



## The Hong Kong College of Anaesthesiologists

### Final Fellowship Examinations

#### Paper I – Clinical Scenarios & SAQs

16 March 2026 (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

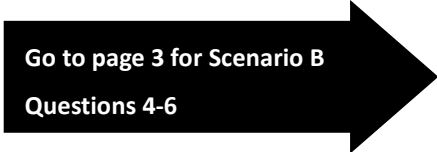
A 32-year-old G1P0 at 35 weeks gestation is admitted to the Labour Ward with symptoms of worsening headache, epigastric pain, and blurred vision. Her blood pressure is 185/115 mmHg.

### **Initial investigations:**

- Platelets: 65 x 10/L
- ALT/AST: Elevated (>3 times normal)
- Urinalysis: 3+ Proteinuria

The obstetrician decides on an emergency Caesarean Section due to non-reassuring fetal heart rate. You are the anaesthesiologist who was asked to see this patient.

- 1) Outline your preoperative concerns and your immediate stabilization measures for this patient.**
- 2) Discuss the anaesthetic options and justify your choice of technique (30%). Explain how you would anaesthetise the patient (70%).**
- 3) Shortly after the surgery on arrival to the PACU, the patient develops a massive postpartum haemorrhage (PPH) with an estimated blood loss of 2 litres. Her BP drops to 70/40 mmHg.**
  - i) List the differential diagnoses for PPH in this patient (30%).**
  - ii) Describe your immediate management (70%).**




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

## Scenario B

**A 50-year-old woman with good past health is planned for elective total abdominal hysterectomy with bilateral salpingo-oophorectomy for endometrial carcinoma.**

**Her current active issues are:**

- **Massive pulmonary embolism** two weeks ago with near-arrest obstructive shock and trans-thoracic ECHO (TTE) features of right heart strain. She was treated with thrombolytic alteplase and anticoagulants (unfractionated heparin and regular therapeutic enoxaparin) with resolved right heart function from TTE performed today. She is currently stable and asymptomatic on room air.
  - **Right lower limb deep vein thrombosis**  
Duplex ultrasound showed partially thrombosed right common iliac vein and common femoral vein. Inferior vena cava filter was inserted last week by Interventional Radiology.
  - **Endometrial mass with prior massive per-vaginal bleeding**  
Bleeding episode occurred after thrombolysis and unfractionated heparin treatment. Currently controlled on megestrol acetate, and surgery is intended within 4 - 6 weeks if it remains controlled.
- 4) Outline your preoperative assessment and preparation priorities for this patient undergoing her surgery.**
- 5) Describe your perioperative anticoagulation and thrombosis management plan for the surgery (80%), including the role and implications of the inferior vena cava filter (20%).**
- 6) Discuss your anaesthetic plan for major gynaecological surgery in this patient, including monitoring and haemodynamic strategy and postoperative disposition and analgesia.**



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

### Short Answer Questions

- 7) You have a 30-year-old man with Moyamoya disease scheduled for elective Extracranial-Intracranial (EC-IC) bypass surgery tomorrow. Describe the role of intraoperative neuromonitoring (IONM), the different modalities and how they would affect your intraoperative anaesthetic management.
- 8) A 54-year-old man (obese, known obstructive sleep apnoea) is induced for emergency laparotomy. After paralysis, mask ventilation becomes difficult. Two attempts at tracheal intubation fail (Cormack–Lehane grade 4). Oxygen saturation falls from 99% to 85% despite airway adjuncts and two-person mask ventilation.
- Outline your immediate crisis management. (60%)
  - Describe your plan for front-of-neck access and subsequent management. (40%)
- 9) Discuss the key challenges in resuscitating cardiac arrest patients under anaesthesia for gastrointestinal procedures in an endoscopy suite.
- 10) Describe the anaesthetic considerations in providing anaesthesia to a HIV (human immunodeficiency virus) positive patient undergoing an elective inguinal hernia repair.
- 11) Compare and contrast CROUP and EPIGLOTTITIS in paediatric patients (50%).  
Outline your anaesthetic management for a 2-year-old child presenting with acute upper airway obstruction secondary to suspected croup/Epiglottitis, escorted from the Emergency Department and arriving the Operating Theatres for airway management (50%).
- 12) Outline the advantages and disadvantages of using video-laryngoscopy for tracheal intubation.

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