



## SAJAA CPD ANSWER FORM – March/April 2023

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Please answer the following questions:

### Rare but fatal if missed – intraoperative Takotsubo syndrome in adult liver transplantation: lessons for anaesthesia and intensive care clinicians

#### 1. Which of the following is true regarding the pathogenesis of Takotsubo cardiomyopathy?

- Catecholamine excess may be implicated
- Multi-vessel coronary vasospasm may be implicated
- Microvascular dysfunction may be implicated
- All of the above

#### 2. The incidence of Takotsubo cardiomyopathy in patients presenting with troponin-positive acute coronary syndrome is:

- 20%
- 10%
- 5%
- 2%

#### 3. The mechanism for shock in patients with Takotsubo cardiomyopathy often includes:

- Arrhythmia
- Pulmonary embolism
- Right ventricular dysfunction
- Left ventricular outflow obstruction

#### 4. The diagnosis of Takotsubo syndrome should include:

- Myocardial perfusion scanning
- Troponins and electrocardiography
- CTPA
- A history of an emotionally taxing event

### The awareness of local anaesthetic systemic toxicity amongst registrars from surgical disciplines in a tertiary hospital, South Africa

#### 5. Local anaesthetic systemic toxicity (LAST) could be due to:

- An allergic reaction to local anaesthetic agents
- Inadvertent intravascular injection of local anaesthetic agents
- Intrathecal injection of local anaesthetic agents

#### 6. Mortality following LAST is often due to:

- Neurotoxicity
- Cardiovascular toxicity
- Severe anaphylaxis

#### 7. What is the recommended antidote for LAST?

- Propofol infusion
- Intralipid emulsion
- Naloxone
- Flumazenil

#### 8. What is the maximum recommended dose of lignocaine with adrenaline, in South Africa?

- 3 mg/kg
- 5 mg/kg
- 7 mg/kg
- 10 mg/kg

#### 9. What is the maximum recommended dose of bupivacaine in South Africa?

- 2 mg/kg
- 3 mg/kg
- 5 mg/kg
- 7 mg/kg

#### 10. For what period should a patient be monitored after completing a regional block?

- 10 minutes
- 30 minutes
- 90 minutes

### Perioperative haemodynamic instability caused by Takotsubo cardiomyopathy

#### 11. The following characteristics can be used to distinguish Takotsubo cardiomyopathy from acute coronary syndrome:

- Peak cardiac troponins are elevated to higher levels than in myocardial infarction
- Emotional stressor does not trigger the onset of symptoms
- RWMAs are not limited to diseased coronary artery supply territory

#### 12. Recent diagnostic guidelines, the InterTAK Diagnostic Criteria, state the following as criteria for diagnosing Takotsubo cardiomyopathy:

- Ballooning of the basal part of the left ventricle is seen
- Significant elevation of brain natriuretic peptide is common
- Patients might have evidence of infectious myocarditis

#### 13. The pathophysiology of Takotsubo is postulated to involve the following:

- Direct catecholamine-induced toxicity of cardiac myocytes
- Down-regulation of beta-receptors
- Abnormal calcium release intracellularly

#### 14. Left ventricular (LV) dysfunction in Takotsubo cardiomyopathy

- is permanent.
- usually resolves within days to weeks.
- resolves after months to years.

#### 15. Cardiogenic shock associated with Takotsubo cardiomyopathy is difficult to manage and the following treatment might aggravate the condition:

- Steroids
- Vasopressors (e.g. phenylephrine)
- Sympathomimetics (e.g. adrenaline)

### Supraclavicular regional anaesthesia affecting bispectral index as level of consciousness monitor (SUPRABLOC): a pilot randomised controlled trial

#### 16. Sample size calculation in this study:

- Was abandoned due to a lack of information
- Was attempted, but no accurate control data exists
- Was based on a study showing a 40% incidence of BIS below 80

#### 17. Exclusion criteria in this study included:

- Fasted patients
- ASA 2 or more
- Failed block or block complications

#### 18. Regarding measurements in this study:

- BIS was measured continuously.
- ECG and blood pressure were measured continuously.
- Soft music was played in the background to calm the patient.

#### 19. Regarding the Results and Discussion sections of this study:

- All primary and secondary outcomes were met.
- All primary outcomes were met but secondary outcomes fell short of feasibility criteria.
- Neither primary nor secondary outcomes were met.

#### 20. Concerning the sedating effect of neuraxial anaesthesia:

- Studies have shown that there is no sedating effect.
- Sedating effects are unlikely due to high levels of rostral spread of local anaesthesia.
- Sedating effects cannot be attributed to decreased afferent input to the reticular activating system.

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Medical Practice Consulting:  
Client Support Center:  
+27121117001  
Office – Switchboard:  
+27121117000  
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