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SAJAA CPD ANSWER FORM - July/August 2020

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Please answer the following questions:

1. The South African Saving Mother's Report (2014–2016) showed that:

- More than 70% of caesarean sections are done under general anaesthesia.
- Less than 70% of mothers deliver their babies normally.
- 70% of anaesthesia-related maternal mortality is associated with complications of airway management.
- Less than 70% of general anaesthesia are administered by non-physician anaesthesia providers.

2. The likelihood of encountering a difficult intubation in a pregnant patient has been estimated to be:

- Less frequent than expected.
- Up to eight times higher than the general surgical population.
- Associated with the relative increase in body mass index.
- More severe in diabetic mothers.

3. Maternal mortality from failed intubation does not occur from:

- Pulmonary aspiration.
- Hypoxaemia secondary to airway obstruction.
- Accidental oesophageal intubation.
- Gentle bag-mask ventilation during apnoea.

4. A parturient in active labour has:

- Increased risk of upper respiratory tract vascularity and oedema.
- Increased risk of airway bleeding due to loose teeth.
- Increased risk of vascular abnormalities.
- Increased risk of master muscle spasm during induction.

5. Videolaryngoscopy:

- Should never be used for obstetric general anaesthesia.
- Has been advocated for use in anticipated and unanticipated difficulty in obstetric airway management.
- Is not part of the Difficult Airway Society algorithm.
- Guarantees a 100% success rate at intubation.

6. Regarding hypertensive disorders of pregnancy:

- It remains one of the leading direct causes of maternal and perinatal morbidity and mortality in South Africa.
- Cerebral complications were the final cause of death in a small proportion of patients.
- According to a recent South African cohort study, a mortality of 10% was reported in women with eclampsia.

7. Regarding neuraxial anaesthesia:

- Spinal anaesthesia in patients with eclampsia and GCS \geq 14 appears to be safe and possibly associated with better outcomes for both mother and child.
- General anaesthesia is the method of choice for caesarean section in women with eclampsia.
- Maternal and neonatal outcomes are not affected adversely by the use of epidural anaesthesia.

8. In patients with severe preeclampsia receiving spinal anaesthesia:

- Maternal hypotension is unlikely in the absence of haemorrhage and other comorbidities.
- Maternal hypotension is a well-described complication.
- Haemodynamic changes often require small doses of vasopressor.

9. According to a recent Pregnancy Practice Bulletin of the American College of Obstetricians and Gynecologists, the recommended lower limit of platelet count for safe neuraxial anaesthesia is:

- $100 \times 10^9/L$
- $75 \times 10^9/L$
- $80 \times 10^9/L$

10. In patients who have had several seizures, focal neurological signs, and/or HELLP syndrome:

- Spinal anaesthesia can be considered in the absence of thrombocytopenia.
- Spinal anaesthesia should be avoided.
- The choice of the method of anaesthesia should be context sensitive.

11. Regarding hypoxia during general anaesthesia for caesarean section – the rate of caesarean delivery in South Africa is:

- 0–10%
- 10.1–20%
- 20.1–30%
- 30.1–40%

12. This study found which of the following risk factors to be associated with hypoxaemia during induction of GA for CD:

- Operator inexperience.
- Planned mask ventilation.
- High BMI ($> 30 \text{ kg/m}^2$).
- Twin pregnancy.

13. The incidence of hypoxaemia during induction of GA for CD in this study was approximately:

- 1 in 4.
- 1 in 6.
- 1 in 8.
- 1 in 10.

14. The most recent NCCEMD found that the majority of anaesthesia-related deaths occurred at:

- District level hospitals.
- Regional level hospitals.
- Tertiary level hospital.
- Quaternary level hospitals.

15. Regarding mask ventilation in obstetrics, the Difficult Airway Society guidelines suggest:

- Never use mask ventilation.
- Consider mask ventilation with low ventilatory pressure and cricoid pressure.
- Consider when SpO_2 falls below 90%.
- Consider only after failed intubation.

16. With regard to HIV in pregnancy – which is the most accurate sample for TEG blood results?

- The first 2 ml of blood drawn.
- 20 ml post initial blood draw.
- 8 ml post initial blood draw.
- Any sample.
- All of the above.

17. At which gestational week of pregnancy do fibrinogen levels rise?

- 24
- 26
- 28
- 32

18. What are the effects of HAART on coagulation versus untreated HIV-positive patients?

- No effect.
- Reduced fibrinogen levels.
- Higher d-dimer levels.
- Endothelial dysfunction.
- None of the above.

19. Identify the false statement – TEG measures:

- Clotting time.
- Clot strength.
- Primary haemostatic function.
- Clot lysis.
- All of the above.

20. What is the most common cause of thrombocytopenia in HIV infection?

- Heparin-induced thrombocytopenia.
- Immune thrombocytopenia.
- Thrombotic thrombocytopenic purpura.
- Relative thrombocytopenia.
- None of the above.

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