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## Questions and answers<sup>☆</sup>

## Preguntas y respuestas

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This section includes questions prepared on the basis of the contents of the articles published in volume 42, number 4 of the Colombian Journal of Anesthesiology. Accept this challenge to test your reading comprehension and knowledge.

- 1) With regard to the low fresh gas flow anesthetic technique, is it true that:
  - A) Flows between 0.8 and 1.5 L/min are used.
  - B) It is not recommended for procedures with sevoflurane lasting more than 3 h.
  - C) Is contraindicated in patients with severe hemolysis or massive transfusion.
  - D) There are sevoflurane TCI devices that have shown that the time to achieve the target concentration is significantly longer than with 2 L/min flows.

### ANSWER C

- 2) According to the meta-analysis by González Cárdenas VH et al., when comparing remifentanyl (R) against epidural anesthesia (EA) for pain management during labor, all of the following statements are true, except for:
  - A) The correlation between the administration of (R) and good patient satisfaction is equivalent to the administration of (EA) and good satisfaction.
  - B) The incidence of instrumented delivery is similar in both groups.
  - C) The incidence of cesarean section is similar for both groups
  - D) The probability of complications is significantly higher with (R) than with (EA).

### ANSWER D

- 3) In terms of airway management, the following statements are true:
  - A) Around 60% or mayor complications occur during extubation or in the recovery room.
  - B) Abnormal ventilation weaning rates are good predictors of extubation failure.
  - C) There is evidence favoring the use of steroids 4 h prior to extubation in patients with suspicious upper airway edema.
  - D) Difficult mask ventilation does not in itself predispose to a higher risk of difficult intubation.

### ANSWER C

- 4) Which of the following statements about leakage tests prior to extubation of a patient is true:
  - A) A tidal volume difference with the inflated vs. the deflated cuff of at least 40% is the cut point suggesting a low probability of laryngeal edema.
  - B) The cut point is a difference of >80 cc in adult patients, suggestive of a low probability of laryngeal edema.
  - C) The leakage test has a high predictive value for post-extubation laryngeal stridor and the need to reintubate.
  - D) In the absence of a leak or with leaks less than 110 cc, consider placing an exchanger for controlled and assisted extubation.

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## ANSWER D

- 5) Which of the following statements is false regarding the use of thromboelastography (TEG)?
- A) The enoxaparine activity may be evaluated with TEG.
  - B) Patients receiving Isoflurane during anesthesia have a higher hypercoagulability index than those receiving TIVA anesthesia with propofol.
  - C) TEG has been used to guide the administration of fibrinogen in postpartum hemorrhage.
  - D) TEG allows for the detection of hypothermia-related coagulation disorders.

## ANSWER B

- 6) In young adults, the apparent strong ion difference is:
- A) 40–42 mEq/L
  - B) 27–40 mEq/L
  - C) 12–24 mEq/L
  - D) 8–12 mEq/L

## ANSWER A

- 7) Lower glycemic levels and glycogen stores due to fasting result in all of the following, except for:
- A) Increased insulin secretion.
  - B) Increased lipolysis.
  - C) Fatty acids are oxidized in the liver and produce ketone bodies.
  - D) Ketone bodies are converted into acetyl coenzyme A.

## ANSWER A

- 8) Which of the following conditions relates to therapeutic hypothermia?
- A) Hypercalcemia

- B) Hypomagnesemia
- C) Hyperphosphatemia
- D) Hypoglycemia

## ANSWER B

- 9) With regard to the peripheral mechanisms associated to the onset of the complex regional pain syndrome, all of the following are true, except for:
- A) Axonal hypoxia.
  - B) Vasoconstriction.
  - C) Increased Endothelin-1 production.
  - D) Decreased interleukines-6 (IL-6).

## ANSWER D

- 10) The estimated incidence of difficult intubation in pre-school age children is of approximately:
- A) 0.1%
  - B) 1%
  - C) 3%
  - D) 7%

## ANSWER A

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**Reference**

Raffan F. Questions and answers, Rev Colomb Anesthesiol 2014;42:October–December (4).