


| | | |
|--|--|---|
| <p>Tanta University</p> <p>Faculty of Medicine</p> <p>Anesthesia, SCC & Pain Medicine Dep.</p> <p>Date: 13 / 10 / 2018</p> | <p>Exam : Diploma – 2nd Part (Paper 2)</p> <p>No. of Questions: 12 Short Answer Questions (SAQs)</p> <p>Times allowed: 3 hours</p> <p>Total marks: 1st Q and 2nd Q → 5 marks/Q 3rd to 12th Q → 4 marks/Q Total (50 marks)</p> |  |
|--|--|---|

- Q1. Define severe ARDS and discuss the role of prone positioning in its management.
- Q2. Surviving Sepsis Campaign recommends Early Goal Directed Therapy (EGDT) in severe sepsis and septic shock. However, preliminary results of the Australian Resuscitation in Sepsis Evaluation (ARISE) failed to show benefit from EGDT versus controls: What is your opinion, considering the impact of this conflict on your practice?
- Q3. Awareness under anesthesia is a potential risk in certain clinical settings like trauma patients: Discuss risk-management of awareness under anesthesia.
- Q4. A 64-year-old man with past medical history of COPD, scheduled for a thoroscopic resection of right middle lobe squamous cell carcinoma: What pulmonary function tests may help to assess postoperative pulmonary risk? Discuss the most important intraoperative concern during one lung anesthesia?
- Q5. Discuss risk management of intraoperative bronchospasm in asthmatic patient undergoing laparoscopic gastric sleeve surgery.
- Q6. Outline WHO initiative (safe surgery saves lives) in the orthopedic settings.
- Q7. Describe assessment of a 43-year-old man with liver cirrhosis in anesthesia clinic, scheduled for laparoscopic cholecystectomy for gall bladder stone causing resistant biliary colic.

Q8. A 53-year-old lady presents on the 4th postoperative day of open cholecystectomy with a 1-day history of vomiting, diarrhea, poor oral intake and inconvenience to insulin therapy. Clinical examination reveals: pulse is 118 bpm, SpO₂ is 98%, BP is 105/65 mmHg, temperature is 37.3 C^o and respiratory rate is 28/min. The mouth is dry and there is mild diffuse abdominal tenderness. Blood chemistry shows: Na⁺134 mmol/L, K⁺ 3.6 mmol/L, Cl⁻ 110 mmol/L, HCO₃⁻ 8 mmol/L, albumin 40 g/L, glucose 360 mg/dl, BUN 24 mg/dl, and creatinine 1.3 mg/dl. ABGs are as follow: pH 7.25, PaO₂ 95 mmHg (FiO₂ 0.21), and PaCO₂ 21 mmHg. After 2 hours of resuscitation with 3 L of 0.9% saline and insulin 6 u bolus iv followed by 6 u /h, her laboratory work up shows: pH 7.22, Na⁺142 mmol/L, K⁺4 mmol/L, Cl⁻116 mmol/L, HCO₃⁻ 8 mmol/L, and glucose 61 mg/dl. How you would manage at this sitting?

Q9. Surgical pain may change to chronic pain, when inappropriately managed. Define the chronic post-surgical pain. Enumerate its risk factors. Describe your role in reducing its incidence.

Q10. Outline the cardio-respiratory physiological changes in infant and its implications during the perioperative setting?

Q11. What is TURP syndrome, and what is the treatment?

Q12. How do you determine whether surgical repair of an open eye injury is emergent or urgent?

.....GOOD LUCK.