



The Hong Kong College of Anaesthesiologists

Final Fellowship Examinations

Paper I – Clinical Scenarios & SAQs

11 August 2025 (Monday)

09:00 – 11:00 hours

Instructions:

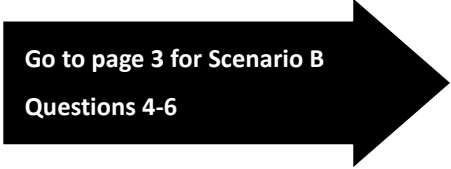
- a. There are twelve pre-labelled answer books. Please make sure you answer the questions in the respective answer books.
- b. Write your candidate number on the cover of each answer book.
- c. Use ink or ball-point pen.
- d. There are 12 questions in this paper. Answer **ALL** questions. They are worth 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 50-year-old man with history of pulmonary tuberculosis has developed shortness of breath with tracheal stenosis. Rigid bronchoscopy and airway stent insertion is booked in the emergency list.

- 1) Outline the preoperative assessment and management.
- 2) Describe the intraoperative anaesthetic management, including the explanation of your choice of anaesthetic agent (70%). Describe TWO ventilatory methods that can be used in this case (30%).
- 3) Tracheal stent was inserted uneventfully. The operation lasted for 1 hour. Patient woke up to obey simple command and was transferred to the recovery room. 20 minutes after arrival to the recovery room, patient developed desaturation with SpO₂ dropping to 90%.

List the differential diagnoses (40%) and describe your management (60%).



**Go to page 3 for Scenario B
Questions 4-6**


Scenario B

A 45 male, otherwise good past health, fell from height of 10 meters and landed on left side of body. Initial GCS was E1V1M1 on scene, but recovered to E3V5M6, and neck collar and pelvic binder were applied by paramedics.

Upon admission to emergency department, patient complained of severe left sided pain. Trauma call was activated, primary survey revealed left chest injury and suspected pelvic injury. Initial e-FAST scan revealed normal lung sliding and free fluid in abdomen.

However, due to unstable hemodynamics, trauma team leader decided not to wait for CT scan and directly proceed to hybrid theatre for pelvic fixation and embolization +/- exploratory laparotomy.

- 4) The patient is in the theatre and you are the senior anaesthetist. Please outline the immediate major considerations before you proceed to induction of anaesthesia for this patient.
- 5) The surgeon proceeded to laparotomy, and shortly after incision, there was already 2 litres of blood loss. Please describe the principles of managing massive transfusion for trauma patients in the operating theatre.
- 6) The patient survived the operation, and was managed post-operatively in the intensive care unit (ICU). Few days later, ICU consulted you as the patient was unable to wean from the ventilator due to severe pain from multiple rib fractures. How would you assess the patient (20%)? What are your options for pain management, and what are the pros and cons of each strategy (80%)?



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

Short Answer Questions

- 7) A 45-year-old lady with end stage renal failure (ESRF) will switch from peritoneal dialysis to haemodialysis. She is scheduled for a forearm arteriovenous fistula (AVF). What are the anaesthetic concerns (70%)? What are the pros and cons of regional anaesthesia for this procedure (30%)?
- 8) A 25-year-old man is scheduled for elective right inguinal hernia repair. He has long standing history of ventricular septal defect and was diagnosed with Eisenmenger syndrome.
- What is Eisenmenger syndrome and its associated complications (20%)?
 - Discuss your preoperative assessment, focusing on cardiac assessment (40%).
 - Discuss the implications of Eisenmenger syndrome on surgical approach and anaesthetic technique (40%).
- 9) A 50-year-old man is admitted for same day surgery and is found to have a blood pressure reading of 180/110 mmHg. Discuss the perioperative implications and the factors that will affect your decision to proceed to day surgery or not.
- 10) You are reviewing in clinic a 40-year-old man for an elective shoulder arthroscopy.

Medical history:

Obesity 105 kg, 155 cm, BMI 44

Hypertension, hypercholesterolaemia, Type II Diabetes

Medications:

Metoprolol	50 mg twice daily
Rosuvastatin	40 mg once daily
Metformin XR	1 g twice daily
Dapagliflozin	10 mg once daily
Semaglutide	1 mg weekly subcutaneous
Omeprazole	40 mg daily

How will you manage his medications pre-operatively? Please explain your rationale.

- 11) Describe mechanism and role of tranexamic acid in total knee and hip arthroplasty (30%). Outline the main considerations when using it for elderly patients during the perioperative period (70%).
- 12) Outline the anaesthetic considerations for a 29-year-old parturient, G3P2, at 38 weeks gestation with HELLP syndrome, booked for emergency caesarean section.

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