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SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

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SAJAA CPD ANSWER FORM – July/August 2022

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Please answer the following questions:

Technology or Tradition? TAP block versus wound infiltration for postoperative analgesia after lower abdominal surgeries

- 1. Nerves supplying the anterior abdominal wall are**
 - a. in a closed compartment
 - b. in the form of a plexus
 - c. in a fascial plane
 - d. easily visible with sonar
- 2. TAP blocks are administered between the transversus abdominis muscle and which other structure?**
 - a. Internal oblique muscle
 - b. External oblique muscle
 - c. Quadratus lumborum muscle
 - d. Peritoneum
- 3. The safe upper limit for the dose of ropivacaine is**
 - a. 3 mg/kg
 - b. 5 mg/kg
 - c. 7 mg/kg
 - d. 9 mg/kg
- 4. Lipid emulsion should always be present in the crash cart when regional anaesthesia is being performed**
 - a. True
 - b. False
- 5. Which of the following was higher among the infiltration group in this study?**
 - a. Satisfaction score
 - b. Opioid consumption
 - c. Duration of analgesia
 - d. Time to first rescue analgesic

Documentation of spinal anaesthesia technique and block level at Caesarean section in a Level 2 South African obstetrics hospital

- 6. The following finding, prior to starting surgery for Caesarean delivery, is most suggestive of adequate spinal block:**
 - a. Inability of the patient to achieve any degree of flexion at the hip and knee joints on instruction
 - b. Inability of the patient to perceive cold on application of ethyl chloride spray to the T4 dermatome
 - c. Inability of the patient to perceive pain on skin pinch by the surgeon's forceps at the site of surgical entry and at her umbilicus
- 7. Regarding the sensory block achieved when single-shot spinal anaesthesia is administered for Caesarean section:**
 - a. The dermatomal level of sensory block to light touch is higher than that of pinprick
 - b. The sensory blocks to cold, light touch and pinprick regress simultaneously
 - c. The sensory block to light touch is established after the block to cold
- 8. Practice guidelines detailing minimum standards for documentation of spinal anaesthesia technique for South African anaesthetists are found in:**
 - a. No context-sensitive national guidelines exist
 - b. SASA Guidelines for Regional Anaesthesia in South Africa 2016
 - c. SASA Practice Guidelines 2012 Revision

Haemodynamic monitoring in patients undergoing high-risk surgery: A survey of current practice among anaesthesiologists at the University of the Witwatersrand

- 9. In patients with marked alterations in vascular tone, when comparing devices that are transpulmonary thermodilution-based (such as the EV1000 clinical platform and PiCCO monitor), and devices that use lithium dilution (such as the LiDCOplus monitor),**
 - a. both have been shown to be reliable
 - b. the transpulmonary thermodilution-based devices have been shown to be better
 - c. both have been shown to be unreliable
- 10. Calibrated haemodynamic monitoring devices:**
 - a. are ideal for continued use, as these monitor additional preload parameters such as extravascular lung water and global end-diastolic volume
 - b. are not ideal for continued use, as they are non-invasive
 - c. are not ideal for continued use, as they do not monitor additional preload parameters such as extravascular lung water and global end-diastolic volume
- 11. Which of the following variables can be measured from a pulmonary artery catheter?**
 - a. Central venous oxygen saturation
 - b. Mixed venous oxygen saturation
 - c. Stroke volume variation
- 12. What are the benefits of haemodynamic monitoring in the perioperative setting?**
 - a. Reduced postoperative complications
 - b. Reduced mortality
 - c. Reduced fluid administration intraoperatively
- 13. Which of the following monitors uses transpulmonary thermodilution for calibration?**
 - a. The Vigileo™ monitor
 - b. The LiDCO plus monitor
 - c. The PiCCO monitor
- 14. Which of the following circumstances makes the interpretation of stroke volume variation for fluid responsiveness inaccurate?**
 - a. Paralysed patients
 - b. Cardiac arrhythmias
 - c. High tidal volume ventilation
- 15. Which of the following cardiac output monitors is operator-dependent?**
 - a. Pulmonary artery catheter
 - b. Transoesophageal echocardiography
 - c. Thoracic bioimpedance
- Comparison of ketamine-propofol combination and etomidate for anaesthesia induction on haemodynamic parameters**
- 16. In which combination was ketofol used in this study?**
 - a. 1:1.5
 - b. 1:1
 - c. 1:0.5
- 17. What endocrine parameters were included in the study?**
 - a. Serum cortisol/sugar levels
 - b. Epinephrine/norepinephrine levels
 - c. Prolactin levels
- 18. Which of the following drugs were used for premedication in this study?**
 - a. Midazolam
 - b. Glycopyrrolate
 - c. Morphine
- 19. Maximum fall in cortisol levels occurred**
 - a. at 24 hours
 - b. before induction
 - c. after weaning off cardiopulmonary bypass
- 20. Which drug group required vasopressor administration in the study?**
 - a. Group K (ketofol)
 - b. Group E (etomidate)
 - c. None of the above

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