

July 2009 – Vascular surgery

CPD questionnaires must be completed online via www.cpdjournals.org.za. After submission you can check the answers and print your certificate. Questions may be answered up to 6 months after publication of each issue.

ANEURYSMAL DISEASE – CURRENT MANAGEMENT CONCEPTS

1. Which one of the following statements regarding AAAs is true:
 - A. The majority are para- or supra-renal
 - B. They tend to increase in size with eventual rupture if left untreated
 - C. They will remain stable and will not increase in size with best medical therapy
 - D. All aneurysms require immediate surgery
 - E. They should not be treated in patients older than 80 years.
2. Choose the false option regarding EVAR:
 - A. It has a lower peri-operative mortality compared with open surgery
 - B. EVAR is the treatment of choice for older patients
 - C. It should be used to treat smaller aneurysms (<5 cm)
 - D. It may not be suitable for all aneurysms
 - E. It is performed under angiographic guidance.

CLAUDICATION OF THE LOWER LIMB: AN APPROACH TO INVESTIGATION AND MANAGEMENT

3. Choose the correct statement with regard to patients with peripheral arterial disease (PAD):
 - A. Asymptomatic individuals have similar life expectancy to individuals without PAD
 - B. All patients with claudication will ultimately progress to critical limb ischaemia and limb loss
 - C. Structured exercise therapy, together with best medical therapy and smoking cessation, is the standard of care in most patients with claudication
 - D. Most patients present with buttock claudication
 - E. The prevalence of claudication is high (approximately 50%).
4. Choose the correct statement with regard to patients with intermittent claudication:
 - A. Balloon angioplasty and/or stents are indicated in all patients
 - B. There is no role for surgery because of the significant morbidity and mortality associated with surgery
 - C. Approximately half of the patients will have progressive disease over 1 year
 - D. Aspirin has proven efficacy and relieves symptoms in the majority of patients
 - E. Unsupervised exercise programmes are generally ineffective.

LOWER-LIMB VENOUS THROMBOSIS

5. Thromboprophylaxis using a LMWH in patients undergoing a laparotomy (one correct answer only):
 - A. Reduces the risk of developing a DVT by less than 50%
 - B. Requires a dose of enoxaparin of 40 mg sc bd
 - C. Is not given preoperatively in the majority of patients
 - D. Is associated with a low increased risk of major haemorrhage
 - E. Can be replaced with aspirin.
6. The diagnosis of a lower-limb DVT (one correct answer only):
 - A. Is easily made using clinical criteria only
 - B. Requires frequent confirmation with contrast venography
 - C. Can confidently be made on the basis of a positive D-dimer assay
 - D. Is more difficult in HIV-positive patients
 - E. Requires a high index of suspicion.
7. Treatment of VTE (one correct answer only):
 - A. Is aimed primarily at symptomatic relief
 - B. Can be safely achieved using warfarin for early anticoagulation
 - C. Can be safely administered at home in selected patients
 - D. Requires the recognition of the underlying cause for the VTE
 - E. Should be started only in patients at risk of developing PE.

THE DIABETIC FOOT: RECOGNITION AND PRINCIPLES OF MANAGEMENT

8. True (A) or false (B) – fill in only block A or B:

The leading cause of foot ulceration in diabetic patients is diminished blood flow.
9. Which one of the following statements is incorrect?
 - A. Fibrofatty pad thinning over the metatarsal heads increases plantar pressure
 - B. Fungal infections commonly occur in the web spaces of the toes

- C. Clawing of the toes causes fatty pad thinning and subsequent ulceration
- D. Oedema of both feet is common in diabetics with renal failure
- E. Callus increases plantar pressure by 30%.

10. Choose one correct statement with regard to the Charcot foot:

- A. Occurs in overweight diabetics as a result of increased weight bearing
- B. Is a rare complication of the diabetic foot
- C. Usually presents as a hot, swollen foot in the acute stage
- D. Can only be successfully treated with an amputation
- E. Is another word for osteomyelitis.

OCCLUSIVE EXTRACRANIAL CEREBROVASCULAR DISEASE: DIAGNOSIS AND CURRENT MANAGEMENT CONCEPTS

11. In relation to neurological deficits, which one of the following is true:

- A. The majority of strokes are haemorrhagic
- B. Most ischaemic strokes are in carotid artery territory
- C. Increasing carotid stenosis decreases stroke risk
- D. Severe carotid stenosis will always be symptomatic
- E. Vertebrobasilar territory TIAs are not associated with visual disturbance.

12. Which one of the following indications for carotid intervention is true:

- A. Symptomatic patients with >70% stenosis show greatest benefit
- B. Equivalent benefit is shown for patients with stenosis >50%, particularly women
- C. Intervention should not be offered to patients older than 75 years
- D. Intervention in patients with asymptomatic stenosis shows no benefit
- E. Advances in medical therapy have no influence on therapy for asymptomatic stenosis.

13. Which one of the following treatment modalities is false:

- A. Stenting is clearly superior to carotid endarterectomy
- B. All patients with carotid artery disease should be given statin therapy
- C. Blood pressure control is important
- D. Carotid endarterectomy should be regarded as the optimum intervention
- E. Stent insertion will not widen the indications for intervention.

HIV-ASSOCIATED VASCULOPATHY

14. True (A) or false (B) – fill in only block A or B:

The AIDS-defining CD4 count of less than 200 cells/ μ l is not a pathognomonic finding.
15. True (A) or false (B) – fill in only block A or B:

HIV vasculopathies affect mainly young males.
16. True (A) or false (B) – fill in only block A or B:

Occlusive disease is usually confined to one limb.

WHAT'S NEW IN VARICOSE VEINS?

17. The following are advantages of endovenous laser and radio-frequency ablation over conventional open surgery, except (choose one):
 - A. Quicker return to work
 - B. Decreased recurrence rate
 - C. Less painful
 - D. Can be performed in the office under local anaesthesia
 - E. More cost effective.
18. True (A) or false (B) – fill in only block A or B:

Ultrasound-guided foam-injection sclerotherapy is effective in the treatment of both peripheral varicosities and major truncal incompetence.

ENDOVASCULAR INTERVENTION IN ARTERIAL TRAUMA

19. True (A) or false (B) – fill in only block A or B:

Endovascular techniques are minimally invasive compared with open surgery.
20. True (A) or false (B) – fill in only block A or B:

Many patients requiring endovascular intervention are young and the long-term durability of the technique is yet to be elucidated.