



## The Hong Kong College of Anaesthesiologists

### Final Fellowship Examination

#### Paper I

16<sup>th</sup> March 2012 (Friday)

09:00 – 10:30 hrs

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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

**An adult patient is listed for an open cholecystectomy. On preoperative assessment, you suspect that this patient has got obstructive sleep apnoea (OSA).**

- What features in the clinical history and examination would increase your suspicion that this patient has OSA?
- List the preoperative investigations that may be useful in the assessment of the OSA patient. For each investigation, indicate the abnormality you would expect to find.
- How will the presence of OSA influence your perioperative management of this patient?

#### Scenario B

**A fit primigravida is in the first stage of labour and she requests epidural analgesia for pain relief.**

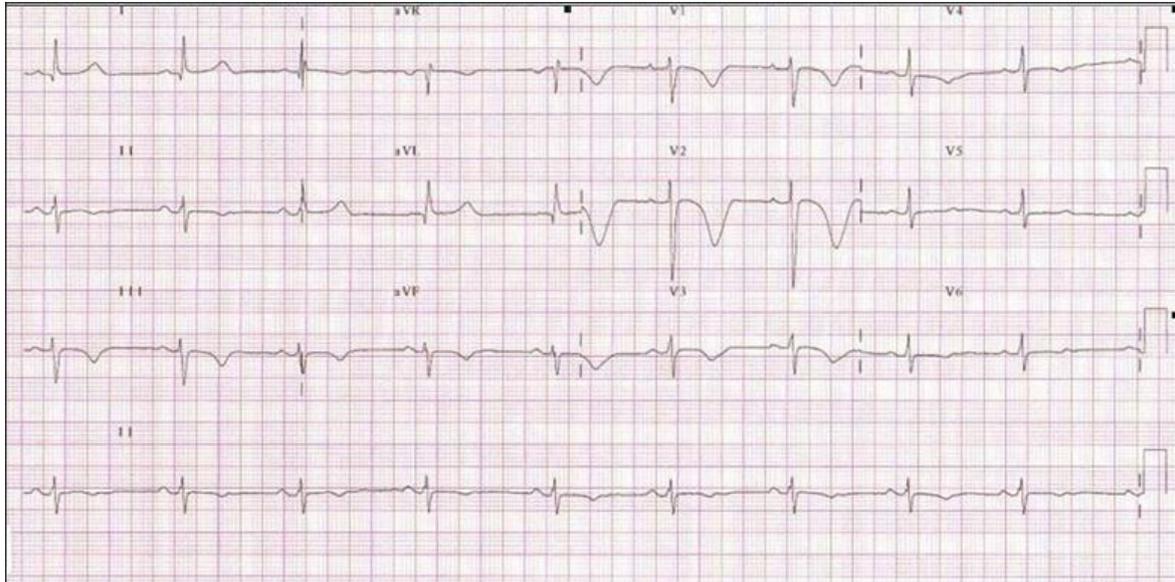
- During the attempt, inadvertent dural puncture occurs with a 16 gauge Tuohy needle. Outline your management.
- After vaginal delivery the patient is unwell with postpartum haemorrhage (PPH) and remains tachycardic after fluid resuscitation. What is the definition of PPH and what are the causes of PPH?

**She requires further obstetrical intervention and an initial examination under anaesthesia is planned.**

- Outline your management of this patient with PPH and potential massive obstetric haemorrhage. Discuss whether you would use regional or general anaesthesia for this patient.

### Scenario C

A 58-year-old male with a diagnosis of subarachnoid haemorrhage is booked for emergency coiling of his cerebral aneurysm in the Radiology suite. On examination he had a Glasgow Coma Score of 12 (E3V4M5) and the following ECG.



7. What are the implications of this ECG and outline your major considerations in anaesthetizing this patient?
8. The neurosurgeons and radiology staff inform you that they would like to do the case as soon as possible. Briefly describe your management of this patient up to the point of induction.
9. Heparin has been administered as requested. Then you notice a spike in the arterial pressure and the neuroradiologist indicates to you that he thinks the aneurysm has ruptured. How would you manage this situation?

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