Module 3 and 4: Single best answer questions

Following a Birch colpo-suspension, a patient suffers from bleeding within the retropubic space and develops a hematoma. It needs drainage. The best incision to access the area is:

- ▶ A lower midline incision
- ▶ B paramedian incision
- C Mallards incision
- D Cherney incision
- ▶ E Pffannensteil incision

Following a Birch colpo-suspension, a patient suffers from bleeding within the retropubic space and develops a hematoma. It needs drainage. The best incision to access the area is:

- A lower midline incision
- B paramedian incision
- C Mallards incision
- ▶ D Cherney incision
- ▶ E Pffannenstiel incision

NB: In Cherney incision you remove the rectus muscles from its origin to the pubic bone thus giving good access to the retropubic space

Modified early warning systems (MEWS) are now well established in most hospitals and a "track and trigger" system has been developed to compute the score and trigger a warning to the medical personnel. The parameters used in MEWS are the following EXCEPT:

- A heart rate
- B respiratory rate
- ► C conscious level
- D diastolic blood pressure
- E temperature

Modified early warning systems (MEWS) are now well established in most hospitals and a "track and trigger" system has been developed to compute the score and trigger a warning to the medical personnel. The parameters used in MEWS are the following EXCEPT:

- A heart rate
- ▶ B respiratory rate
- C conscious level
- D diastolic blood pressure
- E temperature

# If prophylactic antibiotics is to be given for a laparotomy for severe endometriosis, the most appropriate time to do so would be:

- ► A 24 hours prior to the surgery
- ▶ B 12 hours before the surgery
- ▶ C before the incision is made
- ▶ D 1 hour after commencement of the surgery
- ▶ E on closing the abdomen

If prophylactic antibiotics is to be given for a laparotomy for severe endometriosis, the most appropriate time to do so would be:

- A 24 hours prior to the surgery
- ▶ B 12 hours before the surgery
- ▶ C before the incision is made
- ▶ D 1 hour after commencement of the surgery
- ▶ E on closing the abdomen

On reviewing a patient 6 hours postoperatively, the systolic BP is found to be 90 mmHg. and her heart rate is 100 bpm. Her capillary refill takes 3 seconds. She is however not pale and the Hb is 11 g/dL. The most appropriate immediate action to take is:

- A. transfuse her 2 units of whole blood
- ▶ B. transfuse her 2 units of packed cells
- ► C. Give a fluid bolus of 500 ml of crystalloid containing sodium over 10 minutes
- ▶ D. Give her 5 units of normal saline over 24 hours
- ▶ E. Give her a fluid bolus of 200 ml. and over 1 hour

On reviewing a patient 6 hours postoperatively, the systolic BP is found to be 90 mmHg. and her heart rate is 100 bpm. Her capillary refill takes 3 seconds. She is however not pale and the Hb is 11 g/dL. The most appropriate immediate action to take is:

- A. transfuse her 2 units of whole blood
- ▶ B. transfuse her 2 units of packed cells
- C. Give a fluid bolus of 500 ml of crystalloid containing sodium over 10 minutes
- D. Give her 5 units of normal saline over 24 hours
- ▶ E. Give her a fluid bolus of 200 ml. and over 1 hour
- ▶ NB: she is in immediate need of fluid replacement

A 52 year old lady has had a hysterectomy for large uterine fibroids. On her third postoperative day she complains of difficulty in breathing. She has mild cyanosis. A chest x ray done shows a suspicion of pulmonary embolism. The most appropriate investigation to do now is:

- $\blacktriangleright$  A. monitor her PaO<sub>2</sub> with pulse oximetry
- ▶ B. do an MRI of the chest
- C. do a CT scan of the chest
- ▶ D. do ventilation/perfusion (V/Q) lung scan
- ► E. do a computerised tomography pulmonary angiogram (CTPA)

A 52 year old lady has had a hysterectomy for large uterine fibroids. On her third postoperative day she complains of difficulty in breathing. She has mild cyanosis. A chest x ray done shows a suspicion of pulmonary embolism. The most appropriate investigation to do now is:

- $\blacktriangleright$  A. monitor her PaO<sub>2</sub> with pulse oximetry
- B. do an MRI of the chest
- C. do a CT scan of the chest
- ▶ D. do ventilation/perfusion (V/Q) lung scan
- ► E. do a computerised tomography pulmonary angiogram (CTPA)

According to the NICE guidelines the following factors would be an indication for prophylaxis against deep vein thrombosis (DVT) prior to an abdominal hysterectomy for endometriosis.

- A age more than 40 years
- ▶ B a BMI of more than 24
- C asymptomatic varicose veins
- D first degree relative with a history of DVT
- E has been on the levonorgestrel impregnated IUCD (mirena)

According to the NICE guidelines the following factors would be an indication for prophylaxis against deep vein thrombosis (DVT) prior to an abdominal hysterectomy for endometriosis.

- A age more than 40 years
- ▶ B a BMI of more than 24
- C asymptomatic varicose veins
- ▶ D first degree relative with a history of DVT
- ► E has been on the levonorgestrel impregnated IUCD (mirena)

# The first signs of an impending bed sore in a patient that has been in bed for a considerable length of time is:

- ▶ A the presence of a red and swollen area
- ▶ B a reddened, darkened area that feels firm and warm to the touch.
- C a reddened and white area that feels fluctuant and warm to the touch.
- ▶ D a bluish area that feels fluctuant and cold to touch.
- E the epidermis and dermis is broken and with a shallow open sore.

The first signs of an impending bed sore in a patient that has been in bed for a considerable length of time is:

- ▶ A the presence of a red and swollen area
- ▶ B a reddened, darkened area that feels firm and warm to the touch.
- C a reddened and white area that feels fluctuant and warm to the touch.
- ▶ D a bluish area that feels fluctuant and cold to touch.
- ▶ E the epidermis and dermis is broken and with a shallow open sore.

## An alternative method of inserting the Verres needle to effect a pneumoperitoneum is to insert it at Palmers point. This point is identified as:

- ▶ A. 3 cm above the symphysis at the midline
- ▶ B. 3 cm above the umbilicus at the midline
- C. 6 cm below the right costal margin along the mid-clavicular line
- D. 3 cm below the left costal margin in the mid-clavicular line
- ▶ E. 3 cm above the mid inguinal point

An alternative method of inserting the Verres needle to effect a pneumoperitoneum is to insert it at Palmers point. This point is identified as:

- ▶ A. 3 cm above the symphysis at the midline
- ▶ B. 3 cm above the umbilicus at the midline
- C. 6 cm below the right costal margin along the mid-clavicular line
- ▶ D. 3 cm below the left costal margin in the mid-clavicular line
- ► E. 3 cm above the mid inguinal point

At hysteroscopy, a real risk is that of fluid absorption. Care should therefore be taken to monitor the height of the bag. Fluid absorption usually occurs when:

- ▶ A. the fluid pressure exceeds the patients diastolic blood pressure
- ▶ B. the fluid pressure exceeds the patients mean arterial pressure
- C. the fluid pressure exceeds 200 mmHg
- D. there is excessive backflow of the fluid
- E. there is significant "fluid deficit"

At hysteroscopy, a real risk is that of fluid absorption. Care should therefore be taken to monitor the height of the bag. Fluid absorption usually occurs when:

- ▶ A. the fluid pressure exceeds the patients diastolic blood pressure
- ▶ B. the fluid pressure exceeds the patients mean arterial pressure
- ► C. the fluid pressure exceeds 200 mmHg
- D. there is excessive backflow of the fluid
- E. there is significant "fluid deficit"

At hysteroscopy, the most appropriate distension media to use if one is going to use electrocoagulation as part of the procedure is:

- ► A. normal saline
- ▶ B. Hartman's solution
- C. carbon dioxide
- D. glycine
- ► E. dextran

At hysteroscopy, the most appropriate distension media to use if one is going to use electrocoagulation as part of the procedure is:

- ▶ A. normal saline
- ▶ B. Hartman's solution
- C. carbon dioxide
- ▶ D. glycine
- ► E. dextran

### The average absorption rate for polyglycolic acid (Dexon) sutures is:

- ► A Around 14 days
- ▶ B. around 30 days
- C. around 60 days
- D. around 100 days
- ▶ E. it is non-absorbable

### The average absorption rate for polyglycolic acid (Dexon) sutures is:

- ► A Around 14 days
- ▶ B. around 30 days
- C. around 60 days
- ▶ D. around 100 days
- ▶ E. it is non-absorbable

#### The following features are characteristics of polydioxanone (PDS) sutures:

- A. it is non-absorbable, monofilament, has low tissue reaction and great tensile strength
- B. it is non-absorbable, braided, has low tissue reaction and great tensile strength
- C. it is absorbable, braided, has low tissue reaction and great tensile strength
- D. It is absorbable, monofilament, has low tissue reaction and great tensile strength
- It is non-absorbable, braided, has high tissue reaction and great tensile strength

#### The following features are characteristics of polydioxanone (PDS) sutures:

- A. it is non-absorbable, monofilament, has low tissue reaction and great tensile strength
- B. it is non-absorbable, braided, has low tissue reaction and great tensile strength
- C. it is absorbable, braided, has low tissue reaction and great tensile strength
- D. It is absorbable, monofilament, has low tissue reaction and great tensile strength
- It is non-absorbable, braided, has high tissue reaction and great tensile strength

Mrs. X a 45 year old para 2 is scheduled to have a diagnostic hysteroscopy as an outpatient procedure. The most appropriate distension media for her would be:

- ► A. glycine
- ▶ B. carbon dioxide
- C. dextran
- ▶ D. normal saline
- ▶ E. no distension media

Mrs. X a 45 year old para 2 is scheduled to have a diagnostic hysteroscopy as an outpatient procedure. The most appropriate distension media for her would be:

- ► A. glycine
- ▶ B. carbon dioxide
- C. dextran
- ▶ D. normal saline
- ▶ E. no distension media

## Fluid balance is an important aspect of immediate postoperative care. An important sign of under-perfusion is oliguria. Oliguria is appropriately diagnosed if:

- ▶ A. the urine output is < 100 mL/hour in each of consecutive 6 hours
- ▶ B. the urine output is < 60mL/hour in each of consecutive 12 hours
- C. the urine output is < 20mL/hour in each of consecutive 2 hours</p>
- ▶ D. if there is no urine output after 12 hours
- ▶ E. if there is no urine output after 24 hours

Fluid balance is an important aspect of immediate postoperative care. An important sign of under-perfusion is oliguria. Oliguria is appropriately diagnosed if:

- ▶ A. the urine output is < 100 mL/hour in each of consecutive 6 hours
- ▶ B. the urine output is < 60mL/hour in each of consecutive 12 hours
- ► C. the urine output is < 20mL/hour in each of consecutive 2 hours
- D. if there is no urine output after 12 hours
- ► E. if there is no urine output after 24 hours

In doing a laparoscopy for an obese patient, failed entry by the Verres needle is a particular problem. One of the ways to over come this problem is to:

- A use a longer Verres needle
- ▶ B enter the abdominal wall at an angle of 45°
- C use a suprapubic approach
- D entry of Verres needle at the Palmer's point
- ▶ E use a short Verres needle and enter vertically

In doing a laparoscopy for an obese patient, failed entry by the Verres needle is a particular problem. One of the ways to over come this problem is to:

- A use a longer Verres needle
- ▶ B enter the abdominal wall at an angle of 45°
- C use a suprapubic approach
- ▶ D entry of Verres needle at the Palmer's point
- ▶ E use a short Verres needle and enter vertically

# For antiseptic skin preparation of the abdomen prior to a laparotomy, the most appropriate solution to use is:

- A a 2% chlorhexidine in 70% alcohol combination
- B a 1% aqueous chlorhexidine solution
- C a 1% povidone-iodine solution
- D EUSOL solution
- E normal saline

For antiseptic skin preparation of the abdomen prior to a laparotomy, the most appropriate solution to use is:

- A a 2% chlorhexidine in 70% alcohol combination
- B a 1% aqueous chlorhexidine solution
- C a 1% povidone-iodine solution
- D EUSOL solution
- E normal saline

A 48 year old lady has been scheduled for a hysterectomy for uterine fibroids. She has now developed a myocardial infarction requiring medical treatment. It is best to delay her surgery for:

- A 1 month
- ▶ B 3 months
- C 6 months
- ▶ D 12 months
- ▶ E there is no need to delay her surgery if she is well controlled

A 48 year old lady has been scheduled for a hysterectomy for uterine fibroids. She has now developed a myocardial infarction requiring medical treatment. It is best to delay her surgery for:

- A 1 month
- ▶ B 3 months
- ► C 6 months
- ▶ D 12 months
- ▶ E there is no need to delay her surgery if she is well controlled

A patient has been screened for methicillin resistant *Staph aureus* just prior to surgery. It is found to be positive. As part of prophylaxis, the antibiotic of choice for her is:

- A amoxicillin
- ▶ B gentamycin
- ▶ C vancomycin
- D a cephalosporin
- ► E metronidazole

A patient has been screened for methicillin resistant *Staph aureus* just prior to surgery. It is found to be positive. As part of prophylaxis, the antibiotic of choice for her is:

- A amoxicillin
- ▶ B gentamycin
- ▶ C vancomycin
- D a cephalosporin
- ► E metronidazole

Postoperatively, care must be taken not to use prolonged antibiotic administration unnecessarily because it is associated with:

- ► A Clostridium difficile infection
- ▶ B methicillin resistant staph aureus infection
- C Pseudomonas infection
- ▶ D Clostridium welchi infection
- ▶ E Bacteroides infection

Postoperatively, care must be taken not to use prolonged antibiotic administration unnecessarily because it is associated with:

- ► A Clostridium difficile infection
- ▶ B methicillin resistant staph aureus infection
- C Pseudomonas infection
- ▶ D Clostridium welchi infection
- E Bacteroides infection

Modified early warning systems (MEWS) are now well established in most hospitals and an objective assessment and a "track and trigger" system. Under its scoring system, what is the score above which, there is a significant risk of admission of the patient to intensive care or death.

- A. 1 or >
- ▶ B. 3 or >
- ► C. 5 or >
- ▶ D. 8 or >
- ▶ E. 10 or >

Modified early warning systems (MEWS) are now well established in most hospitals and an objective assessment and a "track and trigger" system. Under its scoring system, what is the score above which, there is a significant risk of admission of the patient to intensive care or death.

- ▶ A. 1 or >
- ▶ B. 3 or >
- ▶ C. 5 or >
- D. 8 or >
- ▶ E. 10 or >

The following types of lasers employed in laparoscopic surgery has the greatest depth of penetration:

- A CO2
- B Argon
- C KTP-532
- D Nd-YAG
- E KTP argon -532

The following types of lasers employed in laparoscopic surgery has the greatest depth of penetration:

- A CO2
- B Argon
- C KTP-532
- D Nd-YAG
- ► E KTP argon -532

## For the closure of the abdominal wall in a lower midline incision, the following technique is recommended

- A mass closure technique using a delayed-absorbable suture and with a wound: suture length ratio of 1: 4
- ▶ B. closure in layers using a non absorbable suture
- C. mass closure technique using a non-absorbable suture and with a wound: suture length ratio of 1: 6
- ▶ D. closure in layers using delayed—absorbable sutures
- ▶ E. mass closure technique using a non-absorbable suture and with a wound: suture length ratio of 1:6

# For the closure of the abdominal wall in a lower midline incision, the following technique is recommended

- A mass closure technique using a delayed-absorbable suture and with a wound: suture length ratio of 1: 4
- ▶ B. closure in layers using a non absorbable suture
- C. mass closure technique using a non-absorbable suture and with a wound: suture length ratio of 1: 6
- ▶ D. closure in layers using delayed—absorbable sutures
- ▶ E. mass closure technique using a non-absorbable suture and with a wound: suture length ratio of 1:6

Which of the following abdominal incisions has the complication of lower extremity ischemia as a result of ligation of the inferior epigastric artery

- ► A Joel-Cohen incision
- ▶ B paramedian incision
- C Mallards incision
- D Cherney incision
- E Pfannenstiel incision

Which of the following abdominal incisions has the complication of lower extremity ischemia as a result of ligation of the inferior epigastric artery

- ► A Joel-Cohen incision
- ▶ B paramedian incision
- ► C Mallards incision
- ▶ D Cherney incision
- ► E Pfannenstiel incision

Postoperative surgical site infection are said to occur in approximately 5% of patients. In most instances the source of the infection is from:

- A urinary catheters
- ▶ B the surgeon himself
- C. the patient herself
- D the air-conditioning
- ▶ E. contaminated instruments

Postoperative surgical site infection are said to occur in approximately 5% of patients. In most instances the source of the infection is from:

- A urinary catheters
- B the surgeon himself
- ► C. the patient herself
- D the air-conditioning
- ► E. contaminated instruments

Following a hysterectomy for endometriosis, a patient has been readmitted on the 5<sup>th</sup> postoperative with symptoms suggestive of sepsis i.e. a temperature, high pulse and respiratory rate. In addition to a blood culture, what additional blood investigation has been recommended in the Sepsis 6 bundle.

- ▶ A C-reactive protein
- B serum creatinine
- C lactate levels
- D platelet count
- E erythrocyte sedimentation rate

Following a hysterectomy for endometriosis, a patient has been readmitted on the 5<sup>th</sup> postoperative with symptoms suggestive of sepsis i.e. a temperature, high pulse and respiratory rate. In addition to a blood culture, what additional blood investigation has been recommended in the Sepsis 6 bundle.

- ▶ A C-reactive protein
- B serum creatinine
- C lactate levels
- D platelet count
- ► E erythrocyte sedimentation rate

# Which of the following abdominal incisions involve the transection of the rectus abdominis muscles to gain access to the abdominal cavity

- ► A Joel-Cohen incision
- ▶ B paramedian incision
- C Mallards incision
- ▶ D Cherney incision
- ▶ E Pfannenstiel incision

Which of the following abdominal incisions involve the transection of the rectus abdominis muscles to gain access to the abdominal cavity

- ► A Joel-Cohen incision
- ▶ B paramedian incision
- ► C Mallards incision
- ▶ D Cherney incision
- ▶ E Pfannenstiel incision

The following types of lasers employed in laparoscopic surgery has the least depth of penetration:

- A CO2
- B Argon
- C KTP-532
- D Nd-YAG
- ► E KTP argon -532

The following types of lasers employed in laparoscopic surgery has the least depth of penetration:

- A CO2
- B Argon
- C KTP-532
- D Nd-YAG
- ► E KTP argon -532

# Carbon dioxide ( $CO_2$ ) laser is used for removal of endometriotic foci from pelvic tissues. The advantage of using $CO_2$ laser is because:

- A it causes less lateral damage
- B it has less mortality rates for patients
- C it costs less
- D it is easier to use
- ▶ E the rays are clearly visible to the operator

Carbon dioxide ( $CO_2$ ) laser is used for removal of endometriotic foci from pelvic tissues. The advantage of using  $CO_2$  laser is because:

- ▶ A it causes less lateral damage
- B it has less mortality rates for patients
- C it costs less
- D it is easier to use
- ▶ E the rays are clearly visible to the operator

In closing the abdominal muscles in a Pfannenstiel incision care must be taken to involve only the external oblique muscle at its edges. Otherwise the following complications may occur.

- ► A. puncture of the the inferior epigastric artery
- B. injury to the iliohypogastric and ilioinguinal nerves can included with resulting neuroma
- C. it increases the risk of an incisional hernia
- ▶ D bleeding from the superficial vessels of of the epigastric artery
- E. damage to the median circumflex artery

In closing the abdominal muscles in a Pfannenstiel incision care must be taken to involve only the external oblique muscle at its edges. Otherwise the following complications may occur.

- ► A. puncture of the the inferior epigastric artery
- B. injury to the iliohypogastric and ilioinguinal nerves can included with resulting neuroma
- C. it increases the risk of an incisional hernia
- D bleeding from the superficial vessels of of the epigastric artery
- E. damage to the median circumflex artery

Which of the following types of lasers used in gynaecological surgery is invisible, without an aim beam and cannot be transmitted down a fibre optic cable?

- ► A argon
- ▶ B carbon dioxide
- ► C helium
- D neodymium: YAG
- ► E KTP –YAG Laser

Which of the following types of lasers used in gynaecological surgery is invisible, without an aim beam and cannot be transmitted down a fibre optic cable?

- ► A argon
- ▶ B carbon dioxide
- ► C helium
- D neodymium: YAG
- ► E KTP –YAG Laser

The frequencies of electrical current used in contemporary diathermy machines range from:

- ► A 50 Hz to 100 Hz
- ▶ B 500 hz to 800 Hz
- C 1000 to 1500 Hz
- ▶ D 50 kHz to 100 kHz
- ► E 200 kHz to 3.0 Mhz

The frequencies of electrical current used in contemporary diathermy machines range from:

- ► A 50 Hz to 100 Hz
- ▶ B 500 hz to 800 Hz
- C 1000 to 1500 Hz
- ▶ D 50 kHz to 100 kHz
- ► E 200 kHz to 3.0 Mhz

# Thank you