

Concerning pain management in Surgery:

- F a. ~~The 'Step Ladder' of pain management is obsolete.~~
- F b. ~~Patient controlled analgesia is very useful.~~
- F c. ~~Pethidine is useful for long term pain control.~~
- T d. ~~Regional analgesia can be combined with systemic intravenous analgesia.~~
- F e. ~~Lignocaine is normally used for regional analgesia.~~

The following are true concerning shock:

- F a. ~~Crystalloids and colloids are both effective in managing the acute phase.~~
- F b. ~~All types of shock are managed by IV fluids.~~
- F c. ~~If blood transfusion is necessary to maintain perfusion then surgery is always necessary in cases of haemorrhagic shock.~~
- d. ~~Initially crystalloids can be given as fast as possible.~~
- T e. ~~Initially colloids can be given as fast as possible.~~

Concerning preoperative management:

- T a. ~~One of the aims is to diagnose co-morbid states that may increase morbidity.~~
- T b. ~~One of the aims is to optimize the patient for surgery.~~
- T c. ~~One must always do a full blood count before any surgery.~~
- T d. ~~One must always do a urea and electrolytes before any surgery.~~
- T e. ~~You never operate if the haemoglobin is less than 10g/dl.~~

Concerning postoperative care:

- F a. ~~Immediate postoperative care refers to the first 3 weeks after surgery.~~
- T b. ~~Late postoperative complications occur in the 3 week after surgery.~~
- T c. ~~Haemorrhage is one of the common complications encountered in the immediate postoperative period.~~
- d. ~~The commonest cause of fever in the first 48 hours post surgery is infection.~~
- F e. ~~Patients should be kept NIL PER ORAL for 24 hours after limb surgery.~~

The following are true about skin lesions and ulcers:

- T a. ~~The type of border gives a clue to diagnosis.~~
- F b. ~~Enlargement of the draining lymph nodes means the lesion is malignant.~~
- F c. ~~The floor of an ulcer is what you feel with your finger.~~
- T d. ~~The absence of a peripheral pulse means the ulcer is of ischemic origin.~~
- T e. ~~The presence of varicose veins means the lesion is of venous origin.~~

The following results would suggest positive result following diagnostic peritoneal lavage:

- a. More than 10,000 RBC/mm³
- b. More than 500 WBC/mm³
- c. Presence of faecal matter
- d. Presence of pneumoperitoneum
- e. All the above

DPL assesses presence of blood in abdomen

37. Thyroglossal cyst

Midline pointed swelling. Cyst is mobile + moves up on deglutition.

- T a. ~~Is a midline swelling.~~
- F b. ~~Always presents as a discharging sinus.~~
- F c. ~~Presents just lateral to the sternomastoid.~~
- F d. ~~Occurs only between the foramen caecum and the hyoid bone.~~
- T e. ~~It is usually successfully treated by simple excision of the cyst.~~

38. In large bowel obstruction

- T a. ~~Small bowel dilatation is seen in abdominal X-ray 50% of the time.~~
- T b. ~~Barium enema study is always indicated.~~
- F c. ~~Vomiting is an early feature.~~
- d. ~~Electrolyte imbalance is unlikely because the bowel functions normally.~~
- F e. ~~None of the above.~~

Small intestine variety

39. Some of these incisions can be made for appendicular surgery

- F a. ~~Pfannestiel~~
- T b. ~~Grid iron~~
- T c. ~~Lanz~~
- F d. ~~Kochers~~
- F e. ~~Left lower paramedian~~

40. The commonest abdominal complication following laparotomy

- F a. ~~Burst abdomen~~
- F b. ~~Aspiration pneumonia~~
- T c. ~~Paralytic ileus~~
- F d. ~~Constipation~~
- F e. ~~Diarrhoea~~

41. A 13 year old girl with osteomyelitis. What is the likely organism(s)?

- F a. ~~Staph epidermidis~~
- T b. ~~Staph aureus~~
- T c. ~~H. Influenza~~
- F d. ~~Clostridium perfringens~~
- F e. ~~Strep pyogenes~~

under 14 years sicklers → salmonella

42. The rule of 2's when imaging an orthopedic patient includes:

- T a. ~~2 sides - bilateral (both limbs)~~
- T b. ~~2 views - AP and LAT~~
- T c. ~~2 joints - above and below~~
- F d. ~~2 modes - X-ray and CT scans~~
- T e. ~~2 times - before and after reduction~~