

The Hong Kong College of Anaesthesiologists Final Fellowship Examinations

Paper I – Clinical Scenario (1 - 6) & SAQ (7 - 12) 23 March 2023 (Thursday)

09:00 - 11:00 hours

Instructions:

- a. There are twelve pre-labelled answer books. Please make sure you answer the questions in the respective answer books.
- b. Write your candidate number on the cover of each answer book.
- c. Use ink or ball-point pen.
- d. There are 12 questions in this paper. Answer **ALL** questions. They are worth equal marks and you should spend approximately **ten minutes** for each question. For questions with multiple parts, allocation of marks is indicated in the brackets.
- e. Questions 1-3 are related to Scenario A, Questions 4-6 are related to Scenario B, Questions 7-12 are standalone short answer questions.

Scenario A

A 55-year-old lady with rheumatoid arthritis scheduled for elective right total hip replacement.

- 1) Outline your major concerns for this patient in your preoperative anaesthetic assessment.
- 2) Laboratory test revealed microcytic and hypochromic anaemia with haemoglobin of 9g/dl. What are the possible causes (20%) and your strategies to reduce perioperative allogeneic blood transfusion in this patient (80%)?
- 3) Compare and contrast the use of single shot peripheral nerve block versus continuous epidural infusion for postoperative pain management.

Go to page 3 for Scenario B
Questions 4-6

Scenario B

A 66-year-old woman sustained head injury after a fall at home. At the Emergency Department, her GCS was E3V4M5 and no external wound or other site of injury was noted. CT brain showed a 1 cm acute subdural haematoma at the left frontal parietal region. She has atrial fibrillation and a transient ischaemic attack 3 years ago on bisoprolol and dabigatran. Neurosurgeon would like to arrange an emergency craniotomy for clot evacuation.

- 4) What are your major considerations in the preoperative assessment?
- 5) During your assessment, the patient developed generalized tonic-clonic convulsion, which stopped spontaneously after 1 minute. She now appears very drowsy with GCS E2V3M3.

 Discuss how you would prepare this patient for surgery.
- 6) 5 minutes after operation started, SpO2 drops to 88%. Arterial blood pressure shows 220/100mmHg with a pulse 55 bpm. Describe how you are going to stabilize this patient.

Go to page 4 for Questions 7-12 **Short Answer Questions**

7) A 74-year-old man presents for an elective femoral popliteal artery bypass procedure for left

leg ischaemia. Outline your preoperative assessment and optimization to reduce

cardiovascular complications.

8) Outline the perioperative considerations for ambulatory surgery for patients with suspected

obstructive sleep apnea syndrome (OSAS) (50%) and measures to mitigate the risks for such

patients. (50%)

9) A 30-year-old patient with C6 spinal cord injury one year ago is put on list for ureteric stenting.

What is autonomic dysreflexia? (30%) Describe the intraoperative management of autonomic

dysreflexia. (70%)

10) Define chronic postsurgical pain (10%). Briefly describe the incidence (10%), etiology (20%),

and prevention (60%) of chronic postsurgical pain after open inguinal hernia repair operation.

11) A 75-year-old lady, known to have chronic rheumatic heart disease with mitral stenosis and

mitral regurgitation, is scheduled to have open total gastrectomy for CA stomach. Her latest

transthoracic echocardiogram 3 years ago showed severe mitral stenosis and moderate mitral

regurgitation with a mean pulmonary artery pressure 60mmHg. She was reported to have

orthopnea and leg swelling but no shortness of breath at rest.

i) Outline the concerns in preoperative assessment? (40%)

ii) How would you manage perioperatively with regard to the underlying chronic

rheumatic heart disease for the operation? (60%)

12) A 65-year old man presented with stridor and is booked for emergency tracheal stenting via

rigid bronchoscopy for an obstructing mid-tracheal mass. Outline your anaesthetic

management for this patient.

| | End | of | Paper | |
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