QUESTIONS AND ANSWERS





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Questions and answers

Preguntas y respuestas

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- 1. The study entitled Latin American Surgical Outcomes Study (LASOS) was submitted as an epidemiological research aimed at describing perioperative mortality and complications after surgery, particularly in the Latin American Countries. The cohort-type design of this study (to be conducted soon) has a timeframe of (1):
 - a. Seven days.
 - b. Fifteen days.
 - c. Three weeks.
 - d. Six months.
- **2.** The survey-study by Amaya S et al. on the potential impact of the COVID-19/SARS-CoV-2 pandemic on anesthesiologists in Colombia, showed that the most frequently associated diseases were (2):
 - a. Hypertension and diabetes.
 - b. Asthma and obesity.
 - c. Hypertension and smoking.
 - d. High blood pressure and obesity.
- **3.** The findings of the Spanish paper published by Anabel Adell Pérez on partial robotic nephrectomy in kidney tumors, included (3):
 - **a.** Patients receiving preoperative anti-aggregation therapy were transfused in a statistically significant higher proportion than the non-transfused patients.
 - **b.** A statistically significant association was identified between deterioration of kidney function and the development of intraoperative complications.
 - **c.** The most frequent postoperative complication was renal artery pseudoaneurysm.
 - **d.** The most frequent anesthetic complication was gas embolism.

- **4.** The study by Casas-Arroyave on the associated costs between halogenated agents-based anesthesia vs. total intravenous anesthesia (TIVA), using the decision tree as analytical model, determined that (4):
 - **a.** For the type case: the total intravenous technique is more costly that the halogenated agents-based technique.
 - **b.** The intravenous technique reduces the risk of postoperative nausea and vomiting.
 - **c.** Although the total intravenous technique may be more costly than the halogenated agents-based approach, this is offset by a lower cost in the post-anesthesia care unit, due to the lower risk of postoperative nausea and vomiting.
 - d. All the above are correct.
- **5.** Suicide is a significant cause of mortality among physicians, with a higher risk of death than that observed among the general population. It is not true that among anesthesiologists(5):
 - **a.** The incidence of addiction to chemical substances has been identified at 1%.
 - **b.** There is up to 50% higher risk of suicide as compared to other areas of specialization, such as internists.
 - **c.** Other risk factors mentioned in the literature are the high prevalence of Burnout syndrome among anesthesiologists, and the relative isolation associated with daily practice.
 - **d.** From the gender perspective, women commit more suicide than men, in a significant proportion.

- **6.** With regards to the guidelines of the European Society of Intensive Care Medicine (ESICM), and the use of enteral nutrition (EN) in patients with positive pressure mechanical ventilation (PPMV): which of the following statements is false? (6)
 - **a.** The use of neuromuscular blockers and PPMV shall delay the onset of early EN.
 - **b.** Favor EN over early parenteral nutrition.
 - **c.** Start with low doses as soon as the hemodynamic instability is under control.
 - **d.** Use in patients with stable hypoxemia, compensated or permissive hypercapnia and/or acidosis.
- **7.** Of the various clinical trials assessing the absolute and relative contraindications described for the use of positive pressure mechanical ventilation in prone position, which is the relative contraindication? (6)
- **a.** The presence of chest and abdominal drains.
- **b.** Pregnancy.
- c. Tracheostomy over the first 24 hours.
- **d.** All of the above.
- 8. Let's assume that a patient with three doses of COVID-19 vaccine is scheduled for laparoscopic inguinal hernia repair as elective surgery; two days before surgery the patient is reported to have a positive COVID-19 PCR test; at the moment, the patient is asymptomatic, with no close contacts over the last month. For this reason, the surgery is rescheduled for 6 weeks later; the patient is classified as ASA II due to controlled hypertension. In this case, would you recommend (7):
 - **a.** To repeat the PCR test two days prior to surgery.
 - **b.** Not do any test since a positive (RT-PCR) is not correlated with the secretion of the live virus and hence is of little or no value in assessing the risk during

- the three months following the viral infection.
- **c.** A new test is recommended after 30 days, prior to surgery, in order to avoid postoperative complications and mortality which have been described as significant in patients with acute concurrent infection with this virus.
- d. All are true.
- **9.** Prominent inverted P waves in the lower II, III and aVF leads and in the precordial V3-6 leads are suggestive of retrograde atrial depolarization. This pattern represents a rhythm and may be due to of the atrial-ventricular junction and may be due to (8):
 - **a.** A manifestation of a sinus node dysfunction.
 - **b.** Acute myocardial infarction.
 - c. Digoxin toxicity.
 - d. All of the above.
- **10.** Adenosine is one of the useful medicines for the intraoperative management of pheochromocytoma. Which of the following effects are not a characteristic of this drug? (9)
 - **a.** Is a potent anti-arrhythmic medication that suppresses adrenaline-associated ventricular ectopy.
 - **b.** Is a safe and effective coronary vasodilator.
 - c. Produces tachyphylaxis.
 - **d.** Does not result in rebound hypertension upon discontinuation.

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ANSWERS

- 1. A.
- **2.** D.
- **3.** C.
- **4.** D.
- 5. D.6. A.
- **7.** D. **8.** B.
- 9. D.
- **10.** C.