

# Образец текста для реферирования **ДЛЯ КАНДИДАТСКОГО ЭКЗАМЕНА ПО АНГЛИЙСКОМУ ЯЗЫКУ**

*Прочитайте текст без словаря, передайте основное содержание прочитанного на английском языке. Будьте готовы ответить на вопросы экзаменатора по содержанию прочитанного:*

## **CLASSIFYING OPEN FRACTURES**

An open fracture can be defined as a broken bone that is in communication through the skin with the environment. The amount of communication can vary from a small puncture wound in the skin to a large avulsion of soft tissue that leaves the bone exposed.

### **Staging**

Open fractures have been classified by Gustilo and Anderson.<sup>1,2</sup> The classification of open fractures is based on the size of the wound and the amount of soft-tissue injury, and correlates with both infection and amputation rates as shown below.

### **Gustilo and Anderson classification of open fractures**

- Type I: clean wound smaller than 1 cm in diameter, appears clean, simple fracture pattern, no skin crushing.
- Type II: a laceration larger than 1 cm but without significant soft-tissue crushing, including no flaps, degloving, or contusion. Fracture pattern may be more complex.
- Type III: an open segmental fracture or a single fracture with extensive soft-tissue injury. Also included are injuries older than 8 hours.

### **Management**

The aims of management are to prevent infection, ensure healing of the fracture and promote the restoration of function. The treatment of open fractures should be considered as an emergency. Adequate fluid/blood replacement, analgesia, splinting, antibiotics and tetanus prophylaxis are required before surgical treatment.<sup>3</sup> Start broad spectrum antibiotics (e.g. IV co-amoxiclav) as soon as possible after injury (certainly within 3 hours).

### **Surgical**

- The most important surgical aspect of care in open fractures includes early and complete debridement of non-viable tissue and stabilisation of the fracture.
- Even as little as a 5-hour delay in debridement is associated with increased infection rates.
- Early wound management generally includes the use of antibiotic-impregnated beads and definitive wound closure within 1 week of injury.

### **Complications**

Patients with open fractures are at risk of complications of acute **wound infection** and **osteomyelitis**. Infection can result in non-union of the fracture, chronic osteomyelitis and can possibly result in the need for **amputation**. There is also a risk of tetanus infection.

## Образец реферата к тексту «Classifying Open Fractures»

The text is called «Classifying Open Fractures».

The text deals with definition, classification, management and complications of open fractures.

According to the text an open fracture is a broken bone that is in communication through the skin with the environment.

The classification of open fractures is based on the size of the wound and the amount of soft-tissue injury.

Gustilo and Anderson differentiate three types of open fractures:

- Type I: clean wound smaller than 1 cm in diameter, no skin crushing.
- Type II: a laceration larger than 1 cm but without significant soft-tissue crushing
- Type III: an open segmental fracture or a single fracture with extensive soft-tissue injury.

The treatment of open fractures should be considered as an emergency. Adequate fluid/blood replacement, analgesia, splinting, antibiotics and tetanus prophylaxis are required before surgical treatment. The most important surgical aspect of care in open fractures includes early and complete debridement of non-viable tissue and stabilisation of the fracture.

Major complications of open fractures are acute wound infection and osteomyelitis. There is also a risk of tetanus infection.

The information presented in the text may be useful for medical students studying traumatology.