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SAJAA CPD ANSWER FORM – September/October 2023

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Please answer the following questions:

The South African Procedural Times Glossary 1. Regarding the development of the South African Procedural Times Glossary (SAPTG): a. The SAPTG has been developed by clinicians and managers in South Africa with assistance from colleagues in the United States. b. The SAPTG has been adapted from the Procedural Times Glossary developed by the Association of Anesthesia Clinical Directors in the United States. c. The SAPTG has been adapted from the Operating Theatre Efficiency Guidelines developed by the Australian Agency for Clinical Innovation. 2. The SAPTG is applicable in the following healthcare systems: a. The state sector only, as the inefficient utilisation of theatre resources is not an issue in the private sector. b. The state and private sectors can find the SAPTG useful in reducing turnaround times and maintaining clinical quality. c. The private sector only, as the state sector does not have the infrastructure or resources to implement the SAPTG. 3. The SAPTG does NOT include the following data parameters: a. Quality performance indicators, including surgical site infection and morbidity and mortality data. b. Efficiency indices that help identify processes for improvement. c. Patient categories tracking operational workflow for patients during the perioperative period. 4. The procedural time “Anaesthesia Start (AS)” is: a. The time when the patient has achieved a sufficient level of anaesthesia to begin surgical preparation and the remaining chores do not prevent positioning or preparation of the patient. b. The time when the anaesthetist begins administration of the agents intended to provide the level of anaesthesia required for the scheduled procedure. c. The time when any member of the anaesthesia team begins preparing the patient for anaesthesia (e.g. applying monitors, positioning for anaesthesia, etc.). 5. The scheduling time period “Block Time (BT)” can be defined as: a. The time taken for the anaesthesia team to perform a regional or nerve block. b. The number of hours of case time performed during a service’s own allocated theatre time. c. The hours of operating room time reserved for a given service within a defined cut-off period. 6. Which of the following properties of perioperative care make operating theatre services ideal for the application of yield management techniques? a. A perioperative system operates with a fixed capacity. b. The demand for surgical services fluctuates and demand is variable. c. In many hospitals, operating capacity can be expanded readily and at low cost.	Khaya-warmer: blood warming in a resource-constrained setting 10. Above which temperature does haemolysis become significant when warming packed red blood cells? a. 37 °C b. 47 °C c. 49 °C 11. When transfusing packed red blood cells, the speed of flow through the transfusion line a. is influenced by the viscosity. b. is indirectly proportional to the tube length. c. is directly proportional to the radius of the tube. 12. The Western Cape Blood Service stores packed red blood cells at a. 4–6 °C. b. 2–4 °C. c. room temperature. 13. Regarding intravenous administration of fluids and blood products, which of the following is true? a. Infusing 1 L of a crystalloid solution at room temperature does not cause a decrease in core temperature. b. Transfusing one unit of packed red blood cells at 4 °C causes a decrease in core temperature of 0.25 °C. c. Transfusing cold packed red blood cells does not cause a decrease in core temperature. 14. Commercially available blood-warming devices are a. the gold standard for blood warming. b. readily available in resource-constrained settings. c. the only means by which packed red blood cells are warmed in South Africa.
Anaesthetic management for orthotopic liver transplantation in a patient with glycogen storage disease type IIIa: a case report 7. Which enzyme is deficient in glycogen storage disease type IIIa? a. Amyl-1,6-glucosidase b. Amyl-1,4-glucosidase c. Transferase 8. What accumulates in the organs in glycogen storage disease type IIIa? a. Glucose b. Maltose c. Glutamate d. Glycogen 9. In which tissue does glycogen not accumulate? a. Tongue b. Muscles c. Liver d. Lung	Knowledge and practice of surgical antimicrobial prophylaxis at a tertiary academic hospital in a low middle-income country 15. Despite modern advances in disinfection techniques and environmental control measures, surgical site infections (SSI) remain a concern in healthcare settings because a. patients are not taking their medications as prescribed. b. healthcare professionals are not following hygiene protocols. c. SSI is one of the most preventable yet frequent hospital-acquired infections. 16. Redosing of cefazolin is indicated when a. the duration of surgery exceeds four hours. b. a patient has confirmed methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) infection. c. the blood loss during surgery exceeds 2.5 litres. 17. The surgical antimicrobial prophylaxis section in the 2021 Guidelines for infection control and prevention in anaesthesia in South Africa was adopted from the a. South African surgical guidelines b. Centers for Disease Control and Prevention (CDC) c. French Society of Anaesthesia and Intensive Care Medicine (SFAR) 18. The use of clinical guidelines has been shown to a. primarily reduce healthcare costs and maximise profit. b. complicate healthcare practices. c. improve quality of patient care by standardising practice. 19. What are the major contributors to guideline non-adherence? a. Lack of funding and infrastructure. b. Lack of awareness of guidelines and lack of guideline content. c. Limited availability of healthcare professionals. 20. Surgical Antimicrobial Prophylaxis (SAP) for urological and gynaecological procedures is considered more controversial compared to other surgical disciplines because a. procedures typically require no antimicrobial cover. b. they involve a mixture of Gram-positive, Gram-negative, and anaerobic flora. c. they are the least common surgical procedures.

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