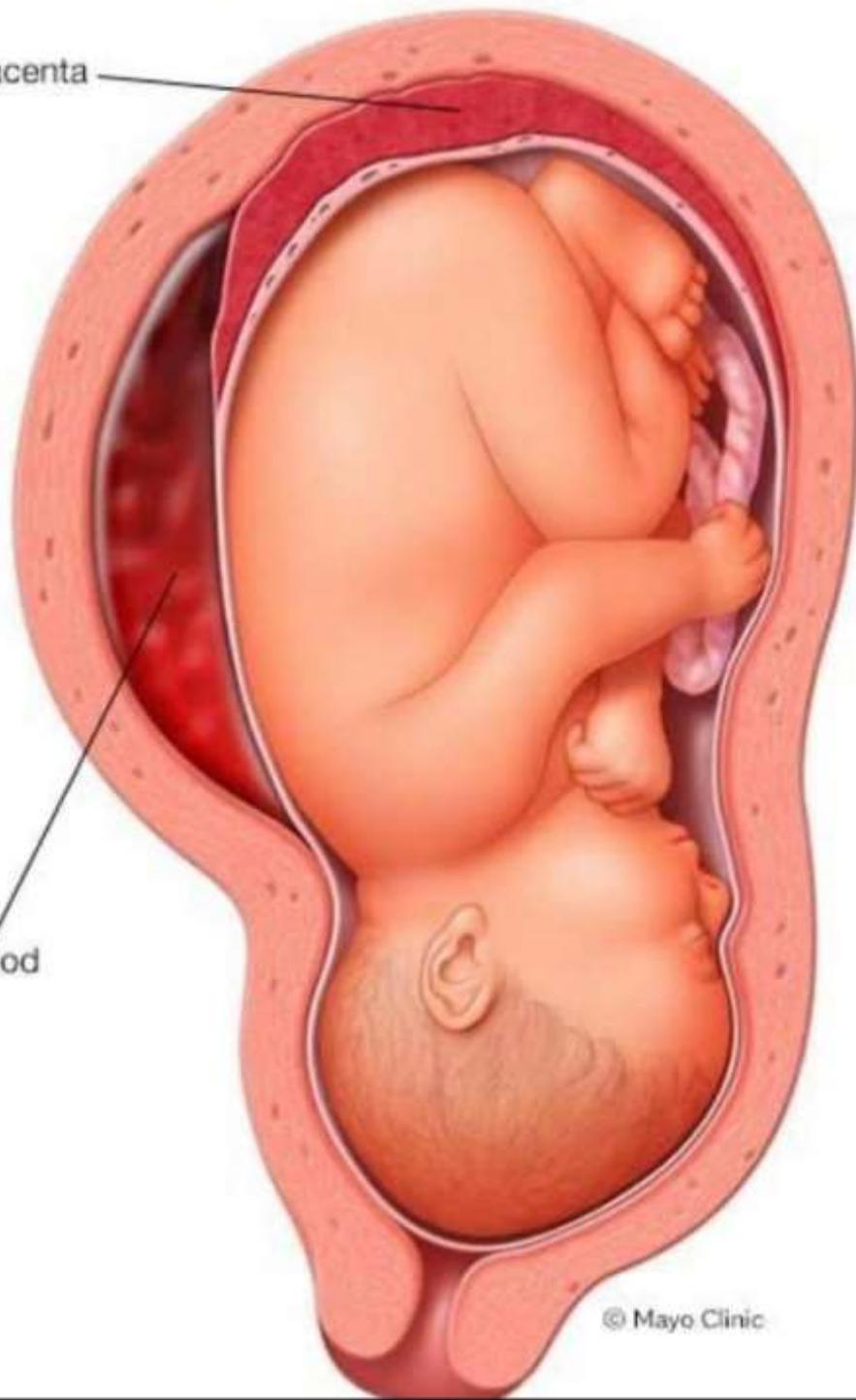
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Placenta

Blood



Identify

Maternal complications  
fetal complications

Station 10  
Diabetic foot examination

Station 11  
Pt is reluctant for Hemodialysis, counsel her (convince her for it)

Station 12

1:57

55

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Done

- 2) IV insulin  
3) Electrolyte correction (Potas  
3) Bicarbonate therapy

## Block P

### Static Station 16

A mother brings her 10 years old son to the emergency room with the history of increased urination for the last one month, increased water drinking for the last 2 weeks and fast breathing for the last 2 days. Examination shows GCS 7/15, fast and deep breathing at 45 breaths per minute. He has no crepitations or rhonchi and no neck stiffness. He also has sunken eyes and his skin pinch goes back in 4 seconds.

### **Questions:**

1. What is the most likely diagnosis?
2. What investigations are urgently needed?
3. Briefly write the treatment.

Station 13



Diagnosis  
Investigations  
Management

Station 14  
Foley two way catheter

Station 15



Identify the instrument  
Medicines delivered by it  
Complications

Station 16



Findings in picture

Investigations

Diagnosis

Station 17

Biophysical points and score written station

Station 18

14 year old boy with swelling in left inguinal region has abdominal pain referring to lower back. (most probably inguinal hernia)

Questions

Describe the picture in no more than three words

What is probable diagnosis



A g3 p2 gave birth to a baby weighing 4 kg , She is bleeding profusely How will you manage her

# Oxytocin uses , functions, complications

Picture of intravenous urogram showing PUI  
obstruction

# Maneuvers of breech delivery identification and indication

Define episiotomy. Degree of perineal tears  
episiotomy incision. What are the indications and  
complications of episiotomy

What are the components of biophysical profile?  
What are the each component points

Foley's catheter UsesTypesComplications

Hydrocele Best treatment option. Which surgery  
done Complication of surgery Investigations

# Xanthelasma,,Causes

# Aki counseling

varicocele hydrocele aur puuj obstruction the