1. A 45-year-old man with insulin treated type 2 diabetes is undergoing a gastrectomy on the afternoon list. How will you manage his diabetes perioperatively?

2. How do you determine if a patient with known obstructive sleep apnoea is suitable for day surgery?

3. A patient with chronic idiopathic pleurisy secondary to asbestos exposure is scheduled to undergo elective breast surgery. How does the presence of cystic fibrosis affect your perioperative management of this patient for this procedure?

4. Describe the features you require of a transport ventilator for a patient with severe ventilator-dependent acute respiratory distress syndrome.

5. a. Interpret these results and discuss this patient’s possible diagnoses. (50%)
   b. Annotate the following: FEV1, FVC, VC and DLCO. (50%)

   This table displays the pulmonary function test results for a 67-year-old male.

6. Discuss the safety of anaesthetised patients undergoing surgery in the event of a power failure to the hospital.

7. Discuss the preoperative assessment for a patient who presents for thyroidectomy.

8. a. Discuss the significance of intraoperative cell salvage. (50%)
   b. List the possible complications and limitations of this technique. (50%)

9. a. Describe the process of intraoperative cell salvage. (50%)
   b. List the possible complications and limitations of this technique. (50%)

10. a. Describe the physiological effects associated with this form of anaesthesia and how they can be monitored.
    b. Discuss your perioperative management of a patient with a cardiac pacemaker presenting for a minor aesthetic procedure.

11. a. Describe the anatomy of the spinal cord and a level performing an anesthesia on the patient’s back.
    b. List the possible complications and limitations of this technique.

12. a. Describe the patient’s clinical history and relevant previous medical history.
    b. Discuss the preoperative assessment and how this affects your perioperative management.

13. a. How would you manage this patient preoperatively? (70%)
    b. List the factors associated with increased mortality following his surgery. (30%)

14. a. How would you differentiate between these causes? (50%)
    b. Discuss the pathophysiology of hypertrophic cardiomyopathy and how this is a differentiating feature.

15. Outline your approach to the perioperative management of a patient with mitral valve regurgitation.

16. a. Describe the principles that are important in making clinical judgment.
    b. Discuss your considerations when anaesthetising a patient for breast reconstructive surgery.

17. a. How does a residual current device (RCD) work? (30%)
    b. Outline the limitations and complications of this technique.

18. a. How would you manage this patient postoperatively? (70%)
    b. Justify its use in an adult endoscopy suite.

19. a. Describe the physiological effects associated with this form of anaesthesia and how they can be monitored.
    b. List the possible complications and limitations of this technique.

20. Outline your approach to the perioperative management of a patient with a history of with a ventricular septal defect and who has been diagnosed with Eisenmenger syndrome.

21. a. How does a residual current device (RCD) work? (30%)
    b. Outline the limitations and complications of this technique.

22. a. How would you stratify her cardiovascular risk? (30%)
    b. How would you manage this patient postoperatively? (70%)

23. a. How would you manage this patient preoperatively? (70%)
    b. List the possible complications and limitations of this technique.

24. a. How would you impose this oxygen for this surgery? (50%)
    b. Outline your responsibilities as the anaesthetist before you leave your patient in the post anaesthesia care unit (PACU).

25. a. How would you manage this patient postoperatively? (70%)
    b. List the possible complications and limitations of this technique.

26. a. How would you stratify her cardiovascular risk? (30%)
    b. How would you manage this patient postoperatively? (70%)

27. a. How would you manage this patient preoperatively? (70%)
    b. List the possible complications and limitations of this technique.

28. a. How would you manage this patient postoperatively? (70%)
    b. List the possible complications and limitations of this technique.

29. a. How would you manage this patient preoperatively? (70%)
    b. List the possible complications and limitations of this technique.

30. a. How would you impose this oxygen for this surgery? (50%)
    b. Outline your responsibilities as the anaesthetist before you leave your patient in the post anaesthesia care unit (PACU).

31. a. How would you manage this patient postoperatively? (70%)
    b. List the possible complications and limitations of this technique.

32. a. How would you manage this patient preoperatively? (70%)
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34. a. How would you manage this patient preoperatively? (70%)
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    b. List the possible complications and limitations of this technique.

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A 68-year-old male with severe Parkinson's disease presents for elective right hemicolectomy. Current medications include selegiline (a monoamine oxidase inhibitor) and levodopa/benserazide. 

b. Describe your management. (70%)

• What clinical features of Parkinson's disease affect your perioperative management?

A 40-year-old requires a laparotomy ten days after an isolated traumatic spinal cord transection at C6. Preventive measures to reduce increased intracranial pressure have failed and the patient is requiring urgent surgery. 

b. Justify your perioperative drug management plan. (50%)

• What pharmacological methods to manipulate this patient's intracranial pressure?

A 25 year old man with a history of blunt trauma to the right side of his head has a fi

b. Describe how you would modify your anaesthetic plan to minimise these. (50%)

a. Outline the potential anaesthetic implications of this position in this situation. (50%)

A new hospital is setting up its pain service and you have been asked to write the administration guidelines for ketamine infusions on the ward. Outline the information you would include in these guidelines.

b. Evaluate the role of tramexamic acid in primary hip arthroplasty. 

A 55-year-old male is in the post-anaesthesia care unit after nasal surgery. He is conscious, dyspnoeic, and is coughing up frothy secretions. List your differential diagnoses. (50%)

A 30-year-old female at term requires a general anaesthetic for lower uterine caesarean section for significant preterm labour. On examination, there is a very high risk of preterm delivery and in utero death. 

b. Discuss how these affect your perioperative management. (50%)

a. Discuss the anaesthetic implications of this situation. (50%)

A 50-year-old patient received an orthotopic heart transplant ten years ago. He now presents for elective non-cardiac surgery. Outline the issues a prior heart transplant may present for the anaesthetist AND describe how these will affect your perioperative management. (70%)

• What are the key anaesthetic issues? (30%)

• How do these issues in

b. How do these issues in

A 47-year-old man presents to the emergency department with acute abdominal pain requiring a laparotomy. He is known to have chronic high intake of alcohol. Describe how this patient's chronic alcohol misuse will affect your perioperative management of this patient. (70%)

b. Evaluate methods to minimise PONV. (70%)

• What is the differential diagnoses requiring treatment, six weeks after cardiac surgery. 

A 40 year old patient who is scheduled for elective total abdominal hysterectomy has a haemoglobin level of 80 g/l. Describe your preoperative assessment and optimisation of this patient's anaemia.

b. How do these affect your anaesthetic management of a patient undergoing ECT. (50%)

a. Describe the physiological responses to electroconvulsive therapy (ECT). (50%)

A 67-year-old woman presents to the outpatient clinic with a 10 year history of hypertension. On examination, she is para 10/10, weight 70 kg, height 160 cm and blood pressure 140/90 mmHg. 

b. Which of these features would trigger an urgent intervention? (30%)

A 55-year-old male presents with a history of recent headache with photophobia and vomiting. On examination he is para 5/5, weight 80 kg, height 180 cm and blood pressure 130/80 mmHg. 

b. Describe your management. (70%)

• What is the diagnosis?

A 40 year old patient with a history of bipolar disorder presents for electroconvulsive therapy. On examination, he is para 5/5, weight 70 kg, height 180 cm and blood pressure 120/80 mmHg. 

b. Discuss how these affect your anaesthetic management of a patient undergoing ECT. (50%)

a. Describe the pharmacological features of remifentanil. (50%)

• How do these affect your anaesthetic management? (50%)

A 25 year old patient presents with a history of recent dizziness with photophobia and vomiting. On examination he is para 5/5, weight 70 kg, height 180 cm and blood pressure 120/80 mmHg.

b. Justify your perioperative drug management plan. (50%)

• What pharmacological methods to manipulate this patient's intracranial pressure?

A 55-year-old male is in the post-anaesthesia care unit after undergoing a left total knee joint replacement under spinal anaesthesia and a left femoral nerve block.

b. Describe your management. (70%)

• In the pre-anaesthesia assessment clinic, how would you assess this patient for the presence of diabetic autonomic neuropathy? (50%)

A 50 year old term baby weighing 4.0 kg requires pyloromyotomy for pyloric stenosis. 

b. Outline how you would manage this situation. (50%)

a. Outline the pharmacological and surgical principles underlying pyloromyotomy and highlight real and indirect risks that may be encountered.

A 25 year old female admitted under the orthopaedics team for left hip replacement surgery under spinal anaesthesia and a femoral nerve block.

b. Discuss your approach to managing spinal anaesthesia complications. (50%)

• Evaluate the role of spinal anaesthesia complications. (50%)

A 30 year old female admitted under the orthopaedics team for left hip replacement surgery under spinal anaesthesia and a femoral nerve block.

b. Discuss your management. (70%)

• Evaluate the role of neuraxial anaesthesia complications. (50%)

A 25-year-old female is admitted to hospital with a right sided stroke. On examination she is para 5/5, weight 70 kg, height 180 cm and blood pressure 120/80 mmHg.

b. Discuss your management. (70%)

• Evaluate the role of regional anaesthesia complications. (50%)

A 30 year old female admitted under the orthopaedics team for left hip replacement surgery under spinal anaesthesia and a femoral nerve block.

b. Describe your management. (70%)

• Evaluate the role of general anaesthesia complications. (50%)

A 55 year old female has undergone sleeve gastrectomy which concluded one hour earlier. The post anaesthetic care unit and has been referred to the resuscitation department for arrhythmia. 

b. Justify your perioperative drug management plan. (50%)

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• What pharmacological methods to manipulate this patient's intracranial pressure?
Outline the key steps in gaining informed consent for anaesthesia in a competent ASA 1 adult undergoing minor elective surgery.

b. What are the complications? (70%)

You are the consultant who has been tasked with introduction of the WHO SSCL (surgical safety checklist) to your hospital.

You are asked to assess a 4-year-old child who is scheduled for a strabismus (squint) correction as a day case procedure.

a. What are the prerequisites for separation from standard cardiopulmonary bypass after uneventful coronary artery bypass surgery? (50%)

b. How would you manage the situation? (50%)

b. Describe the treatment of hypoxaemia in one lung ventilation (50%)

b. Describe the findings in this patient that would prompt you to postpone the case to allow further investigation? (70%)

b. Describe the features of a systematic review, indicating how it may in

b. List the investigations that are recommended following any suspected anaphylaxis and when they should be performed. (30%)

b. List the indications and contraindications for nasal intubation. (50%)

a. Describe the sensory innervation of the respiratory passage from the nostrils to, and including, the vocal cords. (50%)

You are asked to assess a 35-year-old woman on labour ward. She has uncontrolled hypertension at 34 weeks' gestation. Her obstetrician wants to deliver her by caesarean section as soon as feasible. Outline your

Three days after a patient has undergone hemiarthroplasty under general anaesthesia, his relatives ask to see you because of concerns that the patient does not recognise family members. This was not present preoperatively.

Evaluate the role of tramadol in acute and chronic pain management.

A 7-year-old nonverbal girl with severe spastic cerebral palsy is scheduled for cystoscopy.

b. Discuss the perioperative measures available to minimise increases in intraocular pressure in this patient. (70%)

A patient presents for a microlaryngoscopy and laser of a 5 mm nodule on his left vocal cord.

a. Describe the function of a three-chamber underwater seal chest drainage system. (a diagram may be useful) (50%)

a. Describe the features specific to this patient under local anaesthesia including the absence of nerve block and the presence of prior injection sites. Outline the diagnosis so as to ensure appropriate treatment. Do not discuss your concerns about the anaesthesia.

As the on-duty specialist anaesthetist, you are asked to see a previously well 64 year-old man in the PACU with SpO2 of 85% two hours after laparoscopic right partial nephrectomy during which he lost 1 litre of blood.

A 30 year old patient with myasthenia gravis presents for orthopaedic procedure and refuses a regional anaesthetic technique

An 80 year old man is scheduled for endovascular abdominal aortic aneurysm repair (EVAR).

b. Describe the principles of management of Fat Embolism Syndrome? (50%)

A patient's arterial blood gases include pH 7.1 pCO2 27mmHg HCO3 <15

Outline the physiological determinants of blood flow through a microcircus.

In a large clinical trial, patients were randomised into two groups to study the impact of using a nitrous oxide (N2O) anaesthetic on the incidence of death and other major cardiovascular events. The table below shows the results.

In a study comparing the impact of using remifentanil (N2O) anaesthesia on the incidence of awareness had a p value of 0.022. The study reported that BIS guided anaesthesia reduced the risk of awareness by 83% (95% CI 0.37-0.99) with an odds ratio of 0.70 (95% CI 0.57-0.87). Omit the following terms and explain meaning/relevance of this study. N2O reduces, ventilation, sedation, rapid sequence, awake, extubate.

A patient with nonverbal 7 year old is scheduled for scheduled for local anaesthesia in the emergency department under sedation with propofol and fentanyl.

The patient is a 15 kg child.

b. Outline the advantages and disadvantages of performing a local nerve block as this is not a once-off or unplanned case for a patient undergoing local anaesthesia. (80%)

b. Outline your approach to managing the patient's hypertension. (70%)

b. Outline how you would manage the patient's hypertension.

b. List the complications that may occur after nasal intubation and the management of these complications.

b. Describe how other biochemical parameters would help identify the cause of this disturbance of acidosis.

b. Describe how SVV measurement can be used to assist haemodynamic optimisation in a patient undergoing major elective abdominal surgery. (50%)

b. Describe the principles of management of Arey's T-piece (Mapleson F) for anaesthesia in a 15 kg child.

b. Discuss the indications for airway intubation in a child where the airway is not adequately assessed. Do not discuss any concerns about the anaesthesia. Do not discuss your anaesthetic plan.

b. Outline the physiological determinants of blood flow through a microcircus.

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b. Outline the physiological determinants of blood flow through a microcircus.
1. What do the terms decontamination, disinfection and sterilisation mean?

2. What are the features of ARDS?

3. An adult patient from the intensive care unit with severe adult respiratory distress syndrome (ARDS) requires a laparotomy for an acute abdomen.

4. List the risks for sepsis in perioperative care.

5. Defend your choice of anaesthesia technique in this patient undergoing total knee replacement.

6. Explain your approach to thromboprophylaxis in the patient undergoing total knee replacement.

7. How would you critically appraise a paper published in a journal?

8. A 60-year-old man is admitted to the high dependency unit following laparotomy for relief of a large bowel obstruction. He has a urinary catheter in situ. Three hours later he remains oliguric.

9. Explain your approach to thromboprophylaxis in the patient undergoing total knee replacement.

10. A 35-year-old female is booked for thyroidectomy. Her blood results are as follows. Thyroid stimulating hormone (TSH, mIU/l) 11. Total Thyroxine (Total T4) 20 Free Thyroxine (Free T4) 4 Free Tri-iodothyronine (Free T3) 120 (N 0.3 – 3 mIU/l) (N 4 – 11

11. A 6 month-old boy presents with an acute abdomen. He is diagnosed with intussusception and booked for laparotomy after a failed attempt at reduction. His heart rate is 160bpm and BP is 75/45 mmHg. His electrolyte profile is as follows and his oesophageal varices following an episode of haematemesis.

12. A healthy 28-year-old primigravida is scheduled for elective lower segment caesarean section for breech presentation at 39 gestation weeks. You have performed a special anaesthetic using 15% propofol (2 ml) and fentanyl (5 mg) (bolus volume 5 ml).

13. Explain your approach to venous thromboembolism in a patient with a lower limb amputation.

14. A 45 year-old man with a longstanding history of alcoholism is booked for upper gastrointestinal endoscopy and banding of oesophageal varices following an episode of haematemesis.

15. A 50-year-old patient presents for urgent craniotomy and decompression of a subdural haematoma. Two days ago he was well, and had no known problems. He has never been in a coma before. On inspection there are no obvious veins for cannulation.

16. A trauma patient presents thirty minutes after a significant crush injury, with an estimated 40% blood loss. He was previously well. Against internal bleeding and external haemorrhage.
1. In the context of an anaesthetic, lay out the steps you would take to manage a patient suffering from acute decompensation due to a myocardial infarction.

2. What are the limitations of using the radial artery for cannulation in the operating theatre, and what are some alternative sites for arterial cannulation?

3. What are the key considerations in the management of a patient who has undergone total thyroidectomy and is experiencing respiratory distress in the recovery room?

4. How would you manage a patient with a high fentanyl requirement who is experiencing significant respiratory depression during surgery?

5. Describe the principles of cerebral protection in a patient with an isolated closed head injury.

6. Discuss the role of preoperative medication in the management of neurosurgical patients, including the use of sedative-hypnotics and analgesics.

7. Outline the factors that determine oxygen delivery to the tissues, and discuss their relevance in the context of anaesthetic management.

8. A patient has undergone a craniotomy for the removal of a meningioma. As part of the anaesthetic technique, you decide to use a remifentanil infusion. Describe the principles and benefits of using remifentanil in this scenario.

9. Outline the features and clinical management of amniotic fluid embolism (AFE).

10. A 49-year-old woman has just arrived in the Recovery Room following a total abdominal hysterectomy under general anaesthesia. She is agitated and complaining of diarrhea. Discuss your management plan for this patient.

11. A woman who is 10 weeks pregnant presents to the Emergency Department with a closed tibial shaft fracture. Describe your management plan for this patient, including considerations for maternal and fetal well-being.

12. A patient with a history of Parkinson's disease presents for a minor procedure under general anaesthesia. Discuss the main issues to consider in relation to this patient's disease and how it may influence your preoperative management plan.

13. Outline the factors that determine oxygen delivery to the tissues, and discuss their relevance in the context of anaesthetic management.

14. A 37-year-old male presents with a history of increased sweating and unexplained weight loss over the past 6 months. He also reports a recent episode of hypoglycaemic coma. Describe the investigations you would perform to investigate these symptoms.

15. A 27 year old male presents with a glioblastoma for a craniotomy. As part of your anaesthetic technique, you decide to use a remifentanil infusion. Describe the principles and benefits of using remifentanil in this scenario.

16. A previously well 80kg 19 year old male is anaesthetised for an open reduction and internal fixation (ORIF) of a fractured tibia and ankle. Discuss the principles of cerebral protection in this patient.

17. Outline the factors that determine oxygen delivery to the tissues, and discuss their relevance in the context of anaesthetic management.

18. Outline the principles of cerebral protection in a patient with an isolated closed head injury.

19. Outline the factors that determine oxygen delivery to the tissues, and discuss their relevance in the context of anaesthetic management.

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Describe the technique of applying cricoid pressure to prevent regurgitation of gastric contents.

What is the role for radionucleotide imaging in the assessment of ischaemic heart disease prior to general anaesthesia for non-cardiac surgery?

How do you assess an otherwise well patient with regard to diabetes mellitus and hypothyroidism?

Discuss the principles underlying the management of a general anaesthetic for carotid endarterectomy.

Describe a technique of neural blockade in the popliteal fossa for surgery on the foot and ankle including a description of the relevant anatomy.

Outline the anatomy of the right internal jugular vein as it is relevant to your preferred method of percutaneous cannulation.

Outline the anatomy of the orbital region as relevant to a peribulbar eye block.

Describe the cardiovascular changes which occur during clamping and unclamping of the supra-renal aorta during repair of an abdominal aortic aneurysm in a patient with normal ventricular function and outline your strategies to maintain critical organ perfusion during these times.

Describe your technique for performing a continuous paravertebral block in a 50 year old man with fractured 5th – 10th left ribs. Include possible complications and relevant anatomy.

How do you assess the patient who presents with a history of obstructive sleep apnoea for a general anaesthetic for an elective hip replacement?

How do you assess the patient with multiple injuries following a road traffic accident for a general anaesthetic for an urgent laparotomy?

Outline the steps necessary to diagnose brain death in a 38 year old woman who is comatose following a subarachnoid haemorrhage.

List the predisposing factors for aspiration of gastric contents in a patient undergoing general anaesthesia. Discuss the measures you would take to prevent this complication.

Critically evaluate the role of recombinant factor VIIa in blood loss requiring massive transfusion in the trauma patient. 

Describe the advantages and disadvantages of multi-centre clinical trials in anaesthesia research.

Describe the usefulness of the continuous measurement of mixed venous oxygen saturation in the intensive care patient?

Discuss the principles of ventilatory management of patients with acute respiratory distress syndrome (ARDS).

Describe the adverse and beneficial effects of nitrous oxide on the cardiovascular system.

Describe the technique of applying cricoid pressure to prevent regurgitation of gastric contents.

Outline the anatomy of the right internal jugular vein as it is relevant to your preferred method of percutaneous cannulation.

Discuss the problems associated with digitalis toxicity and heart block in a patient with atrial fibrillation in the perioperative period. Describe your management of acute atrial fibrillation in the perioperative period.

Describe a technique of neural blockade for surgery on the lumbar region including a description of the relevant anatomy.

Describe the role of neuraxial anaesthesia for lower limb surgery.

Describe the steps involved in the pre-operative assessment specifically for a patient undergoing a transphenoidal hypophysectomy for acromegaly.

Describe the elements you consider important when obtaining consent for epidural analgesia in labour.

Describe the factors that contribute to intravenous drug errors in anaesthesia practice. Discuss the methods available to reduce the incidents of such errors.

List the causes and possible strategies for prevention. Do not include injuries due to neural blockade or direct surgical trauma.

A sixty-five-year-old man with a history of severe asthma is scheduled for a hip replacement. Describe your approach to the pre-operative assessment of this patient and outline your management plan.

A 35 year old female is found to have a small pneumothorax following removal of a breast lump under local anaesthesia in a day surgery facility. How would you manage this?

A 50 year old, 110kg builder is on your list for an arthroscopic acromioplasty which is to be performed in the beach chair position. Describe your approach to the pre-operative assessment of this patient and outline your management plan.

A 65 year old man with a 40 pack a year history of smoking is scheduled for right pneumonectomy for carcinoma of the lung. What are your pre-operative considerations for this patient in line with your anaesthetic management?

A 70 year old woman presents for an elective cholecystectomy. Describe your approach to the patient's pre-operative assessment and outline your management plan.

A sixty-year-old man with a history of severe asthma is scheduled for a hip replacement. Describe your approach to the pre-operative assessment of this patient and outline your management plan.

A five year old girl presents with parotid enlargement and an acute onset of neck pain and otorrhoea. What is your approach to this patient's pre-operative assessment and your management plan for her general anaesthesia?

A 40-year-old woman presents having been trampled on by a horse. She has a compound fracture of her arm requiring surgery. Describe her pre-operative assessment and outline your management plan.

A 7 week old infant who has been suffering from pharyngeal swallowing with a chest drain in situ presents with septicaemia. Describe your management of this patient in the immediate post-operative period.

A 2 week old infant who has been suffering from pharyngeal swallowing with a chest drain in situ presents with septicaemia. Describe your management of this patient in the immediate post-operative period.

A 7 week old infant who has been suffering from pharyngeal swallowing with a chest drain in situ presents with septicaemia. Describe your management of this patient in the immediate post-operative period.

A 35 year old male presents for a sphenoid sinus surgery. Describe your approach to the patient's pre-operative assessment and outline your management plan.

A 50 year old male presents for a sphenoid sinus surgery. Describe your approach to the patient's pre-operative assessment and outline your management plan.

A 40 year old female presents for an elective caesarean section. Describe your approach to the patient's pre-operative assessment and outline your management plan.

A 65 year old female with a history of severe cardiac disease is scheduled for a mitral valve replacement. Describe your approach to the patient's pre-operative assessment and outline your management plan.

A 50 year old male with a history of severe cardiac disease is scheduled for a mitral valve replacement. Describe your approach to the patient's pre-operative assessment and outline your management plan.

A 50 year old female presents with parotid enlargement and an acute onset of neck pain and otorrhoea. What is your approach to this patient's pre-operative assessment and your management plan for her general anaesthesia?
Describe the anatomy of the penis relevant to providing regional anaesthesia for circumcision in an adult.

Justify the steps you would take to assess the cervical spine of this patient.

At the completion of surgery the haemoglobin is measured at 70g/L. Would you transfuse this patient? Justify your answer.

Justify your choice of deep venous thrombosis prophylaxis.

A 63 year-old man who lives independently, presents with a perforated ulcer requiring laparotomy. He has been treated for cardiac failure for 5 years. How would you assess the severity of his cardiac failure at the bedside?

A 72 year-old male has been bought to your emergency room after being removed from a motor vehicle, which has been involved in a... eyes are closed and he withdraws to pain. What are the priorities in managing this patient on arrival in the emergency department?

A recovery charge nurse approaches you expressing concern at the amount of opiates one of your consultant colleagues is... is working as the sole anaesthetist in the cardiac theatre. What will your be priorities in addressing the nurse's concerns?

Outline the issues to be considered when a patient wishes to continue self-prescribed herbal preparations in the peri-operative period.

A 75 year-old weavy smoker presents for a total knee replacement. He has a mechanical mitral valve prosthesis and is warfarinised. Discuss your strategy for perioperative anticoagulation.

Outline the implications of this operation being performed as an open rather than a laparoscopic procedure in this patient.

... need to be obtained if a pulmonary artery catheter is placed for his operation and how would it influence your anaesthetic management?

A 68 year-old man presents for repair of a rapidly expanding AAA. He has been a heavy smoker (80 pack years) until 5 years ago, and has been treated for hypertension for the last 13 years and is currently taking atenolol, nitroglycerine and diltiazem. Discuss your strategy for investigation of a clinical suspicion of acute postoperative MI.

What complications would you discuss with this patient when obtaining consent for an epidural? Include your estimates of the incidence of these complications.

A primiparous patient in active labour at 3 cm dilatation requests epidural analgesia. Examination reveals she has a temperature of 39.5 degrees. What impact does this fever have on your decision to provide epidural analgesia?
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brillation one hour post-operatively.

Describe your management of the sudden onset of atrial

Explain the mechanism of action of angiotensin converting enzyme inhibitors.

What are the risks and benefits of using a

A patient is to undergo laparoscopic sterilisation and has a history of obstructive sleep apnoea. How would this history a

A surgeon proposes to use a tourniquet for approximately two (2) hours during a total knee replacement. What are the potential hazards associated with this method of haemorrhage control?

What precautions would you take to prevent malfunction of the pacemaker?

A man is to have a left shoulder arthroplasty under general anaesthesia. He has a permanent pacemaker located subcutaneously under the left clavicle. How would you assess this aspect of his condition pre-operatively?

Discuss the methods which may identify an inadvertent epidural venous cannulation during labour.

Comment on the choice of 0.25% bupivacaine for her analgesia.

You are asked to attend a patient who cannot move her legs twelve hours after a vaginal delivery. The last epidural top-up used 0.25% bupivacaine and occurred shortly before delivery. How would you manage her leg weakness?

If her pre-operative serum potassium had been 5.7 mmol/L, how would this influence your anaesthetic management?

How would you interpret a pre-operative serum potassium of 3.2 mmol/L in this woman if the laboratory normal range is 3.5-5.0 mmol/L?

Visit.

An apparently healthy 71 year-old woman presents with a fractured neck of femur requiring internal fixation. She smokes 15 cigarettes each day and drinks approximately 30 gm of alcohol daily. She takes no medications. Justify the blood tests you would request when making your pre-anaesthetic visit.

Outline how you would manage post-operative vasospasm in this patient.

What are the anaesthetic implications of autonomic dysfunction in a diabetic patient?

Outline the criteria you would use in determining a patient’s suitability for discharge from a day surgery unit.

Discuss your options for providing muscle relaxation during surgery.

A 50 year-old man taking a corticosteroid and pyridostigmine for myasthenia gravis is to have an elective right hemicolectomy under general anaesthesia. How would you manage his myasthenia pre and post-operatively?

After 70 minutes of surgery the patient becomes restless. Explain your management.

How would you respond to a fall in blood pressure to 80/50, occurring after 30 minutes of surgery?

At the time of skin closure her core temperature is 34.1 degrees celsius. How would you manage this?

Two hours into the operation the urine output is measured as 5 ml (in two hours). How would you manage this?

Controlled hypotension will be used. What are the options available for providing collapse of the right lung?

What are the anaesthetic implications of diabetes mellitus for the case of a patient recovering from an abdominal procedure?

What is the role of insulin and antihistamines in the management of the post-surgical patient?

What are the possible causes of cardiac arrest in this child one hour after intubation?

Describe the bedside assessment of the airway in an adult who has a history of a difficult tracheal intubation.

What are the potential hazards associated with this method of hummer repair?

Explain your management of the sudden onset of arterial hypotension following intubation.

Outline how you would manage post-operative airway obstruction in this patient.

A 14 year-old girl, 130cm tall, with idiopathic scoliosis is scheduled for corrective spinal surgery via a thoracotomy. Controlled hypotension will be used. How will you manage this patient’s haemodynamics?

A clinical trial is planned to evaluate a new analgesic. Outline the methods which could be used to reduce bias in this trial.

While you are assessing her, she begins to convulse. Describe your management.

Compare the pharmacology of diazepam and thiopentone, with respect to the management of the patient’s convulsions.

What are the possible adverse effects of using a filter which is located between the endotracheal tube and the breathing circuit?

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What are the considerations in the selection of isoflurane as compared with general anaesthetic for the eye?

What would you report to VFR if a patient were to fall 10 minutes after surgery?

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