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SAJAA CPD ANSWER FORM – January/February 2024

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Please answer the following questions:

Modelling the incidence and severity of hypothermia during spinal anaesthesia for caesarean delivery: a prospective observational study in a resource-limited setting

1. Hypothermia may be defined as:

- A core temperature of $< 35^{\circ}\text{C}$ or a decrease of at least 2°C from baseline temperature.
- A core temperature of $< 35.5^{\circ}\text{C}$ or a decrease of at least 1.5°C from baseline temperature.
- A core temperature of $< 36^{\circ}\text{C}$ or a decrease of at least 1°C from baseline temperature.

2. This study confirmed that during elective Caesarean section under spinal anaesthesia:

- Approximately one half of patients drop core temperature by $\geq 1^{\circ}\text{C}$ from baseline.
- Approximately one third of patients drop core temperature by $\geq 1^{\circ}\text{C}$ from baseline.
- Approximately two thirds of patients drop core temperature by $\geq 1^{\circ}\text{C}$ from baseline.

3. This study confirmed that following elective Caesarean section under spinal anaesthesia, the incidence of severe hypothermia (temp $< 35^{\circ}\text{C}$) on arrival in recovery is approximately:

- One half of patients.
- One third of patients.
- One quarter of patients.

4. South African guidelines for temperature monitoring state the following:

- Patients under spinal anaesthesia do not require routine temperature monitoring unless converted to general anaesthesia.
- Patients under spinal anaesthesia should have temperature monitoring for procedures exceeding 30 minutes.
- All patients under spinal anaesthesia should always have temperature monitoring performed.

5. Dual-sensor heat flux technologies:

- Are included in the NICE guidelines as suitable options for temperature monitoring.
- Are restricted to research settings due to prohibitive costs.
- Provide inferior temperature monitoring compared to other devices.

6. Bundled care that includes active warming in enhanced recovery protocols after Caesarean section under spinal anaesthesia:

- Improves patient comfort, but has little impact on other outcomes.
- Has not been shown to have any benefit.
- Reduces length of hospital stay.

Does pumping iron bring gains? A review of the role of intravenous iron in perioperative blood management

7. The perioperative blood management (PBM) bundle of care contains all except the following components:

- Optimising erythropoiesis and red cell mass.
- Liberal transfusion trigger strategies.
- Meticulous surgical haemostasis.
- Optimising delivery of oxygen and minimising oxygen consumption.

8. According to a recent international consensus guideline, the correct definition of anaemia includes all, except the following:

- Haemoglobin (Hb) level less than 13 g/dl in males.
- Haemoglobin (Hb) level less than 12 g/dl in non-pregnant females.
- Haemoglobin (Hb) level less than 11 g/dl in pregnant females.
- Haemoglobin (Hb) level less than 13 g/dl in both sexes in the perioperative setting.

9. True iron deficiency is associated with:

- A low serum ferritin level ($< 30\text{ ng/l}$) but a normal Hb.
- A combination of iron deficiency and a low Hb.
- A low-normal ferritin level (30–100 ng/l) and a normal Hb.

10. Intravenous iron therapy has the following advantages over oral administration:

- A higher incidence of gastrointestinal side-effects.
- A faster response time.
- A more prolonged period of time to see an increase in serum ferritin levels.
- Decreased bioavailability compared to oral formulations.

11. Current evidence shows that intravenous iron therapy is associated with a significant decrease in allogenic blood transfusion risk in which of the following surgical populations?

- Orthopaedics.
- Cardiac surgery.
- Abdominal surgery.
- Emergency surgery.

Perceptions of the perioperative team regarding the use of the WHO Surgical Safety Checklist

12. The aim of the WHO Checklist was to:

- Create a regulatory tool from which key safety elements can be measured.
- Provide a uniform approach to safety elements across all operating theatres in hospitals.
- Introduce key safety elements into the operating theatre routine while fostering teamwork.

13. The management of adverse events in this study:

- Demonstrates a high level of accountability by participants.
- Reflects toxic hierarchies and a culture of silence.
- Is enhanced by robust morbidity and mortality meetings.

14. Challenges to WHO Checklist completion in this study include:

- A flat hierarchy.
- Breakdown in communication and lack of teamwork.
- Non-participation by junior team members.

15. Studies find that in environments with a high baseline safety culture:

- The WHO Checklist has a limited impact on improving patient safety.
- The WHO Checklist is not valued as a safety tool.
- Further training is required for the WHO Checklist to be accepted.

16. Organisational problems that affect WHO Checklist use include:

- Individual behaviours and attitudes.
- Level of seniority and experience of healthcare workers.
- A visible lack of support from management.

Evaluation of hypotension following induction of general anaesthesia due to thiopentone, propofol and etomidate using perfusion index

17. The purpose of monitoring perfusion index during the induction of general anaesthesia is to:

- Assess the depth of anaesthesia.
- Evaluate the perfusion of peripheral tissues.
- Measure cardiac output.

18. The primary reason for hypotension following induction of anaesthesia with intravenous induction agents is:

- Increased cardiac output.
- Vasodilatation and reduced heart rate.
- Myocardial depression.

19. How long after induction of anaesthesia is hypotension more common?

- Between 1 and 3 minutes after induction.
- Between 5 and 10 minutes after induction.
- Between 15 and 20 minutes after induction.

20. Perfusion index:

- Has a high accuracy and specificity.
- Is not affected by external factors.
- Is an affordable, easy, and non-invasive method to assess perfusion of peripheries.

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Medical Practice Consulting:
Client Support Center:
+27121117001
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