

**Hong Kong College of Anaesthesiologists**



**Final Examination**

**Paper I**

**9 Questions**

**26th March 1999, Friday**

**09:00 hrs - 10:30 hrs**

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**Instructions :**

- a). For each clinical scenario there are three related short questions.
- b). Please write your answers for each scenario in the appropriately labelled answer book.
- c). Record your examination number on the cover of each answer book.
- d). Answer ALL questions. They are worth equal marks and you should spend approximately ten minutes for each short question.

**Scenario A :**

A 76 year old female patient with insulin dependent diabetes mellitus requires a diagnostic uterine curettage.

1. How appropriate is it for her to be admitted on the morning of surgery?
2. How should her diabetes be managed perioperatively? Give reasons for your plan.
3. Can she be discharged on the same day? Give the discharge criteria for her.

**Scenario B**

A 30 year old man who sustained an automobile accident was brought to your hospital. He was unconscious with neck contusions, some crepitus in the right clavicle area and bilateral pneumothorax. The A&E doctor intubated him with a size 6 endotracheal tube, inserted bilateral chest drains and ventilated him. A free gas under diaphragm was found in the abdominal X-ray. Immediate laparotomy revealed negative findings.

The thoracic surgeon now requests you to change the endotracheal tube for a larger size to aid fiberoptic examination of the airway and subsequent management in the intensive care unit.

4. How would you assess the airway at this juncture?
5. What are the options for changing the endotracheal tube , and what would you do?
6. What would be your strategy for inability to re-intubate and/or ventilate if the endotracheal tube was accidentally pulled out by your assistant?

**Scenario C :**

A healthy 22 year old parturient (height 160 cm, weight 75 kg) was scheduled for elective caesarean section because of marginal placenta praevia. She received 18 ml of 2% lignocaine with adrenaline epidurally for anaesthesia. Twenty minutes after the onset of surgical anaesthesia and while the surgeon was extracting the baby, the patient complained of dyspnoea, became hypotensive, and lost consciousness.

7. Discuss your differential diagnosis in this scenario.
8. Outline your management of this patient
9. Discuss the advantages and disadvantages of regional anaesthesia versus general anaesthesia for caesarean section because of placenta praevia.

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