

Timecode Introduction & respiratory

Part 1 - 32 MB INTRODUCTION

- 0 Introduction and explanation of topics covered
- 2.2 Prescribing skills web site and difficult drugs
- 3.14 Core topics that come up often - those FY1s see often; how to target revision for Finals
- 5.48 Written paper 6A
- 7.35 OSCE circuits
- 7.51 Five fifteen-minute clinical stations
- 10.25 Six ten-minute communication skills stations
- 11.08 Six six-minute practical procedures
- 11.56 ENDS

Part 2 - 8MB AIMS OF THE REVISION COURSE

- 0 Aims of the revision course
- 3.04 ENDS

Part 3 - 43 MB GENERIC THINGS

- 0 How to structure notes: History; Examination; Investigations; Management
- 0.47 Examination - remember signs in the order you examine the patient
- 1.53 Investigations - helpful / diagnostic / prognostic / managerial
- 3.54 Investigations - bedside / bloods and micro / radiology / specialist
- 4.42 Management
- 5.48 CHEMO-IV Mnemonic - less trite than ABC for FY1s to use in acute management
- 7.17 Four-step generic management of any chronic disease
- 10.06 Five questions to ask any patient who comes in with any chronic disease
- How to take histories for Finals and beyond - **have enough info in History of Presenting Complaint to make diagnosis or differential diagnosis**
- 14.31
- 17.35 ENDS

Part 4 - 32MB RESPIRATORY 1

- 0 History-taking crucial
- 0.43 Must not run out of questions
- 1.31 Respiratory history
- 1.36 Shortness of breath
- 2.36 Exercise tolerance
- 3.35 Sleep
- 4.09 Cough
- 5.14 Sputum
- 5.58 Infective exacerbation of ...
- 6.35 Haemoptysis
- 7.29 Wheeze
- 7.35 Chest pain
- 7.4 Beware of acronyms e.g. SOCRATES, DANISH
- 9.42 Pain history generally
- 11.18 Lead the patient through the history
- 11.34 ENDS

Part 5 - 21MB RESPIRATORY 2

- 0 Chest pain
- 0.29 How to ask a respiratory history as opposed to how to present it
- 1.26 Previous medical history
- 2.15 Medications that might affect the respiratory system
- 3.49 Common drugs - know everything about them
- 4.08 Respiratory medications
 - 4.1 Beta-2 agonists
 - 4.17 Steroids
 - 4.44 Anti-muscarinic
- 5.32 Theophylline
- 5.35 Fast heart rate - theophylline toxicity
- 6.22 Slow heart rate - digoxin toxicity
- 6.49 Leukotriene antagonists
- 7.13 Immunosuppressants
 - 7.4 Newer medications e.g. TNF-alpha
- 7.48 ENDS

Part 6 - 10 MB RESPIRATORY 3

- 0 Oxygen therapy and synopsis of British Thoracic Society guidelines
- 1.24 Oxygen sats levels
- 2.03 Delivery systems
- 2.17 Flow of oxygen
- 2.53 Hypoxaemia; beware of stopping oxygen because CO2 high and pH low
- 4.17 ENDS

Part 7 - 43 MB RESPIRATORY 4

- 0 Long-term steroids - need to prescribe bone-sparing agents as well
- 0.31 Allergies; atopy; family history; medication history
- 1.14 Social history
- 4.41 Review of systems / systemic history
- 5.35 Examination
 - 7.3 Generic things - well / unwell
- 8.55 Vital signs
- 13.09 Primary survey from the end of the bed - feet to face; clinical clues around the bed
- 15.16 ENDS

Part 8 - 40 MB RESPIRATORY 5

- 0 Primary survey from the end of the bed continued
- 0.41 Sputum pots
- 1.35 Observation chart and drug chart
- 3.33 Hands
- 4.05 Causes of clubbing
- 9.54 Examination of the hands; anaemia; CO2 retention; asterixis (flapping tremor)
- 14.31 Pulse
- 14.5 ENDS

Part 9 - 19 MB RESPIRATORY 6

- 0 Pulse continued
- 0.27 Blood pressure
- 0.54 Pulsus paradoxus
- 6.34 ENDS

Part 10 - 29 MB RESPIRATORY 7

- 0 Face
- 1.3 Peripheral cyanosis
- 2.04 Eyes
- 2.4 Mouth; central cyanosis
- 3.5 Lymph nodes
- 5.13 Trachea; causes of deviation of trachea
- 9.33 ENDS

Part 11 - 128 MB

RESPIRATORY 8

- 0 Inspection of the chest
- 2.11 Expansion of the chest
- 6.14 ENDS

Part 12 - 32 MB RESPIRATORY 9

- 0 Expansion of the chest continued
- 2.06 Percussion
- 6.4 Tactile vocal fremitus
- 7.29 Vocal resonance; whispering pectiloquy
- 8.02 Auscultation
- 8.32 Back of the chest
- 10.22 Stethoscopes in exams
- 11.53 ENDS

Part 13 - 36 MB RESPIRATORY 10

- 0 Patient made comfortable and dressed
- 1.06 Thinking time before the bell goes - findings and diagnosis
- 2.2 Other things you say you would like to know about the patient
- 3.06 Simple differentials
- 3.32 Everyone should be able to pass Finals
- 4.06 Investigations
- 4.28 Full blood count
- 6.46 Urea and electrolytes
- 9.12 Random blood glucose
- 9.35 Other investigations
- 11 Chest X-ray
- 11.4 Blood gases
- 12.42 Spirometry and peak flow
- 13.28 ENDS

Part 14 - 66 MB RESPIRATORY 11

- 0 Peak flow
- 2.45 Spirometry
- 3.56 Restrictive pattern
- 4.46 Obstructive pattern
- 5.25 Difference between peak flow and spirometry
- 6.1 Arterial blood gases
- 7.4 Technique
- 8.32 Allen's test
- 9.2 Interpretation - normal values
- 11.19 Acid-base component
- 11.26 Acidosis
- 15.29 Compensation
- 18.19 Alkalosis
- 22.28 Compensation
- 24 ENDS

Part 15 - 31 MB RESPIRATORY 12

- 0 PO₂ and CO₂ component
- 0.03 Types of respiratory failure
- 0.33 Type 1 respiratory failure
- 4.2 Oxygen administration
- 7.18 Type 2 respiratory failure
- 10.51 ENDS

Timecode	Respiratory
Part 1 - 31 MB	RESPIRATORY 13
0	Blood gases - six sets of results given to work out
2.16	Screen shot of the results on the board
3.5	Results set 1 discussed - type 2 respiratory failure with a mixed metabolic respiratory acidosis; infective exacerbation of COPD
8.1	Base excess
10.14	Results set 2 discussed
10.18	ENDS
Part 2 - 29 MB	RESPIRATORY 14
0	Results set 2 discussed continued - metabolic alkalosis
1.53	Results set 3 discussed - metabolic acidosis
3.13	Results set 4 discussed - metabolic alkalosis compensating a respiratory acidosis (Type 2 respiratory failure); COPD patient who is relatively well
5.48	Results sets 5 and 6 discussed - 6 hyperventilation due to e.g. hysteria; 5 hyperventilation because unwell due to any cause of Type 1 respiratory failure
9.31	Top Ten respiratory conditions for Finals
10.02	ENDS
Part 3 - 29 MB	RESPIRATORY 15
0	Top Ten respiratory conditions for Finals continued
0.42	Pneumonia
0.48	Typical pneumonia
0.51	History
2.12	Examination
3.39	Investigations
5.31	Management
8.27	CURB 65 score to assess severity of community-acquired pneumonia
9.48	SOAR score for over-65s
10.02	ENDS
Part 4 - 44MB	RESPIRATORY 16
0	SOAR score for over-65s continued
0.41	Atypical pneumonias
0.52	History
3.55	Examination
4.39	Investigations
7.43	Management
9.2	Hospital-acquired infections
10.56	Aspiration
14.13	Sepsis generally - frequently comes up in exams; know simple antibiotic regimes
14.42	ENDS
Part 5 - 29 MB	RESPIRATORY 17
0	Asthma
1.08	Definition
2.04	History - acute asthma
3.21	History - chronic asthma
4.26	Examination and investigations - mild to moderate v. severe or life-threatening asthma
9.18	Anecdote about a patient with severe asthma
10.04	ENDS
Part 6 - 29 MB	RESPIRATORY 18
0	Anecdote about a patient with severe asthma
0.57	Management

- 4.48 Alarm bells - patient is tiring
- 5.36 Reasons to do a chest X-ray
- 5.55 Other investigations
- 7.18 Antibiotics if infective cause
- 8.05 Chronic disease management
- 8.08 Education
- 9.04 Risk factors
- 9.36 Multidisciplinary team
- 10.02 ENDS

Part 7 - 29 MB RESPIRATORY 19

- 0 Multidisciplinary team continued
- 0.03 Medications
- 0.28 Stepwise management
- 5.4 COPD
- 5.5 Clinical diagnosis
- 7.43 History
- 9.18 Spirometry definitions
- 9.35 Differentiation from asthma
- 10.04 ENDS

Part 8 - 22 MB RESPIRATORY 20

- 0 Relatively well patient
- 0.12 Examination
- 2.45 Management of acute COPD
- 5.3 Basic investigations
- 5.5 Reasons to get senior help urgently
- 6.18 Chronic disease management
- 7.46 ENDS

Part 9 - 27 MB RESPIRATORY 21

- 0 Respiratory failure likely to come up in exams
- 0.21 Common things on the wards and in exams
- 0.31 Pleural effusions
- 0.35 Causes of transudates
- 2.42 Causes of exudates
- 4.03 Transudate versus exudate
- 4.21 Light's criteria - especially important in patients with hypoalbuminaemia
- 7.5 Pulmonary fibrosis
- 8.02 Causes
- 8.57 Upper zone fibrosis
- 9.51 Middle zone fibrosis
- 10.02 ENDS

Part 10 - 29 MB RESPIRATORY 22

- 0 Middle zone fibrosis continued
- 0.09 Lower zone fibrosis
- 0.48 Examination
- 1.49 Haemoptysis
- 1.5 Causes
- 3.45 Venous thromboembolic disease
- 4.21 Pulmonary embolism
- 4.23 History
- 6.38 Examination
- 7.57 Management as soon as suspect pulmonary embolism
- 8.11 Examination continued
- 9.35 WELLS Scores for deep vein thrombosis and pulmonary embolism

10 ENDS

Part 11 - 29 MB RESPIRATORY 23

- 0 WELLS Score for deep vein thrombosis continued
- 6.11 WELLS Score for pulmonary embolism
- 7.54 Investigations and management of suspected deep vein thrombosis
- 9.38 Investigations of suspected pulmonary embolism
- 10.02 ENDS

Part 12 - 42 MB RESPIRATORY 24

- 0 Investigations of suspected pulmonary embolism continued
- 2.51 Management of pulmonary embolism in the relatively well patient; warfarin therapy
- 5.31 Management of pulmonary embolism in the acutely unwell patient
- 6.31 Venous thromboembolic disease generally
 - Tuberculosis and sarcoid - basically the same disease, plus or minus infection respectively;
- 7.36 learn the two together
- 11.03 Lung cancer - generic model for thinking about malignancy
- 11.4 History
- 12.1 Local symptoms
- 12.45 Systemic symptoms
- 13.4 Other things in the history
- 14.54 ENDS

Part 13 - 21 MB RESPIRATORY 25

- 0 Examination
- 0.09 Specific examination
- 2.55 Generic examination
- 3.17 Investigations - helpful, diagnostic, and prognostic tests
- 5.58 Management of any malignancy
- 6.58 ENDS

Part 14 - 22 MB RESPIRATORY 26

- 0 Management of any malignancy continued
- 1.19 Management of lung cancer
- 1.44 Palliative care as a house officer
- 2.32 Five things to ask the patient with palliative needs (malignancy / end-stage COPD / heart failure)
- 7.08 Summary of malignancy
- 7.3 ENDS

Timecode CARDIOVASCULAR

Part 1 - 30 MB CARDIOVASCULAR 1

- 0 Introduction
- 0.22 History
- 0.35 Chest pain
- 3.23 Shortness of breath
- 4.15 Orthopnoea
- 5 Paroxysmal nocturnal dyspnoea
- 5.54 Swelling of the ankles
- 6.23 Cough with frothy sputum
- 6.59 Palpitations
- 8.35 Loss of consciousness
- 9.43 Stokes-Adams attacks
- 10.01 ENDS

Part 2 - 29 MB CARDIOVASCULAR 2

- 0 Stokes-Adams attacks continued
- 0.38 History of presenting complaint generally
- 2.19 Risk factors - including past medical history and social history
- 6.56 Alcohol excess
- 8.43 Cardiovascular drugs
- 9.06 ACE-inhibitors
- 10.05 ENDS

Part 3 - 29 MB CARDIOVASCULAR 3

- 0 ACE-inhibitors continued
- 1.24 Angiotensin 2-receptors blockers
- 1.4 Beta-blockers
- 2.42 Calcium-channel blockers
- 2.56 Diuretics
- 3.36 Ivabradine
- 4.16 Nitrates
- 7.02 Thrombolysis
- 9.29 Aortic dissection - the one true differential diagnosis of cardiac chest pain
- 9.59 ENDS

Part 4 - 29 MB CARDIOVASCULAR 4

- 0 Aortic dissection - the one true differential diagnosis of cardiac chest pain continued
- 0.28 Thrombolysis continued
- 1.15 Statins
- 3.05 Anti-platelet drugs
- 4.38 Nicorandil
- 4.54 Medications generally
- 5.21 Family history
- 5.28 Social history
- 6.07 Examination
- 6.46 Well or unwell
- 6.58 Paraphernalia
- 8.07 Vital signs
- 9.3 Hands
- 10.07 ENDS

Part 5 - 30 MB CARDIOVASCULAR 5

- 0 Hands continued
- 1.13 Congenital cyanotic heart disease
- 2.35 Fallot's tetralogy

- 2.53 Eisenmenger's syndrome / VSD
- 3.46 Transposition of the great vessels
- 4.11 Fallot's tetralogy continued
- 6.44 Infective endocarditis
- 7.13 Signs of infective endocarditis
- 9.59 ENDS

Part 6 - 30 MB CARDIOVASCULAR 6

- 0 Signs of infective endocarditis continued
- 0.57 Hands summarized
- 1.28 Pulse
- 2.11 Rhythm / regularity 43
- 2.4 Rate 1.12
- 3.5 Four things to say about a pulse
- 4.05 Asymmetry
- 4.57 Collapsing pulse
- 5.4 Blood pressure
- 7.1 Pulse pressure
- 7.47 Postural blood pressure
- 8.01 Asymmetry
- 8.34 Pulsus paradoxus
- 9.09 Face
- 10 ENDS

Part 7 - 30 MB CARDIOVASCULAR 7

- 0 Face continued
- 0.2 Mouth
- 0.53 Neck
- 1.1 Carotid pulse
- 2.59 Collapsing pulse
- 4.35 Jugular venous pressure
- 7.35 Characteristics (differentiate from a carotid pulse)
- 9.59 How to measure the jugular venous pressure
- 10.03 ENDS

Part 8 - 26 MB CARDIOVASCULAR 8

- 0 How to measure the jugular venous pressure continued
- 2.02 acv wave - abnormalities of the venous waveforms
- 4.21 High ac waves
- 5.25 Cannon a waves
- 6.35 Large cv waves
- 8.45 ENDS

Part 9 - 30 MB CARDIOVASCULAR 9

- 0 Survey from the end of the bed
- 2.56 Inspection of the chest
- 3.53 Apex beat
- 4.03 Method
- 4.51 Position
- 5.23 Character
- 5.28 Position continued
- 6.35 Character continued
- 7.54 Parasternal heave
- 9.02 Pulmonary thrill
- 9.37 ENDS

Part 10 - 29 MB CARDIOVASCULAR 10

- 0 Palpation generally
- 0.38 Auscultation - think what murmurs listening for based on examination so far (3 signs following immediate)
- 0.55 Pulse volume
- 1.23 Pulse pressure
- 1.44 Carotid pulse
- 2.05 Apex beat
- 3.22 Stethoscopes in exams
- 4.1 Apex
- 4.53 Listening for murmurs at the apex - mitral regurgitation and mitral stenosis
- 7.1 Tricuspid area
- 7.47 Pulmonary area
- 7.56 Aortic area
- 10.01 ENDS

Part 11 - 28 MB CARDIOVASCULAR 11

- 0 Ensure patient comfortable
- 0.2 Peripheral oedema
- 0.53 Other things you say you would like to know about the patient
- 1.16 Presentation of findings and viva in OSCE
- 3.17 ECGs
- 4.04 Three golden rules for data interpretation
- 4.58 Conduction system of the heart
- 5.35 Coronary circulation
- 7.08 Scheme for going through ECGs
- 7.48 Rate
- 10.01 ENDS

Part 12 - 28 MB CARDIOVASCULAR 12

- 0 Rate continued
- 2.34 Regularity
- 8.21 P wave morphology
- 10.01 ENDS

Part 13 - 28 MB CARDIOVASCULAR 13

- 0 P wave morphology continued
- 0.45 PR interval
- 1.57 Heart block
- 2.18 First degree AV heart block
- 2.47 Second degree AV heart block
- 4.39 Mobitz type 1 = Wenckebach
- 5.04 Mobitz type 2
- 5.31 Third degree AV heart block
- 6.02 Complete AV heart block
- 7.53 Normal ECG axis - Einthoven's triangle and axis deviation
- 10.01 ENDS

Part 14 - 28 MB CARDIOVASCULAR 14

- 0 Axis deviation continued
- 2.37 Bundle branch block - QRS complex
- 8.4 ST segment / T wave
- 9.39 The cardiac territories
- 10.01 ENDS

Part 15 - 25 MB CARDIOVASCULAR 15

- 0 The cardiac territories
- 1.27 ECG practice examples - describe changes and make diagnosis
- 9.06 ENDS

Timecode **CARDIOVASCULAR Cont.**

Part 1 - 30 MB **CARDIOVASCULAR 16**

- 0 Introduction
- 1.18 Pericarditis and pericardial effusions
- 1.39 History - symptoms
- 3.19 Causes
- 6.1 Examination - signs
- 8.59 Investigations and other causes
- 10.01 ENDS

Part 2 - 29 MB **CARDIOVASCULAR 17**

- 0 Other causes continued
- 0.2 ECG
- 0.47 Management
- 2 Endocardial / valvular heart disease
- 3.11 Mitral valve disease
- 3.23 Mitral stenosis
- 3.3 History - symptoms
- 4.42 Examination - signs
- 7.46 Apex beat
- 9.59 ENDS

Part 3 - 29 MB **CARDIOVASCULAR 18**

- 0 Apex beat continued
- 0.09 Auscultation - murmur heard; palpation
- 3.23 Causes
- 3.44 Mitral regurgitation
- 3.48 Causes
- 4.5 Examination
- 5.29 Apex beat
- 5.58 Auscultation - murmur heard
- 9.36 Aortic stenosis
- 9.44 Presentation - history
- 10 ENDS

Part 4 - 29 MB **CARDIOVASCULAR 19**

- 0 Presentation - history continued
- 1.1 Examination
- 2.1 Apex beat
- 3.15 Auscultation - murmur
- 4.39 Causes
- 5.11 Aortic regurgitation
- 5.36 Examination
- 7.2 Apex beat
- 7.49 Murmur of aortic stenosis - omitted before
- 8.15 Auscultation - murmur of aortic regurgitation
- 10 ENDS

Part 5 - 30 MB **CARDIOVASCULAR 20**

- 0 Examination of every cardiovascular patient - decide before auscultation what listening for
- 0.52 Eponyms - signs
- 1.01 Fingers
- 1.16 Collapsing pulse
- 1.37 Face
- 2.5 Austin-Flint murmur

- 3.16 Pistol-shot femorals and Duroziez's sign
- 4.13 Causes of acute aortic regurgitation
- 4.58 Endocarditis
- 5.55 History - symptoms
- 6.39 Causative organisms
- 10.01 ENDS

Part 6 - 30 MB CARDIOVASCULAR 21

- 0 Causative organisms continued
- 0.27 Examination - signs of infective endocarditis
- 2.45 Investigations
- 4.16 Treatment
- 6.39 Endocarditis prophylaxis
- 8.55 Ischaemic heart disease
- 9.13 History
- 10.05 Risk factors
- 10.11 ENDS

Part 7 - 30 MB CARDIOVASCULAR 22

- 0 Risk factors
- 0.39 Past medical history
- 1.37 Examination
- 3.2 Investigations
- 3.53 Signs of heart failure on a chest X-ray
- 6.09 Acute coronary syndrome - algorithm
- 6.44 Unstable angina
- 8.22 Acute coronary syndrome - immediate management
- 9.54 ECG
- 10.01 ENDS

Part 8 - 26 MB CARDIOVASCULAR 23

- 0 ECG - STEMI / NSTEMI and unstable angina
- 0.27 STEMI - management
- 2.18 NSTEMI and unstable angina - management
- 4.07 Prognostic-improving drugs
- 7.17 Other drugs you might add
- 8.1 Management if patient goes into heart failure
- 8.28 Drugs if ongoing unstable chest pain awaiting intervention
- 9.22 Chronic disease management
- 9.3 Education
- 10.3 Risk factors
- 11.03 Multidisciplinary team
- 11.34 Medications
- 11.59 ENDS

Part 9 - 30 MB CARDIOVASCULAR 24

- 0 Acute and chronic complications
- 0.1 Acute complications
- 0.12 Heart failure
- 2.04 Sudden death
- 2.28 Chronic complications
- 3.04 Heart failure
- 3.32 Definition
- 4.13 Presentation - symptoms of fluid overload
- 5.29 Causes
- 6.5 Classification
- 7.36 Management of acute heart failure

- 9.56 Examination
- 10 ENDS

Part 10 - 29 MB CARDIOVASCULAR 25

- 0 Examination
- 1.44 Diagnostic investigations in the acute patient
- 1.49 Bloods
- 4.21 ECG
- 4.56 Chest X-ray
- 5.42 Echocardiogram
- 6.01 Treatment
 - 8.1 Treatment if no blood pressure
- 8.53 Management generally and monitoring
- 9.53 ENDS

Part 11 - 28 MB CARDIOVASCULAR 26

- 0 Third and fourth heart sounds
- 0.57 Acute heart failure - summary
- 1.05 Urine output
- 2.55 Catheterize or not?
- 3.37 Chronic heart failure - chronic disease management: education; risk factors; multidisciplinary team
 - 4.1 Drugs
- 9.06 Implantable defibrillators
- 9.44 Pacing
- 9.51 ENDS

Part 12 - 28 MB CARDIOVASCULAR 27

- 0 Pacing continued
- 0.47 Hypertension
 - 1.1 Grades (classification) and their management
- 6.37 Causes
- 7.57 History
- 8.48 Examination
- 9.18 Hypertensive retinopathy - four grades
- 9.57 Heart failure - cardiac dysfunction
- 10.03 ENDS

Part 13 - 15 MB CARDIOVASCULAR 28

- 0 Heart failure - cardiac dysfunction
- 0.09 Renal disease
- 0.3 Investigations
- 0.57 Chronic heart failure - B naturetic peptide (should have been mentioned before)
- 1.35 Investigations continued
 - 2.1 Chronic disease management
- 2.22 Treatment
- 6.09 ENDS

Timecode RENAL & DIABETES

Part 1 - 29 MB RENAL 1

- 0 Introduction
- 0.29 Renal
- 0.32 History - symptoms
- 4.17 Uraemia
- 7.52 Causes of renal impairment
- 8.15 Drug history
- 9.05 Rest of history
- 9.52 Examination
- 10 ENDS

Part 2 - 29 MB RENAL 2

- 0 Examination continued
- 2.32 Hands
- 4.23 Blood pressure
- 5.11 Capillary blood glucose
- 5.42 Temperature
- 5.53 Face
- 7.24 Neck
- 7.54 Respiratory system
- 8.03 Heart
- 8.45 Abdomen - characteristics of a renal mass as opposed to liver or spleen
- 10 ENDS

Part 3 - 29 MB RENAL 3

- 0 Abdomen - characteristics of a renal mass as opposed to liver or spleen continued
- 2.03 Peripheral circulation
- 2.43 Ensure patient is comfortable
- 2.52 Presentation of findings
- 3.13 Investigations
- 3.16 Bloods
- 5.03 Microbiology
- 8.25 Organisms that cause urinary tract infections
- 9.29 Treatment - antibiotics
- 10.02 ENDS

Part 4 - 29 MB RENAL 4

- 0 Treatment - antibiotics continued
- 3.33 Red cell casts - tubular damage
- 4.21 Proteinuria
- 5.37 Urinary protein: creatinine ratio
- 8.49 Other investigations
- 9.22 Radiology
- 9.59 ENDS

Part 5 - 29 MB RENAL 5

- 0 Radiology
- 1.17 Causes
- 1.55 Pre-renal
- 2.41 Obstructive
- 5.01 Treatment
- 5.31 Renal
- 6.4 Common causes of glomerulonephritis
- 9.35 Acute versus chronic renal failure

- 9.44 Definition of organ failure
- 10.01 ENDS

Part 6 - 29 MB RENAL 6

- 0 Functions of the kidney
- 3.41 Renal failure
- 5.54 Acute versus chronic renal failure
- 8.4 Tests to do when patient in renal failure
- 8.58 Pre-renal versus renal versus obstructive
- 9.53 ENDS

Part 7 - 30 MB RENAL 7

- 0 Pre-renal versus renal versus obstructive
- 0.11 Urea:creatinine ratio
- 1.29 Ultrasound
- 1.55 Urinary sodium and urinary osmolality
- 3.09 Top five causes of acute renal failure
- 5.36 Top five causes of chronic renal failure
- 6.13 Check drug chart - drugs cause everything
- 6.47 Management of acute renal failure
- 10 ENDS

Part 8 - 18 MB RENAL 8

- 0 Management of acute renal failure continued
- 5.15 Reasons for low urine output on surgical wards
- 6.09 ENDS

Part 9 - 30 MB DIABETES 1

- 0 Introduction
- 0.45 Definitions
- 3.3 Types
- 4.52 Type 1 Diabetes Mellitus
- 5.43 Presentation - symptoms
- 6.38 Type 2 Diabetes Mellitus
- 7.05 Presentation - symptoms
- 8.11 Examination of the well diabetic patient - annual review
- 9.39 Macrovascular complications
- 10.01 ENDS

Part 10 - 29 MB DIABETES 2

- 0 Macrovascular complications continued
- 0.21 Microvascular complications
- 1.26 Diabetic retinopathy
- 3.43 Eye disease
- 4.43 Feet
- 5.1 Neurology
- 5.29 Causes of peripheral sensory neuropathy
- 6.29 Neurological complications of diabetes
- 7.48 Summary of all complications of diabetes
- 8.45 Diabetic coma
- 9.01 Hypoglycaemia
- 10.02 ENDS

Part 11 - 28 MB DIABETES 3

- 0 Hypoglycaemia continued
- 1.16 Underlying cause
- 1.58 Management

- 4 Hyperglycaemia
- 4.06 Diabetic ketoacidosis
- 4.16 Presentation
- 5.07 Confirm diagnosis - investigations
- 6.53 Corroborative history
- 7.27 Examination
- 8.08 Initial management
- 8.53 Investigations
- 10 ENDS

Part 12 - 28 MB DIABETES 4

- 0 Investigations
- 0.37 Senior review
- 0.5 Treatment
- 1.33 Fluids
- 6.47 Potassium
- 8.03 Low molecular weight heparin
- 8.37 Treat underlying cause
- 8.59 NG tube
- 9.34 Insulin sliding scale
- 10 ENDS

Part 13 - 28 MB DIABETES 5

- 0 Insulin sliding scale continued
- 0.15 Blood glucose and units of insulin to give per hour
- 4.24 Hyperosmolar non-ketotic coma
- 4.45 Causes
- 5.36 Initial investigations and management
- 6.36 Insulin sliding scale
- 8.09 Fluids
- 9.33 Low molecular weight heparin
- 10.02 ENDS

Part 14 - 28 MB DIABETES 6

- 0 Treat underlying cause
- 0.15 Management - insulin regimes once eating and drinking in hospital
Four times-daily regime
- 6.45 Twice-daily regime
- 8.51 HBA1c - measure control over past three months
- 9.53 Chronic disease management
- 10.01 ENDS

Part 15 - 36 MB DIABETES 7

- 0 Five questions to ask - chronic disease management
Four-step generic management of any chronic disease - Education, Risk Factors,
- 0.19 Multidisciplinary Team, Drugs
- 0.47 Insulin
- 1.01 Oral hypoglycaemics
- 1.21 Biguanides - metformin
- 5.08 Sulphonylureas compared with biguanides
- 5.47 Sulphonylureas and half-life
- 7.07 Glitazones
- 7.47 Repaglinide group
- 8.37 Acarbose
- 9.08 Gliptins and GLP-1 mimetics
- 12.16 ENDS

Timecode GI AND HEPATOBILIARY

Part 1 - 29 MB GI AND HEPATOBILIARY 1

- 0 Introduction
- 1.5 History - symptoms
- 1.56 Nausea, vomiting and haematemesis
- 3.3 Abdominal pain
- 4.11 Bowel habit; stools
- 5.42 Anorexia; weight loss; appetite
- 8.04 Dysphagia
- 9.58 ENDS

Part 2 -29 MB GI AND HEPATOBILIARY 2

- 0 Dysphagia continued
- 0.29 Structure history - upper GI from mouth down to lower GI and bowels
- 2 Hepatobiliary symptoms
 - 2.1 Jaundice
- 3.08 Risk factors for acute and chronic liver disease
- 4.18 Previous medical history
- 4.28 Treatment history
- 4.41 Social history (including alcohol history)
- 7.18 Review of systems
- 7.49 Examination
- 8.04 Hands
 - 8.11 Leuconychia
 - 9.45 Koilonychia continued
- 10 ENDS

Part 3 - 29 MB GI AND HEPATOBILIARY 3

- 0 Koilonychia continued
- 0.29 Clubbing
- 1.45 Palmar erythema
- 3.04 Dupuytren's contracture
- 6.43 Flap
- 7.32 Signs of encephalopathy
- 8.18 Causes of encephalopathy
- 9.01 Get patients to draw a six-pointed star to assess encephalopathy - constructional dyspraxia
- 10 ENDS

Part 4 - 29 MB GI AND HEPATOBILIARY 4

- 0 Get patients to draw a six-pointed star to assess encephalopathy - dyspraxia
- 0.33 Other causes of asterixis
- 0.51 Arms
- 2.21 Pulse and blood pressure
- 2.42 Face
- 4.01 Neck; lymph nodes
- 5.21 Chest
- 5.25 Spider naevi
- 6.02 Causes of spider naevi
- 6.31 Gynaecomastia
- 6.46 Physiological causes of gynaecomastia
- 7.47 Pathological causes of gynaecomastia
- 9.12 Examine for gynaecomastia
- 9.45 Do not confuse gynaecomastia with galactorrhoea
- 10 ENDS

Part 5 - 29 MB GI AND HEPATOBILIARY 5

- 0 Do not confuse gynaecomastia with galactorrhoea continued
- 0.11 Loss of male distribution of hair
- 0.45 Abdomen
- 0.51 Five signs of chronic disease in the abdomen
- 1.01 Caput medusae
- 3.59 Signs of chronic liver disease
- 4.46 Spider naevi found on back and shoulders too
- 5.11 Causes of jaundice with signs of chronic liver disease
- 7.25 Causes of jaundice without signs of chronic liver disease
- 9.48 Hepatomegaly with and without chronic liver disease
- 10 ENDS

Part 6 - 29 MB GI AND HEPATOBILIARY 6

- 0 Hepatomegaly with and without chronic liver disease
- 0.11 Malignancies
- 0.31 Splenomegaly
- 0.43 How to distinguish the spleen from a kidney or other mass
- 2.03 How to examine for the spleen
 - 2.3 Examination of the abdomen generally
- 5.22 Examination for the spleen continued
- 6.05 Five causes of a giant spleen - A-sized
- 7.16 Causes of a B-sized spleen
- 7.45 Causes of a C-sized spleen
 - 8.1 Causes of a D-sized spleen
- 8.49 Causes of hepatosplenomegaly
- 9.18 Ascites
 - 9.3 Examination for ascites
- 10.01 ENDS

Part 7 - 30 MB GI AND HEPATOBILIARY 7

- 0 Examination for ascites continued
- 3.12 Causes of ascites
- 3.15 Transudates
- 4.29 Exudates START
- 5.39 Use serum ascites albumin gradient to classify instead of transudate v. exudate
- 9.11 Other things about ascites
- 10.15 ENDS

Part 8 - 38MB GI AND HEPATOBILIARY 8

- 0 Spontaneous bacterial peritonitis - a cause of ascites in the encephalopathic patient
- 1.03 Examination
 - 1.21 Peritoneal tap
- 2.28 Treatment
- 3.16 What fluids not to give if encephalopathic
 - 4.4 Things to check
- 5.34 Investigations generally
- 6.28 Bloods
 - 6.31 Full blood count
 - 8.38 Urea and electrolytes
 - 9.59 Random blood glucose
- 10.25 Liver function tests
 - 10.3 Inflammatory markers - ESR and CRP
- 10.59 Autoimmune disease
- 11.52 Other bloods
- 12.18 Liver function tests
- 13.51 ENDS

- Part 9 - 2 MB GI AND HEPATOBILIARY 9**
 Video tape ran out - Adam Feather instead gives a summary to camera of what you need to know
 0
 0.07 Raised alkaline phosphatase with other LFTs normal
 0.33 ENDS
- Part 10 - 30 MB GI AND HEPATOBILIARY 10**
 0 Patient with newly diagnosed chronic liver disease - liver screen
 1.47 Radiology
 2.57 Endoscopy
 4.04 Specific diseases
 4.08 Dysphagia
 5 Investigations
 5.36 Treatment
 5.48 Haematemesis
 6.02 Causes
 8.59 Questions to ask about the haematemesis
 9.21 Risk factors and past medical history
 10.02 ENDS
- Part 11 - 29 MB GI AND HEPATOBILIARY 11**
 0 Risk factors and past medical history continued
 0.4 Management of acute upper GI bleed (non-variceal)
 2.27 Bloods
 3.18 If haemodynamically stable
 3.4 If not haemodynamically stable
 5.2 Stigmata of an unstable ulcer
 6.23 Management of an unstable ulcer
 9.06 Transfusion - who are you going to transfuse?
 10.01 ENDS
- Part 12 - 28 MB GI AND HEPATOBILIARY 12**
 0 Transfusion - who are you going to transfuse? continued
 0.26 Prognosis - Rockall criteria
 5.15 Oesophageal varices
 6.26 Causes
 7.09 Classification - grades
 7.56 Risk factors
 8.54 Primary prophylaxis - anyone at risk
 10 ENDS
- Part 13 - 28 MB GI AND HEPATOBILIARY 13**
 0 Primary prophylaxis - anyone at risk - continued
 0.37 Severe bleeding
 1.04 Child-Pugh score (severity of underlying disease) affects prognosis
 3.13 Mild, moderate, and severe (or A, B, and C) disease according to Child-Pugh score
 4.2 Initial management of patient with a major oesophageal bleed
 7.15 Vasoconstrictors to use if any delay before endoscopy
 8.4 Endoscopy; banding, injection, balloon tamponade - Sengstaken-Blakemore tube
 10 ENDS
- Part 14 - 28 MB GI AND HEPATOBILIARY 14**
 0 Sengstaken-Blakemore tube continued
 4.09 TIPSS Transjugular intrahepatic portosystemic shunting
 5.05 Treatment if patient survives
 5.36 Anti-encephalopathy treatment

- 6.52 Causes of malabsorption
- 8.08 Coeliac disease
- 8.23 Inflammatory bowel disease
- 10 ENDS

Part 15 - 28 MB GI AND HEPATOBILIARY 15

- 0 Inflammatory bowel disease continued
- 0.35 Aetiology and risk factors
- 1.36 Extra-GI manifestations
- 1.49 Eyes
 - 2 Skin
- 3.05 Joints
- 3.31 Hepatobiliary
- 4.03 Renal
- 4.21 Amyloid
- 4.43 Distinction between ulcerative colitis and Crohn's disease
- 5.36 Presentation
- 6.43 Initial management
- 7.26 If acutely unwell
- 7.37 Definition of a severe attack
- 7.57 Examination
- 8.15 Investigations
- 9.06 Treatment of an acute attack
- 10.01 ENDS

Part 16 - 28 MB GI AND HEPATOBILIARY 16

- 0 Treatment of an acute attack continued
- 0.33 Indications for surgery
- 1.38 Drugs
- 1.55 Nutrition
- 2.25 Multi-disciplinary team
- 2.47 Patient in remission
- 2.57 Ulcerative colitis treatment
- 4.05 Treatment if patient deteriorates
- 4.31 Steroids avoided if possible
- 4.51 Smoking
- 5.16 Crohn's disease treatment
- 6.22 Treatment if patient deteriorates
- 6.42 Complications (of Crohn's disease especially)
- 7.46 Multidisciplinary team
- Other topics not covered in these sessions - need to read up on constipation, diarrhoea, lower GI bleeds, and colonic carcinoma
- 8.15
- 8.55 ENDS

Timecode NEUROLOGY

Part 1 - 29 MB NEUROLOGY 1

- 0 History - symptoms
- 0.24 Headache
- 4.27 Central versus peripheral things
- 5.11 Loss of consciousness
- 6.25 Seizures
- 7.41 Higher functions
- 7.57 Comprehension
- 9.54 Dysphasia
- 10 ENDS

Part 2 - 29 MB NEUROLOGY 2

- 0 Dysphasia continued
- 1.31 Dysarthria
- 3.28 Change in voice
- 4.39 Eyes
- 6.02 Hearing
- 6.33 Peripheral nervous system
- 6.37 Weakness and sensory loss
- 10.03 ENDS

Part 3 - 30 MB NEUROLOGY 3

- 0 Weakness and sensory loss continued
- 2.13 Presentation of the neurological history - dominant hand
- 2.49 Examination
- 3.01 Cartoon to help you remember the location of all the cranial nerve nuclei
- 5.46 Generic causes of anything in the CNS
- 10.02 ENDS

Part 4 - 31 MB NEUROLOGY 4

- 0 Generic causes of anything in the CNS
- 0.18 Cranial nerve examination
- 1.16 Olfactory (I)
- 2.18 Causes of olfactory lesions
- 3.02 Eyes (II, III, IV, and VI)
- 3.21 Vision
- 3.29 Acuity
- 6.17 Visual fields
- 7 Diagram
- 8.47 How to describe a patient's fields
- 10.01 ENDS

Part 5 - 30 MB NEUROLOGY 5

- 0 How to describe a patient's fields continued
- 1.26 Common lesions
- 1.31 Retina
- 3.16 Optic nerve
- 3.44 Optic chiasm
- 4.46 Optic tracts and optic radiation
- 5.55 Optic cortex
- 6.49 Testing the visual fields
- 9.56 Extraocular muscles
- 10.01 ENDS

Part 6 - 30 MB NEUROLOGY 6

- 0 Extraocular muscles (III, IV, and VI)
- 0.13 Lesion of III
- 3.29 Lesion of IV rarely in isolation
- 3.39 Lesion of VI
- 4.21 H' pattern
- 5.54 Pupils
- 6 Equal
- 7.02 Sympathetic versus parasympathetic
- 8.1 Unilateral problems
- 9.23 Horner's syndrome
- 10.01 ENDS

Part 7 - 48 MB NEUROLOGY 7

- 0 Horner's syndrome continued
- 2.14 Causes of Horner's syndrome
- 3.49 Reactive to light
- 5.56 Ophthalmoscopy
- 6.01 Technique
- 11.14 Common retinopathies
- 11.21 Four grades of hypertensive retinopathy
- 12.04 Diabetic retinopathy
- 12.56 Optic atrophy
- 13.4 Maculopathy
- 14.07 Ophthalmoscopy practice
- 16.02 ENDS

Part 8 - 30 MB NEUROLOGY 8

- 0 Eyes summary
- 0.25 Trigeminal (V)
- 0.47 Motor part and how to test the motor part
- 1.47 Sensory part
- 4.34 How to test the sensory part
- 7.21 Facial (VII)
- 9.49 Upper Motor Neuron lesion
- 10.02 ENDS

Part 9 - 29 MB NEUROLOGY 9

- 0 Lower Motor Neuron lesion
- 0.28 Causes of Upper Motor Neuron lesion
- 1.01 Causes of Lower Motor Neuron lesion
- 2.4 Vestibulocochlear (VIII)
- 2.55 Weber's test
- 3.46 Rinne's test
- 4.16 Otoscopy
- 5.11 Glossopharyngeal (IX) and Vagus (X)
- 7.26 Testing a patient's swallow
- 10.01 ENDS

Part 10 - 28 MB NEUROLOGY 10

- 0 Testing a patient's swallow
- 2.42 Spinal part of accessory (XI)
- 4.49 Hypoglossal (XII)
- 5.42 Cerebellar assessment
- 6.22 Hands - dysdiadochokinesis and intention tremor
- 9.04 Eyes
- 9.36 Speech

10.02 ENDS

Part 11 - 28 MB NEUROLOGY 11

- 0 Speech
- 0.24 Ataxia
- 0.47 Gait
- 2.47 Unilateral cerebellar diseases
- 4.21 Bilateral cerebellar diseases
- 5.42 Lesions in the cerebellum
- 6.53 Peripheral nervous system
- 7.01 Examination
- 7.44 Motor examination
- 7.48 Upper motor neuron versus lower motor neuron
- 9.08 Examination of the upper limbs
- 9.1 Inspection
- 10.01 ENDS

Part 12 - 28 MB NEUROLOGY 12

- 0 Inspection continued
- 0.39 Tone
- 1.59 Power
- 2.13 Shoulders (including how to grade power generally)
- 4.42 Elbows (biceps and triceps)
- 5.54 Wrists
- 6.24 Fingers
- 8.21 Lower limbs
- 8.3 Inspection
- 8.35 Tone
- 9.38 Power
- 9.51 Hips
- 10.01 ENDS

Part 13 - 28 MB NEUROLOGY 13

- 0 Hips continued
- 0.45 Knees
- 1.24 Feet
- 2.25 Coordination
- 3.09 Reflexes - upper limb
- 4.39 Reflexes - lower limb
- 5.44 Plantar reflex
- 8.21 Roots of the reflexes
- 9.29 Sensation - dorsal column versus spinothalamic tract
- ENDS

Part 14 - 24 MB NEUROLOGY 14

- 0 Dermatomes - upper limb
- 1.51 Dermatomes - lower limb
- 4.08 Examination
- 4.11 Light touch
- 5.04 Classic sensory problems
- 6.24 Causes of peripheral sensory neuropathy
- 7.45 Pain
- 8.07 Vibration
- 9.03 Joint position sense
- 10 ENDS

Timecode NEUROLOGY cont. & INFECTIONS & THYROID DISEASE

Part 1 - 29 MB NEUROLOGY 15

- 0 Introduction
- 0.4 Stroke
- 1.14 Definition
- 3.32 Infarction
- 3.52 Oxford Stroke Classification
- 7.49 History
- 7.52 History of presenting complaint
- 8.17 Risk factors
- 8.3 Drug history
- 8.54 Differential diagnosis
- 9.22 Social history
- 9.52 ENDS

Part 2 - 29 MB NEUROLOGY 16

- 0 Social history continued
- 0.11 History summarized
- 0.42 Examination
- 0.45 Why examine?
- 1.5 Risk factors on examination
- 4.48 Temperature
- 5.28 Carotid bruit
- 7.5 Investigations
- 8.32 Bloods
- 9.58 Chest X-ray
- 10.01 ENDS

Part 3 - 29 MB NEUROLOGY 17

- 0 Chest X-ray continued
- 0.25 ECG
- 1.05 Echo
- 1.16 Carotid ultrasound
- 4.02 Management
- 5.14 First 24 hours
- 6.1 Medications
- 7.4 Contraindications to thrombolysis
- 9.39 Temperature
- 9.51 Capillary blood glucose
- 10.15 ENDS

Part 4 - 29 MB NEUROLOGY 18

- 0 Blood pressure
- 0.09 Treat underlying risk
- 0.2 Risk factors
- 2.19 Psychological support
- 2.55 Multidisciplinary team
- 3.08 Rehabilitation
- 3.29 Oxford Stroke Classification - important for predicting how likely patient will get independent
- 5.37 Seizures
- 6.13 Causes of secondary seizures (i.e. other than epilepsy)
- 7.31 Metabolic causes (large subgroup)
- 10.02 ENDS

Part 5 - 29 MB NEUROLOGY 19

- 0 Metabolic causes (large subgroup) continued
- 0.19 Causes of secondary seizures (i.e. other than epilepsy) continued
- 2.11 Primary epilepsy
- 2.14 Classification
- 3.04 Focal or partial seizures - types
- 4.15 Aura versus prodrome
- 5.09 Focal or partial seizures continued
- 5.37 Generalized seizures - types
- 6.55 History from patient
- 7.57 Corroborative history
- 8.3 Think about secondary causes, family history, past medical history
- 9.2 ENDS

Part 6 - 29 MB NEUROLOGY 20

- 0 Social history
- 0.15 Going back to secondary seizures - drugs that cause seizures
- 2.05 Examination
- 3.21 Investigations
- 5.1 Management
- 5.15 Negotiation and education
- 8.25 Treatment options
- 9.2 Risk factors
- 9.34 Medications
- 10.02 ENDS

Part 7 - 30 MB NEUROLOGY 21

- 0 Medications continued
- 4.58 Parkinsonism
- 5.39 Causes of secondary Parkinsonism
- 5.44 Drugs
- 7.47 Vascular
- 8.1 Parkinsonism plus atypical features
- 9.58 Toxins
- 10.01 ENDS

Part 8 - 38 MB NEUROLOGY 22

- 0 Toxins continued
- 0.1 Trauma
- 0.45 History - classic features of Parkinson's
- 2.26 Examination
- 3.19 Investigations
- 5.13 Management
- 6 Medications
- 9.44 L-dopa
- 11.39 If difficult to control
- 12.04 Use of stereotactic surgery
- 13.03 ENDS

Part 9 - 30 MB NEUROLOGY 23

- 0 Demyelination and multiple sclerosis
- 0.58 Dipyridamole - missed out earlier
- 1.41 Risk factors / aetiology
- 2.31 Types
- 3.11 Sites of demyelination
- 4.18 Examination
- 5.28 Investigations

- 6.27 Chronic disease management
- 6.44 Treatment
- 6.49 Steroids in the acute phase
- 7.05 Treatments in the chronic phase
- 9.41 Demyelination and peripheral sensory neuropathy or cerebellar syndrome
- 10.04 ENDS

Part 10 - 29 MB NEUROLOGY 24

- 0 Meningitis
- 0.29 Types
- 0.57 Viral
- 2.19 Bacterial
- 2.26 Causative organisms
- 3.14 Presentation
- 3.53 Examination
- 6.15 Generic - any infectious disease
- 8.11 Investigations in bacterial meningitis
- 8.15 Bloods
- 9.58 ENDS

Part 11 - 28 MB NEUROLOGY 25

- 0 Bloods continued
- 0.22 Other investigations
- 0.34 Lumbar puncture
- 1.27 Cerebrospinal fluid
- 2.31 Normal
- 3.37 In viral / bacterial / TB meningitis
- 6.53 Differentials between bacterial / TB meningitis
- 8.59 Treatment
- 9.59 ENDS

Part 12 - 28 MB NEUROLOGY 26 AND INFECTIONS

- 0 Treatment continued
- 0.23 Broad-spectrum antibiotics
- 2.04 Steroids
- 3.03 Antibiotics generally - head to toe
- 3.11 Ear, Nose, and Throat
- 4.15 Eyes
- 4.51 Chest
- 5.41 Endocarditis
- 6.26 Hepatobiliary
- 7.02 Bowel
- 7.34 Hospital's microbiology policy
- 7.56 Renal
- 8.38 Skin
- 9.05 Joints
- 9.45 Serious infection generally
- 9.59 ENDS

Part 13 - 28 MB INFECTIONS; MOTOR NEURONE DISEASE; THYROID DISEASE 1

- 0 Serious infection generally continued
- 0.46 Motor Neurone Disease
- 1.44 Typical features
- 3.36 Examination to exclude differentials
- 4.24 Treatment
- 4.39 Multidisciplinary team
- 5.03 Palliative care discussed while well

- 6.07 Random things
- 6.22 Thyroid disease
- 6.39 History - symptoms
- 7.03 Central nervous system
- 8.09 Cardiovascular
- 8.37 Gastrointestinal
- 8.57 Gynaecological
- 9.16 Musculoskeletal
- 9.32 General
- 10 ENDS

Part 14 - 28 MB THYROID DISEASE 2

- 0 General
- 0.02 Examination
- 0.33 Neck mass
- 0.46 From the end of the bed
- 1 Graves' triad
- 1.17 Other signs of autoimmune disease
- 1.27 Inspection
- 1.37 Swallow test while watching and tongue protrusion
- 2.07 Examination of the mass from behind
- 2.35 Lymph nodes
- 2.46 Swallow test while feeling
- 2.58 Bruit
- 3.09 Percussion for retrosternal extension
- 3.2 Pemberton's sign
- 4.25 Examination of patient's thyroid status
- 4.38 From the end of the bed
- 4.44 Hands
- 6.31 Pulse
- 6.38 Proximal myopathy
- 6.51 Eye signs
- 7.21 Speech
- 7.37 Complexion
- 8.07 Weight loss
- 8.12 Bruit over goitre
- 8.36 Reflexes
- 9.05 Pre-tibial myxoedema
- 9.13 Investigations
- 9.59 ENDS

Part 15 - 24 MB THYROID DISEASE 3; THERAPEUTICS TOPICS GENERALLY

- 0 Thyroid function tests
- 0.15 Hypothyroidism
- 0.29 Thyrotoxicosis
- 0.56 Sick euthyroid syndrome
- 1.39 Treatment
- 1.45 Hypothyroidism
- 3.51 Thyroidectomy for cosmetic reasons if euthyroid
- 4.21 Thyrotoxicosis
- 4.27 Drugs
- 6.18 Radioactive iodine therapy
- 6.51 Surgical removal
- 7.04 Other things to tell you
- 7.06 Therapeutics topics that often come up
- 7.58 ENDS