



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain
Reg No 1955/000003/08

Part II of the Examination for the Fellowship of the
College of Anaesthetists(SA)

2 September 2008

Paper I

(3 hours)

All questions to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)

- 1 An adult patient is admitted to the intensive care unit following a pneumonectomy. Six hours after admission massive bleeding is noted via the intercostal drain. The patient is hypotensive. Discuss your management of this patient. [100]
- 2 Regarding intra-operative awareness under general anaesthesia
- a) Describe the incidence in the different patient groups. (10)
 - b) Discuss the risk factors. (40)
 - c) Discuss prevention and management. (30)
 - d) Comment on the available evidence for brain function monitoring. (20)
- [100]
- 3 With regard to reversal of neuromuscular blockade during general anaesthesia
- a) Describe methods of monitoring neuromuscular blockade. (30)
 - b) Describe methods for reversing neuromuscular blockade. (20)
 - c) List concomittant diseases that can affect neuromuscular blockade. (40)
 - d) List concomittant drugs that can affect neuromuscular blockade. (10)
- [100]
- 4 A 55-year-old male admitted for an inguinal hernia repair is suspected of having renal insufficiency
- a) List the tests that you will request to assess renal function. (10)
 - b) Describe the accuracy and specificity of the tests you have requested. (20)
 - c) Write short notes on nephrotoxicity. (35)
 - d) Write short notes on contrast-induced nephropathy. (35)
- [100]



DIE KOLLEGES VIR GENEESKUNDE VAN SUID-AFRIKA

Ingelyfde vereniging sonder winsoogmerk
Reg Nr 1955/000003/08

Deel II van die Eksamen vir die Genootskap van die
Kollege van Narkotiseurs (SA)

2 September 2008

Vraestel I

(3 uur)

Al die vrae moet beantwoord word. Elke vraag moet in 'n aparte boek (of boeke indien meer as een nodig is vir 'n vraag) geskryf word

- 1 'n Volwasse pasiënt word opgeneem in die intensiewe sorgeenheid na 'n pneumonektomie. Ses ure na opname word massiewe bloeding opgemerk via die interkostale drein. Die pasiënt is hipotensief. Bespreek u hantering van hierdie pasiënt. [100]
- 2 Betreffende intra-operatiewe bewustheid gedurende algemene narkose
- a) Bespreek die insidensie in die verskillende pasiëntgroepe. (10)
 - b) Bespreek die risikofaktore. (40)
 - c) Bespreek voorkoming en hantering. (30)
 - d) Lewer kommentaar op die beskikbare getuienis rakende serebrale funksie-monitering. (20)
- [100]
- 3 Met betrekking tot die omkeer van neuromuskulêre blokkade tydens algemene narkose
- a) Bespreek monitoringsmetodes vir neuromuskulêre blokkade. (30)
 - b) Bespreek metodes vir die omkeer van neuromuskulêre blokkade. (20)
 - c) Lys meegaande siektes wat neuromuskulêre blokkade kan beïnvloed. (40)
 - d) Lys meegaande middels wat neuromuskulêre blokkade kan beïnvloed. (10)
- [100]
- 4 Daar word vermoed dat 'n 55-jarige man wie opgeneem is vir 'n inguinale herniaherstel onderliggende renale ontoereikendheid het.
- a) Lys die toetse wat u sal aanvra om renal funksie te evalueer. (10)
 - b) Beskryf die akkuraatheid en spesifisiteit van die toetse wat u aangevra het. (20)
 - c) Skryf kort notas oor nefrotoksisiteit. (35)
 - d) Skryf kort notas oor kontrasmiddel-geïnduseerde nefropatie. (35)
- [100]



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Paper II

(3 hours)

All questions to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)

- 1 With regard to anaphylactic reactions in the operating theatre
- a) List, in descending order of frequency, the 5 commonest triggers of such reactions. (10)
 - b) How may patients most at risk be identified? (20)
 - c) How may anaphylactic reactions be graded clinically? (20)
 - d) Outline your management of a serious anaphylactic reaction. (50)
- [100]
- 2 You hear a heart murmur in a six-year-old child during your pre-operative visit. Give your guidelines and criteria for the management of this situation. Discuss also the perioperative implications of this problem. [100]
- 3 With regard to spontaneous pneumothorax
- a) List possible causes. (15)
 - b) Describe the clinical presentation. (25)
 - c) Describe your management of a patient that develops such a problem. (60)
- [100]
- 4 Answer the following questions
- a) Discuss the sodium balance in normal physiology, focussing on the values and measurement of serum sodium, total body sodium and urinary sodium. (40)
 - b) Discuss the difference between hyponatraemia of the acute stress response and the Syndrome of Inappropriate Anti-diuretic Hormone (SIADH). (35)
 - c) Discuss Diabetes Insipidus. (25)
- [100]



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3 September 2008

Vraestel II

(3 uur)

Al die vrae moet beantwoord word. Elke vraag moet in 'n aparte boek (of boeke indien meer as een nodig is vir 'n vraag) geskryf word

- 1 Met betrekking tot anafilaktiese reaksies in die operasietheater
 - a) Lys, in dalende frekwensie van voorkoms, die 5 algemeenste snellers vir sulke reaksies. (10)
 - b) Hoe kan pasiënte met die grootste risiko geïdentifiseer word? (20)
 - c) Hoe kan anafilaktiese reaksiese klinies gradeer word? (20)
 - d) Omskryf u hantering van 'n ernstige anafilaktiese reaksie. (50)[100]

- 2 U hoor 'n hartgeruis in 'n ses-jarige kind gedurende u preoperatiewe besoek. Gee u riglyne en kriteria vir die hantering van hierdie situasie. Bespreek ook die perioperatiewe implikasies van hierdie probleem. [100]

- 3 Met betrekking tot spontane pneumotoraks
 - a) Lys die moontlike oorsake. (15)
 - b) Bespreek die kliniese presentering. (25)
 - c) Bespreek die hantering van 'n pasiënt wat hierdie probleem ontwikkel. (60)[100]

- 4 Antwoord die volgende vrae
 - a) Bespreek die natriumbalans in normale fisiologie en fokus op die waardes en meting van serumnatrium, totale liggaamsnatrium en urinêre natrium. (40)
 - b) Bespreek die verskil tussen hiponatremie as gevolg van 'n akute stresrespons en die sindroom van ontoepaslike ADH-sekresie ('SAIDH'). (35)
 - c) Bespreek diabetes insipidus. (25)[100]