



The Hong Kong College of Anaesthesiologists

Diploma in Pain Management Examination

Paper TWO

Friday, 27 October 2006, 11:00 h. – 12:00 h.

Instructions:

- I. There are three clinical scenarios; each scenario has three related short questions.
- II. Please **answer** questions from **two scenarios only**.
- III. There should be a total of six short questions answered and they carry equal marks.
- IV. Please write your answer for each scenario in appropriately labelled answer books.
- V. Record your candidate number and question number on each answer book.

Scenario A

A 70-year-old lady with disseminated carcinoma of breast treated with lumpectomy and radiotherapy to lumbar spine complains of moderate pain over the right chest wall. Her Morphine Sulphate SR dose has been increased to 450 mg per day over the last week. In the last 2 days she had uncontrolled jerky movement in her left leg.

- Q.1 List your differential diagnosis and explain what you would do to confirm the diagnosis.
- Q.2 Her serum calcium is elevated at 2.6mmol/l. What is the treatment for hypercalcaemia?
- Q.3 Outline how you will management her pain.

Scenario B

A 20-year-old female has a 2-year history of right pelvic pain. Nine months ago, a laparoscopy showed some spots of endometriosis in the pouch of Douglas and some filmy adhesions. She has had a course of gonadotrophin releasing hormone analogues for 6 months, which rendered her amenorrhoeic, but which did not help her pain. She has been referred to the pain clinic.

- Q.4 What other history will be useful?
- Q.5 What is your differential diagnosis? How will you explain this to the patient?
- Q.6 Describe your management plan.

Scenario C

A patient with spinal cord traumatic injury at T10 level ten years ago, sees you at the pain clinic complaining of diffuse burning pain over the lower half of his body down to both lower limbs and left shoulder pain. He is paraplegic and mobilizes with a wheelchair. He has tried different medications in the past, and recently been prescribed Morphine Sulphate 120 mg 8 hourly by his regular doctor. He informs you that his pain control is reasonable with this dose. However, he has persistent dizziness, nausea and constipation while on opioid.

- Q.8 Describe the principles of evaluating the suitability of a patient for implantable intrathecal therapy.
- Q.9 List the possible causes and the principles of management of loss of analgesic effects over time in a patient with long term administration of intrathecal opioids?

--- End ---