

Plastic - Exam questions (STC)

1) Which of the following isn't a soft tissue layer:-

- A) Skin
- B) Muscles
- C) Facia
- D) Bone
- E) Subcutaneous tissue

Ans: D

2) Which of the Following IS TRUE about Soft tissue regeneration:-

Ans: Liver heals By fibrosis NOT by regeneration.

3) What type of defect is a bedsore?

Ans: Pressure sore (*Which is an ischemic defect*)

4) Indications of healing by secondary intention:

When the defect is **small**

When the area is of **no function and no cosmesis**

When other options (graft/flap) are not safe i.e.~ in a **risky patient**

5) An indication of wound closure by direct closure:

When we have **no tension**

6) When we perform direct closure, when do we do it? (Immediate vs delayed direct closure)?

A patient presented to you after he got stabbed in his face with an intentionally-dirty knife:

Does this defect include any sort of tissue loss? NO

treatment: direct closure, but question is; now or later?

Later, until we clean it (**Delayed primary closure**) other examples of delayed primary closure:

Dog bite, or even human bite! (a human bite leaves a VERY dirty wound!)

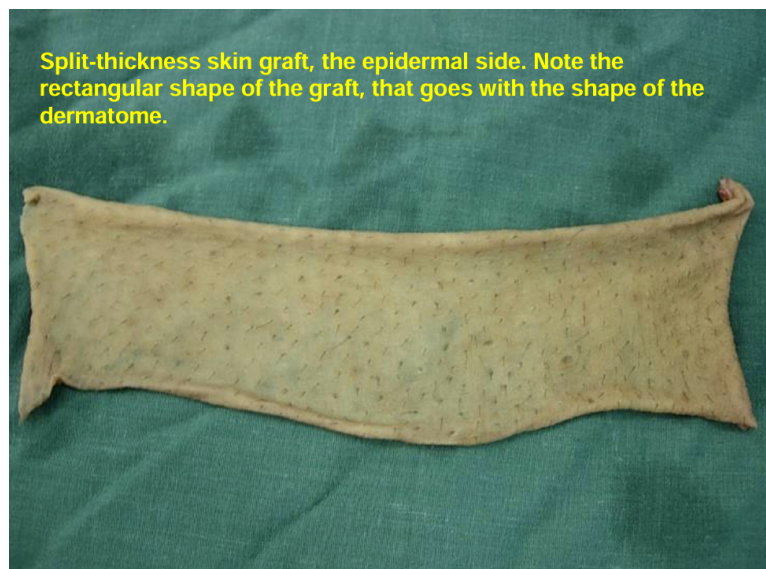
IMPORTANT: Crush wound are dirty wounds, thus are closed via

(Delayed primary closure)

(Its contraindicated to immediately close a crush wound! Clean, debride and then close)

OSCE Stations:

1) An image of a split-thickness skin graft, probably one of these images:



A) What does the image show?

Split-Thickness Skin Graft

B) How did you know its type?

Rectangle in shape (thus it was taken by the *dermatome*, please know how it

looks like)

C) What layers does it include?

Epidermis and only a part of the dermis

D) How does its donor area heal?

Regeneration

E) what are advantages of STSG?

Almost any area of the body may be used as a donor site, so large areas of skin defects may be covered with a STSG

F) what are draw backs of using FTSG?

- 1) They are less available to cover large areas (Thus only suitable for relatively smaller wounds)
- 2) They are more difficult to take

An additional note:

- *Why do you mesh the graft?*
To increase the space it covers
To prevent seroma formation or hematoma thus increasing its take