

March 2008 – Anaesthetics

NB: Please note that manual completion of CPD questionnaires will only be possible for the January and February editions of CME. These questionnaires *must* be submitted by the end of March and April respectively. After this the answers will be available online and, if you have not submitted your questionnaires, you will not be credited with any points for these two months. Go to www.cpdonline.org.za for future CME CPD questions.

THE ILL OBSTETRIC CASE – LESSONS LEARNT FROM THE NCCEMD

- Morbid obesity in pregnancy is NOT associated with (choose one):**
 - Anaesthesia-related maternal deaths in level 1 hospitals
 - Increased incidence of failed intubation
 - Increased dose requirement for spinal anaesthesia
 - Increased incidence in the general population
 - Need to transfer to level 2 or 3 institution.
- Patients who have severe pre-eclampsia (choose one):**
 - Should never receive a spinal anaesthetic
 - Can receive spinal anaesthesia if the level of consciousness is reduced
 - Must not receive opiates before delivery of the baby
 - Are easily intubated
 - Can die from failure to prevent hypertensive response to intubation.
- True (A) or false (B) – fill in only block A or B:**

Postmortem examination is not required if a patient dies under anaesthesia from a surgical cause.

SHOULD I ANAESTHETISE THIS PATIENT? RATIONAL CARDIOVASCULAR ASSESSMENT

- Which one of the following is not an unstable cardiovascular condition requiring further preoperative evaluation and management?**
 - Unstable angina
 - Decompensated heart failure
 - History of stroke
 - An arrhythmia associated with symptomatic hypotension
 - Tight aortic stenosis.
- Which one of the following actions is inappropriate, once a life-threatening unstable cardiovascular condition has been excluded?**
 - Proceeding to surgery in a patient undergoing a superficial procedure
 - Proceeding to surgery in a patient who has good functional capacity
 - Referral of a patient for vascular surgery to a specialist anaesthetist
 - Referral of a patient for a stress ECG who gives a history of a previous myocardial infarction
 - Identification of the presence of cardiac clinical risk predictors.
- True (A) or false (B) – fill in only block A or B:**

Insertion of a drug-eluting stent prior to elective surgery is appropriate for a patient who presented with an unstable coronary syndrome.

POSTOPERATIVE PAIN MANAGEMENT

- When strong opioids for postoperative pain are used (choose one):**
 - Pain associated with movement may not be well controlled
 - Respiratory depression will usually precede sedation
 - There is no need for weak analgesics such as paracetamol
 - Postoperative nausea and vomiting warrant discontinuation of such opioids
 - Addiction to opioids occurs frequently.
- Postoperative pain (choose one):**
 - Is best assessed once daily
 - Is best assessed by a doctor
 - Is best managed with intramuscular pethidine
 - May lead to a chronic pain syndrome
 - Is well managed in the majority of present-day postoperative patients.
- True (A) or false (B) – fill in only block A or B:**

Codeine and tramadol may cause constipation, nausea, vomiting, and drowsiness.

MANAGEMENT OF HEAD INJURY FOR ANAESTHETISTS

- True (A) or false (B) – fill in only block A or B:**

Patients with a severe head injury should be ventilated to maintain a P_aCO_2 between 4.0 and 4.5 kPa.

- Which drug is not recommended for use in anaesthesia in patients with TBI (choose one):**
 - Thiopentone
 - Propofol
 - Ketamine
 - Isoflurane
 - Sevoflurane.
- Ideal fluids for use in the resuscitation of TBI patients include (choose one):**
 - Normal saline
 - Half-normal saline
 - 'Rehydration' solution
 - 5% dextrose
 - 50% dextrose.

SHOULD I DO THIS CASE? – THE PAEDIATRIC MURMUR

- Innocuous murmurs (choose one):**
 - Are louder than 3/6
 - Are crescendo/decrescendo
 - Are continuous through the cardiac cycle
 - Are always from venous origin
 - Are palpable.
- When a cardiac murmur is heard (choose one):**
 - It can be ignored if soft
 - It always indicates significant pathology
 - One should always give antibiotics
 - One should investigate and exclude pathology
 - One should always postpone anaesthesia.

PRACTICAL REGIONAL ANAESTHESIA

- The following suggest intraneural placement of a stimulating needle (choose one):**
 - A stimulating current below 0.2 ms
 - Pain on injection
 - Significant resistance on injection
 - Failure of the muscle twitch to stop after injecting 1 ml of local anaesthetic
 - All of the above.
- True (A) or false (B) – fill in only block A or B:**

Patients who are more sensitive to the toxic effects of local anaesthetics include the elderly, those with cardiac abnormalities, and those with decreased protein synthesis.

NEW THOUGHTS ON ACUTE VOLUME THERAPY

- True (A) or false (B) – fill in only block A or B:**

Central venous pressure monitoring is no longer regarded as an appropriate measure of fluid status.
- True (A) or false (B) – fill in only block A or B:**

A positive response to passive leg raising indicates that the patient will benefit from the administration of intravenous fluid.

FAILED INTUBATION IN THE DISTRICT HOSPITAL

- A patient with small-bowel obstruction is anaesthetised for laparotomy. After rapid sequence induction you are unable to intubate the trachea. Appropriate immediate management would be to (choose one):**
 - Use a fiberoptic bronchoscope to intubate the trachea
 - Attempt intubation now with the aid of a gum elastic bougie to guide the tube
 - Turn the patient into a head-down position (and lateral tilt if surgery will allow)
 - Administer metoclopramide to stimulate stomach emptying before making another attempt at tracheal intubation
 - Insert a Guedel airway and ventilate the patient manually with a face mask while waiting for more experienced help.
- True (A) or false (B) – fill in only block A or B:**

Oesophageal intubation can be discounted if there is no associated immediate drop in oxygen saturation following rapid sequence induction of anaesthesia.

INSTRUCTIONS

- Read the journal. All the answers will be found there.
- Go to www.cpdonline.org.za to answer the questions.

Accreditation number: MDB001/005/01/2008