

**NARRATIVE EXPORT****Theatre, lesion list, consent, post-op wound**

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Bits from a surgical attachment: theatre day, a small lesion list case, a consent clinic, and a post-op wound that looked a bit too pink. Mix of technical stuff and the boring important bits - checklist, photos when needed, not sitting on erythema overnight.

**Linked portfolio entries (4)****Inguinal hernia - consent clinic**

ENCOUNTER

Date: 2 May 2026

Pre-assessment for open inguinal hernia + mesh. Fit-ish aside from BP on meds.

Talked through what op involves, GA vs alternatives mentioned briefly (anaesthetist note on file). Risks: bleeding, infection, chronic/groin pain, recurrence, seroma, DVT prophylaxis, mesh-specific chronic pain stuff - tried not to sound like reading a textbook; paused halfway when I realised I was rattling.

Drew a rough sketch + gave leaflet - patient relaxed more after that.

Driving/heavy lifting rough timelines. Mesh questions answered in general terms.

Capacity fine - quick teach-back at end. Partner sat in but patient led.

**Skin lesion excision (assisted closure)**

PROCEDURE

Date: 29 Apr 2026

Minor ops - ellipse excision pigmented lesion upper arm. Consultant marked along RSTL lines.

LA went in ok - patient jumped once then settled.

I helped with retractors/suction. Closed partly myself - absorbable deep, nylon skin. Kept rotating needle awkwardly until Miss Shah corrected grip again - same issue as last list.

Specimen to histology with stitch marking orientation however they like it here.

Pressure dressing + nurse clinic follow-up.

Should practise ties at home - I rush when the list runs long.

### Supervisor review (countersigned)

Reviewer: Miss Priya Shah  
Email: p.shah@hospital.example  
Rating: Satisfactory  
Request sent: 29 Apr 2026  
Countersigned: 28 Apr 2026

### Comments

Closing improving - you took grip feedback mid-case which matters.

Still tightening knots faster than needed toward list-end fatigue - watch it.

Specimen orientation convention varies by consultant - double-check until boring.

More reps before claiming independence - depth judgement still ours not yours yet.

Satisfactory with momentum.

### Orthopaedic trauma list

SESSION

Date: 28 Apr 2026

Trauma ortho list. First case NOF for DHS - anaemia sorted pre-op with anaesthetics/physio. Actually did the checklist properly this time (said it out loud).

Scrubbed - suction and retraction mainly. Reg talked through Carm and screw position between shots.

Second case ankle ORIF - more exposure than I'm used to; useful to hear how fussy they are about reduction on X-ray.

Third case dropped - sugars chaotic, anaesthetist wanted ward sliding scale first. Quick chat with pharmacist.

Wrote op notes before leaving; told recovery to watch foot pulses on ankle patient.

### Post-op laparotomy wound review

ENCOUNTER

Date: 28 Apr 2026

Ward nurse asked me to see POD2 laparotomy - patient says wound more sore, redness creeping under dressing.

Dressing off carefully - erythema ~4cm around wound, warm, no obvious pus yet. Photo taken (consent + sticker).  
Bloods for WCC/CRP/U&E.

Blepped reg - upgraded antibiotics per surgical bundle rather than "wait for ward round tomorrow". Senior reviewed later and tweaked ABx after speaking to micro - USS backup if worse in a day or two.

Relative was anxious - they'd had a wound infection years ago on a different op. Tried not to hand-wave it; explained what we're watching for (spreading redness, fever, smell, worse pain).

Takeaway for me: if it looks dodgy post-lap, escalate early even if they're "fine" on obs.

### Supervisor review (countersigned)

Reviewer: Miss Priya Shah  
Email: p.shah@hospital.example  
Rating: Great  
Request sent: 28 Apr 2026  
Countersigned: 27 Apr 2026

### Comments

Good instinct on the wound - photo + bloods + senior loop closed properly. Relative handled honestly without drama.

When you describe redness put a rough cm from wound edge - photos help but numbers help remotely overnight.

Otherwise exactly what you want from an SHO review - not dismissed, not catastrophised.

## Reflections (2)

29 Apr 2026

Nearly wrote off post-op redness as "normal healing" because I didn't want to bother reg at midnight - stupid. Escalated in the end; photo helped next morning.

Lesion closure - same needle grip issue when tired. Slow down.

Consent - second simpler diagram worked better than my first over-detailed one.

28 Apr 2026

Relative looked scared while I looked at the wound - named that briefly then carried on properly instead of skipping bits because it felt awkward.

End of list I speed up ties - need to watch that.

Consent: saying "we can't promise zero nerve pain but here's what we watch for" felt honest without scaring them off unnecessarily.