



The Hong Kong College of Anaesthesiologists

Final Fellowship Examination Paper I

15th July 2005 (Friday)
09:00 – 10:30 hrs

Instructions:

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

An 82 years old man weighing 70 kg is scheduled for a left total shoulder joint replacement in the beach chair position. He is taking prazosin 2 mg twice daily, candesartan cilexetil (angiotensin II inhibitor) 16mg / hydrchlorthiazide 12.5 mg once daily. He carries out his daily activities with no distress apart from having a left shoulder disability. Physical examination reveals no abnormalities. His ECG shows left axis deviation with evidence of old ischaemia, his chest X-ray shows no abnormality and his biochemical and haematological investigations are all within normal limits.

1. Outline the points, specific to anaesthesia for this procedure, which you would discuss with the patient when obtaining informed consent.
2. One hour later, the patient becomes significantly hypotensive, BP 60/30 mmHg and atrial fibrillation with a rate of 130 /min is noted on the ECG monitor. Discuss how you would manage this situation
3. Discuss the value of a postoperative visit with this patient.

Scenario B

You received a trauma team call to manage a 20 years old male jogger who was a hit by a truck. In the Accident and Emergency Department, the patient is moaning in pain and can move his limbs. His blood pressure is 90/60 mmHg and pulse 110/minute. Clinically chest is clear. Lower abdomen appears to be tender and there is pain on examination of pelvis. He has fracture of right femur and compound fracture of left lower leg.

4. What are your immediate priorities in the management of this patient?
5. Discuss the relative merits of diagnostic peritoneal lavage, focused assessment with sonography for trauma (FAST) scan and CT scan of the abdomen in the management of suspected abdominal trauma in this patient.
6. This patient had pelvis fracture and external fixation could not control the bleeding. Embolisation is required. Discuss the management of problems associated with this procedure.

Scenario C

A 68 years old man was found to have a carotid bruit on routine body check-up. Subsequent duplex scan revealed 75% stenosis of his right common carotid artery.

His diabetes mellitus is well-controlled on gliclazide and he is otherwise healthy. He has a functional capacity of more than 4 metabolic equivalents (METs). All his baseline investigations (blood count, renal function, ECG and CXR) are within normal range.

7. Is carotid endarterectomy advisable for this patient? Explain your answer.
8. Describe, with reference to relevant anatomy, how deep and superficial cervical plexus blocks be performed for carotid endarterectomy.
9. Outline the important issues for the postoperative management after carotid endarterectomy

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