



The Hong Kong College of Anaesthesiologists

Final Fellowship Examination

Paper I

19 March 2010 (Friday)

09:00 – 10:30

Instructions:

- a. There are three pre-labelled answer books. Please make sure you answer the respective questions in the appropriate answer book.
- b. Write your examination number on the cover of each answer book.
- c. Answer **ALL** questions (nine questions). They are worth equal marks and you should spend approximately ten minutes for each question.

Scenario A

A 79-year-old man presents to the Accident and Emergency (A&E) department with abdominal pain and diagnosis of a leaking abdominal aneurysm is made. He is conscious and orientated with BP of 90/60 mmHg and heart rate of 120/minute (sinus rhythm). He gives a past history of hypertension, and mild chronic renal impairment. The surgeons wish to operate as soon as possible

1. Describe the initial management of this patient in the A&E department.
2. The patient is now inside the Operating Theatre. What are the principles of management at induction of general anaesthesia?
3. Twenty-four hours later in the Intensive Care Unit you are asked to review the patient for poor urine output. Abdominal compartment syndrome is suspected. Outline the pathophysiology and manifestations of abdominal compartment syndrome.

Scenario B

You are called to assess a woman at 36 week gestation for elective Caesarean Section because the patient is noted to have high blood pressure with possible fetal growth retardation.

4. List the possible causes for the hypertension in this patient. What are the clinical features, associated problems, and necessary investigations for preeclampsia?
5. Discuss the pre-operative and intra-operative anaesthetic management of this patient if she has been diagnosed to have pre-eclampsia.
6. Discuss the use of magnesium and its side effects in the treatment of pre-eclampsia.

Scenario C

A 40-year-old housewife with a history of menorrhagia is scheduled for an elective laparoscopic hysterectomy. She has a history of chronic alcoholism. On examination, she appears sweaty and anxious. Her vital signs are as follows: BP 140/100mmHg, HR 130/min, T 36.8°C, RR 15/min. You also notice that she is hiding her hands which are shaking uncontrollably. You suspect acute alcohol withdrawal with underlying chronic alcoholism.

7. Outline the concerns in the pre-anaesthetic assessment of this patient.
8. Describe your management plan. (including pre-, intra- and post-operative).
9. This patient complains of pain and numbness in her right leg 2 days after her operation. List the possible causes and outline your management.

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