SUR 103 Surgical Procedures I
Spring 2013

Course Description
SUR 103 Surgical Procedures I
Lec. 2 Lab. 6 Cr. 4
This course is a study of a system to system approach to surgical procedures and relates regional anatomy, pathology, specialty equipment, and team responsibility. Patient safety, medical/legal aspects, and drugs used in surgery are emphasized.
Prerequisites: AHS 103, AHS 130, BIO 112, SUR 101, SUR 110, CPT101 or CPT 170.
Co-requisites: ENG 101, PSY 201, SUR 104, SUR 106, AHS 121.

Course Focus
Patient safety, medical/legal aspects, and drugs used in surgery are emphasized.

Text and References

Course Goals
The following list of course goals will be addressed in the course. These goals are directly related to the performance objectives. (*designates a CRUCIAL goal)
1. categorize expected procedure outcomes
2. categorize stapler precautions
3. specify general surgery preoperative preparation
4. identify closing sequence
5. identify opening sequence
6. specify surgical intervention terminology

SUR 103sp12/approved MSapp 12-5-11
SUR 103sp13/revised JBuss 11-16-12/approved MSapp 11-19-12
7. define surgical drugs
8. define key surgical terms
9. recognize abdominal wall anatomy and physiology*
10. wear appropriate attire*
11. identify suture techniques*
12. recognize wound healing phases and stages
13. recognize suture trade names
14. recommend general surgery intraoperative procedures
15. characterize healing types
16. characterize synthetic absorbable materials
17. characterize natural suture materials
18. cite suture terms
19. cite suture techniques
20. classify surgical wounds
21. describe chemical hemostatic agent preparation
22. describe mechanical hemostatic preparation*
23. describe surgical needle handling*
24. differentiate stapling materials
25. distinguish surgical needle types
26. differentiate suture materials
27. explain thermal unit care
28. review assigned cases
29. journal case log
30. apply surgical technology skills
31. analyze healing process factors
32. communicate stapler handling techniques
33. apply surgical technology knowledge
34. communicate traumatic wound examples*
35. complete surgical cases
36. determine possible suture complications
37. indicate wound healing terms
38. interpret suture terms
39. interpret suture techniques
40. assemble lab supplies*
41. breakdown case setup
42. maintain work area
43. perform surgical technology skills
44. perform suture and tie passing techniques*
45. prepare lab supplies
46. utilize sterile principle techniques
47. work responsibly as team*
48. evaluate preoperative diagnostic procedures and tests
49. respect operating room preceptor
50. select needed instruments
51. select surgical instruments
52. summarize stapling instruments advantages
53. summarize wound healing complications
54. appreciate legal and medical surgical aspects  
55. assess tissue damage  
56. choose appropriate stapler  
57. choose appropriate suture*  
58. demonstrate instrument placement  
59. demonstrate surgical needle handling  
60. demonstrate suture loading  
61. explain thermal hemostatic safety measures  
62. illustrate chemical hemostatic mechanisms and safety measures  
63. illustrate mayo setup  
64. illustrate mechanical hemostatic mechanisms and safety measures

**Course Evaluation**

- 2 Unit Tests (15% each)  
- 4 Quizzes (10% each)  
- Final Exam  
- Lab Test  

30%  
40%  
20%  
10%

The clinical portion of this course is evaluated on the formative and summative clinical evaluation. The clinical component of the course is evaluated as **satisfactory** or **unsatisfactory**. An unsatisfactory in the clinical portion of the course results in the failure of the course even if the theory grade is 75 or higher. Students are to review the cases they have been assigned the night before clinical and the case preparation book (yellow or green) is to be completed for each clinical day. The case preparation book will be required for each clinical day and must be in attendance with the student throughout each clinical day. Student must complete case preparation book independently. Each student will be instructed on the implementation of the Weekly Clinical Case logs. In addition, the standards and criteria for logging cases will be explained in detail to students. This information will include program guidelines, core and specialty cases, level of cases and non-level cases. Each student will complete a “weekly case log form” reflecting cases that meet the standard criteria. This weekly case log form will be submitted to the clinical instructor, who in turn, completes a cumulative master case log for each student. Each student will attempt to log 125 cases by the completion of the last clinical rotation. Attached to syllabus is the case level template based on specific level and core or specialty cases. For cases that meet the appropriate criteria the student completes a “Procedure Case Card.” This form must be signed and dated by both the preceptor involved in that specific case and the student. The clinical instructor will review the procedure case card and determine whether that specific case falls within the parameters as determined by the AST/ARC-STSA/NBSTSA. If approved the procedure case cards are to be kept in the students’ clinical notebook. The clinical notebooks will be evaluated at the conclusion of each clinical rotation and then submitted during finals week of summer semester. Students will be evaluated twice during each clinical rotation by the clinical instructor. The evaluation will be discussed with the student and will be signed and dated by both the evaluator and student. Student must also sign an acknowledgement of clinical documentation requirements. This form must be kept in student clinical notebook.
**Student Contributions**

Classes are designed to employ a variety of teaching techniques. In order to maximize learning, required readings and Web enhanced sections should be done prior to class. If a student is falling behind in clinical performance and/or academic achievement, it is imperative to seek immediate assistance from the instructor.

**Course Schedule**

Lecture: Thursday: 10:00am-12:00pm  
Lab: Thursday - 1:00-3:00pm  
Clinical: Tuesday and Wednesdays 6:45 am – 2:45 pm

**ADA STATEMENT**

The Technical College of the Lowcountry provides access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodation, contact the counselor for students with disabilities at (843) 525-8228 during the first ten business days of the academic term.

**ATTENDANCE**

The College’s statement of policy indicates that students must attend ninety percent of total class hours or they will be in violation of the attendance policy.

1. Students not physically attending class during the first ten calendar days from the start of the semester must be dropped from the class for NOT ATTENDING.

2. Students taking an online/internet class must sign in and communicate with the instructor within the first ten calendar days from the start of the semester to indicate attendance in the class. Students not attending class during the first ten calendar days from the start of the semester must be dropped from the class for NOT ATTENDING.

3. Reinstatement requires the signature of the division dean.

   a. In the event it becomes necessary for a student to withdraw from the course **OR if a student stops attending class**, it is the student’s responsibility to initiate and complete the necessary paperwork. Withdrawing from class may have consequences associated with financial aid and time to completion.

   b. When a student exceeds the allowed absences, the student is in violation of the attendance policy. The instructor MUST withdrawal the student with a grade of “W”, “WP”, or “WF” depending on the date the student exceeded the allowed absences and the student’s progress up to the last date of attendance or

   c. Under extenuating circumstances and at the discretion of the faculty member teaching the class, allow the student to continue in the class and make-up the work. This exception must be documented at the time the allowed absences are exceeded.

   d. Absences are counted from the first day of class. There are no "excused" absences. All absences are counted, regardless of the reason for the absence.

4. A student must take the final exam or be excused from the final exam in order to earn a non-withdrawal grade.
5. Students are expected to be in class on time. Arrival to class after the scheduled start time or leaving class prior to dismissal counts as a tardy. Three tardies and/or early departures are considered as one absence unless stated otherwise.

6. It is the student’s responsibility to sign the roll/verify attendance with instructor upon entering the classroom. Failure to sign the roll/verify attendance results in a recorded absence. In the event of tardiness, it is the student’s responsibility to insure that attendance is marked. The student is responsible for all material/announcements presented, whether present or absent.

7. Continuity of classroom and laboratory (which includes clinical experiences) is essential to the student’s progress in providing safe and competent patient care. Students are expected to use appropriate judgment for participating in clinical activities. To evaluate the student’s knowledge and skills, it is necessary for the student to be present for all clinical experiences. If absence does occur, the designated clinical site, in addition to the Division of Health Sciences Administrative Assistant, must be notified by telephone no later than 30 minutes prior to the start of the clinical experience. The Division of Health Sciences telephone number is 843-525-8267.

8. Absences from the clinical area are strongly discouraged. The attendance policy applies to clinical activities. “No call, no show” for clinical is unprofessional conduct and the student will be withdrawn from the program with a WF.

A copy of TCL’s STATEMENT OF POLICY NUMBER: 3-1-307 CLASS ATTENDANCE (WITHDRAWAL) is on file in the Division Office and in the Learning Resources Center.

HAZARDOUS WEATHER
In case weather conditions are so severe that operation of the College may clearly pose a hardship on students and staff traveling to the College, notification of closing will be made through the following radio and television stations: WYKZ 98.7, WGCO 98.3, WGZO 103.1, WFXH 106.1, WWVV 106.9, WLOW 107.9, WZR 104.9, WFXH 1130 AM, WL1 101.1, WSOK 1230 AM, WAEV 97.3, WTOC TV, WTGS TV, WJW TV, and WSAV TV. Students, faculty and staff are highly encouraged to opt in to the Emergency Text Message Alert System. [www.tcl.edu/textalert.asp](http://www.tcl.edu/textalert.asp)

ACADEMIC MISCONDUCT
There is no tolerance at TCL for academic dishonesty and misconduct. The College expects all students to conduct themselves with dignity and to maintain high standards of responsible citizenship.

It is the student’s responsibility to address any questions regarding what might constitute academic misconduct to the course instructor for further clarification.

The College adheres to the Student Code for the South Carolina Technical College System. Copies of the Student Code and Grievance Procedure are provided in the TCL Student Handbook, the Division Office, and the Learning Resources Center.

Health care professionals hold the public trust. Academic misconduct by health science student’s calls that trust into question and academic integrity is expected.
It is a fundamental requirement that any work presented by students will be their own. Examples of academic misconduct include (but are not limited to):

1. copying the work of another student or allowing another student to copy working papers, printed output, electronic files, quizzes, tests, or assignments.
2. completing the work of another student or allowing another student to complete or contribute to working papers, printed output, electronic files, quizzes, tests, or assignments.
3. viewing another student’s computer screen during a quiz or examination.
4. talking or communicating with another student during a test.
5. violating procedures prescribed by the instructor to protect the integrity of a quiz, test, or assignment.
6. plagiarism in any form, including, but not limited to: copying/pasting from a website, textbook, previously submitted student work, or any instructor-prepared class material; obvious violation of any copyright-protected materials.
7. knowingly aiding a person involved in academic misconduct.
8. providing false information to staff and/or faculty.
9. entering an office unaccompanied by faculty or staff.
10. misuse of electronic devices.

**GRADING POLICY**

<table>
<thead>
<tr>
<th>Grading scale</th>
<th>W withdraw</th>
<th>WP withdraw with passing grade</th>
<th>WF withdraw with failing grade</th>
<th>I Incomplete</th>
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<tbody>
<tr>
<td>90% - 100%</td>
<td>A</td>
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<tr>
<td>82% - 89%</td>
<td>B</td>
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<td>75% - 81%</td>
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<td>70% - 74%</td>
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<td>Below 70%</td>
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**Grading Methodology.** The final grade must be 75.000 or more in order to pass the course and progress in the program. Students absent from an examination or presentation will receive a “0” grade for the examination unless other arrangements are made with the individual instructor prior to the examination or presentation day or on the examination or presentation day before the test/presentation is scheduled to be given. It is the responsibility of the student to contact the appropriate instructor to arrange to make up the examination. Arrangements may be completed by telephone. If the instructor is not available, a message should be left on the instructor’s voice mail AND with another member of the faculty or administrative assistant. The make-up exam will be scheduled on the day of the course final; the instructor will decide the method of examination. Messages sent by other students are unacceptable. The student is responsible for notifying the instructor for the reason of the absence. Any student arriving greater than 10 minutes late (according to clock in room where exam is being held) will be considered absent and must follow the criteria stated above or will receive a “0” grade on the exam.
Grades are posted on Blackboard within one week of administration of tests and examinations.

Course Coordinator: JoLane Buss, CST, ATC, MA Ed.
Surgical Technology Program Director
OFFICE LOCATION: Building 4, Room 202
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Course Instructor: Cynthia Gray, MA, CST
Surgical Technology Clinical Adjunct
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Addendum to SUR 103 Syllabus

Abdominal Incisions

Objectives: The learner will:
1. Identify the various tissue layers of the abdominal wall.
2. Describe the creation and usage of various surgical incisions.
3. Discuss the advantages and disadvantages of incision types.

Content:
I. Anatomy of the abdominal wall
   A. Abdominal regions
   B. Tissue layers
II. Abdominal incisions
   A. Vertical
   B. Oblique
   C. Transverse
SURGICAL PROCEDURES – DIDACTIC

GENERAL

Content:

I. Appendectomy  
   A. Open  
   B. Laparoscopic

II. Breast procedures  
   A. Breast biopsy  
      1. Sentinel node biopsy  
      2. Needle localization  
   B. Modified radical mastectomy with axillary node dissection

III. Cholecystectomy  
   A. Open  
   B. With cholangiogram

IV. Colon resection  
   A. With colostomy  
   B. Without colostomy

V. Gastrectomy  
   A. With gastrostomy  
   B. Without gastrostomy

VI. Hemmorhoidectomy

VII. Herniorrhapathy: Open and laparoscopic  
   A. Incisional  
   B. Inguinal  
   C. Umbilical

VIII. Laparoscopic Nissen fundoplication

IX. Liver resection

X. Splenectomy  
   A. Open  
   B. Laparoscopic

XI. Thyroidectomy

XII. Pancreatoduodenectomy (Whipple Procedure)
OTORHINOLARYNGOLOGY

Content:

I. Ear
   A. Cochlear implant
   B. Mastoidectomy
   C. Myringotomy
   D. Stapedectomy
   E. Tympanoplasty

II. Nose
   A. Choanal atresia
   B. Endoscopic sinus (FESS)
   C. Nasal antrostomy
   D. Nasal polypectomy
   E. Septoplasty
   F. Turbinectomy

III. Oral cavity and throat
   A. Laryngectomy
   B. Parotidectomy
   C. Radical neck dissection
      1. Glossectomy
      2. Mandibulectomy
   D. Temporomandibular joint arthroscopy (TMJ)
   E. Tonsillectomy and adenoidectomy (T & A)
   F. Tracheotomy and tracheostomy
   G. Uvulopalatopharyngoplasty
OPHTHALMIC

Content:

I. Chalazion excision
II. Dacryocystorhinostomy
III. Entropion/ectropion repair
IV. Enucleation
V. Extracapsular cataract excision
VI. Iridectomy
VII. Keratoplasty
VIII. Laceration repairs
IX. Scleral buckle
X. Strabismus correction
   A. Recession and resection
XI. Vitrectomy