



## The Hong Kong College of Anaesthesiologists

### Final Fellowship Examination

#### Paper I

17<sup>th</sup> August 2012 (Friday)

09:00 – 10:30

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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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#### Scenario A

**A 60-year-old is scheduled for elective abdominal hysterectomy. She has a past history of severe postoperative nausea and vomiting.**

- Describe the pathophysiology of PONV.
- Describe the risk factors and scoring systems used for PONV.
- Outline and justify your plan of management for PONV for this patient.

#### Scenario B

**An 85-year-old lady with a history of hypertension, hyperlipidaemia and type II diabetes mellitus presented with interstitial cystitis for hydro-distension in the day surgical centre. Her medications included amlodipine, metformin and simvastatin. Examination findings were unremarkable.**

- Discuss the suitability and rationale for ambulatory surgery for this lady.
- Discuss the use of regional anaesthesia vs. general anaesthesia for this patient.
- In the recovery ward, she appeared agitated and disoriented to place and person. Her vital signs were stable. List the risk factors for developing postoperative delirium. (40%) How could it be minimised? (60%)

#### Scenario C

**You were requested to see a 2-year-old girl who choked on a peanut snack 6 hours ago. She was clearly distressed with rapid breathing, an audible wheeze and an intermittent cough. Saturation was 95% on room air.**

- Describe your pre-operative assessment.
- The on call ENT surgeon wanted to proceed to rigid bronchoscopy. Outline your anaesthetic management.
- Following successful removal of the peanut from the right main bronchus, you proceeded to wake up the child. During emergence, she suddenly developed acute obstruction with desaturation. List the differential diagnosis (40%) and outline your management (60%).