



**The Hong Kong College of Anaesthesiologists**  
**Final Fellowship Examination**  
**Paper I – Clinical Scenario (1 - 6) & SAQ (7 - 12)**  
**5 March 2018 (Monday)**  
**09:00 – 11:00 hours**

**Instructions:**

- a. There are four pre-labelled answer books. Please make sure you answer the questions in the respective answer book.
- b. Write your candidate number on the cover of each answer book.
- c. Use ink or ball-point pen.
- d. Answer **ALL** questions. They are worth equal marks and you should spend approximately **ten minutes** for each question. For questions with multiple parts, allocation of marks is indicated in the brackets.

**Scenario A**

**You are asked to perform a preoperative assessment in a 54-year-old male smoker with a base of tongue cancer who is listed for hemiglossectomy, bilateral radical neck dissection and free radial forearm flap reconstruction. He is also known to have a regular heavy alcohol intake.**

1. What specific factors must you consider prior to surgery when assessing this patient (70%), and what implications do they have (30%)?
2. He has limited mouth opening and a fixed floor of mouth. You decide that he requires an awake nasal fiber-optic intubation to secure his airway prior to induction of anaesthesia. Describe the options for anaesthetizing his airway.
3. What are the important concerns for this type of surgery (40%)? What would be your physiological goals and measures you would take to ensure a good flap outcome (60%)?

**Scenario B**

**You perform a preoperative assessment for a 36-week gestational para O parturient for a lower segment caesarean section. The parturient has unremarkable medical and antenatal history. The platelet count is  $80 \times 10^9$  per L**

4. Discuss the causes of thrombocytopenia (75%) and the importance of establishing a diagnosis (25%).
5. Discuss the principles in the choice of anaesthetic technique (75%). What extra precautions you would take if decide for neuraxial anaesthesia (25%)?
6. Lower segment caesarean section is being performed under spinal anesthesia. You are informed by the obstetrician that uterine atony is detected and blood loss now is about 1700 ml. Discuss your approach in managing this parturient.

## Short Answer Question

7. What are the key nerves that must be blocked for effective analgesia in shoulder surgery (25%)? In performing an interscalene block, what are the possible neurological complications (25%), and how would you improve the safety of the procedure (50%)?
8. A 74-year-old patient is scheduled for primary total knee replacement. What are the potential benefits of enhanced recovery program (ERAS) for this type of surgery (20%)? List the perioperative interventions that aim to support ERAS in this patient (80%).
9. What are the implications for the patient of an inadvertent wrong-sided peripheral nerve block (40%)? List the factors that have been identified to contribute the performance of a wrong side block (30%). What other medication errors can occur in anaesthesia (30%)?
10. A 63-year-old man is scheduled for carotid endarterectomy 10 days after having suffering a cerebrovascular accident. What are the advantages and disadvantages of performing the procedure using a local anaesthetic technique (40%)? How can his risk of a further cerebrovascular accident perioperatively be minimized (40%)? What other specific postoperative complications may occur (20%)?
11. Discuss the anesthetic concerns in patient with active pulmonary tuberculosis scheduled for operation under general anaesthesia.
12. A 1-year-old boy is going to have laminectomy for tethered cord syndrome in the prone position. For this patient, what are the risks of prone positioning (40%)? List the pros and cons of using cuffed endotracheal tube (40%) and describe the characteristic of an ideal cuffed paediatric endotracheal tube (20%).

**END**