



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

FELLOWSHIP EXAMINATION

GENERAL SURGERY - SECOND PAPER – 2 HOURS

WEDNESDAY, 20 APRIL 2005

ALL questions must be answered and are of equal value

1. A 52-year old male presents following a haematemesis. He had been resuscitated at a small hospital and arrives in your casualty department with a pulse rate of 104 and a blood pressure of 100 over 70. Two weeks ago he had been endoscoped and found to have an ulcer in the duodenal cap. He is on no medication apart from Omeprazole.

Outline your management of this patient.
2. A 53 year-old man returns for his first post-operative follow-up visit after Right Hemicolectomy for a T2, N0 carcinoma. Detail your advice to him concerning his own ongoing surveillance and to his immediate family concerning cancer screening.
3. A 50 year old female undergoes a laparotomy for an acute small bowel obstruction due to adhesions. Postoperatively on day 7 she develops an entero-cutaneous fistula through the wound. The patient is well and does not have generalized peritonitis.

Outline the non-operative and operative principles of management.
4. A 50 year old man has presented with a 3cm diameter firm lump in the left lobe of the thyroid gland. Thyroid function is normal. Fine needle aspiration cytology of the 3cm diameter lump shows definite papillary carcinoma.
 - a) Describe any further investigations you would wish to undertake.
 - b) Discuss the principles of the surgical treatment of this condition. (Do not give operative surgery details.)
 - c) Enumerate the advantages of the proposed operation you have chosen.
 - d) Indicate your plan for follow up treatment.
 - e) Discuss the prognosis for this patient.
5. A 50 year old female is investigated for vague abdominal pain of one month's duration with ultrasound by her local doctor. The ultrasound has demonstrated a probable, roughly 5 x 4 x 3cm diameter solid retroperitoneal mass, positioned in the pre-aortic region below the level of the pancreas.

List the possible differential diagnoses and discuss your further investigation of the patient. Do not include details of clinical assessment (do not detail the history and examination).
6. A 21 year-old man suffers blunt abdominal trauma in the course of a football match. He presents with abdominal and left shoulder tip pain. PR = 120, BP = 140/90. The abdominal CT scan is reported as follows: major disruption of spleen with mid segment not perfused. Some free intraperitoneal blood seen around spleen. Liver and pancreas intact. Left kidney normal. No free gas. No other injuries seen. Probable Grade III to IV injury.

Outline his management, covering the common scenarios that might be encountered.

7. A 67 year old female presents with a strangulated left femoral hernia requiring urgent operation. She has a prosthetic mitral valve for which, among other medications she takes Warfarin. Her INR on admission is 4.6. Outline your management of her coagulation status.
8. Describe the anatomy of the axillary vein, including its important surgical relationships seen during axillary dissection.

Describe the steps in your technique of identifying the axillary vein at the time of axillary dissection.



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SECOND PAPER – 2 HOURS

MONDAY, 5 SEPTEMBER 2005

ALL questions must be answered and are of equal value

1. Discuss the hypogastric nerve plexuses highlighting the sites of possible surgical injury. Emphasize the consequences of injury that you would include in obtaining informed consent.
2. You have been asked to draw up guidelines for 'Venous Thromboembolism Prophylaxis in Surgical Patients' by your hospital. Provide your response.
3. Discuss the management of a patient with known cirrhosis of the liver who requires a cholecystectomy for recurrent biliary colic.
4. A 30 year old man is referred to you for consideration for antireflux surgery. He gives a history of 10 years of increasingly troublesome heartburn though now it is reasonably well controlled on a PPI once a day. A gastroscopy performed whilst he was on a PPI revealed a small hiatus hernia, but no macroscopic oesophagitis. Outline your advice to this man.
5. Discuss the aetiology and management of chronic post inguinal hernioplasty pain
6. A 75 year old man is admitted to your surgical ward having passed a large amount of blood per rectum. Since admission he has had two further episodes of bleeding and now has tachycardia and hypotension.

Outline the important aspects of clinical assessment, your plan of investigation and initial possible management options (operative details not required).
7. You have performed a laparoscopic appendicectomy on a young woman for acute gangrenous, but nonperforated, appendicitis. Having had a low grade fever, on the third day the temperature is now 39 degrees. Outline your management.
8. A 44 year old man presents with a 3cm mass in the left supraclavicular region. Thorough physical examination failed to find any other signs. Fine needle aspiration is reported as poorly differentiated neoplasm.

Discuss your approach to management of this problem focusing on:
 - a) diagnostic possibilities
 - b) pathology tests
 - c) other potentially helpful investigations
 - d) outline of management of the main diagnostic possibilities