

Procedural Skills

Below are some examples of previously encountered stations in the procedural skills section of the MRCS Part B OCSE. You will have two such stations in your examination.

You should be familiar with all skills taught in the Basic Surgical Skills course. Have a read through the book and watch the DVD as part of your revision for this part of the examination.

- 1) Fine needle aspiration for cytology – asked to take a FNAC sample from a lump under local anaesthetic, including depositing the specimen on a microscope slide
- 2) Insertion of a surgical chest drain – asked to describe the anatomy of the safe triangle, insert the drain and discuss some of the complications, including the management of tension pneumothorax
- 3) Excision biopsy of a naevus – asked to excise a pigmented lesion under local anaesthetic and suture the wound
- 4) Suturing a laceration – asked to place interrupted sutures to close a laceration with some discussion of suture classification and advice provided to patient regarding care of the sutures
- 5) Insertion of a venflon/cannula – asked to insert a large bore cannula in the scenario of a trauma patient in A&E who is shocked. Discussion surrounding immediate fluid management of patient, including prescribing fluids on a fluid chart⁴
- 6) Taking blood culture sample – asked to take blood cultures from a patient using a totally aseptic technique. Required to label the specimens and complete the request form. A discussion about sepsis.
- 7) Suturing skills – asked to first perform hand tie on a jig, then hand tie onto a hook at depth, then perform a simple instrument tied suture, then asked to perform a Z suture to underrun a bleeding point. Discussion around suture classification and what sutures used to close the abdomen
- 8) Urethral catheterisation – asked to aseptically insert a urinary catheter into a manikin. Discussion around reasons for not having urine coming back. What you would do if frank haematuria passed through the catheter with clots, discussing the principles of three way catheterisation
- 9) Operative list ordering - asked to arrange your consultant's operation list. 3 patients:
patient A - MRSA positive, for foot amputation
patient B - inguinal hernia repair, severe COPD
patient C - right hemicolectomy, diabetic, allergic to iodine.
In what order would you operate and why? what extra precautions would you need to take?

- 10) Operative list ordering - asked to arrange your consultant's operation list. 3 patients:
patient A - sigmoid diverticular abscess allergy to penicillin and iodine
patient B – below knee amputation for MRSA ulcer, type 1 diabetic, AF on warfarin
patient C - severe COPD, has a pacemaker, having repair strangulated hernia
In what order would you operate and why? What extra precautions would you need to take
– e.g. where would you put diathermy plate, what type of diathermy would you use etc.?
- 11) Scrubbing for theatre – asked to scrub, glove and gown, discussing principles of asepsis