

日期	2013 年 05 月 15 日
<p>內容摘要：</p> <p>(填寫說明：1. 如有附件請註明，如簡報檔、全文檔等  2. 需有問題與討論：請註明姓名並包含醫學倫理及 EBM 之應用  3. 需有總結，請註明做結論者【主持人】姓名  4. 請自行編排頁碼)</p> <p>時間：2013/05/15 07:30~08:30  地點：同新園會議室  主題：ER-GS Combine Meeting  主持者：VS 連楚明  報告者：R3 周光緯  紀錄：R3 許力云</p> <p>{Q and A }:</p> <p>Q1. VS 連楚明: PPU stage?  A1. R3 許哲彰: 1st phase ( &lt; 2hrs of onset ), 2nd phase ( 2 ~ 12 hrs ),  3rd phase ( &gt; 12hrs )</p> <p>Q2. VS 連楚明 : 1st Phase?  A2. R3 周光緯: Sudden onset of severe pain, sometimes producing collapse  or even syncope</p> <p>Q3. VS 連楚明 : 1st Phase more?  A3. R1 陳穎玲: Usually epigastric at onset, but it quickly becomes  generalized</p> <p>Q4. VS 連楚明: Tachycardia, weak pulse, cool extremities?  A4. R3 周光緯: Radiate to the top of the right shoulder</p> <p>Q5. VS 連楚明: Abdominal rigidity  A5. R2 羅志威: Liver dullness on percussion ↓</p> <p>Q6. VS 連楚明: patient group?  A6. R3 許哲彰: RLQ tenderness may develop from fluid moving down  the gutter.</p> <p>Q7. VS 連楚明 : Temperature elevation and hypovolemia  A7. R3 周光緯: Preoperative delay greater than 12 hours increase the risk  of morbidity and mortality</p>	

內容摘要(續):

Q8.VS 連楚明：primary end point?

A8.R3 周光緯：醫院停留時間？

Q9.VS 連楚明：Secondary end points？

A9.R3 周光緯：10 ~ 20 % of patients with a perforated DU will not have free air.

Q10.VS 連楚明：Safetyend points?

A10.R2 羅志威：Broad-spectrum antibiotics.

{EBM and ethics}:

Q1.VS 連楚明：Initial resuscitation?

A1.R3 許哲彰：IV Proton pump inhibitor?

Q2.VS 連楚明：Emergent operation and closure with a piece of omentum is the standard of care?

A2. R2 羅志威：Delay diagnosis delay surgery poorer prognosis .

{Key points}:

1.Simple closure

2.Truncal vagotomy with pyloroplasty

3.Subtotal gastrectomy + Billroth reconstructions

{VS comment }:

VS 連楚明：

It is essential to carefully search for the presence of H. pylori and for NSAID or aspirin use

紀錄:R3 許力云