MINISTRY OF HEALTH PROTECTION OF UKRAINE ODESSA NATIONAL MEDICAL UNIVERSITY

Department of General and Military Surgery

September 1, 2023

CURRICULUM ON ELECTIVE EDUCATIONAL DISCIPLINE

"Gunshot wounds of the abdomen"

Level of higher education: second (master's degree)

Field of knowledge: 22 "Health care"

Specialty: 222 "Medicine"

Educational and professional program: Medicine

The curriculum is compiled on the basis of the educational and professional program "Medicine" for the training of specialists of the second (master's) level of higher education in the specialty 222 "Medicine" of the field of knowledge 22 "Health care", approved by the Scientific Council of ONMedU (protocol No. 8 of June 29, 2023). Developers: DM, Prof. M.A. Kashtalyan, DM, Assoc. Gerasimenko O.S., assistant Bilash O.V. The program was discussed at the meeting of the department of general and military surgery Protocol No. 1 ___ dated August 28, 2023. Head of the department Mykhailo KASHTALYAN Agreed with the guarantor of the EPP Valery MARICHEREDA The program was approved at the meeting of the subject cycle commission for surgical disciplines of the ONMedU Protocol No. 1 dated 08/30/2023. The head of the subject cycle methodical Committee on Surgical Disciplines Vasyl Myshchenko Reviewed and approved at the meeting of the department <u>Protocol No. 1 of "04" of 2023</u> und military his sery with a course of Protocol No. 1 of "04" 09 2023 Mikhailo KASHIALYAN Head of Department / (signature) (First Name Surname) Reviewed and approved at the meeting of the department Protocol No.

1. Description of the academic discipline:

Name of indicators	education	Characteristics of the academic discipline
The total number of:	Branch of knowledge 22 "Health care"	Full-time education Elective discipline
Credits: 3	mental despressions on a negative referen	Year of training: 6
Hours: 90	/// "Medicine"	Semesters XI-XII
Physical area disse		Lectures (0 hours)
Content	Level of higher education	Seminars (0 hours)
modules: 3		Practical (30 hours)
		Laboratory (0 hours)
		Independent work (60 hours)
		including individual tasks (0 hours)
Alaman de la compani de		Final control form - credit

2. The purpose and tasks of the educational discipline

Purpose: Mastery by the acquirer of knowledge and formation of elements of professional competences in the field of surgery, and improvement of skills and competences acquired during the study of previous disciplines.

Task:

- 1. Formation of skills and abilities: on the diagnosis and treatment of gunshot wounds to the abdomen, their complications and consequences.
- 2. Mastering the skills of performing resuscitation surgical interventions for gunshot wounds to the abdomen.
- 3. Mastering the ability to determine the diagnostic program and surgical tactics for combat injuries of the abdomen, treatment of these injuries in different periods of wound disease and measures to prevent complications.

The process of studying the discipline is aimed at forming elements of the following competencies:

- IC Ability to solve typical and complex problems, including those of a research and innovation nature in the field of medicine. Ability to continue learning with a high degree of autonomy.
- General (GC):
- GC1 Ability to abstract thinking, analysis and synthesis
- GC2 Ability to learn and master modern knowledge
- GC3 Ability to apply knowledge in practical situations
- GC4 Knowledge and understanding of the subject area and understanding of professional activity.
- GC5 Ability to adapt and act in a new situation
- GC6 Ability to make informed decisions
- GC7 Ability to work in a team
- GC17 Ability to evaluate and ensure the quality of performed works.
- Special (SC):
- SC1 Ability to collect medical information about the patient and analyze clinical data

- SC6 Ability to determine the principles and nature of treatment and prevention of diseases.
- SC8 Ability to determine tactics and provide emergency medical care.
- SC10 Ability to perform medical manipulations
- SC16 Ability to maintain medical documentation, including electronic forms
- SC24 Compliance with ethical principles when working with patients and laboratory animals

Program learning outcomes as a result of studying the academic discipline:

PRO1 To have thorough knowledge of the structure of professional activity. To be able to carry out professional activities that require updating and integration of knowledge. To be responsible for professional development, the ability for further professional training with a high level of autonomy.

PRO4 Highlight and identify leading clinical symptoms and syndromes (according to list 1); according to standard methods, using preliminary anamnesis data, examination data of the wounded, knowledge about the person, his organs and systems, establish a preliminary clinical diagnosis (according to list 2).

PRO5 Collect complaints, anamnesis of life and diseases, evaluate the psychomotor and physical development of the patient, the state of organs and systems of the body, based on the results of laboratory and instrumental studies, evaluate information about the diagnosis (according to list 4), taking into account the age of the patient.

PRO14 Determine tactics and provide emergency medical care in emergency situations (according to list 3) in limited time conditions according to existing clinical protocols and treatment standards. PRO17 Perform medical manipulations (according to list 5) in the conditions of a medical institution, at home or at work based on a previous clinical diagnosis and/or indicators of the patient's condition by making a reasoned decision, observing the relevant ethical and legal norms. PRO24 To organize the necessary level of individual safety (own and the persons they care about) in case of typical dangerous situations in the individual field of activity.

As a result of studying the academic discipline, the student of higher education must: Know:

- structure and modern classification of combat injuries of the abdomen;
- · medical and evacuation measures in case of abdominal injury;
- peculiarities of the nature of combat injuries to the abdomen depending on the type of weapon used by the enemy;
- · clinical signs and diagnosis of combat injuries of the abdomen;
- · characteristics of the manifestations of traumatic disease in the case of abdominal injuries;
- surgical tactics for combat injuries of the abdomen: timing, scope and sequence of surgical interventions;
- · surgical tactics for thoracoabdominal injuries;
- peculiarities of surgical treatment of damage to abdominal organs in case of mine-explosive wounds and explosive abdominal trauma;
- · use of ultrasound navigation in surgical treatment;
- endovideosurgical interventions in the treatment of wounded with combat abdominal injuries at II-IV levels of medical care;
- use of endoscopic transpapillary and endovascular interventions for the purpose of cholestasis and hemostasis in liver injuries;
- use of interventional sonography in the treatment of complications of combat injuries to the abdomen;
- peculiarities of reconstructive and restorative surgical interventions in the wounded with ileostomies and colostomies;

- · the possibility of using NPWT therapy in the treatment of complications of gunshot wounds to the abdomen;
- · peculiarities of reconstruction of gunshot defects of soft tissues of the anterior abdominal wall;
- · peculiarities of surgical treatment of ventral hernias after operations on the organs of the abdominal cavity due to abdominal injuries;
- possibilities of using cellular technologies in the treatment of combat injuries of the abdomen. Be able:
- sort the wounded at the stages of medical evacuation;
- diagnose injuries of the abdominal cavity;
- to diagnose injuries of abdominal organs;
- diagnose thoracoabdominal injuries;
- provide first aid to those wounded in the stomach;
- carry out primary surgical treatment of wounds;
- · perform secondary surgical treatment of wounds;
- · carry out dressings;
- · apply bandages;

3. Content of the academic discipline

Gunshot wounds of the abdomen

Content module 1. The concept of gunshot wounds to the abdomen.

Topic 1. Fire injuries of the abdomen (frequency, structure, classification)

Frequency and structure of combat injuries to the abdomen. Classification. Characteristics of damage to abdominal organs according to the data of the ATO/OJF. Examples of formulating a clinical diagnosis for combat injuries of the abdomen.

Topic 2. Peculiarities of the organization of surgical care for those wounded in the stomach at the levels of medical support.

Treatment and evacuation measures for abdominal injuries in the region (organization, terms, types, content and scope of surgical care). Features of the nature of combat injuries to the abdomen depending on the type of weapon used by the enemy. Principles of triage, terms and methods of evacuation of the wounded with a combat injury of the abdomen in the conditions of hostilities.

Content module 2. Features of clinical manifestations and diagnostics of combat injuries of the abdomen.

Topic 3. Clinical signs and symptoms of combat injuries to the abdomen.

General condition of the wounded. Characteristics of entrance and exit holes of a gunshot wound. Differential diagnosis between penetrating and non-penetrating abdominal injuries. Comparative characteristics of ultrasound examination in the scope of the FAST protocol, laparocentesis and video laparoscopy in the diagnosis of gunshot wounds of the abdomen.

Topic 4. X-ray diagnostics of gunshot wounds to the abdomen.

X-ray methods: X-ray, X-ray, computer tomography. Ultrasound diagnostics: comparison of standard ultrasound and ultrasound examination in the scope of the FAST protocol.

Topic 5. Traumatic disease with abdominal injuries.

Characteristics of the manifestations of traumatic disease in abdominal injuries. Objective assessment of the severity and prognosis of the course of the traumatic disease in the wounded with combat injuries of the abdomen.

Content module 3. Surgical treatment of the wounded with combat injuries of the abdomen.

Topic 6. Surgical tactics for combat injuries of the abdomen.

Terms, volume and sequence of operational interventions. Surgical tactics for thoracoabdominal injuries. The latest technologies in the treatment of gunshot wounds of the diaphragm. Peculiarities of surgical treatment of injuries to abdominal organs in case of mine-explosive injuries and explosive abdominal trauma. The use of modern magnetic surgical instruments in the treatment of gunshot wounds of the abdomen. Non-penetrating wounds of the abdomen, the use of ultrasound navigation in surgical treatment.

Topic 7. Application of minimally invasive surgical interventions in the treatment of combat injuries of the abdomen and their complications.

Endovideosurgical interventions in the treatment of wounded with combat abdominal injuries at II-IV levels of medical care. The use of endoscopic transpapillary and endovascular interventions for the purpose of cholestasis and hemostasis in liver injuries at IV level of medical care. Interventional sonography in the treatment of complications of combat injuries to the abdomen.

Topic 8. Reconstructive and restorative operations on the anterior abdominal wall and organs of the abdominal cavity in the treatment of the consequences of a combat injury to the abdomen.

Reconstructive and restorative surgical interventions in the wounded with ileostomies and colostomies. The use of NPWT therapy in the treatment of complications of gunshot wounds to the abdomen. Reconstruction of gunshot defects of soft tissues of the anterior abdominal wall. Surgical treatment of ventral hernias after operations on abdominal organs due to abdominal injuries. The use of cellular technologies in the treatment of combat injuries of the abdomen.

Credit.

The structure of the academic discipline Names of topics Number of hours In total Including Lectur Seminars Practical Laboratory IWS es Content module 1. The concept of gunshot wounds to the abdomen. Topic 1. Fire injuries of the 12 0 0 4 8 abdomen (frequency, structure, classification) Frequency and structure of combat injuries to the abdomen. Classification. Characteristics of damage to abdominal organs according to the data of the ATO/OJF. Examples of formulating a clinical diagnosis for combat injuries of the abdomen. Topic 2. Peculiarities of the 12 0 0 4 0 8 organization of surgical care for those wounded in the stomach at the levels of medical support. Treatment and evacuation measures for abdominal injuries in the region (organization, terms, types, content and scope of surgical care). Features of the nature of combat injuries to the abdomen depending on the type of weapon used by the enemy. Principles of triage, terms and methods of evacuation of the wounded with a combat injury of the abdomen in the conditions of hostilities. 0 0 Together according to 24 8 0 16 content module 1 Content module 2. Features of clinical manifestations and diagnostics of combat injuries of the abdomen. Topic 3. Clinical signs and 12 0 4 8 symptoms of combat injuries to the abdomen. General condition of the wounded. Characteristics of entrance and exit holes of a gunshot wound. Differential diagnosis between

						0
penetrating and non- penetrating abdominal injuries. Comparative characteristics of ultrasound examination in the scope of the FAST protocol, laparocentesis and video laparoscopy in the diagnosis of gunshot wounds of the abdomen.						ä
Topic 4. X-ray diagnostics of gunshot wounds to the abdomen. X-ray methods: X-ray, X-ray, computer tomography. Ultrasound diagnostics: comparison of standard ultrasound and ultrasound examination in the scope of the FAST protocol.	12	0	0	4	0	8
Topic 5. Traumatic disease with abdominal injuries. Characteristics of the manifestations of traumatic disease in abdominal injuries. Objective assessment of the severity and prognosis of the course of the traumatic disease in the wounded with combat injuries of the	12	0	0	4	0	8
abdomen. Together according to	36	0	0	12	0	24
content module 2						
Content module 3. Su	rgical tr	eatment abdo		unded with o	combat injurie	es of the
Topic 6. Surgical tactics for combat injuries of the abdomen. Terms, volume and sequence of operational interventions. Surgical tactics for thoracoabdominal injuries. The latest technologies in the treatment of gunshot wounds of the diaphragm. Peculiarities of surgical treatment of injuries to abdominal organs in case of mine-explosive injuries and	12	0	0	4	0	8

						9
explosive abdominal trauma. The use of modern magnetic surgical instruments in the treatment of gunshot wounds of the abdomen. Non-penetrating wounds of the abdomen, the use of ultrasound navigation in surgical treatment.		0	0			
Topic 7. Application of	6	0	0	2	0	4
minimally invasive surgical interventions in the treatment of combat injuries of the abdomen and their complications. Endovideosurgical interventions in the treatment of wounded with combat abdominal injuries at II-IV levels of medical care. The use of endoscopic transpapillary and endovascular interventions for the purpose of cholestasis and hemostasis in liver injuries at IV level of medical care. Interventional sonography in the treatment	(Propus of comes to the	Copic Sey, sin a	me characteristics to the control orange indical orange.	(ication) Comen. City	sellication de des contrata con	
of complications of combat injuries to the abdomen.						
Topic 8. Reconstructive and restorative operations on the anterior abdominal wall and organs of the abdominal cavity in the treatment of the consequences of a combat injury to the abdomen. Reconstructive and restorative surgical interventions in the wounded with ileostomies and colostomies. The use of NPWT therapy in the treatment of complications of gunshot wounds to the	6 col con go fo ak farrani i. reputation an exists an	of stay anypor area for and the abordance area and a complete a co	abdominal scope of a mon depen things, ter at mury of	domen (conduction of the conduction of the condu		4
abdomen . Reconstruction of gunshot defects of soft tissues of the anterior abdominal wall. Surgical treatment of ventral hernias after operations on abdominal	nization medica m meas sev, con mass us nov. Pr	of stars support area for cut and the abd of places	cell come for the summer transper of summer transper disprise transper disprise		end en too er region ercenters en ngar 63 endere	

	1.5 (22)	est deserte to	ing degree	te lastine	
7	eumbu ed (1)		the side of		
24	0	0	8	0	16
6	0	0	2	0	
		0	20	0	60
	24	24 0	24 0 0 6 0 0	24 0 0 8 6 0 0 2	24 0 0 8 0 6 0 0 2 0

5. Topics of lectures / seminars / practical / laboratory classes

5.1. Topics of lectures Lectures are not provided.

5.2. Topics of seminar classes Seminar classes are not provided.

5.3. Topics of practical classes

No	Fopic 4. Practical value 8. Topic name	Number of hours
1	Topic 1. Practical class 1. Abdominal fire injuries (frequency, structure, classification) Frequency and structure of combat injuries to the abdomen. Classification. Characteristics of damage to abdominal organs according to the data of the	2
	ATO/OJF. Examples of formulating a clinical diagnosis for combat injuries of the abdomen.	
2.	Topic 1. Practical class 2. Abdominal fire injuries (frequency, structure, classification)	2
10	Frequency and structure of combat injuries to the abdomen. Classification. Characteristics of damage to abdominal organs according to the data of the ATO/OJF. Examples of formulating a clinical diagnosis for combat injuries of the abdomen.	
3	Topic 2. Practical class 3. Peculiarities of the organization of surgical care for those wounded in the stomach at the levels of medical support. Treatment and evacuation measures for abdominal injuries in the region (organization, terms, types, content and scope of surgical care). Features of the nature of combat injuries to the abdomen depending on the type of weapon used by the enemy. Principles of triage, terms and methods of evacuation of the wounded with a combat injury of the abdomen in the conditions of hostilities.	2
4	Topic 2. Practical class 4. Peculiarities of the organization of surgical care for those wounded in the stomach at the levels of medical support. Treatment and evacuation measures for abdominal injuries in the region (organization, terms, types, content and scope of surgical care). Features of the nature of combat injuries to the abdomen depending on the type of weapon used by the enemy. Principles of triage, terms and methods of	2

	evacuation of the wounded with a combat injury of the abdomen in the conditions of hostilities.	-
5	Topic 3. Practical class 5.	
	Clinical signs and assess 5.	2
	Clinical signs and symptoms of combat injuries of the abdomen.	
	General condition of the wounded. Characteristics of entrance and exit holes	
	of a gunshot wound. Differential diagnosis between penetrating and non-	
	penetrating addominal injuries. Comparative characteristics of ultrasound	
	examination in the scope of the FAST protocol laparocentesis and video	
5	raparoscopy in the diagnosis of gunshot wounds of the abdomen	
)	Topic 3. Practical class 6.	2
	Clinical signs and symptoms of combat injuries of the abdomen.	
	General condition of the wounded. Characteristics of entrance and evit holes	
	of a gunshot wound. Differential diagnosis between penetrating and non-	
	penetrating abdominal injuries. Comparative characteristics of ultrasound	
	examination in the scope of the FAST protocol, laparocentesis and video	
	laparoscopy in the diagnosis of gunshot wounds of the abdomen.	
7	Topic 4. Practical class 7.	2
	Radiation diagnosis of gunshot wounds of the abdomen.	-
	X-ray methods: X-ray, X-ray, computer tomography. Ultrasound diagnostics:	
	comparison of standard ultrasound and ultrasound examination in the scope of	
	the FAST protocol.	
8	Topic 4. Practical class 8.	2
	Radiation diagnosis of gunshot wounds of the abdomen.	-
	X-ray methods: X-ray, X-ray, computer tomography. Ultrasound diagnostics:	
	comparison of standard ultrasound and ultrasound examination in the scope of	
	the FAST protocol.	
9	Topic 5. Practical class 9.	2
	Traumatic disease with abdominal injuries.	-
	Characteristics of the manifestations of traumatic disease in abdominal	
	injuries. Objective assessment of the severity and prognosis of the course of	
	the traumatic disease in the wounded with combat injuries of the abdomen.	
10	Topic 5. Practical class 10.	2
	Traumatic disease with abdominal injuries.	- made
	Characteristics of the manifestations of traumatic disease in abdominal	
	injuries. Objective assessment of the severity and prognosis of the course of	
	the traumatic disease in the wounded with combat injuries of the abdomen.	
11	Topic 6. Practical class 11.	2
	Surgical tactics for combat injuries of the abdomen.	
	Terms, volume and sequence of operational interventions. Surgical tactics	
	for thoracoabdominal injuries. The latest technologies in the treatment of	
	gunshot wounds of the diaphragm. Peculiarities of surgical treatment of	
	injuries to abdominal organs in case of mine-explosive injuries and explosive	
	abdominal trauma. The use of modern magnetic surgical instruments in the	
	treatment of gunshot wounds of the abdomen. Non-penetrating wounds of	
	the abdomen, the use of ultrasound navigation in surgical treatment.	
12	Topic 6. Practical class 12.	2
1	Surgical tactics for combat injuries of the abdomen.	
	Terms, volume and sequence of operational interventions. Surgical tactics	
	for thoracoabdominal wounds. The latest technologies in the treatment of	
	Tol moracoaddollinal woulds. The latest technologies in the treatment of	

	combat injuries of the abdomen and their complications. Endovideosurgical interventions in the treatment of wounded with combat abdominal injuries at IL-IV levels of modifical and Theorem T	
	abdominal injuries at II-IV levels of medical care. The use of endoscopic transpapillary and endovascular interventions for the purpose of cholestasis and hemostasis in liver injuries at IV level of medical care. Interventional sonography in the treatment of complications of combat injuries to the abdomen.	
14	Topic 8. Practical class 14.	2
	Reconstructive and restorative operations on the anterior abdominal wall and organs of the abdominal cavity in the treatment of the consequences of a combat injury to the abdomen.	Ī
	Reconstructive and restorative surgical interventions in the wounded with ileostomies and colostomies. The use of NPWT therapy in the treatment of complications of gunshot wounds to the abdomen. Reconstruction of gunshot defects of soft tissues of the anterior abdominal wall. Surgical treatment of	
	ventral hernias after operations on abdominal organs due to abdominal injuries. The use of cellular technologies in the treatment of combat injuries of the abdomen.	
15	Credit.	2
	Together	30

5.4. Laboratory topics classesLaboratory classes are not provided.

6. Independent work of a student of higher education

No	Title of the topic / types of tasks	Number of hours
1.	Topic 1. Preparation for practical class 1 Abdominal fire injuries (frequency, structure, classification) Frequency and structure of combat injuries to the abdomen. Classification.	4
	Characteristics of damage to abdominal organs according to the data of the	
	ATO/OJF. Examples of formulating a clinical diagnosis for combat injuries of the abdomen.	
2.	Topic 1. Preparation for practical class 2 Abdominal fire injuries (frequency, structure, classification) Frequency and structure of combat injuries to the abdomen. Classification.	4
	Characteristics of damage to abdominal organs according to the data of the ATO/OJF. Examples of formulating a clinical diagnosis for combat injuries of the abdomen.	
3.	Topic 2. Preparation for practical class 3 Peculiarities of the organization of surgical care for those wounded in the stomach at the levels of medical support. Treatment and evacuation measures for abdominal injuries in the region	4

-		
	(organization, terms, types, content and scope of surgical care). Features of the nature of combat injuries to the abdomen depending on the type of weapon used by the enemy. Principles of triage, terms and methods of evacuation of the wounded with a combat injury of the abdomen in the conditions of hostilities.	
1.		
τ.	Topic 2. Preparation for practical class 4 Peculiarities of the organization of surgical care for those wounded in the stomach at the levels of medical support.	4
1-2	Treatment and evacuation measures for abdominal injuries in the region (organization, terms, types, content and scope of surgical care). Features of the nature of combat injuries to the abdomen depending on the type of weapon used by the enemy. Principles of triage, terms and methods of evacuation of the wounded with a combat injury of the abdomen in the conditions of hostilities.	
5.	Topic 3. Preparation for practical class 5	4
	Clinical signs and symptoms of combat injuries of the abdomen.	4
	General condition of the wounded. Characteristics of entrance and exit	
	holes of a gunshot wound. Differential diagnosis between penetrating and	
	non-penetrating abdominal injuries. Comparative characteristics of	
	ultrasound examination in the scope of the FAST protocol, laparocentesis	
	and video laparoscopy in the diagnosis of gunshot wounds of the abdomen.	
6.	Topic 3. Preparation for practical class 6	4
	Clinical signs and symptoms of combat injuries of the abdomen.	4
	General condition of the wounded. Characteristics of entrance and exit	
	holes of a gunshot wound. Differential diagnosis between penetrating and	
	non-penetrating abdominal injuries. Comparative characteristics of	
	ultrasound examination in the scope of the FAST protocol, laparocentesis	
	and video laparoscopy in the diagnosis of gunshot wounds of the abdomen.	
7.	Topic 4. Preparation for practical class 7	-
	Radiation diagnosis of gunshot wounds of the abdomen.	4
	X-ray methods: X-ray, X-ray, computer tomography. Ultrasound	
	diagnostics: comparison of standard ultrasound and ultrasound examination	
	in the scope of the FAST protocol.	
8.	Topic 4. Preparation for practical class 8	- 4
0.	Radiation diagnosis of gunshot wounds of the abdomen.	4
	X-ray methods: X-ray, X-ray, computer tomography. Ultrasound	
	diagnostics: comparison of standard ultrasound and ultrasound examination	
	in the scope of the FAST protocol.	
9.	Topic 5. Preparation for practical class 9	4
,	Traumatic disease with abdominal injuries.	4
	Characteristics of the manifestations of traumatic disease in abdominal	
	injuries. Objective assessment of the severity and prognosis of the course of	
	the traumatic disease in the wounded with combat injuries of the abdomen.	
10	Topic 5. Preparation for practical class 10	4
10.	Traumatic disease with abdominal injuries.	4
	Characteristics of the manifestations of traumatic disease in abdominal	
	Characteristics of the maintestations of traumatic disease in addominal	
	injuries. Objective assessment of the severity and prognosis of the course of	
	the traumatic disease in the wounded with combat injuries of the abdomen.	4
11.	Topic 6. Preparation for practical class 11	4
	Surgical tactics for combat injuries of the abdomen.	

-		
	Terms, volume and sequence of operational interventions. Surgical tactics for thoracoabdominal wounds. The latest technologies in the treatment of gunshot wounds of the diaphragm. Peculiarities of surgical treatment of injuries to abdominal organs in case of mine-explosive injuries and explosive abdominal trauma. The use of modern magnetic surgical instruments in the treatment of gunshot wounds of the abdomen. Non-penetrating wounds of the abdomen, the use of ultrasound navigation in surgical treatment.	
12.	Topic 6. Preparation for practical class 12	4
	Surgical tactics for combat injuries of the abdomen. Terms, volume and sequence of operational interventions. Surgical tactics for thoracoabdominal injuries. The latest technologies in the treatment of gunshot wounds of the diaphragm. Peculiarities of surgical treatment of injuries to abdominal organs in case of mine-explosive injuries and	
	explosive abdominal trauma. The use of modern magnetic surgical instruments in the treatment of gunshot wounds of the abdomen. Non-penetrating wounds of the abdomen, the use of ultrasound navigation in surgical treatment.	
13.	Topic 7. Preparation for practical class 13 The use of minimally invasive surgical interventions in the treatment of combat injuries of the abdomen and their complications. Endovideosurgical interventions in the treatment of wounded with combat abdominal injuries at H. IV levels of the distribution.	4
	abdominal injuries at II-IV levels of medical care. The use of endoscopic transpapillary and endovascular interventions for the purpose of cholestasis and hemostasis in liver injuries at IV level of medical care. Interventional sonography in the treatment of complications of combat injuries to the abdomen.	
14.	Topic 8. Preparation for practical class 14 Reconstructive and restorative operations on the anterior abdominal wall and organs of the abdominal cavity in the treatment of the consequences of a combat injury to the abdomen. Reconstructive and restorative surgical interventions in the wounded with	4
	ileostomies and colostomies. The use of NPWT therapy in the treatment of complications of gunshot wounds to the abdomen. Reconstruction of gunshot defects of soft tissues of the anterior abdominal wall. Surgical treatment of ventral hernias after operations on abdominal organs due to abdominal injuries. The use of cellular technologies in the treatment of combat injuries of the abdomen.	
15.	Preparation for the credit.	4
	Together	60

7. Teaching methods

Practical classes: conversation, solving clinical situational problems, demonstration and practice of manipulation skills according to list 5, instruction and practice of skills on simulation dummies. **Independent work:** independent work with the textbook, independent solution of clinical tasks.

8. Forms of control and assessment methods (including criteria for evaluating learning outcomes)

Current control: oral survey, testing, assessment of performance of practical skills, solution of situational clinical tasks, assessment of activity in class.

Final control: credit.

The structure of the current evaluation in the practical class:

- 1. Evaluation of theoretical knowledge on the subject of the class:
- methods: survey, solving a situational clinical problem;
- the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.
- 2. Evaluation of practical skills and manipulations on the subject of the class:
- methods: assessment of the correctness of the performance of practical skills

- the maximum score is 5, the minimum score is 3, the unsatisfactory score is 2.

Current assessment criteria for practical training:

Rating	assessment criteria for practical training: Evaluation criteria
Perfectly "5"	The applicant is fluent in the material, takes an active part in discussing and solving a situational clinical problem, confidently demonstrates practical skills and interpretations of clinical, laboratory and instrumental research data, expresses his opinion on the subject of the class, demonstrates clinical thinking.
Fine "4"	The applicant has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates practical skills and interpretations of clinical, laboratory and instrumental research data with some errors, expresses his opinion on the subject of the class, demonstrates clinical thinking.
Satisfactorily "3"	The applicant does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of a situational clinical problem, demonstrates practical skills and interpretations of clinical, laboratory and instrumental research data with significant errors.
Unsatisfactorily "2"	

Credit is given to the applicant who completed all tasks of the work program of the academic discipline, took an active part in practical classes, completed and defended an individual assignment and has an average current grade of at least 3.0 and has no academic debt.

Test is carried out: at the last class before the beginning of the examination session - at ribbon system teaching, on to the last occupation - with a cyclical system of education. The credit score is the arithmetic mean of all components according to the traditional four-point scale and has a value that is rounded according to the statistics method with two decimal places after the decimal point.

9. Distribution of points received by students of higher education

The obtained average score for the academic discipline for applicants who have successfully mastered the work program of the academic discipline is converted from a traditional four-point scale to points on a 200-point scale, as shown in the table:

Conversion table of a traditional assessment into a multi-point scale

Traditional four-point scale	Multipoint 200-point scale
Excellent ("5")	185 - 200
Good ("4")	151 - 184
Satisfactory ("3")	120-150

TI	
Unsatisfactory ("2")	Below 120

Multi-point scale (200-point scale) characterizes the actual success rate of each applicant in mastering the educational component. The conversion of the traditional grade (average score for the academic discipline) into a 200-point grade is performed by the information and technical department of the University.

According to the obtained points on a 200-point scale, the achievements of the applicants are evaluated according to the ECTS rating scale. Further ranking according to the ECTS rating scale allows you to evaluate the achievements of students from the educational component who are studying in the same course of the same specialty, according to the points they received.

The ECTS scale is a relative-comparative rating, which establishes the applicant's belonging to the group of better or worse among the reference group of fellow students (faculty, specialty). An "A" grade on the ECTS scale cannot be equal to an "excellent" grade, a "B" grade to a "good" grade, etc. When converting from a multi-point scale, the limits of grades "A", "B", "C", "D", "E" according to the ECTS scale do not coincide with the limits of grades "5", "4", "3" according to the traditional scale. Acquirers who have received grades of "FX" and "F" ("2") are not included in the list of ranked acquirers. The grade "FX" is awarded to students who have obtained the minimum number of points for the current learning activity, but who have not passed the final examination. A grade of "F" is given to students who have attended all classes in the discipline, but have not achieved a grade point average (3.00) for the current academic activity and are not admitted to the final examination.

Applicants who study in one course (one specialty), based on the number of points scored in the discipline, are ranked on the ECTS scale as follows:

Conversion of the traditional grade from the discipline and the sum of points on the ECTS scale

Evaluation on the ECTS scale	Statistical indicator
A	Top 10% achievers
COLOR PROMETING BUT OR COMPANY THE AU	The next 25% of earners
C 1941-44.6 1 421	The next 30% of earners
CARTAGORIAN TERROLOMO LA RESEA DESCRIPTION DE LE PROPERTO DE LA RESEA DE LE PROPERTO DE LA RESEA DE LA	The next 25% of earners
E	The next 10% of earners

10. Methodological support

- Working program of the academic discipline
- Syllabus of the academic discipline
- Situational clinical tasks
- Methodical development of practical classes

11. List of questions for assessment

- 1. Frequency and structure of combat injuries to the abdomen.
- 2. Classification and characteristics of gunshot injuries of abdominal organs.
- 3. Rules for formulating a clinical diagnosis for combat injuries of the abdomen.
- 4. Treatment and evacuation measures for abdominal injuries in the area of hostilities
- (organization, terms, types, content and volume of surgical assistance).
- 5. Features of the nature of combat injuries to the abdomen depending on the type of weapon used by the enemy.
- 6. Sorting principles, terms and methods of evacuating the wounded with a combat abdominal injury.

- 7. Clinical signs and diagnosis of combat injuries of the abdomen.
- 8. Comparative characteristics of ultrasound examination in the scope of the FAST protocol, laparocentesis and video laparoscopy in the diagnosis of gunshot wounds to the abdomen.
- 9. Characteristics of the manifestations of traumatic disease in the case of abdominal injuries. Objective assessment of the severity and prognosis of the course of the traumatic disease in the wounded with combat injuries of the abdomen.
- 10. Surgical tactics for combat injuries of the abdomen: terms, scope and sequence of surgical interventions.
- 11. Surgical tactics for thoracoabdominal wounds.
- 12. Peculiarities of surgical treatment of injuries to abdominal organs in case of mine-explosive wounds and explosive abdominal trauma.
- 13. Non-penetrating abdominal wounds, use of ultrasound navigation in surgical treatment.
- 14. Endovideosurgical interventions in the treatment of wounded with combat injuries of the abdomen at II-IV levels of medical care.
- 15. Use of endoscopic transpapillary and endovascular interventions for the purpose of cholestasis and hemostasis in liver injuries.
- 16. Interventional sonography in the treatment of complications of combat injuries to the abdomen.
- 17. Reconstructive and restorative surgical interventions in the wounded with ileostomies and colostomies.
- 18. Application of NPWT therapy in the treatment of complications of gunshot wounds to the abdomen.
- 19. Reconstruction of gunshot defects of soft tissues of the anterior abdominal wall.
- 20. Surgical treatment of ventral hernias after operations on abdominal organs due to abdominal injuries.
- 21. The use of cellular technologies in the treatment of combat injuries of the abdomen

LIST OF PRACTICAL SKILLS, THE ACQUISITION OF WHICH IS CONTROLLED DURING THE ASSESSMENT

I. Analysis of laboratory and instrumental studies (according to list 4)

- 1. pleural analysis liquid
- 2. analysis of ascitic liquid
- 3. synovial analysis liquid
- 4. urine analysis for Zimnytskyi
- 5. urine analysis for Nechiporenkom
- 6. alpha-amylase activity in blood and urine
- 7. pulse oximetry, indicators of acid-base status and blood gases
- 8. blood proteins and their fractions, C-reactive protein and procalcitonin
- 9. blood glucose, glycosylated hemoglobin,
- 10. oral tolerance test to glucose
- 11. blood lipids and lipoproteins and their fractions
- 12. blood hormones
- 13. serum ferritin, iron, and copper of blood
- 14. creatinine, blood and urine urea, club speedeye filtration
- 15. blood electrolytes
- 16. aminotransferases of blood
- 17. total blood bilirubin and its factions

- 18. coagulogram
- 19. uric acid, lactic acid of blood
- 20. alkaline phosphatase of blood
- 21. histomorphological study of a lymphatic biopsy nodes
- 22. study of the external function breath
- 23. standard ECG (at 12 leads)
- 24. endoscopic examination bronchi
- 25. endoscopic examination of the digestive tract tract
- 26. echocardiography and dopplerography
- 27. general analysis stool, fecal elastase-1
- 28. general analysis of blood
- 29. general analysis urine
- 30. general analysis of the spinal cord liquid
- 31. general analysis of the sternum punctuation
- 32. general analysis sputum
- 33. general immunological profile of blood
- 34. serological reactions in infectious diseases
- 35. express tests for viruses disease
- 36. amplification methods in infectious diseases (PCR, LLR)
- 37. serological reactions in autoimmune diseases
- 38. microbiological research of biological fluids and secretions
- 39. methods of instrumental visualization of the thyroid gland glands
- 40. methods of instrumental visualization of organs abdominal cavity
- 41. methods of instrumental visualization of organs chest cavity
- 42. methods of instrumental genitourinary visualization systems
- 43. methods of instrumental visualization of the skull, spine, spinal cord, bones and joints
- 44. methods of instrumental imaging of the chest glands
- 45. multi-point fractional study of bile and pH-metry of the stomach and esophagus
- 46. Assessment of the child's physical development using sigmoidal nomograms.
- 47. Assessment of growth according to centile nomograms.
- 48. Assessment of blood pressure according to centile nomograms, taking into account the centile assessment of the child's height.

II. Medical manipulations (according to list 5)

- 1. Administer injections of medicinal substances
- 2. Measure blood pressure
- 3. Catheterize the bladder with a soft probe
- 4. Restore the patency of the respiratory tract
- 5. Perform artificial respiration, indirect heart massage
- 6. Install a nasogastric and orogastric tube
- 7. Perform thoracopuncture and drainage of pleural cavities
- 8. Perform laparocentesis
- 9. Perform primary surgical treatment of a gunshot wound
- 10. Perform temporary and final stoppage of bleeding

III. Providing assistance in emergency situations (according to list 3)

1. Traumatic shock

- 2. Acute respiratory failure
- 3. Acute heart failure
- 4. External or internal bleeding
- 5. Hemo- or pneumothorax
- 6. Fractures of the spine, pelvis, bones of the limbs

12. Recommended literature

Main:

- 1. Атлас бойової хірургічної травми (досвід антитерористичної операції / операції об'єднаних сил). Під загальною ред. В. І. Цимбалюка. Харків: Колегіум, 2021. 385 с.
- 2. Білий В. Я., Жаховський В. О., Лівінський В. Г. Місце та роль Воєнно-медичної доктрини України у формуванні системи медичного забезпечення військ і цивільного населення у воєнний час. Наука і оборона. 2015. №1. С. 9-14.
- 3. Вказівки з воєнно-польової хірургії. Під редакцією Я.Л. Заруцького, А.А.Шудрака Київ, 2014. 396 с.
- 4. Воєнно-польова хірургія. Керівництво за редакцією д.мед.н., проф. Я. Л. Заруцького і д.мед.н., проф. В.Я. Білого. Київ, 2018. 545 с.
- 5. Заруцький Я. Л. та ін. Воєнно-польва хірургія. Підручник за редакцією д.мед.н. проф. Я.Л.Заруцького і академіка НАМН України, д.мед.н., проф. В.М. Запорожана. Одеський медуніверситет. 2016. 416 с.
- 6. Davies, J. Open surgical simulation a review / J. Davies, M. Khatib, F. Bello // J. Surg. Educ. 2013. Vol. 70, N 5. P. 618–662.

Additional literature

- 1. Aman, Z. Frequency of hepatic trauma in patients with abdominal firearm injuries / Z. Aman [et al.] // KJMS. 2011. Vol. 3, N 2. P. 76–78.
- 2. Ball C.G. Current management of penetrating torso trauma: nontherapeutic is not good enough anymore / C.G. Ball // J. Can. Chir. 2014. Vol. 57, N 2. P. 36–43.
- 3. Bhangu A, Nepogodiev D, Lal N, Bowley DM: Meta-analysis of predictive factors and outcomes for failure of non-operative management of blunt splenic trauma. Injury 2012; 43(9): 1337–46.
- 4. Bortolin M, Baldari L, Sabbadini MG, Roy N. Primary repair or fecal diversion for colorectal injuries after blast: a medical review. Prehosp Disaster Med. 2014 Jun;29(3):317-9. doi: 10.1017/S1049023X14000508.
- 5. Bradley M.J. Independent predictors of enteric fistula and abdominal sepsis after damage control laparotomy. Results from the prospective AAST open abdomen registry / M.J. Bradley [et al.] // JAMA Surg. 2013. Vol. 148, N 10. P. 947–954.
- 6. Ciuffi S., Zonefrati R., Brandi M. L. Adipose stem cells for bone tissue repair. Clin. Cases Miner. Bone Metab. 2017. 14, N 2. P. 217-226.
- 7. De Lesquen H., Beranger F., Berbis J., Boddaert G., Poichotte A., Pons F., Avaro J. P. Challenges in war-related thoracic injury faced by French military surgeons in Afghanistan (2009-2013). Injury. 2016. 47, N 9. P. 1939-1944.
- 8. DuBose, J.J. Open abdominal management after damage-control laparotomy for trauma: A prospective observational American Association for the Surgery of Trauma multicenter study/ J.J. DuBose [et al.] // J. Trauma. 2013. Vol. 74, N 1. P. 113–122.
- 9. Garst G.C. Delayed duodenal injury following abdominal gunshot wound /G.C. Garst [et al.] // J. Trauma Acute Care Surg. 2014. Vol. 77, N 5. P. 796–797.

- 10. Gilbert, Kim; Rousseau, Guy; Bouchard, Caroline.Caspase-(8/3) activation and organ inflammation in a rat model of resuscitated hemorrhagic shock: A role for uric acid. Journal of Trauma and Acute Care Surgery. 86(3):431-439, March 2019.
- 11. Glasgow, S.C. Initial management and outcome of modern battlefield anal trauma / S.C. Glasgow [et al.] // Dis. Colon. Rectum. 2014. Vol. 57, N 8. P. 1012–1018.
- 12. Gybalo R. V., Tsema Ie. V., Batiuk A. I. The treatment results of patients with postoperative ventral hernias after multi-stage surgery of open abdominal gunshot wounds (improvement of hernioplasty-technique). Journal of Education, Health and Sport.2020;10(7):216-223.eISSN23918306. DOI http://dx.doi.org/10.12775/JEHS.2020.10.07.024.
- 13. He HW, Liu DW, Long Y, Wang XT. The peripheral perfusion index and transcutaneous oxygen challenge test are predictive of mortality in septic patients after resuscitation. Crit Care. 17(3):R116.
- 14. Hoencamp R., Vermetten E., Tan E. C., Putter H., Leenen L. P., Hamming J. F. Systematic review of the prevalence and characteristics of battle casualties from NATO coalition forces in Iraq and Afghanistan. Injury. 2014. 45, N 7. P. 1028-1034.
- 15. Biffl W.L. Management guidelines for penetrating abdominal trauma / W.L. Biffl, E.E. Moore // Curr. Opin. Crit. Care. 2010. Vol. 16. P. 609–617.
- 1. Бойко В.В., Лісовий В.М., Макаров В.В., редактори. Обрані лекції з військово-польової хірургії. Харків: НТМТ; 2018. 212 с. Герасименко О. С. Хірургічне лікування бойових ушкоджень живота у районі проведення антитеррористичної операції. Одеський медичний журнал. 2017. №3(161). С. 34–38.
- 2. Герасименко О. С. Діагностика та хірургічне лікування ушкоджень органів черевної порожнини при мінно-вибухових пораненнях та вибуховій травмі живота. Проблеми військової охорони здоров'я. 2019. №51. С. 45-52.
- 3. Герасименко О. С. Хірургічне лікування бойових ушкоджень живота в умовах гібридної війни. Сучасні медичні технології. 2017. №4 (35). С. 22–25.
- 5. Герасименко О.С. Клінічно-організаційні принципи надання хірургічної допомоги та спеціалізоване лікування поранених з бойовою травмою живота в умовах АТО. Дисертація на здобуття наукового ступеня доктора медичних наук. Київ. 2021 р. 454 с.
- 6. Єнін Р.В., Герасименко О.С., Хорошун Е.М., Гайда Я.І., Кошиков М.О., Квасневський Є.А. Ендовідеохірургія в лікуванні поранень і травм живота в умовах локального конфлікту. Харківська хірургічна школа. 2019. №1(94). С. 153—155.
- 7. Запорожан В.М., Майданюк В.П., Верба А.В., Герасименко О.С., Хорошун Е.М., Шаповалов В.Ю., Єнін Р.В. Взаємодія військової та цивільної медицини в АТО. Проблеми військової охорони здоров'я. 2016. Вип. 46. С. 304–307.
- 8. Запорожан В.М., Майданюк В.П., Герасименко О.С., Каштальян М.М., Хорошун Е.М., Шаповалов В.Ю. Проблемні питання взаємодії військової та цивільної медицини в АТО. Вісник морської медицини. 2016. №2 (71). С. 180-181.
- 9.Каштальян М.А., Герасименко О.С., Єнін Р.В., Квасневський О.А. Застосування ендовідеохірургічних технологій у лікуванні вентральних гриж після вогнепальних поранень живота. Вісник Вінницького національного медичного університету. 2018. Т. 22. №3. С. 471–473.
- 10. Каштальян М.А., Герасименко О.С., Тертишний С.В., Єнін Р.В., Дхауаді Ф. Нові напрямки в лікуванні вогнепальних ран. Проблеми військової охорони здоров'я. 2017. Вип. 48. С. 360–366.
- 11. Шаповалов В.Ю., Єнін Р.В. Хірургічне лікування вогнепальних поранень товстої кишки. Проблеми військової охорони здоров'я. 2017. Вип. 48. С. 64-70.
- кишки. Проолеми військової охорони здоров д. 2011. Білий В.Я. Військова хірургія з хірургією надзвичайних ситуацій за ред. В. Я. Білого. Тернопіль, Укрмедкнига. 2004. 324 с.

13. Electronic information resources

- 1. https://moz.gov.ua/ Ministry of Health of Ukraine
- 2. www.ama-assn.org American Medical Association / American Medical Association
- 3. www.who.int World Health Organization
 4. www.dec.gov.ua/mtd/home/ State Expert Center of the Ministry of Health of Ukraine
 5. http://bma.org.uk British Medical Association
- 6. http://iss-sic.com/ International Society of Surgeons