



The Hong Kong College of Anaesthesiologists

Diploma in Pain Management Examination

Paper TWO

Friday, 02 November 2007, 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

You have been approached by the Director of your Anaesthetic Department who is concerned that a new junior specialist has been prescribing perioperative ketamine in major cases “to help pain management”. The Director is concerned that this will lead to significant problems with ketamine side effects.

- Q1. What is the proposed mechanism of ketamine in perioperative pain management?
- Q2. Outline other intraoperative approaches that can limit the severity of postoperative pain?
- Q3. Briefly describe the preoperative factors can exacerbate or inhibit severity of postoperative pain?

Scenario B

A 60 year old woman with a history of bladder cancer that was previously treated with radical cystectomy and radiotherapy presents with acute severe pelvic pain. Evaluation revealed a local recurrence with recto-vaginal fistula and pelvic infection. Attempts to increase the patient's morphine dose caused intolerable sedation, nausea and vomiting.

- Q4. Outline your management of this patient.
- Q5. What are the therapeutic options when morphine regimen fails due to dose limiting toxicity?
- Q6. Patient also complains of an episodic, sharp shooting pain in the pubic area. Justify your choice of first line medication for this pain.

Scenario C

The vascular surgeon has consulted you for a bilateral lumbar neurolytic chemical sympathectomy in an 80 year old lady with ischaemic ulcers due to peripheral vascular disease which is not operable. She has a past medical history of cerebrovascular accident, atrial fibrillation and gout. Recent echocardiogram showed normal left ventricular function with mitral & tricuspid regurgitation. Her medications are digoxin, allopurinol, frusemide, potassium supplements and clopidogrel.

- Q7. What are your considerations when you see her for the lumbar sympathetic chemical neurolysis?
- Q8. Discuss the pharmacology of phenol as a neurolytic agent.
- Q9. Describe the assessment of the effects of sympathetic block in this patient.

--- End ---