



The Hong Kong College of Anaesthesiologists

Final Fellowship Examination

Paper I

18th March 2011 (Friday)

09:00 – 10:30 hrs

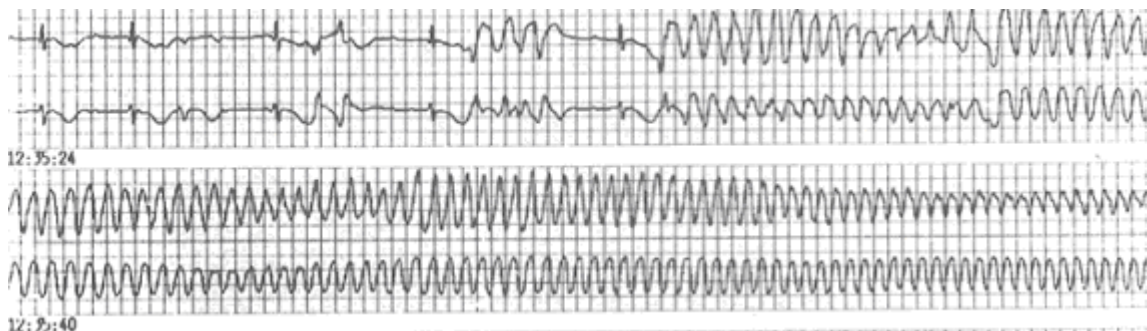
Instructions:

- 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-year-old lady presents for an emergency craniotomy following a subarachnoid haemorrhage. She was found collapsed in the toilet but has subsequently regained consciousness.

- What are your anaesthetic concerns? Briefly discuss your management plan.
- The procedure goes on uneventfully for 3 hours when she suddenly becomes bradycardic and her systolic blood pressure drops to 60mmHg. The following electrocardiogram (ECG) is recorded. List the abnormal ECG features. Outline your treatment algorithm.



- She fails to regain consciousness 2 days after surgery. After excluding all potentially reversible causes of coma, discuss how you would determine brain stem death in this patient and your subsequent anaesthetic management for organ harvest.

Scenario B

A 2-year-old girl has been hospitalized for 10 days due to chest infection. She has been treated with antibiotics. Unfortunately, the infection is complicated with left pleural effusion and empyema. She is scheduled for thoracoscopic debridement.

4. What are your concerns? Discuss your preoperative preparation.
5. Justify your choice of airway device for single lung ventilation in this child.
6. What are the options for postoperative pain relief? Explain your choice.

Scenario C

A 65-year-old man, who has triple vessels disease with stable angina but otherwise healthy, has undergone coronary angiography and percutaneous coronary intervention (PCI) with stents inserted.

7. Discuss the different types of coronary stents and outline the implications for a patient with coronary stents requiring non-cardiac surgery.
8. Two weeks after PCI, the patient presents to the Emergency Department with haematemesis. He is scheduled for oesophagogastroscopy to control his bleeding and the endoscopist requests anaesthetic support from you. What are the main issues on your pre-operative assessment?
9. Outline your anaesthetic plan for this patient undergoing oesophagogastroscopy.

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