



## The Hong Kong College of Anaesthesiologists

### Final Fellowship Examination

#### Paper II

19 March 2010 (Friday)

11:00 – 12:30

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#### 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.
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- You are asked to provide anaesthesia for patients undergoing oocytes retrieval for in-vitro fertilisation (IVF) in an IVF centre located in a commercial building. What are the necessary standards to ensure safe practice?
- Define obstructive sleep apnea (OSA). Discuss the criteria for appropriate selection and discharge of OSA adult patients undergoing ambulatory surgery
- A 65-year-old man with no significant medical history underwent robotic prostatectomy under general anaesthesia. He was in a steep Trendelenberg position for 6 hours and intraoperative blood loss was 1.5 litres. 24 hours after the operation, he complained of bilateral visual loss. What are the differential diagnoses and outline your management.
- Discuss the use of lipid emulsion for resuscitation of local anaesthetic systemic toxicity.
- A 2 year boy was injured in a traffic accident. On arrival at hospital, he had weak peripheral pulses and unrecordable blood pressure. Peripheral intravenous cannulation was unsuccessful. What are the alternative routes of vascular access for fluid resuscitation? Outline the potential disadvantages and complications of these routes of vascular access.
- List the equipment that should be available for management of unanticipated difficult intubation. Discuss the requirements to ensure safe provision and utilization of these equipment.
- What are the mechanisms of actions of spinal opioids? Discuss the uses and adverse effects of spinal opioids in anaesthesia.
- Describe the potential complications and preventive strategies when performing a deep cervical plexus block for surgical anaesthesia for carotid endarterectomy.
- An intracranial pressure (ICP) monitor shows an ICP of 35 mmHg. A CT scan shows a tight brain, small ventricles and no clot. What immediate checks and management should be instituted?

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