

# Emergency in surgery

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editor:  
Pál Ondrejka



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e d i t o r :

Pál Ondrejka



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This e-book is based upon  
*Pál Ondrejka (ed): Emergency in surgery*  
1<sup>st</sup> edition (ISBN 978 963 9879 25 6)

© *Pál Ondrejka, 2009, 2011*

**e-ISBN 978-963-331-091-5**

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		Simmelweis Publishers
		1089 Budapest, Nagyváradi tér 4.
		<a href="http://www.semmelweiskiado.hu">www.semmelweiskiado.hu</a>

Responsible editor: László Tancos  
Make-up editor: Gergő Ángyán  
Cover design: László Tancos  
SKD 218-e

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# Introduction

(Pál Ondrejka)

The treatment of surgical emergencies is a big challenge for the surgeons even today. Patients with elective conditions are admitted to hospital after detailed examinations with exact diagnosis based on a surgical consultation, performed well before of the operation itself. If necessary they are seen by other specialists, their co-morbidity is taken into consideration, often are optimised for the special requirements for surgery. In a situation like this the role of the surgeon is almost reduced “only” to carry out the operation. On the contrary in an emergency the patient will be admitted to surgery (or to ER) after the acute onset of quite often life threatening symptoms without any tests, and to find the diagnosis is the task of the surgeon. Though in most cases this is not very difficult especially if the symptoms are characteristic, this procedure is more complex and demanding for the surgeon. The assessment of symptoms and complaints, the analysis of the results of different examinations must lead to the correct diagnosis or at least to a decision whether urgent surgery is necessary. Occasionally the first diagnosis might be incorrect and a surgeon performing emergency operations has to be able to deal with unexpected findings on his own. With our book we would like to give help in this highly responsible work.

Wide ranging knowledge of medicine, surgery and even anaesthesia in emergency surgery is essential for specialised surgeons. It is an important part of general medical education as well, because while performing any medical practice representatives of any specialities can meet emergency surgical patients as first point of contact some specialists (like gynaecologists, urologists, physicians) see such patients quite often. It is important for them to realise that they deal with a surgical emergency and they have to send the patient to the right place as soon as possible. An emergency patient's life may depend on this first correct decision. So the responsibility of the first doctor to see an emergency patient is huge. Consequently the responsibility of the teacher is also big, as he must ensure that during training the students acquire the necessary skills and knowledge to at least recognise, and at best treat correctly such patients.

We strongly recommend our book to medical students, but we like to see it as a good guide during specialist training as well.

The number of emergency patients in surgical practice is high. Their ratio of patients operated on as emergencies is between 20-30 %. (in some countries, like the UK, where waiting lists are long this ratio can be much higher, as the condition of a number of patients will become acute while waiting, necessitating emergency intervention). If we add the number of patients who are admitted to surgery but are treated conservatively during their first admission this rate is even higher; it can go

up 40 % in Hungary. These statistical data show that emergency surgery is an every day problem, and to be able to provide correct treatment needs deep knowledge gained through lengthy (in a great part hands on) training on this field. Our main aim is to help in this process.