



The Hong Kong College of Anaesthesiologists

Final Fellowship Examination

Paper I

22nd August 2008 (Friday)

09:00 – 10:30 hrs

Instructions:

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

Scenario A

A 60 years old patient with severe aortic stenosis (valve area 0.6 cms, and a mean gradient of 70mmHg), presents with gastro-intestinal haemorrhage, and is booked for a gastroscopy. When you see the patient 2 hours after admission the blood pressure is 120/95 mmHg, pulse rate 100 bpm and the haemoglobin level is 7.5 g/dl.

- Outline your assessment of this patient.
- Justify your decision whether or not to transfuse this patient pre-operatively.
- Endoscopy revealed bleeding from a large duodenal ulcer and the surgeon proceeded to laparotomy. During laparotomy, he remarks that the blood is not clotting. Outline your response to this statement.

Scenario B

A 30 years old woman is now 36 weeks pregnant. She has been well all along. Two days ago, she presented with noisy breathing and difficulty in breathing during sleep. She was seen by an ENT surgeon and a supraglottic mass was found. The obstetrician and ENT surgeon decided to perform an elective Caesarean section followed by microlaryngoscopy to remove the supraglottic mass in the same setting at 37 weeks of gestation.

- You are consulted for a preoperative assessment. Discuss the options of anaesthetic management.
- The patient goes into labour before the scheduled date. On admission to labour ward, her cervix is 2 cm dilated. Her supraglottic mass remains the same in size and she finds no difficulty in breathing when she props herself up in bed. The ENT surgeon is happy to remove the mass few days after her delivery. You are asked to provide labour pain relief for her. Discuss your options.
- Three hours into labour, you are informed the patient needs an urgent Caesarean section for fetal distress. The patient has an epidural on board and you decide to top up the epidural for the procedure. The patient screams upon incision. Discuss your anaesthetic management.

Scenario C

A 35 years old male who is previously healthy, had a complete spinal cord lesion at C5/6 due to road traffic accident 4 months ago and became tetraplegic.

7. Write an account of peri-operative autonomic dysreflexia and its management.
8. He is scheduled for a cystoscopy and urethral sphincterotomy. Explain whether spinal anaesthesia is your preferred anaesthetic technique or not. Describe how a spinal anaesthesia would be performed in this patient.
9. The patient developed peritonitis on day 2 due to inadvertent perforation of the urinary bladder during cystoscopy and would require an urgent laparotomy. What are the anaesthetic considerations?

- END-