

Welcome to your rotation in Plastic Surgery at St. Joseph's Hospital, and welcome to our team. We hope this will be a valuable learning experience for you.

The purpose of this document is to outline the structure of the rotation and to highlight what is expected of you.

LOGISTICS

SCHEDULE

- The team meets for morning rounds at 0700h-0715h. The location and the time for rounding may vary from day to day. This will be decided by a senior or Chief Resident.
- You are required to participate in Morning Rounds regardless of what you have been scheduled to do that day.

The work day typically ends at 5 pm. Please do not go home without checking in with a senior resident. There may be issues/patients/consults going on that you are not aware of and your help may be needed. If the whole team works together to finish things up, everyone can get out at a reasonable hour.

CLINICAL DUTIES

- At SJH, each resident on is staff-assigned. The chief resident may provide you with that particular staff's schedule, but otherwise it is your responsibility to enquire with the staff and their administrative assistant of their clinical activities for the day/week/month/rotation
- You may be required to attend a staff's clinic off site
- On days where your staff has no clinical activity planned (ie. he/she is on vacation or conference/administrative day) please inform the Chief Resident. You may be requested to assist elsewhere in the OR, day call or another staff's clinics to help the team function effectively
- Staff at SJH include: Dr. Achilleas Thoma, Dr. Carolyn Levis, Dr. Nicholas Hynes, Dr. Robert Patterson, Dr. Matthew McRae and Dr. Mark McRae

DRESS CODE

- If you are assigned to the OR or Minor Procedures, wear scrubs. If you are assigned to clinic, wear clinic/dress clothes and a lab coat, with your photo ID displayed at all times.
- Scrubs can be located from the ScrubEx machine near the ORs. Please ensure your ID badge allows you to access scrubs from this machine prior to your rotation start.
- **Please note, it is mandatory to wear your white coat while rounding and in clinic while working on this service. Further, hospital policy mandates that once you are outside the OR environs, you need to wear a white coat over surgical scrubs.**

HAND HYGIENE

- You are expected to wash you hands on entering and leaving each patient's room.

PATIENT LIST

- Our patient list is kept on a Google document and you will be given access prior to your rotation starting.
- All members of the team are responsible for keeping this list up to date
- **The list must be up to date by the end of the workday** for the resident on call.

BOOKING OR CASES

- Consults seen in the ER may require an OR, and are typically booked as a priority 3 (this implies that the patient should have their operation within 72 hours of booking the case).
- For these patients, inform them that they will be discharged home and at midnight they should fast and not eat or drink anything until they are called by the OR desk the following day.
- You must then drop off to the OR desk, a **pink HOME TO OR envelope** (these are available in the emergency department and in the OPD clinic. The following must be filled out and in the envelope.
 1. **Signed consent**
 2. **Copy of the consult note**
 3. **Pre-operative orders.**
 4. Filled out forms by the patient (these are within the pink envelope)
**Please ensure that the phone number of the patient's bradma is a current one that they can be reached at.

If the case is booked before 4pm – the OR desk may request that the patient be sent to the pre-operative clinic for assessment. Here, they are assessed by an anesthetist for peri-operative risk and initial investigations are completed.

CONSULTS

- If a consult seems unclear to you, tell the ER doctor that you're going to run it by your Senior Resident or Staff and that you'll get back to them.
 - E.g. Many things in the foot go to Orthopedics (tendon lacerations, FB)
 - Necrotizing fasciitis/soft tissue infections are distributed by location as per the Soft Tissue Guidelines (Plastics covers the upper extremity, Orthopedics does the lower extremity, Gen Sx covers the abdomen, Urology does the perineum, ENT does the head and neck).
- If you get a consult for a pressure wound or ulcer, ask the referring MD if the Wound Care Service has been involved.
 - In most cases, the Wound Care nurse should be the primary referral, and they will contact us if they think we need to be involved.
 - An exception is if the referring MD clearly thinks the wound requires debridement. However, typically the wound care nurse will make this assessment and recommend our involvement.
 - Please ask the nurse have the following at the bedside for when the resident comes to do the debridement. (*Specify in the doctor's order the exact time the tray should be available to you*)
 - Plastics Tray
 - 4x4 gauze
 - saline, povidone
 - Kling x 2
 - Mepore tape
 - Scalpel blade x 2
 - 10 cc syringe
 - Sterile gloves and size and #

RESIDENTS CLINIC

RESIDENTS CLINIC

- Resident's Clinic takes place every Friday at 8 AM in the Fontbonne Clinic. All residents are expected to attend. The staff on call that day will supervise the clinic, but typically it is run by the chief resident on service.
- The ER physicians will often call you with patients who need follow-up only and they want to send them to the Plastic Surgery Residents Clinic.
- Appropriate referrals are **straightforward consults for acute issues** that need simple follow-up – such as a Boxer's fracture that has been reduced and splinted or a wound that has been I&D'd and needs reassessment.
 - Do not send patients with chronic problems to Residents Clinic (e.g. a four month history of wrist pain). Do not send patients that you think may need an OR (these should be seen in a timely fashion in ER and OR plans arranged).
 - **Always review the patient's X-Rays!** This can be done first thing in the morning if the consult comes in overnight:
 - Patients whose XRs show that they need surgery should not be sent to Resident's clinic, they should be dealt with in a more timely fashion.
 - If the consult comes midday, review the XR before accepting the patient to Resident's Clinic and discuss them with a Senior Resident or Staff if you are unsure about the management of the fracture.
 - If the consult comes overnight, take the patient's full name, unit # and a current phone number. Tell the ER physician that it is ok to send the patient to Residents Clinic, but ask them to inform the patient that you will review their XR the next morning and call them if they need to be seen sooner.
 - **Please also request the ER physician fax the chart to Out-Patient Department. The patient should be told to come to Fontbonne Building Friday at 745 AM.**
 - Ask the ER MD to document on the ER record your name (resident's name) as the accepting resident to follow the trail of patient pathway care.
- Residents Clinic is also a great forum to follow up on patients you have seen in ER and done a procedure on. You are encouraged to do this for your own learning. Be mindful of which ER patients you have cared for during the week, so that you may see them when they arrive for follow up in the clinic.

HEAD AND NECK PATIENTS:

- SJH is a busy site for head and neck oncology. Many cases are performed with the head and neck team, usually on Tuesdays or Thursdays. These cases involve excision of head and neck cancers and reconstruction with a free flap.
- Post-operatively these patients are admitted to the head and neck unit at SJH. The free flaps are monitored on the ward for their viability.
- We assess:
 - Flap color – if very pale (may indicate arterial compromise); if purple and congested (may suggest vein compromise)
 - Flap turgor
 - Capillary refill
 - Flap temperature
- These flaps are monitored every 1 hour for the first 24 hr post op, every 2 hrs for the next 48 hrs post op and then typically every 4 hours for the first post op week
- You may be called by the nurse about changes to flap appearance or color – **these calls must be taken seriously and the flap should be assessed by a resident and a plastic surgery senior as soon as possible**
 - With a change in appearance – the flap vessels may have a new thrombus which will require return to OR and flap vessel exploration

- If called about this overnight – please call your backup senior immediately and go into the hospital to assess. Typically a change in appearance is most concerning in the first 48 to 72 hours.

Advice...

- **Ask lots of questions.** If you don't understand why we are using a specific type of dressing, ask. If you don't know how to do a hand examination, ask.
- **Read around cases** and try to be apart of those most relevant to your future practice.
- **Try something you haven't done before.** Learn to apply a plaster cast, reduce a fracture, close a wound with sub-cuticular suturing, debride a wound.
- **Have fun!**