**Short Clinical Cases**

* Hypertrophic obstructive cardiomyopathy
* Hypertrophic cardiomyopathy (HCM) is defined as a primary cardiac muscle hypertrophy of the left ventricle in the absence of other structural or functional abnormality.
  + Elective patient with murmur - investigation
  + ECG with LAD, LVH, T inversion
  + Definition: primary cardiac muscle disorder with muscle hypertrophy affecting the left ventricle in the absence of other structural or functional abnormality.
  + Pathophysiology: Muscle hypertrophy of the LV leads to diastolic impairment with preserved LV function
  + Management: PPM is syncope, beta blockers.
  + Anaesthesia: optimise preload, afterload maintain HR and BP.
* AF
  + 80 yo for removal SCC
  + ECG with AF, LBBB, LVH
  + How to optimise, when to anaesthetise
  + Rate vs rhythm control
  + Methods of cardioversion
  + Causes of AF
  + What would you be looking for on echo
  + Complications
  + Management of intraop fast AF
  + Q waves on ECG
  + Management of periop anticoagulation, CHADS2 score
* Preeclampsia
  + 36 week primigravida BP 160/90, Pulse, 124/min for LSCS category 2. Had nifedipine and hydralazine.
  + Classification
  + Clinical features
  + Investigation
  + Magnesium
  + How is different from pregnancy induced hypertension
  + Antihypertensives
  + Conduct of anaesthesia
* OSA
  + 45 year old for elective cholecystectomy with h/o snoring
  + Shown a polysomnograph or overnight oximetry - asked to interpret
  + Classification of sleep apnoea
  + Clinical features
  + Epworth, STOPBANG
  + Polysomnography
  + Management
  + Perioperative management
* Ruptured AAA
  + 80yo male was eating lunch when developed severe pain and hunched over. Brought into A+E. BP 60/30. Surgeons believe ruptured AAA
  + Resuscitation
  + Suitability for surgery, Glasgow aneurysm score
  + Conduct of anaesthesia
  + Massive transfusion
* Paediatric squint surgery
  + Anaesthetic concerns
  + Management of PONV
  + Oculocardiac reflex
  + Airway choice
  + Premedication
  + Risk factors for squint
  + Malignant hyperthermia and squint surgery
  + Weight, tube, LMA, fluid calculations
* Myotonic dystrophy
  + Definition: autosomal dominant causing abnormal sodium and chloride channel with myotonia, muscle wasting, cardiomyopathy, restrictive lung disease
  + Extraction of wisdom teeth, presumed to be difficult
  + Clinical features
  + Pre-op investigations with detail about respiratory function, ABG, echo.
  + Anaesthesia for myotonic dystrophy
  + Muscle relaxants
  + Dental surgery - airway choice, throat packs

Cholesteatoma

* + What is cholesteatoma, what makes the tumour
  + Facial nerve monitoring
  + Conduct of anaesthesia for middle ear surgery
  + PONV
* Grommets with runny nose
  + Anaesthetic implications of an URTI
  + Indications/contraindications for paeds day case
  + How would you proceed
  + Airway choice
  + Management of laryngospasm
* Jehovah’s Witness
  + Colectomy: what are you going to do?
  + Gillick competence
  + Methods of preventing blood transfusion in pre-operative and post-operative periods.
  + Advanced directive and consent
  + What would you do in emergency if patient unconscious and no advance directive
* Pneumothorax
  + Trumpeter falls while playing trumpet and sustain Colle’ fracture
  + Shown XR of tension pneumothorax
  + Management of tension
  + ICD insertion
  + Types drain and container
  + Relevance of length and depth of tubing
  + Flutter valve drains
* Pneumothorax
  + Patient following RTC. GCS 15; BP & HR normal; breathless; chest x-ray shows pneumothorax:
  + What kind of pneumothorax?
  + What are you going to do?
  + British Thoracic Society guidelines.
  + What if patient needs to go to theatre? What would be different in your management?
  + How would you manage a patient with pneumothorax in theatre?
* Lung malignancy
  + 77yr old female for bunion operation. Complained of right sided chest pain and weight loss. Shown CXR with R-sided lesion
  + Describe CXR
  + Differential diagnosis
  + What investigations are require, methods of obtaining biopsy
  + She comes for R sided thoracotomy and resection - anaesthetic considerations, airway management
  + Double-lumen tubes and OLV
  + Analgesia for thoracotomy
* Thoracic surgery pre-assessment

Pulmonary function tests inc. transfer factor

Shuttle testing

Exercise and sats

CPEX

‘Cut-offs’ for surgery

* ICU nutrition
  + Shown CXR of NG tube sitting in left lung
  + NGT position checking
  + What would you do
  + Normal nutritional requirements (fat, protein, carbohydrate, electrolytes, water, trace elements) - Benefit of enteral feeding
  + Constituents of enteral feed
  + Complications of enteral feed
  + Feeding and critical illness
* Microlaryngoscopy for hoarse voice
  + Causes of hoarseness, commonest
  + Innervation of larynx
  + Structures seen on nasendoscopy
  + Airway assessment
  + Conduct of anaesthesia
  + Microlaryngeal tubes
  + Other methods of ventilation
  + LASER
* Neck haematoma
  + Patient end stage CKD, morbid obesity, attempted vascath insertion (internal jugular) by renal team haematoma; stridor. Vascular surgeon wants to operate ASAP.
  + Discuss issues / concern=
  + Differential diagnosis
  + Likely site of obstruction
  + Conduct of anaesthesia
* Tetanus
  + Farmer presents with dysphagia and muscle pain
  + What is Tetanus, describe organism
  + Clinical features
  + Grading (Ablett scale)
  + Management
  + ICU management
* Sepsis
  + Principles of management
* TB
  + Female patient from India presenting with ruptured ectopic, persistent cough. Shown CXR - miliary TB
  + Differential diagnosis
  + Implications for anaesthesia
  + Investigations
  + Infection control measures and protection of staff
  + Management of TB
* Awareness
  + 43 year old, 6 weeks post-hysterectomy during which she remembers being awake
    - Actions
    - What can you look for on the chart
    - Definition
    - Incidence
    - Risk factors
    - Types of awareness
    - Trials

25 year old lady asked to review about having awareness post GA for c-section

* + - Management
    - What would you look for on the anaesthetic chart
    - Reasons for awareness in obstetrics
    - Incidence
    - Other high risk areas for awareness
    - Depth of anaesthesia monitoring
* Fractured mandible
  + 19 year old man has been assaulted in a pub whilst out drinking. He had a period of loss of consciousness. He presents for repair of fractured mandible.
  + Indications for CT head
  + How would you assess him
  + Urgency of operation - when to bring to theatre
  + Airway assessment
  + Airway management
* Eisenmenger's
  + 50 yr old with Down syndrome with # NOF for urgent fixation.
  + Pathophysiology of Eisenmenger’s
  + Anaesthetic implications
  + What factors affect the shunt
  + ECG analysis
* Sickle cell
  + Unbooked 30yr old presents for emergency C-section due to foetal distress. Sickledex positive. ‣ Perioperative management
    - Types of testing
    - Sickle cell genotypes
    - Post-op SOB, hypoxia, pleuritic chest pain - differential
    - Exchange transfusion
  + 19yr old Afro-Caribbean male for appendicectomy, sickledex positive.
    - Sickledex test and meaning of a positive test
    - What is sickle cell disease and sickle trait
    - What levels of oxygen tension does sickling occur
    - Problems of sickle cell disease
    - Implications for anaesthesia and precautions
    - Chest crises
    - Could this be anything other than appendicitis given history
    - Comparison with thalassaemia
    - Reticulocytes - significance
* Paediatric SVT
  + 2yo post grommets in recovery. Agitated and distressed. How would you manage?
  + What can cause agitation in recovery?
  + ECG with SVT rate 300. Management, who would you involve
  + Dose of adenosine in child
  + Estimation of wait
  + Chemical and electrical cardioversion
* Hypothermia
  + 78 year old patient is brought to hospital by ambulance. She was found at the bottom of her stairs. She is unconscious and hypothermic.
  + Resuscitation
  + Differential
  + Grading of hypothermia
  + Correction of hypothermia
  + Management of broad complex tachy
* Exacerbation of COPD
  + Pathophysiology (bronchitis vs emphysema)
  + Causes

Oxygen therapy

Mechanism of oxygen induced hypercapnoea

Management

Indications / CIs for NIV and invasive ventilation

Weaning

* Spinal cord perfusion
  + Weak Legs post AAA repair (CSE)
  + Causes - including Artery of Adamikiez thrombosis
  + CSE and coagulation
  + Physiology of cord perfusion
  + Lumbar drains - management, settings
* Blocked trache
  + Physiotherapist unable to pass the suction catheter through tracheostomy. Breathless.
  + Differential diagnosis
  + Causes of blocked tracheostomy
  + Assessment
  + Management
  + Complications of tracheostomy
* Bleeding tracheostomy
  + 4 days old trache, bleeding around stoma
  + Initial management
  + Causes
  + Action if tracheostomy dislodged on way to theatre
  + Conduct of anaesthesia in theatre
* Failing epidural
  + Patient had colectomy for UC earlier, epidural not working, in pain
  + Block assessment
  + What do you look for in notes
  + Practical management
  + Back pain following removal of catheter - differential
  + Features and management of epidural abscess
* Cystic fibrosis
  + Woman with end-stage cystic fibrosis presenting following trauma to her arm needing debridement, repair of median nerve and brachial artery.
  + Definition
  + Pathophysiology, incidence
  + Features
  + Conduct of anaesthesia
  + Anaesthetic options, types of regional
* Penetrating neck injury (stabbing)
  + Obese neck stabbing, afro-caribbean
  + Asked to describe clinical findings on examination
  + Likely to have OSA
  + Shown AP and lateral neck xrays - blade in neck, had been taken with contrast. - Asked what structures in the neck may have been damaged - How would I manage the airway?
  + Told sickle negative - What are your concerns?
  + What further tests would you do? CT, naso-endoscopy - How would you assess airway?
  + What structures could be damaged?
  + What are the options to secure airway for surgery?
  + Which one would you do? Talk me through it
* ECT
  + Indications
  + Preoperative assessment, likely issues
  + Antipsychotics and other psych drugs (inc. lithium) and influence on anaesthesia
  + Autonomic effects – shown rhythm strip with bradycardia then tachycardia
  + Conduct of anaesthesia
  + Remote site anaesthesia

Capacity and consent

* Long term complications of spinal cord injury
  + Man 2 years post T2 transection presenting for urological procedure
  + Complications of cord injury

◦ Autonomic dysreflexia – pathophysiology, causes, clinical features, precipitants, treatment

* + Other anaesthetic considerations
* Empyema
  + Young male, fever, SOB, type 2 respiratory failure, CXR – consolidation
  + Management
  + Antibiotics
  + Likely organism
  + CT demonstrates empyema – specific management of this inc. surgical technique
  + Anaesthetic technique for VATS
  + OLV and management of hypoxia
* PONV
  + Woman for lap steri with history of PONV
  + Anti-emetics mechanism/site of action
  + Number needed to treat
  + Scoring systems
  + Risk factors
  + Anaesthetic technique
* Bleeding tonsil
  + 5 years old
  + Assessment, resus
  + Anaesthetic technique
  + Tube / drug calculations
  + Cannula falls out after induction – how will you manage it
* Wolff-Parkinson-White
  + 25 year old for cystoscopy, c/o of palpitations
  + ECG shown
  + What is WPW
  + Describe normal electrical conduction
  + Risks of WPW, drugs to avoid
  + Anaesthesia for ablation
* Pacemakers
  + Indications
  + Types
  + What is now commonest (DDD), why no longer VVI
  + Benefits DDD
  + Preop assessment of patients with pacemakers
  + Anaesthetic drugs and their affect upon fucntion
  + Loss of capture intraop – causes, management
  + Management of asystole
  + What are the differences in managing a patient with an ICD
  + Coding of ICDs and pacemakers in detail
* Trauma
  + 22 year old female, 30/40 pregnant, GCS 15, tachycardic, normal BP
  + Initial assessment and management
  + Trauma team composition
  + Investigations
  + DDx of lower abdo pain / pelvic pain in this scenario
  + Cardiovascular changes in pregnancy
* Regional anaesthesia

45 year old for hydrocoele, want to avoid GA after bad experiene 25 years ago

Risks / benefits of neuroaxial block vs GA

Innervation of testicle

Spinals and day-case

Consent

* Emergency LSCS
  + 23 year old, LSCS for foetal distress
  + Classification of urgency
  + Influence on choice of anaesthesia
  + Management of cord prolapse
  + Process of spinal anaesthesia, choice of drug
  + Extubation
* Malignant hyperthermia
  + 9 year old for scoliosis correction, tachycardic intraop
  + Causes of tachycardia
  + Now rising EtCO2
  + Pathophysiology of MH
  + Genetics, testing
  + Incidence
  + Management
  + Mechanism of action of dantrolene
  + Who will you test, parent refuses to be tested how to counsel
* Intra-uterine fetal death
  + G4P3, 20/40, in labour
  + Incidence
  + Complications
  + Investigations
  + Shown FBC, UE, coag – platelets 100, elevated PT / APTT
  + Options for labour analgesia
  + Antibiotics
  + Management of DIC
* Cardiac risk
  + 64 year old. AF (warfarinised), decompensated heart failure, previous MI. For revision of stump – septic
  + Investigations
  + Risk stratification scoring systems
  + Perioperative warfarin
  + Anaesthetic options / conduct
* Brainstem death
  + 48hr post SAH and cardiac arrest, persistent coma still occasional spontaneous respiratory effort - Prognosis
  + Communication around withdrawing care
  + Living will, advance directives, mental capacity act
  + Non-heart beating donation
  + Diagnosis of death, brainstem tests
  + Organ donation and family consent
  + Management of SAH in ITU
* Management of retained placenta / PPH
  + Causes of PPH
  + Assessment preop
  + Regional and differences post partum
* Management of intrapartum haemorrhage
* Anaphylaxis
  + Woman for ERPC. Anaphylaxis 6 weeks previously.
  + Precautions
  + Investigations after anaphylaxis
  + Causes of a chronic raised tryptase
  + Acute management
* Dural tap in obstetrics

Management in labour

Intrathecal catheters

Management of PDPH, blood patching

* Laparoscopy
  + Physiology
  + Complications
  + Anaesthesia
* Collapse – suspected overdose
  + 25 year old female, uncsoncious, susepcted overdose (alcohol / paracetamol)
  + Assessment
  + Metabolic acidosis and anion gap
  + Indications for intubation
  + N-acetylcysteine and other specific management
  + Pathophysiology of paracetamol OD
  + Management of hepatic failure
* LA toxicity
  + Epidural top up for LSCS, drowsy - differential
  + Presentation of LA toxicity
  + Risk factors
  + Pharmacology of LAs - levo vs racemic bupiv
  + Management including intralipid dosing
  + GA for LSCS
* Laryngospasm
  + Definition
  + Causes / precipitants
  + Management
  + Laryngeal anatomy and innervation
  + Negative pressure pulmonary oedema
* Hyperparathyroidism
  + Patient for renal stone removal trans-urethral
  + Classification of hyperparathyroidism
  + Clinical features
  + Effect on anaesthesia
  + Anaesthesia for urology
* Blast injury
  + Traumatic amputation of lower limb
  + Classification of blast injury (primary, secondary, tertiary, quaternary)
  + Anatomical injuries expected
  + Management of exsanguinating trauma
  + Triage, major incidents
* Epilepsy
  + 50 year old male for open chole, epileptic
  + Classification of epilepsy
  + Anti-epileptic drugs and side effects
  + Effect of anaesthetic drugs on epilepsy
  + Perioperative management
* Inhaled FB
  + Coin in right main bronchus on CXR (AP and lateral)
  + CXR signs of collapse
  + Anaesthetic management
* Heart block
  + ECG interpretation
  + Types of heart block

Causes

Investigation

Indications and method of pacing

Calibration and calibration mark on ECG

Management of complete heart block

* Diathermy and electrical safety
* Steroid replacement
  + Ulcerative colitis with toxic megacolon
  + Morbiund
  + Pre-op resuscitation
  + Monitoring
  + Steroid replacement
* Extra-dural haematoma
  + Young male with EDH in A&E
  + Physiology of ICP and CBF
  + Indications for intubation
  + Parameters to aim for
  + Equipment, monitoring
  + Practicalities of transfer
  + Oxygen requirement calculations
  + Transfer ventilators
* Aortic stenosis
  + 75yo for THR
  + Clinical features AS
  + Investigations
  + Grading of severity, how the pressure gradient is calculated by echo machine
  + Anaesthetic management
  + AF
  + Coronary perfusion
* Diabetes
  + Problems with DM
  + Assessment of control
  + Perioperative management
* Wrist fracture
  + 60 year old heavy smoker with lung cancer, presents with wrist fracture
  + CXR interpretation
  + Options for reduction of fracture – IVRA, haematoma, regional, sedation, GA
* IVRA
  + What is IVRA
  + Practicalities, cuffs, etc.
  + Drugs, doses
  + Complications
* Penetrating eye injury
  + 15 year old, full stomach
  + Discuss concerns
  + Physiology of IOP, effect of drugs
  + Conduct of anaesthesia
* Pyloric stenosis
* Epiglottitis
* Autonomic nervous system disorders
  + Classification
  + Causes
  + Manifestations
  + Physiology of Valsala and effects
* Uncontrolled hypertension
  + Inguinal hernia electively BP 220/110
  + Causes
  + Problems
  + Management

NICE guidance on hypertension management, antihypertensives and anaesthesia Investigations to assess end organ damage

Acceptable levels / control

Pt comes back with strangulated hernia, conduct of anaesthesia

* Circumcision
  + Analgesic options
  + Doses of simple analgesics in children
  + Caudal
  + Penile block
  + Paediatric daycase in general
* Down's syndrome
  + 16 year old female for dental work
  + Problems with Down's
  + Anaesthetic considerations
  + Consent
  + Day-case criteria
  + Anaesthesia for dental clearance
  + Throat pack
* IVDU
  + IVDU for Hickman line
  + Perioperative problems
  + Communicable diseases
  + Needlestick injuries in high risk patients
* Cardiac risk
  + 60yo man. 2x stents for cardiac disease. Presents for knee arthroscopy
  + Investigations
  + ECG – lateral T wave inversion, inferior Qs, LVH
  + Risk of peri-op MI. Risks of surgery post MI
  + Anaesthetic options
* Carotid endarterectomy
  + Publican due to have CABG. Now found to have carotid stenosis
  + Regional vs GA
  + Regional technique
  + Monitoring CNS function
  + Other issues with carotid surgery, inc. BP management
* Airway assessment
  + Airway tests, sensitivity and specificity
  + Management of failed intubation
* TURP
  + 75yo man for TURP. 3 MIs previously, last 8 months ago. Takes irbesartan, nicorandil, salbutamol, nifedipine.
  + Indications for his drugs
  + Investigations
  + Urgency
  + Effect of irbesartan on electrolytes
  + Anaesthesia for TURP
  + TURP syndrome
* ALI / ARDS
  + 50yo male with cough, fever, diarrhoea. Returned from Mediterranean holiday recently. Tachypnoeic, hypoxic, tachycardic, hypotensive, pyrexial
  + Initial assessment, resuscitation
  + CXR – bilateral infiltrates
  + Differential diagnosis
  + Definition ALI / ARDS
  + Non-invasive ventilation
  + Indications for intubation
* Anaemia

58 yo female for hemicolectomy. FBC and haematinics.

Causes of iron deficiency anaemia

Transfusion triggers

* + Oxygen delivery and oxygen flux
  + Oxygen dissociation curve
* Shortness of breath in pregnancy
  + Causes / differential
  + Pathophysiology and management of
  + Amniotic fluid embolus
  + Pre-eclampsia
  + Pulmonary oedema
* Critical illness neuropathy / myopathy
  + 76 yo on ITU with CAP. Develops weakness.
  + Differential
  + Diagnosis / pathophysiology of critical illness neuropathy / myopathy
  + Conduction studies
  + Treatment
  + Prevention
* Trauma
  + 8yo boy found in ditch with open tib/fib
  + Initial assessment and resus
  + Assessment of conscious level in children
  + Indications for CT head, signs suggestive of intracranial pathology
  + Management of traumatic brain injury / raised ICP
* Atrial flutter
  + ECG – flutter at rate 75
  + Patient for renal transplant, dialysed yesterday
  + Investigation
  + Conduct of anaesthesia
  + Rate control vs rhythm control
  + Renal failure and anaesthesia
* Myocardial infarction
  + ECG – inferolateral MI
  + 55 year old male, no pain at time of ECG. Previous MI 4 years ago
  + What drugs is the patient likely to be taking already
  + Clinical assessment
  + How to assess axis on an ECG
  + Symptoms of heart failure
* Epidural abscess
  + 4 weeks post epidural steroid injection for chronic pain. Perineal numbness, severe back pain - Differential
  + Investigations
  + Markers of inflammation / infection
  + Management
* Tension pneumothorax
  + Young pt post thoracoscopy – CXR
  + Clinical features
  + Management
  + How to insert a chest drain
* Rheumatoid arthritis
  + Lateral C-spine XR interpretation
  + Problems with RA
  + Patient going for hip surgery – anaesthetic options
  + Conduct of general anaesthesia
  + Airway management
* Sux apnoea

8 yo girl for appendicectomy. Doesn't wake up post op.

Differential, investigations

Neuromuscular monitoring

* + Sux apnoea in detail
* Head injury and C-spine
  + 19 yo male involved in RTC. GCS 13, open tib/fib needs theatre for fixation.
  + Indications for CT head
  + C-spine clearance and imaging
  + Problems with immobilisation
  + Differences between CT and MRI
* Hypotensive anaesthesia
  + Indications
  + Methods
  + Pharmacology
  + FESS procedure
  + Throat pack
* Tracheal tumour
  + Was shown an CT scan of the neck. Asked what was wrong? Subglottic tumour - The surgeon wants to take a biopsy of the lesion. How would I provide anaesthesia?
  + I mentioned I would need to assess the length of the tumour and tracheal circumference.
  + What are the indications for tracheostomy?
  + How do you perform a surgical tracheostomy?
* Crohn’s colonoscopy
  + Incidence, pathophysiology of Crohn’s - locations affected
  + Management of Crohn’s
  + Sedation - conscious, definitions, problems
  + Options for colonoscopy
* Cataract
  + 70yo on warfarin - anaesthetic options
  + Eye blocks - how to perform each, disadvantages
  + Managing wrong side block
  + Preventing wrong side block
  + Never events
* Type 2 Respiratory Failure
  + 75 yo admitted SOB
  + Differential diagnosis
  + Severity of COPD
  + Indications for NIV
  + Advantages over invasive ventilation
  + How to start NIV (pressures)
* Left bundle branch block
  + ECG analysis
  + Causes of LBBB
  + Which leads look at left ventricle
  + Why M pattern in lateral leads
  + Pt for elective arthroscopy - what would you do?
* Phrenic Nerve Palsy
  + Elderly woman having had right humerus operation, post-operative difficulty in breathing

Shown CXR of patient with raised right hemidiaphragm and associated right lower lobe collapse - Differentials of postop difficulty in breathing

How do you approach this patient - management plan and investigations and why

Differentials of raised right hemidiaphragm

Causes of phrenic nerve palsy

Other ways to distinguish this as phrenic nerve palsy

* + CXR signs of phrenic nerve palsy

Incidence of phrenic nerve palsy following interscalene block

How long does it last

What else would you see following interscalane block e.g. Horner's syndrome

* Anaesthetic implications of high spinal cord injury
  + Pathophysiology of autonomic dysreflexia
  + Anaesthetic management of a patient coming for urinary catheterization
  + High cervical spine injury- autonomic dysreflexia, signs and symptoms, management - Other issues
  + Changes that occur with a high spinal injury.
  + Pathophysiology of spinal shock, and autonomic dysrhythmia.
  + Treatment of bradycardia
* Enhanced recovery
  + 50 year old woman with bowel cancer, Hb 9 and MCV 70, seen in pre-op clinic.
  + What type of anaemia?
  + Why is she anaemic?
  + What will you do next?
  + What about transfusing?
  + She also has IHD. Does this change your management?
  + What non invasive cardiac tests?
  + Echocardiography - What information does it give us
  + How do you perform CPET testing? What information does it give us?
  + What is enhanced recovery?
* SAH
  + 55 yr old, sudden onset occipital headache and nausea.
  + Likely diagnosis?
  + Other causes of Sudden onset headache.
  + She is for clipping of aneurysm, GCS 7.
  + How do you manage this? Talked about intubation, arterial line.
  + Complications during procedure specifically those that are vasculature related?
  + Talked about vasospasm - presentation, treatment.
  + Rebleeding.
  + They mentioned dislodged coil.
* COPD
  + 65 yrs old, severe, stable COPO, Knee arthroscopy, wants a spinal anaesthetic - What are the criteria for day surgery?
  + Does having severe COPD mean you cannot have day surgery?
  + Shown a CXR: What does the CXR show?
  + My interpretation - hyperinflated lung fields, opacity left upper lobe - What could the opacity be?
  + What makes you say hyperinflated? What are the criteria?
  + The patient wants a spinal for her arthroscopy, are you going to do it?
  + What medication would you use for a day case spinal anaesthetic?
  + How would you perform a spinal anaesthetic?
  + If you can't pass the needle at L3/4, would you go L1/2? Why not?
* Status eplilepticus
  + A 9 year old fitting for 30 minutes
  + What are the differential diagnoses?
  + Could this be a febrile convulsion?
  + What is the incidence offebrile convulsions in this age group?

How will you approach this? (ABC Approach, Collat hx, bed side lx, Pharmacological

Management of status)

What other drugs might you use prior to GA (paraldehyde)?

If hypotensive what and how much fluid

When would you resort to GA and exact dose of drugs, tube etc

What other investigations would you do? (CT Head) - Where does the patient need to go?

How will you transfer the patient to scan and PICU

What sedation would you use?

Would you really use muscle relaxants? (risks of undetected seizures vs coughing during transfer etc)

* Previous MI
  + Elective hernia repair, previous MI
  + 60 year old man for inguinal hernia repair, previous MI
  + Given an ECG- what does it show? Now look at his ECG: RBB, inferior Q waves Acute inferior MI
  + Which coronary artery is affected?
  + He had a drug eluting stent
  + What anti platelets would you expect him to be on - What is the mechanism behind drug eluting stents?
  + Why do they need dual anti platelets for 1 year?
  + He had been on dual anti platelets for 6 months? What would you do? (Hernia is not incarcerated)
* Laryngeal tumour
  + I was shown an endoscopic view if the vocal cords which showed a mass invading the vocal cords. Asked - what it is?
  + They asked me my concerns.
  + Asked what else I would want to know from the history?
  + Then asked what other investigations I would like, I said CXR and CT.
  + Then shown a CT scan- which showed deviated and narrowed trachea.
  + What would you want to know in the history from this patient?
  + Options for putting her to sleep for ent procedure
  + How do you anaesthetize for an asleep tracheostomy
  + How do you confirm trache position
  + Management of a trache that gets pulled out later that night on ITU
  + Asked how would I anaesthetise. In my head, I wanted to say induction, but for some reason I started talking about awake fibreoptics. The examiner didn't seem so keen on the awake fibreoptics. Unfortunately the bell went and I didn't get to discuss this.
* Placenta abruption
  + 38weeks, uneventful pregnancy. Obstetricians have declared a Cat 1 CS due to suspected abruption.
  + What does CaU mean?
  + What are the concerns and issues?
  + How would you anaesthetise (I said if it would check the urgency, then they pushed for an answer and said
  + they estimated 2L blood loss so I said GA) - Asked about levels of shock.
  + They asked about Massive obstetric haemorrhage protocol.
  + How much blood would I give?
  + Complications of massive transfusion
  + DIC and MOF
  + What drugs could I use and surgical methods for stopping the bleeding
* Hip revision on warfarin
  + Elderly gentleman. They didn't give much medical history. I think he was on warfarin but they didn't tell you why. His inr was 2.1.
  + Asked the main issues regarding this case.

Any investigations I would like?

Why might he be on warfarin?

Asked pros and cons of various techniques

Asked what my preference was - asked what would you be looking for in the history/ examination/investigations.

Explained guidelines regarding hip surgery.

Pre-junctional Disorders

Charcot Marie tooth

Post junctional Disorders