

**The Hong Kong College of Anaesthesiologists**

**Final Fellowship Examinations**

**Paper I – Clinical Scenario (1 - 6) & SAQ (7 - 12)**

**9 April 2024 (Tuesday)**

**09:00 – 11:00 hours**

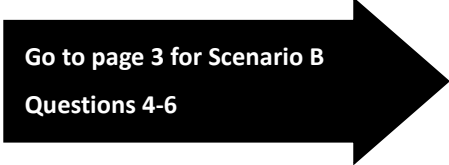
**Instructions:**

- 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 62-year-old man with a history of alcoholic cirrhosis and portal hypertension is admitted for intestinal obstruction from an incarcerated hernia. The patient has had previous bouts of encephalopathy and ascites, with an INR of 2.5. The surgeons have listed the patient for an open laparotomy on your list.

- 1) Describe your targeted preoperative assessments focusing on the anaesthesia considerations and discuss how you would optimize the patient for the procedure.
- 2) Outline your anaesthetic management plan for the laparotomy.
- 3) During the operation, the surgeon informs that the surgical site is “oozy” and there is excessive blood loss. Describe your approach to the management of the bleeding.




Go to page 3 for Scenario B  
Questions 4-6

## **Scenario B**

**A 12-month-old boy is scheduled for elective repair of cleft lip and palate in the same operation. According to his parents, the boy has a history of snoring.**

- 4) Please outline your perioperative concerns for this patient.**
- 5) Discuss the options of perioperative analgesia for this boy and the advantages and disadvantages of these options.**
- 6) The operation was completed after 4 hours. The patient was extubated and sent to the recovery room. You are called by the recovery room nurse 5 minutes afterwards as the patient is noted to have noisy breathing. Outline your management.**



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

## Short Answer Questions

- 7) A 75-year-old man with poorly controlled hypertension and recent stroke presents for Carotid Endarterectomy (CEA).
- Describe your intraoperative anaesthetic goals for this patient undergoing CEA (50%).
  - What are the advantages and disadvantages of performing this procedure under regional anaesthesia (50%)?
- 8) You are going to setup an “enhanced recovery after surgery” (ERAS) program for minimally invasive (combined video-assisted thoracoscopic and laparoscopic) oesophagectomy in your hospital. List the anaesthetic components that would be included in your program.
- 9) List the neuraxial techniques suitable for providing continuous analgesia in labour (20%).  
What are the absolute and relative contraindications for obstetric neuraxial anaesthesia/analgesia (30%)?  
Discuss the causes of failure to achieve adequate analgesia with a standard epidural technique (50%).
- 10) List the indications for Endovascular (or Mechanical) Thrombectomy (EVT) in patients presenting with acute stroke (30%).  
Outline the anaesthetic challenges (35%) and goals (35%) when providing general anaesthesia for a patient who requires EVT.
- 11) Hip fractures remains a leading cause of death amongst elderly patients despite an improvement in providing timely surgery (within 36-48 hours).
- List the “acceptable” reasons to delay surgery awaiting optimisation of patients in the pre-operative period (25%).
  - Discuss your intra-operative anaesthetic concerns (and how you are going to address these) for this group of often co-morbid and elderly patients (75%).
- 12) A patient has undergone lumbar spine surgery under general anaesthesia in prone position. He complained of isolated unilateral visual loss in the recovery room after regaining consciousness with no history of ocular problems. There were no other critical events documented in the record. What should be your immediate management (20%)?  
Your department chief asks you to draft a practice guide for lumbar spine surgery to avoid or prevent this complication in the future. What would you include in this draft focusing on preoperative patient consultation (40%) and patient positioning (40%)?

----- End of Paper -----