



# The Hong Kong College of Anaesthesiologists

## Final Fellowship Examination

### Paper I

2<sup>nd</sup> Aug 2002 (Friday)

09:00 - 10:30 hrs

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#### Instructions:

- For each clinical scenario there are three related short questions.
- There are three pre-labelled answer books. Please make sure you answer the respective scenario in the appropriate answer book.
- Write your examination number on the cover of each answer book.
- Answer All questions (nine questions). They worth equal marks and you should spend approximately ten minutes for each short question.

#### Scenario A

A 30 year old woman with a ten year history of recurrent supraventricular tachycardia is scheduled for an elective caesarean section in three days time. She requests a regional anaesthetic technique because she experienced awareness during a previous general anaesthetic for appendicetomy.

- Describe your pre-operative assessment.
- List the regional anaesthetic technique (central blockade) that can be used for caesarian section. Discuss their advantages and disadvantages.
- What is the incidence of awareness during general anaesthesia for caesarean section. Discuss how this problem can be minimized.

#### Scenario B

A 35 year old previously healthy man suffered a fractured left femur and fractures of left 4<sup>th</sup> and 5<sup>th</sup> ribs in a motor vehicle accident. During placement of a femoral rod under general anaesthesia the oxygen saturation falls from 98 to 90%.

- Discuss the likely causes for this fall in oxygen saturarion and your management.
- Describe the Fat Embolism Syndrome (including the pathophysiology) associated with trauma.
- The patient fails to awaken after the operation. Discuss your management.

#### Scenario C

An 80 year old man is admitted the day before surgery for repair of an enlarging abdominal aortic aneurysm.

7. Outline the anaesthesia implications of old age.
8. How would you manage the complications associated with aortic cross clamping and declamping ?
9. Discuss the use of epidural analgesia for postoperative pain management in this patient.

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