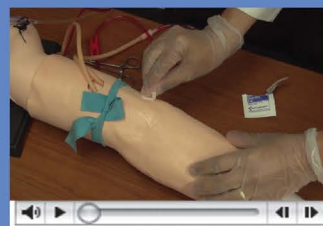


# *Urgent Procedures in Medical Practice*



**Sanja Kupesic Plavsic**



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# Contents

---

<b>1. Skin Adhesives</b>	<b>1</b>
<i>Pathak I</i>	
Introduction/Background 1; Universal Precautions 1; Obtain Informed Consent 2; Indications 2; Contraindications 2; Complications 2; Basic Equipment 2; Preparation 3; Procedure Steps 3	
<b>2. Skin Stapling</b>	<b>5</b>
<i>Milan S</i>	
Introduction/Background 5; Universal Precautions 5; Obtain Informed Consent 6; Indications 6; Contraindications 6; Complications 6; Basic Equipment 6; Preparation 7; Procedure Steps 7; Removal 7	
<b>3. Suturing Skin Lacerations</b>	<b>9</b>
<i>Milan S</i>	
Introduction 9; Universal Precautions 9; Obtain Informed Consent 9; Indications 10; Contraindications 10; Complications 10; Basic Equipment 10; Types of Sutures 11; Sites 11; Preparation 12; Procedure Steps 12; Removal 13	
<b>4. Nail Removal</b>	<b>15</b>
<i>Crawford S</i>	
Introduction/Background 15; Universal Precautions 15; Obtain Informed Consent 15; Indications 16; Contraindications 16; Complications 16; Basic Equipment 16; Preparation 16; Procedure Steps 17; Ingrown Toenail Removal 17; Subungual Hematoma Trephination 17	
<b>5. Wart, Corn and Callus Removal</b>	<b>19</b>
<i>Olivas VJ</i>	
Introduction/Background 19; Universal Precautions 19; Obtain Informed Consent 19; Wart Removal 20; Differentiating Callosities 20; Corn and Callus Removal 21	

- 6. Fine Needle Aspiration** 23  
*Milan S*  
 Introduction/Background 23; Universal Precautions 23;  
 Obtain Informed Consent 23; Indications 24;  
 Contraindications 24; Complications 24; Basic Equipment 24;  
 Positioning 24; Preparation 24; Procedure Steps 25;  
 Specimen Analysis 25
- 7. Breast Cyst Aspiration** 27  
*Milan S*  
 Introduction/Background 27; Universal Precautions 27;  
 Obtain Informed Consent 27; Indications 27;  
 Contraindications 28; Complications 28; Basic Equipment 28;  
 Sites/Positioning 28; Preparation 28; Procedure Steps 28
- 8. Skin Biopsies: Punch, Shave and Excisional** 31  
*Milan S*  
 Introduction/Background 31; Universal Precautions 31;  
 Obtain Informed Consent 31; Punch Biopsy 31; Shave  
 Biopsy 33; Excisional Biopsy 33; Incisional Biopsy 35;  
 Post-procedure Concerns 35; Suture Removal 35
- 9. Incision and Drainage of Superficial Skin Abscesses** 37  
*Milan S*  
 Introduction/Background 37; Universal Precautions 37;  
 Obtain Informed Consent 37; Indications 38;  
 Contraindications 38; Complications 38; Basic Equipment 38;  
 Sites/Positioning 38; Preparation 39; Procedure Steps 39;  
 Aspirate Analysis 39; Follow-up 39
- 10. Removal of Foreign Bodies, Rings and Fishhooks** 41  
*Newbrough B*  
 Introduction/Background 41; Universal Precautions 41;  
 Obtain Informed Consent 41; Foreign Body Removal 42;  
 Ring Removal 43; Fishhook Removal 44
- 11. Control of Epistaxis** 47  
*Newbrough B, Milan S*  
 Introduction/Background 47; Universal Precautions 47;  
 Obtain Informed Consent 47; Indications 48;  
 Contraindications 48; Complications 48;  
 Basic Equipment 48; Site of Bleeding 48; Preparation 49;  
 Procedure Steps 49; Conservative Measures 49;  
 Chemical Cautery 49; Anterior Nasal Packing 49;  
 Bilateral Packing 50; Posterior Packing 50;  
 Specialist Referral 51
- 12. Phlebotomy/Venipuncture** 53  
*Farrag S*  
 Introduction/Background 53; Universal Precautions 53;  
 Obtain Informed Consent 53; Indications 54;

- Contraindications to Sites 54; Complications 54;  
 Basic Equipment 54; Sites 54; Preparation 55;  
 Procedure Steps 55; Specimen Analysis 55;  
 Alternatives to Venipuncture 56
- 13. Peripheral IV Access/Staring an IV Line** **58**  
*Farrag S*  
 Introduction/Background 58; Universal Precautions 58;  
 Obtain Informed Consent 58; Indications 59;  
 Site Contraindications 59; Complications 59;  
 Basic Equipment 59; Sites 59; Preparation 60;  
 Procedure Steps 60; Use of Ultrasound to Assist 60;  
 Removal 60
- 14. Nasogastric Tube Insertion** **62**  
*Farrag S*  
 Introduction/Background 62; Universal Precautions 62;  
 Obtain Informed Consent 62; Indications 63;  
 Contraindications 63; Complications 63; Basic Equipment 63;  
 Common Nasogastric Tubes 63; Preparation 64;  
 Procedure Steps 64; Nasogastric Tube Monitoring 64;  
 Use of Ice to Assist in Placement 64; Removal 65
- 15. Urethral/Bladder Catheterization** **67**  
*Farrag S*  
 Introduction/Background 67; Universal Precautions 67;  
 Obtain Informed Consent 67; Intermittent Versus Indwelling 68;  
 Indications 68; Complications 69; Basic Equipment 69;  
 Sizes 69; Preparation 69; Procedure Steps 70;  
 Finishing Considerations 71; Specimen Aspiration 71;  
 Removal 71
- 16. Lumbar Puncture** **73**  
*Kassar D, Piriyyawat P*  
 Introduction/Background 73; Universal Precautions 73;  
 Obtain Informed Consent 73; Indications 73;  
 Contraindications 74; Complications 74; Basic Equipment 74;  
 Sites 74; Preparation 75; Procedure Steps 75;  
 Specimen Collection 75; Removal 75
- 17. Digital Rectal Examination and Anoscopy** **77**  
*Noriega O, Kupesic Plavsic S*  
 Introduction/Background 77; Universal Precautions 77;  
 Obtain Informed Consent 78; Indications 78;  
 Contraindications 78; Complications 78; Basic Equipment 78;  
 Positioning 79; Preparation 79; Procedure Steps 79
- 18. Excision of Thrombosed External Hemorrhoids** **82**  
*Crawford S*  
 Introduction/Background 82; Universal Precautions 82;  
 Obtain Informed Consent 82; Indications 82;

- Contraindications 83; Complications 83;  
 Basic Equipment 83; Sites/Positioning 83;  
 Preparation 83; Procedure Steps 84;  
 Follow-up 84
- 19. Endotracheal Intubation** **86**  
*Ainsworth C, Morang BR*  
 Introduction/Background 86; Universal Precautions 86;  
 Obtain Informed Consent 86; Indications 87;  
 Contraindications 87; Complications 87;  
 Basic Equipment 87; Prior to Intubation 88;  
 Rapid Sequence Intubation with Adult Dosing 88;  
 Procedure Steps 89; Video Laryngoscopy 89; Removal 89
- 20. Thoracentesis** **91**  
*Crawford S*  
 Introduction/Background 91; Universal Precautions 91;  
 Obtain Informed Consent 91; Indications 91;  
 Contraindications 92; Complications 92; Basic Equipment 92;  
 Preparation 92; Procedure Steps 92; Aspirate Analysis 93;  
 Use of Ultrasound to Assist 93; Removal 93
- 21. Chest Tube Placement** **95**  
*Olivas VJ*  
 Introduction/Background 95; Universal Precautions 95;  
 Obtain Informed Consent 95; Indications 96;  
 Contraindications 96; Complications 96;  
 Universal Precautions 96; Obtain Informed Consent 96;  
 Basic Equipment 96; Sites 97; Preparation 97;  
 Procedure Steps 97; Removal 97
- 22. Paracentesis** **100**  
*Crawford S*  
 Introduction/Background 100; Universal Precautions 100;  
 Obtain Informed Consent 100; Indications 101;  
 Contraindications 101; Complications 101; Basic Equipment 101;  
 Sites 101; Use of Ultrasound to Assist 102; Preparation 102;  
 Procedure Steps 102; Aspirate Analysis 102; Removal 103
- 23. Arterial Lines** **105**  
*Ainsworth C, Morang BR*  
 Introduction/Background 105; Universal Precautions 105;  
 Obtain Informed Consent 105; Indications 105;  
 Contraindications 106; Complications 106; Basic Equipment 106;  
 Sites 106; Preparation 106; Procedure Steps 107  
 Monitoring Arterial Line 107; Removal 107
- 24. Central Venous Catheterization** **109**  
*Ainsworth C*  
 Introduction/Background 109; Universal Precautions 109;  
 Obtain Informed Consent 109; Indications 110;

- Contraindications 110; Complications 110;  
Basic Equipment 110; Line Types 110; Sites 111;  
Preparation 111; Procedure Steps 112;  
Procedural Tips 112; Removal 112
- 25. Peripherally Inserted Central Catheter** 114  
*Hardin NB*  
Introduction/Background 114; Universal Precautions 114;  
Obtain Informed Consent 114; Indications 115;  
Contraindications 115; Complications 115; Basic  
Equipment 115; Sites 116; Preparation 116;  
Procedure Steps 116; Use of Ultrasound to Assist 117;  
Removal 117
- 26. Venous Cutdown** 119  
*Crawford S*  
Introduction/Background 119; Universal Precautions 119;  
Obtain Informed Consent 119; Indications 119;  
Contraindications 120; Complications 120;  
Basic Equipment 120; Sites 120; Preparation 120;  
Procedure Steps 120; Removal 121
- 27. Chest X-ray Evaluation** 123  
*Laks S*  
Introduction/Background 123; Direction of X-ray 123;  
Procedure Steps 124; Extended Checklist for Lateral Films 126;  
Silhouette Sign 126; Lung Collapse 127
- 28. EKG Interpretation** 129  
*Farrag S*  
Introduction/Background 129; Universal Precautions 129;  
Obtain Consent 129; Indications 130; Contraindications 130  
Complications 130; Basic Equipment 130; Preparation 130;  
Procedure 130; EKG Analysis 131; Analysis Detail 131;  
EKG Interpretation 134
- 29. Fluorescein Eye Examination** 137  
*Maldonado MF*  
Introduction/Background 137; Universal Precautions 137;  
Obtain Informed Consent 137; Indications 137;  
Contraindications 138; Complications 138;  
Basic Equipment 138; Sites/Positioning 138; Preparation 138;  
Procedure Steps 138
- 30. Conscious Sedation** 140  
*Villa-Royval S*  
Introduction/Background 140; Universal Precautions 140;  
Obtain Informed Consent 140; Indications 141;  
Contraindications 141; Complications 141; Basic Equipment 141;  
Optimal Sedation 141; Opiate—Analgesic 142;

- Benzodiazepines—Sedatives 142; Preparation 142;  
 Procedure Steps 142; Medication Reversal 142
- 31. Primary Care Local and Regional Anesthesia** **144**  
**(Local Infiltration, Field and Peripheral Nerve Block)**  
*Villa-Royval S*  
 Introduction/Background 144; Universal Precautions 144;  
 Obtain Informed Consent 144; Indications 145;  
 Contraindications 145; Complications 145;  
 Basic Equipment 145; Types of Anesthetics 145;  
 Epinephrine 146; Preparation 146; Procedure Steps 146
- 32. Soft Tissue Corticosteroid Injections** **149**  
*Vazquez G*  
 Introduction/Background 149; Universal Precautions 149;  
 Obtain Informed Consent 149; Indications 149;  
 Contraindications 150; Complications 150;  
 Basic Equipment 150; Medication for Injection 150;  
 Preparation 151; Procedure Steps 151
- 33. Splinting** **153**  
*Vazquez G*  
 Introduction/Background 153; Universal Precautions 153;  
 Obtain Informed Consent 153; Indications 154;  
 Contraindications 154; Complications 154;  
 Basic Equipment 154; Sites/Positioning 154;  
 Preparation 154; Procedure Steps 155; Removal 155
- 34. Arthrocentesis** **157**  
*Gonzalez GA*  
 Introduction/Background 157; Universal Precautions 157;  
 Obtain Informed Consent 157; Indications 157;  
 Contraindications 158; Complications 158;  
 Basic Equipment 158; Sites/Positioning 158;  
 Preparation 159; Procedure Steps 159
- 35. Closed Joint Reductions** **161**  
*Gonzalez GA*  
 Introduction/Background 161; Universal Precautions 161;  
 Obtain Informed Consent 161; Indications 161;  
 Contraindications 162; Complications 162;  
 Basic Equipment 162; Procedures 162
- 36. Fetal Heart Rate Monitoring** **165**  
*Kupescic Plavsic S*  
 Introduction/Background 165; Universal Precautions 165;  
 Obtain Informed Consent 165; Indications 165;  
 Contraindications 165; Complications 166; Preparation 166;  
 Procedure Steps 166; Accelerations 166; Decelerations 166;  
 Tracing Classification 167; Management 167

- 37. Internal Fetal Heart Rate Monitoring** 169  
*Mendez MD, Kupesic Plavsic S*  
Introduction/Background 169; Universal Precautions 169;  
Obtain Informed Consent 169; Indications 169;  
Contraindications 170; Complications 170;  
Basic Equipment 170; Sites/Positioning 170; Preparation 171;  
IUPC Placement 171; FSE Placement 171; Removal 171
- 38. Triage OB Ultrasound** 173  
*Kupesic Plavsic S*  
Introduction/Background 173; Universal Precautions 173;  
Obtain Informed Consent 173; Indications 173;  
Contraindications 173; Complications 174;  
Basic Equipment 174; Sites/Positioning 174;  
Preparation 174; Measuring Amniotic Fluid Index 174;  
Location of the Placenta 174;  
Determining Presenting Fetal Part 175;  
After the Ultrasound 175
- 39. Normal Vaginal Delivery** 177  
*Mendez MD, Kupesic Plavsic S*  
Introduction/Background 177; Universal Precautions 177;  
Obtain Informed Consent 177; Indications 178;  
Contraindications 178; Complications 178;  
Basic Equipment 178; Sites/Positioning 179;  
Preparation 179; Procedure Steps 179; Third Stage 179
- 40. Perineal Laceration Repair** 182  
*Mendez MD, Kupesic Plavsic S*  
Introduction/Background 182; Universal Precautions 182;  
Obtain Informed Consent 182; Indications 182;  
Contraindications 183; Complications 183;  
Basic Equipment 183; Sites/Positioning 183;  
Preparation 183; Procedure Steps 183
- 41. Newborn Circumcision** 185  
*Prieto Jimenez C*  
Introduction/Background 185; Universal Precautions 185;  
Obtain Informed Consent 185; Indications 185;  
Contraindications 186; Complications 186; Basic Equipment 186;  
Sites/Positioning 186; Preparation 187; Procedure Steps 187;  
Removal 187
- 42. Pap Smear** 189  
*Kupesic Plavsic S*  
Introduction/Background 189; Universal Precautions 189;  
Obtain Informed Consent 189; Indications 189;  
Contraindications 189; Complications 190;  
Basic Equipment 190; Sites/Positioning 190;



- Preparation 190; Procedure Steps 190;  
Specimen Collection 190
- 43. Wet Mount and Whiff Test** **192**  
*Kupesic Plavsic S*  
Introduction/Background 192; Universal Precautions 192;  
Obtain Informed Consent 192; Indications 192;  
Contraindications 193; Complications 193;  
Basic Equipment 193; Sites/Positioning 193;  
Preparation 193; Procedure Steps 193;  
Sample Analysis 193
- 44. Pessary Fitting** **196**  
*Kupesic Plavsic S*  
Introduction/Background 196; Universal Precautions 196;  
Obtain Informed Consent 196; Indications 196;  
Contraindications 197; Complications 197;  
Basic Equipment 197; Sites/Positioning 197;  
Preparation 197; Procedure Steps 197;  
Verify Pessary Fit 198; Removal 198
- 45. Bartholin's Cyst Management** **200**  
*Kupesic Plavsic S*  
Introduction/Background 200; Universal Precautions 200;  
Obtain Informed Consent 200; Indications 200;  
Contraindications 201; Complications 201;  
Basic Equipment 201; Sites/Positioning 201;  
Preparation 201; Procedure Steps 201; Specimen Analysis 202;  
Post-Procedure 202; Removal 202
- 46. Cervical Polyp Removal** **204**  
*Kupesic Plavsic S*  
Introduction/Background 204; Universal Precautions 204;  
Obtain Informed Consent 204; Indications 204;  
Contraindications 205; Complications 205; Basic  
Equipment 205; Sites/Positioning 205; Preparation 205;  
Procedure Steps 205
- 47. Cervical Colposcopy** **207**  
*Kupesic Plavsic S*  
Introduction/Background 207; Universal Precautions 207;  
Obtain Informed Consent 207; Indications 207;  
Contraindications 208; Complications 208;  
Basic Equipment 208; Sites/Positioning 208;  
Preparation 208; Procedure Steps 208
- 48. Endometrial Biopsy** **211**  
*Kupesic Plavsic S*  
Introduction/Background 211; Universal Precautions 211;  
Obtain Informed Consent 211; Indications 211;

Contraindications 212; Complications 212; Basic Equipment 212; Sites/Positioning 212; Preparation 212; Procedure Steps 213	
<b>49. Dilation and Curettage</b>	<b>215</b>
Introduction/Background 215; Universal Precautions 215; Obtain Informed Consent 215; Indications 215; Contraindications 216; Complications 216; Basic Equipment 216; Sites/Positioning 216; Preparation 216; Procedure Steps 217; After the Procedure 217	
<b>50. Intrauterine Device Placement and Removal</b>	<b>219</b>
<i>Mendez MD, Kupesic Plavsic S</i> Introduction/Background 219; Universal Precautions 219; Obtain Informed Consent 219; Indications 219; Contraindications 220; Complications 220; Basic Equipment 220; Sites/Positioning 220; Preparation 220; Procedure Steps 220; Removal 221	
<i>Index</i>	223

# Nail Removal

*Crawford S*

## OBJECTIVES

- Describe nail removal technique
- List the indications for nail removal
- Describe the complications of nail removal
- Know how to perform nail removal
- Know how to perform nail bed trephination

## INTRODUCTION/BACKGROUND

- Nails have a function
  - Protect digit tip, contribute to sensation, involved in peripheral circulation
- Abnormal nails can cause pain
- In nail trauma, also assess digit,
  - Evaluate for tendon injury by assessing digital movement
  - Assess sensation of each aspect of digit
  - If fracture suspected, evaluate with X-ray.

## UNIVERSAL PRECAUTIONS

- Gloves must be worn while performing procedure
- Evaluate the need for face and eye protection.

## OBTAIN INFORMED CONSENT

- Introduce yourself to the patient
- Explain the procedure to the patient, as well as the risks and benefits
- Gain informed consent to continue.

## INDICATIONS

- Nail deformities
  - Curved nail: Onychogryposis
  - Ingrown nail: Onychocryptosis
  - Fungal infection: Onychomycosis
- Nail bed laceration
- Extensive paronychia (nail fold infection)
- Complex nail injury.

## CONTRAINDICATIONS

- Bleeding diathesis
- If allergic to local anesthetic, do not use the anesthetic.

## COMPLICATIONS

- Bleeding
- Infection
- Anatomical nail injury
  - Skin at the nail sides are the perionychium
  - Eponychium is skin proximal to the nail
  - Germinal matrix lies under eponychium and is the source of the nail's growth
  - Nail matrix is under the nail and adheres the nail to the digit.

## BASIC EQUIPMENT

- Betadine
- Sterile towels
- Syringe and needle
- Local anesthetic without epinephrine
- Finger tourniquet
- Scissors or nail elevator
- Hemostats
- Antibiotic ointment, gauze and dressing.

## PREPARATION

- Clean digit with betadine
- Place extremity in a comfortable position that allows your access to the nail
- Perform digital block
  - The palmar/plantar nerves innervate the palmar/plantar surface and the nail bed
  - Dorsal nerve innervates dorsum of the digit
  - Perform block as described in separate anesthetic procedure.

## PROCEDURE STEPS

- Place tourniquet at base of digit
- Instrument beneath the following areas:
  - Free edge of the nail: Advance between the nail plate and nail bed until reach the nail fold
  - Under eponychium, freeing it from the nail
- Avulse nail: Grasp with hemostat and pull nail straight out with firm, steady traction
- Remove tourniquet. Apply antibiotic ointment, gauze and dressing.

## INGROWN TOENAIL REMOVAL

- Onychocryptosis: Lateral nail hypertrophy
- Removal procedure is adjusted so only the lateral edge of the nail is freed
  - Use scissors to cut proximally to ingrown edge, making a smooth new edge
  - Perform lateral nail avulsion by grasping and removing the free lateral nail with hemostat
- Consider ablation of lateral nail bed with electric or phenol cauterization.

## SUBUNGUAL HEMATOMA TREPHINATION

- Highly vascular nail bed can bleed, causing increased pressure under the nail
- Drainage does not accelerate healing or prevent infection
- Nail bed trephination is indicated within 48 hours of injury, when nail edges are intact and subungual hematoma is painful
  - Any hematoma size can be drained if edges are intact. Consider digital block for pain
- Contraindicated in patients with nail-bed lacerations or distal phalangeal tuft fracture
- Complications
  - Injury to nail bed if tool advanced too far
  - Infection if nail not clean before procedure
  - Ineffective drainage if hole is too small
- Equipment includes betadine, gauze, topical antibiotic and puncture tool
  - 18 G (gauge) needle, electrocautery tool or paper clip
- Procedure
  - Prepare the nail with betadine
  - Tool preparation
    - Paperclip: Heat end in open flame to sterilize
    - Activate cautery so that tip is hot, then use
    - 18 G needle: Twirl needle with applying pressure

- Make a hole at the base of the nail or in the center of the hematoma, applying pressure to get fluid to drain out until nail bed returns back to normal color
- Apply antibacterial ointment and gauze.

### SELF-ASSESSMENT QUIZ

1. What is the location of the perionychium?
  - a. Skin at the nail sides
  - b. Skin proximal to the nail
  - c. Under the eponychium
  - d. Under the nail
2. When is nail bed trephination indicated?
  - a. Within 48 hours of injury
  - b. Nail edges are intact
  - c. Subungual hematoma is painful
  - d. All of the above
3. What is not an indication for nail removal?
  - a. Nail deformities
  - b. Nail bed laceration
  - c. Extensive paronychia
  - d. Subungual hematoma
4. What should be assessed in every nail trauma?
  - a. Digital flexion
  - b. Digital extension
  - c. Digital X-ray
  - d. Capillary refill
5. Which is not a major function of a nail?
  - a. Protect digit tip
  - b. Aid in scratching
  - c. Contribute to sensation
  - d. Involved in peripheral circulation

### Answers

1. a    2. d    3. d    4. c    5. b.

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**Sanja Kupesic Plavsic** is considered an acclaimed expert in the field of Ultrasound in Obstetrics, Gynecology and Infertility. She has published 205 peer-reviewed papers and authored or coauthored 383 chapters in textbooks and 336 abstracts or proceedings. She has edited/coedited 18 books, four slide atlases, two video tapes and one educational DVD. She holds MD and PhD degrees, and has clinical skills and experience in academia and scientific research. In a capacity of invited speaker, she attended 278 national and international meetings, congresses, symposia and conferences. She received national and international scientific awards, including the International award William Liley medal for contribution in the field of gynecology, human reproduction, perinatal medicine and ultrasound. Currently, she is a Professor of Obstetrics and Gynecology, Director of the Center for Advanced Teaching and Assessment in Clinical Simulation (ATACS) and the Associate Academic Dean at Paul L Foster School of Medicine, Texas Tech University Health Sciences Center El Paso, Texas, USA. Her major research interests include medical education, clinical simulation and ultrasound in reproductive medicine.



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Wart, Corn and Callus Removal	Paracentesis	Internal Fetal Heart Rate Monitoring
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Breast Cyst Aspiration	Central Venous Catheterization	Normal Vaginal Delivery
Punch Biopsy	Peripherally Inserted Central Catheter	Perineal Repair
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