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آشنایی با پایگاه اطلاعاتی ClinicalKey

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جهنگویی کتاب در پایگاه
CHAPTER EXCERPT

Plastic Surgery

Classification of muscle and musculocutaneous flaps according to their vascular supply: type I, one vascular pedicle; type II, dominant pedicle and minor pedicles; type III, two dominant pedicles; type IV, segmental vascular pedicles; type V, one...

Sarstung Textbook of Surgery.
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CHAPTER EXCERPT

Obese patients/sleep apnea patients having plastic surgery

Patient safety in plastic surgery

Multiple studies have demonstrated an increase in perioperative risk associated with obesity. Complications during surgery associated with patient obesity include increased rates of failed regional anesthesia, unplanned hospital admissions, and an...

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CHAPTER EXCERPT

Principles of plastic surgery and their application to hand surgery

Plastic surgery contributions to hand surgery

Sushruta, a Hindu surgeon in India around the first century AD, performed reconstruction of the nose using pedicled flaps from the face – either forehead or cheek. He described the operation as follows: The physician should take the leaf of a tree...

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Principles of plastic surgery and their application to hand surgery

Sushruta, a Hindu surgeon in India around the first century AD, performed reconstruction of the nose using pedicled flaps from the face—either forehead or cheek. He described the operation as follows: The physician should take the leaf of a tre...
The secret scalpel: plastic surgery for wartime disguise


Career planning for future surgeons


BMA Book Award Winner 2013 - Surgical Specialties Category


Hopkins reunion


Management of the Asian Upper Eyelid

The secret scalpel: plastic surgery for wartime disguise

Roderick Bailey


In 1945, with the fighting in Europe over, a curious story appeared in the pages of British newspapers. It concerned the war record of James Hutchison, an army colonel standing for Parliament in that July's general election. A year earlier, so Hutchison had revealed to the press, he had parachuted into Nazi-occupied France to work with the French Resistance. What had really caught journalists' attention, however, was his claim to have disguised his wartime identity by undergoing surgery to his face.

Changing someone surgically for the purposes of disguise might seem the sort of practice confined to the Mafia and the minds of screenwriters. That, at least, is how it seemed to me until I began my research into physicians employed by Britain's Special Operations Executive (SOE). A secret organisation set up early in the Second World War, SOE had the job of training and dispatching clandestine operatives to encourage resistance and carry out sabotage inside enemy territory. Much of my research examines the work of psychiatrists and psychologists in assessing and selecting prospective SOE agents. I look, too, at the procedures in place for treating operatives who survived their missions but returned with psychological problems. Another strand of my work concerns the activities of young medical officers who themselves were sent out as agents. But an unexpected discovery during the course of my research is perhaps the most remarkable point at which the wartime worlds of medicine and clandestine warfare intersected: the use of plastic surgeons to change agents' faces.

The long-secret services that these surgeons provided are emerging only gradually. The memoirs of two or three ex-SOE agents describe isolated examples of face-disguising surgery before missions in occupied Denmark and France. (They include James Hutchison's 'That Dug, Danger'.) The odd anecdotes can be found among veterans'
CLINICAL KEY

جستجوی مقالات مدلاین در پایگاه
The secret scalpel: plastic surgery for wartime disguise

Lancet, The.

Career planning for future surgeons

Annals of Medicine and Surgery.

Serum and tissue expression of activin a in postmenopausal women with breast cancer.

The Journal of clinical endocrinology and metabolism.
Reis, Fernando M; Cocecca, Luigi; Tameirão, Lilian C… Show all. Published May 1, 2002.

BMA Book Award Winner 2013 - Surgical Specialties Category


Hopkins reunion
Regulatory development of geriatric medicines: To GIP or not to GIP?

Bart De Spiegeleer, Evelien Wynendaele, Nathalie Bracke, Lieselotte Vensier, Lien Taevennier, Agnes Degroote and Sofie Stalman

Ageing Research Reviews, 2016-05-01, Volume 27, Pages 23-36, Copyright © 2016 Elsevier B.V.

Graphical abstract

Highlights

• There is lack of knowledge on the benefit/risk ratio of medicines in the elderly.
• Current regulatory status on the development of geriatric medicines is poor.
Abstract

present prospective study: two groups were composed of postmenopausal women with breast cancer (n = 74) or benign lesions (n = 15); the third was a control group composed of healthy postmenopausal women (n = 62); and the fourth group included healthy fertile women (n = 7) undergoing plastic surgery with removal of non-neoplastic mammary tissue. RT-PCR showed that betaA subunit mRNA was expressed in breast carcinoma, fibroadenoma, and normal mammary tissue, and the level of expression was higher in carcinoma than in normal tissue (P < 0.05). Dimeric activin A was detectable in homogenates of breast cancer tissue at concentrations twice as high as in non-neoplastic tissue (P < 0.01). In women with breast cancer, median serum activin A levels were significantly higher than in controls (P < 0.001). The high serum activin A levels in patients with breast cancer were not correlated with the presence of lymph node metastasis, tumor grade, or tumor diameter. After tumor excision, a significant decrease of activin A in the first and second postoperative days was observed (P < 0.01; Friedman’s ANOVA). Conversely, activin A levels remained unchanged after plastic surgery in healthy women. The present results suggest that activin A is expressed and secreted in postmenopausal women with breast cancer. The pathophysiological and possible clinical implications of this finding remain to be investigated.

Citation

*Serum and tissue expression of activin a in postmenopausal women with breast cancer.*
MEDLINE is the source for the citation and abstract for this record

Full Source Title

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جهت بدست آوردن اطلاعات در مورد داروی خاص و تشخیص داروی مناسب یک بیماری، در کادر اصلی جستجو، نام دارو را تایپ کرده و سپس از کشوه Source Type گزینه را انتخاب می‌کنید.

با کلیک کردن هر کدام از نتایج اطلاعات دارو مورد نظر اعم از نحوه مصرف، تداخلات، عوارض و .... نمايش داده خواهد شد.
DRUG MONOGRAPH

Acetaminophen

**Description:** Acetaminophen (APAP, paracetamol) is a para-aminophenol analgesic and the active metabolite of phenacetin. Due to the toxic effects of phenacetin at therapeutic doses and the availability of acetaminophen, phenacetin is no longer used. Acetaminophen possesses analgesic and antipyretic activity similar to aspirin; however, acetaminophen has no peripheral antiinflammatory activity or effects on platelet function. Acetaminophen was first used in clinical medicine in the 1890's. It is effective in the relief of both acute and chronic pain and may be preferred over NSAIDs due to fewer hematologic, GI, and renal effects. Acetaminophen is the preferred analgesic/antipyretic for patients in whom aspirin is contraindicated and in those with underlying renal disease for episodic, though not chronic, use. In addition, acetaminophen has been recommended by the American Lung Association as the first-line treatment for aches and pains associated with the flu, by the American Geriatrics Society for both minor and persistent pain in elderly patients, and by the American College of Rheumatology as first-line therapy for osteoarthritis of the hip or knee. The drug has a history of safe and effective use; however, unintentional or intentional misuse of acetaminophen is the number one cause of acute hepatic failure in the U.S. Acetaminophen was first approved by the FDA in 1950. Intravenous acetaminophen (Ofirmev) was approved by the FDA in November 2010 for the treatment of pain and fever in adults, adolescents, and children over the age of 2 years.

**Mechanism of Action:** The exact mechanism of action is unknown, but acetaminophen is thought to mediate its actions centrally through activation of the descending serotonergic pathways. Acetaminophen is also thought to modulate the release of inflammatory cytokines and to reduce peripheral pain sensitivity.
Drug monographs

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Migraine

Definition

Migraine headaches are recurrent headaches that are either preceded by a focal neurologic symptom (migraine with aura), occur independently without preceding focal neurologic symptoms (migraine without aura), or have atypical presentations (migraine variant). The migraine aura is typically characterized by visual or sensory symptoms that last for 5 to 60 min. If aura includes motor weakness, the migraine is referred to as hemiplegic. In migraine with and without aura, the headache is typically unilateral, pulsatile, and associated with nausea and vomiting, photophobia, and phonophobia. Migraines that occur >15 days every month for >3 months are known as chronic; otherwise, they are referred to as episodic.
Patient Education

آموزش به بیمار
اگر به دنبال مطالعه در برای شناخت و درمان یک بیماری هستید این پایگاه اطلاعات مفیدی در انتخابتان می‌گذارد. نام بیماری را در کادر جستجو وارد کرده و محتوا را بر روی فرآور دهد. بطور مثال آسم در کودکان را patient education مورد جستجو قرار می‌دهیم:
با زدن کلید جستجو و انتخاب یکی از نتایج، اطلاعات مفیدی در مورد اینکه آن بیماری چیست، نشانه‌ها، درمان‌ها، مراقبت‌ها و... خواهید داشت.

CARING FOR YOUR CHILD WITH ASTHMA

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Last revised: June 2, 2012.

For more information, please refer to the full text of the article available on the ClinicalKey website.
PATIENT EDUCATION
Burns: Preventing Burns in Your Home

PATIENT EDUCATION
MANAGING YOUR BURNS

PATIENT EDUCATION
First Aid for Burns

PATIENT EDUCATION
Burn Care, Pediatric
Available to print in English, Vietnamese… Show all. Interactive Patient Education. Published June 27, 2018.

PATIENT EDUCATION
Burn Care, Adult
Available to print in English, Vietnamese… Show all. Interactive Patient Education. Published June 27, 2018.

PATIENT EDUCATION
Chemical Burn, Pediatric
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PATIENT EDUCATION
Chemical Burn, Adult
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PATIENT EDUCATION

MANAGING YOUR BURNS

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Last revised: May 11, 2016.

The seriousness of a burn depends on how deep the injury goes.

1st-degree burn
Pink or light red, tender

2nd-degree burn
Deep. Pale, slightly moist, less red, less pain

3rd-degree burn
Hair, 1st degree

1st-degree burn

2nd-degree burn, superficial
Red, blisters, painful

2nd-degree burn, deep
Clinical Key در Multimedia
جهت جستجوی تصاویر و ویدئوهاي مورد نياز، عنوان را بر روی مولتی مدیا قرار داده و کلمه مورد جستجو را در كادر جستجو تاپ کنيد.
Inducible nitric oxide synthase deficiency ameliorates skeletal muscle insulin resistance but does not alter unexpected lower blood glucose levels after burn injury in C57BL/6 mice

Metabolism.

Sagita, Michito; Sagita, Hiroki; Kim, Minhye... Show all... Published January 1, 2012

Fig. 2 Inducible nitric oxide synthase deficiency mitigated burn injury-induced impairment in IR- and IRS-1-mediated insulin signaling in skeletal muscle. At 3 days after burn injury or sham burn, insulin (5 U/kg BW) or saline was injected; and 90 seconds thereafter, skeletal muscle was taken. A, Immunoblotting (IB) demonstrated that iNOS protein expression was induced by burn injury in wild-type, but not iNOS-deficient, mice. The protein expression of GAPDH was not affected by burn injury or iNOS deficiency. The overall interaction between genotype and burn/sham is statistically significant (P < .001). **P < .001 vs sham-burned WT. §§§ P < .001 vs burned iNOS−/−. B, C, D, and E, Immunoprecipitation (IP) followed by immunoblotting revealed that insulin-stimulated tyrosine phosphorylation (PY) of IR and IRS-1 was suppressed by burn injury in wild-type (WT) mice, which was ameliorated by iNOS deficiency (+−). Neither burn injury nor iNOS deficiency altered IR protein expression. The overall interactions between genotype and other factors (burn/sham and insulin/saline) are statistically significant for phosphorylation of IR and IRS-1 (P < .05). ** P < .01. §§§ P < .001 vs sham-burned WT with insulin; §§§ P < .001 vs burned iNOS−/− with insulin; † P < .05 vs burned WT with insulin; †† P < .01 vs sham-burned WT with insulin. F, In contrast, IRS-1 protein expression was suppressed by burn injury. Inducible nitric oxide synthase
Burn Injuries
A Practice of Anesthesia for Infants and Children.
E-Figure 35.8 A. The child with a severe facial burn but no pulmonary injury requires a trial of extubation. The only approach to the airway was through the nose; therefore, the decision was made to use a tube changer, which would allow administration of oxygen and provide a guide to reintubation without the need of the fiberoptic scope. The child was moderately sedated with midazolam and ketamine to maintain spontaneous respirations. B. After administration of tracheal lidocaine, an airway exchange catheter (RapFil, Cook Medical, Bloomington, IN) is placed within the tracheal tube after the patient had been preoxygenated with 100% oxygen. C., D., and E. After removal of the tracheostomy tapes that had been securing the tracheal tube, the tracheal tube is slowly withdrawn. F. After removal of the tracheal tube the airway exchanger is left within the trachea with the child breathing spontaneously. G. Face mask oxygen is applied, and after assurance of stable respirations and oxygenation of the airway, the exchange catheter was removed and the child returned to the intensive care unit.
procedures consult

See One • Do One • Teach One
Made Better and Safer!
Cardioversion
David Binder. Published September 24, 2017.

Defibrillation
David Binder. Published September 24, 2017.

Compartment Syndrome Evaluation
Todd W. Thomsen. Published September 24, 2017.

Nerve Blocks of the Face
Todd W. Thomsen. Published September 24, 2017.

Arterial Cannulation

General Splinting Techniques
Miguel A. Ramirez. Published September 24, 2017.

Vasectomy
Michael L. Tuggy. Published May 9, 2017.
PROCEDURE'S CONSULT

Nerve Blocks of the Face

Last Reviewed Date: 5/18/2017

Editors: Todd W. Thomsen, MD, James R. Roberts, MD, Jerris R. Hedges, MD, MS

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Contributors: James T. Amsterdam, DMD, MD, MMD, Kevin P. Kilgore, MD, FACEP

CPT codes

64450 Injection, anesthetic agent; other peripheral nerve or branch

FULL DETAILS
اطلاعات این قسمت شامل:
آمادگی های قبل جراحی
تجهیزات مورد نیاز
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عوارض
تکنیک ها،
و غیر می‌باشد.
FULL TEXT ARTICLE
ISBI Practice Guidelines for Burn Care, Part 2

Article in Press: Corrected Proof
Burns.

GUIDELINE
The ReCell Spray-On Skin system for treating skin loss, scarring and depigmentation after burn injury
National Institute for Health and Care Excellence (NICE). Published November 12, 2014.

FULL TEXT ARTICLE
ISBI Practice Guidelines for Burn Care
Burns.

GUIDELINE
moorLDI2-BI: a laser doppler blood flow imager for burn wound assessment
National Institute for Health and Care Excellence (NICE). Published March 25, 2011.

FULL TEXT ARTICLE
2017 HRS/EHRA/ECAS/APHRS/SOLAECE expert consensus statement on catheter and surgical ablation of atrial...

GUIDEline

The ReCell Spray-On Skin system for treating skin loss, scarring and depigmentation after burn injury (MTG21)

National Institute for Health and Care Excellence (NICE)

1 Recommendations

NICE medical technologies guidance addresses specific technologies notified to NICE by sponsors. The 'case for adoption' is based on the claimed advantages of introducing the specific technology compared with current management of the condition. This case is reviewed against the evidence submitted and expert advice. The medical technology guidance on the ReCell Spray-On Skin system for treating skin loss, scarring and depigmentation after burn injury recommends further research. This recommendation is not intended to preclude the use of the technology in the NHS but to identify further evidence which, after evaluation, could support a recommendation for wider adoption.

1.1 The ReCell Spray-On Skin system shows potential to improve healing in acute burns. However, there is insufficient evidence on its use in clinical practice, particularly in relation to which patients might benefit most from its use, to support the case for its routine adoption in the NHS.

1.2 Research is recommended to address uncertainties about the claimed patient and system benefits of the ReCell Spray-On Skin system. Clinical outcomes should include time to 95% healing, length of hospital stay, cosmetic appearance of the scar and function of the burned area, compared with standard care. As relevant databases and registers are available, the research might include analysis of data generated from these. NICE will explore the development of appropriate further evidence, in collaboration with the technology sponsor and with clinical and academic partners, and will update this guidance if and when new and substantive evidence becomes available.
Clinical trials
کار آزمایی بالینی یک مطالعه پژوهشی به منظور ارزیابی و مشاهده اثر یک مورد معین در سلامت فرد می‌باشد. ثبت کارآزمایی بالینی منجر به جلوگیری از انجام مطالعات تکراری می‌شود.
Take Charge of Burn Pain

Purpose

Persons with burn-related pain remain under treated and do not have access to comprehensive burn pain management. We seek to extend evidence-based cognitive behavioral pain management strategies to a group of burn survivors that are currently under treated for burn pain with a specific goal of reducing pain related interference in life activities. Investigators will conduct a randomized controlled trial to test the central hypothesis that a computer-based cognitive-behavioral program (Take Charge of Burn Pain) will improve pain management, psychological health, and improve participation in burn survivors. Specific aims include: 1) to determine the efficacy of a web-based self-management intervention in reducing pain and pain-related interference and increasing pain management self-efficacy; and 2) to determine whether Take Charge of Burn Pain improves psychological health and participation in life activities in persons with burn injury pain. Emerging research suggests that web-based pain management interventions may be a feasible and effective alternative to clinic-based interventions for patients with mobility and geographic restrictions, such as those treated at tertiary burn centers.
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