

Instructions:

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

Scenario A

You are asked to see a 14 year old patient with Down's Syndrome scheduled for extraction of four molar teeth. His old notes have been mislaid, but his carers inform you that he has been in hospital before.

- 1. Outline, with reasons, your preoperative assessment of this patient.
- 2. You think he may be slightly cyanosed, a little breathless at rest and you can hear a soft systolic heart murmur. The rest of your cardiovascular examination is normal. What is your differential diagnosis? Describe, with reasons, what additional information you require before you would administer an anaesthetic to this patient.
- 3. Outline, with reasons, the disadvantages and advantages in listing this patient for day surgery.

Scenario B

A 47 year old male who is otherwise well presents with a right upper lobe lung abscess 7 cm in diameter. He is scheduled for a right upper lobectomy.

- 4. What problems could the presence of this abscess cause during induction and maintenance, and how would you overcome these problems.
- 5. The patient develops hypoxia (saturation 75%) at the beginning of the lung resection. Describe what steps you would take to restore adequate oxygenation.
- 6. Describe and justify your method of postoperative pain control.

Scenario C

A 70 year old lady is admitted for an elective gastrectomy for treatment of her carcinoma of stomach. Preoperative assessment showed apathy, sluggish response to verbal command and a mean heart rate of 55/min.

- 7. List the anaesthetic implications of hypothyroidism.
- 8. Describe your pre-operative preparation of this patient.
- 9. Before thyroid replacement therapy could be commenced, she has a severe hematemesis (confirmed at endoscopy as active arterial bleeding from the malignant gastric ulcer) and is booked for emergency laparotomy under general anaesthesia. Describe your anaesthetic management.