

Hong Kong College of Anaesthesiologists



Final Examination

Paper I

21st March 2003, Friday

09:00 hrs - 10:30 hrs

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 65-year-old man requires fixation of a fractured neck of femur sustained within the last 24 hours. He is a known insulin-dependent diabetic, who had an inferior myocardial infarction 3 years ago from which he has made a good recovery. His only other medication is enalapril for mild hypertension. On preoperative assessment he is haemodynamically stable.

- Outline your preoperative assessment and management of this patient.
What is the optimal time for surgery, and why?
- Describe and justify your anaesthetic technique.
- What are the important post-operative risk factors and how would you minimise them?

Scenario B

A 20-year-old lady is scheduled for a Video-Assisted-Thoracoscopic (VAT) Pleurodesis for a persistent right-sided spontaneous pneumothorax. She requests a regional anaesthetic for this procedure as her previous general anaesthetic for an appendectomy 2 years ago resulted in protracted vomiting, dizziness and sore throat.

- What regional anaesthetic options are available? List the potential intra-operative problems with this procedure being performed under regional anaesthesia.
- After discussion the patient agrees to a general anaesthetic. Discuss your proposed anaesthetic technique for this procedure.
- Shortly after arrival in the recovery ward, the patient complains of respiratory difficulty with a SpO₂ reading of 88% on 40% oxygen. List the possible causes and briefly outline your management.

Scenario C

A previously fit 21-year-old man presents with recent onset ataxia. An MRI shows a mass lesion in the cerebellum. He is scheduled for craniotomy in the sitting position.

- What are the advantages and disadvantages of the sitting position for posterior fossa surgery?
- Outline the methods you can employ to provide optimal intra-operative conditions for the surgery.
- List the intra-operative monitoring needed for this patient and outline how you would diagnose and treat venous air embolism should it occur.

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