



## The Hong Kong College of Anaesthesiologists

### Final Fellowship Examination

#### Paper I

16 August 2013 (Friday)

09:00 – 10:30 hrs

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#### 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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#### Scenario A

**A 60-year-old lady presents with a severe headache and subarachnoid haemorrhage is suspected after a CT scan. She opens her eyes to commands, is slightly confused but obeys commands. There are no motor deficits. Her blood pressure is 200/120mmHg. Her family indicates that she was reluctant to seek medical care in the past and they are unaware of any significant medical history.**

- a) Discuss possible management options aimed at minimizing intracerebral complications in this lady.
- b) Further imaging shows an aneurysm at the posterior communicating artery. The surgeons decide to take this patient for a craniotomy to clip the aneurysm. Discuss the factors you will consider in planning whether to extubate this patient or not.
- c) The surgeons indicate the aneurysm has ruptured and they are trying to place a temporary clip to control the bleeding. Discuss how you would manage this crisis.

#### Scenario B

**A 54-year-old man with a history of aortic stenosis presents with a perforated gastric ulcer requiring a laparotomy. He was previously offered corrective cardiac surgery but he refused.**

- a) Describe your preoperative assessment of the patient.
- b) How would you anaesthetize this patient?
- c) Intraoperatively, the patient develops hypotension. Describe your management.

### **Scenario C**

**A 60-year-old man with a 40 pack-year smoking history presents with a mid-oesophageal carcinoma for video-assisted thoracoscopic and laparoscopic oesophagectomy. He gives a history of progressive dysphagia over 3 months associated with 20 kg weight-loss. Examination reveals a cachexic male with stable vital signs on total parenteral nutrition.**

- a) Briefly describe the composition, indications and complications of total parenteral nutrition. How would it affect your perioperative management?
- b) Devise an anaesthetic plan that would help to minimize postoperative morbidity.
- c) How would you manage desaturation during the thoracoscopic dissection of the oesophagus?

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