



The Hong Kong College of Anaesthesiologists

Final Fellowship Examination

Paper II

18th March 2011 (Friday)

11:00 – 12:30 hrs

Instructions:

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

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1. A 70 kg adult presents on your list for a routine laparotomy. Following induction of anaesthesia and the administration of a full dose of a non-depolarising muscle relaxant, you discover that you cannot intubate him. A laryngeal mask airway (LMA) is not helpful. Give a detailed account of how you would proceed to achieve oxygenation in this patient.
 2. Describe the sensory innervation of the hip joint. List the methods of post-operative regional analgesia (excluding neuraxial blocks) for hip arthroplasty.
 3. Discuss the methods of postoperative acute pain relief for the patient with moderate to severe obstructive sleep apnoea scheduled for extended right hepatectomy with expected blood loss.
 4. A 70 year old gentleman undergoing transurethral resection of the prostate gland (TURP) under spinal anaesthesia suddenly becomes confused and cyanosed. You suspect TUR syndrome. Describe the mechanism for this condition and outline your immediate management.
 5. A 65-year-old man with chronic hepatitis B cirrhosis is scheduled for laparoscopic cholecystectomy for biliary colic. Preoperative investigations revealed a platelet count of 70×10^9 /L. He has no manifestations of abnormal bleeding. Discuss the causes and perioperative management of low platelet count in this patient.
 6. Define acute postoperative hypertension. What are the factors associated with acute postoperative hypertension? How would you manage acute postoperative hypertension?

7. Describe the problems associated with anaesthetising a patient for abdominal laparoscopy.

8. A 60 year old man presents for a video assisted thoracoscopic resection of his right upper lobe. At the end of a 2 hour procedure this patient remains unresponsive to all stimulation for 45 minutes. List the differential diagnoses. Outline your management.

9. The son of the consultant surgeon of your hospital had a strangulated left inguinal hernia two days ago and was reduced in the ward. He is scheduled for laparoscopic left inguinal hernia repair under general anaesthesia. He was born prematurely at 32 weeks and is now 7-day-old. His father would like you to give his son an anaesthetic that will not affect his brain. Discuss the evidence for his concerns. What explanation would you give the father to reassure him?

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