

**Candidate No.: «No»**



## **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

### **PART 2 EXAMINATION FOR FELLOWSHIP**

#### **GENERAL SURGERY**

**SECOND PAPER – 2 HOURS**

**MONDAY, 6 SEPTEMBER, 2004**

**ALL questions must be answered and are of equal value**

1. A young man is brought into the ED after a motor bike accident. He complains of chest and abdominal pain. On examination there is no neurological abnormality. O/E. Pulse rate is 120/min, BP 80/40, Resp Rate 20/min. Clinical fractures of left ribs, tender slightly distended abdomen, tender pelvis. CXR – fractured left ribs, no haemopneumothorax but a widened mediastinum. There is also a non-displaced pelvic fracture. Outline your early management of this patient.
2. A patient is referred to you for ongoing care after bile is noted in the drain tube the day following laparoscopic cholecystectomy. Outline your early management.
3. What is the purpose of a diverting intestinal stoma? What complications may occur and how are they managed?
4. How is early (superficial) gastric carcinoma defined? What are its common modes of presentation and how is it managed?
5. You are referred a woman who is seeking advice about genetic testing for breast cancer. What clinical information do you require, what tests are done and what are the issues in interpretation and management?
6. A 70 year old man has presented to the emergency dept with a 6 hour history of severe generalized abdominal pain. He is in atrial fibrillation, but is otherwise in good health. You suspect he has had a mesenteric vascular accident. Outline your management in the first 48 hours.
7. You are referred a fit 30 year old man with a unilateral inguinal hernia. He has read about laparoscopic repair on the internet and asks for your opinion as to whether he should have a laparoscopic or open repair. How would you answer his query?
8. Describe the anatomy of the recurrent laryngeal nerves highlighting surgical conditions and operations that may cause vocal cord paralysis.



## ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

### PART 2 EXAMINATION FOR FELLOWSHIP

#### GENERAL SURGERY

SECOND PAPER – 2 HOURS

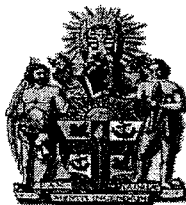
WEDNESDAY, 28 APRIL, 2004

#### **ALL questions must be answered and are of equal value**

2. A 75-year-old man presents with a four-week history of increasing lower abdominal colic and constipation. For three days prior to presentation he has been experiencing faeculent vomiting. Plain abdominal x-rays demonstrate dilatation of small and large bowel loops with air fluid levels. Rectal examination and sigmoidoscopy are both normal. Discuss your management.
3. Explain the concept of a Sentinel Node and when it was first used in clinical practice. How is the Sentinel Node located and what is its role in the management of breast cancer?
4. Discuss the management of a 68-year-old fit man who is referred to you with the proven diagnosis of carcinoma of the distal one-third of the stomach.
5. A 55-year-old fit woman underwent laparoscopic cholecystectomy for symptomatic gallstones. Two days later the pathology report showed adenocarcinoma of the gallbladder. How would you manage this patient?
6. Discuss the vascular complications of acute pancreatitis.
7. You are referred a 60-year-old woman with severe symptoms of primary hyperparathyroidism including polyuria, myalgia, fatigue, hypertension and renal calculi. What investigations would you undertake before embarking on surgery?
8. Outline what is meant by "damage control laparotomy" in trauma and discuss how this concept relates to the treatment of a severe liver injury.
9. What prophylactic measures would you undertake to prevent the development of overwhelming post splenectomy sepsis? Outline the anatomical relationships of the spleen.

Paper 1 – 2004 April

1. Pemberton's sign picture - causes, pathophysiology
2. Painful pale (L) leg picture 24h post fixation upper tib-fib fracture – causes, management
3. Thrombosed haemorrhoids picture – difference betw ext/int haemorrhoids, treatment options – ad & dis of each
4. Anal sphincter – what are the components, nerve supply of external sphincter, components essential to continence
5. Hydatid picture – what tests to diagnose, which normalise after treatment
6. GU with slough at base and ?underlying mass – describe lesion, management, what to counsel patient
7. Oesophageal varices picture in 45y old man with abdominal swelling – what is likely cause, indication for active treatment, options in longterm treatment
8. Upside down gastrograffin swallow showing hiatus hernia
9. Sigmoid volvulus AXR - tests to confirm, where else can it occur, treatment
10. Melanoma – describe appearance, prognostic feature (ulceration), what factors used for classification, factors determining excision margin
11. Picture of face ?neck and cheek swelling, c/o chest pain after UGIE – perf oesophagus, common causes, test to diagnose
12. Painless parotid lump in man – clinical features to look for, common causes, investigations, consent
13. Painful parotid swelling in female – parotitis, causes, treatment
14. Large painless inguinoscrotal hernia - differential diagnosis, clinical features of each, treatment
15. Painful (R) groin lump in female with vomiting – most likely diagnosis (femoral hernia), approach in surgery
16. Causes of hyperthyroidism, mechanism of action PTU, CBZ
17. T-tube cholangiogram – (R) sectoral duct entering hepatic duct, how can injury occur in this case, steps to avoid biliary injury
18. 48h post anterior resection, hyponatraemia – common causes, clinical signs, treatment
19. Cellulitis of lower leg picture – describe appearance, differential diagnosis (necrotising fasciitis), describe appearance, causes of appearance, treatment
20. Oesophageal swallow showing achalasia – investigations, pathophysiology in 2 lines, treatment other than dilatation (botox) with advantages and disadvantages, surgical approaches
21. Pilonidal abscess – pathogenesis, principles of treatment, pre-requisites for primary closure
22. CXR – air-fluid level in (L) chest prior hx of MCA – diagnosis (diaphragmatic hernia), what are contents, treatment options, sequelae if nothing done
23. Testicular mass w haemorrhage and necrosis picture – describe and most likely diagnosis, pre-disposing factor, what investigations before orchidectomy
24. Facial nerve – branches after leaving base of skull, landmarks to find trunk, effect of dividing mandibular branch
- 25.



**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

**PART 2 EXAMINATION FOR FELLOWSHIP**

**GENERAL SURGERY**

**FIRST PAPER – 2 HOURS**

**MONDAY, 1 SEPTEMBER, 2003**

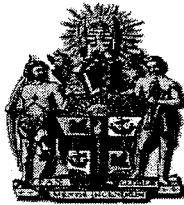
***ALL QUESTIONS MUST BE ANSWERED***

**Question 1 – (50% of total marks)**

1. Spot Test Questions – please refer to the attached documentation

**Question 2 to 5 – these are of equal value (50% of total marks)**

2. Describe the anatomy of the submandibular gland and the steps you would take during its removal to preserve the important nearby structures.
3. Discuss the assessment and management of a 60-year-old patient with deteriorating renal function 48 hours after major abdominal surgery for perforated diverticulitis.
4. A 60-year-old female is referred to you with iron deficiency anaemia. Haemoglobin is 80 grams. Three consecutive faecal occult blood tests are positive, and gastroscopy and colonoscopy are normal. Outline the steps you would take to determine the cause of the anaemia.
5. Discuss the management of health care workers after occupational exposure to hepatitis C virus.



## ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

### PART 2 EXAMINATION FOR FELLOWSHIP

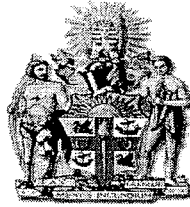
#### GENERAL SURGERY

#### SECOND PAPER – 2 HOURS

MONDAY, 1 SEPTEMBER, 2003

**ALL questions must be answered and are of equal value**

6. A 60-year-old man presents with perianal discomfort and rectal bleeding. Clinical examination and biopsy reveal a squamous cell cancer of his anal canal. Discuss your further management.
7. You are called to the Emergency Department to see a 26-year-old woman, 34 weeks pregnant, who has been admitted following a motor vehicle crash. She has a tender abdomen, BP of 90/50, heart rate of 110/min and no evidence of head, chest or lung injuries. Outline your management.
8. A 50-year-old man is referred to you with a palpable lymph node in the middle of the posterior triangle of the right neck. Discuss your clinical assessment of the patient, investigations and likely differential diagnosis.
9. A 54-year-old woman presents with a two month history of dark discharge from her right nipple. Outline your assessment and management of this problem.
10. Outline the clinical assessment, investigations and management of a healthy 40-year-old woman with primary varicose veins.
11. A 42-year-old woman has an abdominal ultrasound for right upper quadrant abdominal pain and is found to have a solid lesion in the right lobe of her liver. Discuss your approach to management.
12. Discuss the role of neoadjuvant chemotherapy/radiotherapy in upper gastrointestinal malignancy.  
*Wesley AWS 24/11/03* *Never leaving AWS*
13. A 48-year-old well woman has a CT scan for vague central abdominal pain and is found to have a 4cm mass in the left-adrenal gland. Discuss your management.  
*M. D. 1/11/03*



## ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

### PART 2 EXAMINATION FOR FELLOWSHIP

#### GENERAL SURGERY

#### FIRST PAPER – 2 HOURS

MONDAY, 28 APRIL, 2003

#### ALL questions must be answered

1. **Spot Test Questions** – please refer to the attached documentation.
2. Discuss the fluid management of an 82-year-old woman who has just returned to the ward, two hours after a right hemicolectomy for caecal cancer. What are the current controversies surrounding postoperative fluid therapy in this scenario?
3. Outline the common peripheral nerve injuries which may occur during abdominal or pelvic surgery as a consequence of poor positioning of a patient on the operating table. Describe how you would prevent these injuries using three examples.
4. Discuss the importance of maintaining a normal ( $>36^{\circ}\text{C}$ ) core body temperature in patients undergoing major abdominal surgery and how this core temperature can be achieved.
5. Describe the anatomy of the external laryngeal nerve and the steps you would take during a total thyroidectomy to preserve it.



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### SECOND PAPER – 2 HOURS

MONDAY, 2 SEPTEMBER, 2002

**ALL questions must be answered and are of equal value**

5. A 67-year-old man is referred to you from a medical ward where he was admitted 12 hours previously with a large haematemesis. He has now had a further haematemesis causing tachycardia and hypotension. Discuss your initial assessment of this man and management options.
6. A 59-year-old woman is admitted to hospital with acute pancreatitis. Discuss the pathogenesis of this condition, how you would assess its severity at the time of admission, and your management in the first 24 hours.
7. A 40-year-old man is referred by his GP with painful swelling of the left breast and a provisional diagnosis of gynaecomastia. Discuss the aetiology of this condition and your assessment and management of this man.
8. Discuss the place of early surgery in the management of acute cholecystitis.
9. Discuss the role of stenting for obstructing colorectal malignancy.
10. Discuss the place of surgery in the management of a 40-year-old woman with thyrotoxicosis. How would you prepare such a person for surgery and what would be your surgical options?
11. During an emergency laparotomy for blunt abdominal trauma, a needle-stick injury occurs to a Surgical Trainee. Outline the possible risks and consequences to this person and appropriate management.
12. Discuss the aetiology and management of necrotising fasciitis.



## ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

### PART 2 EXAMINATION FOR FELLOWSHIP

#### GENERAL SURGERY

#### SECOND PAPER – 2 HOURS

MONDAY, 29 APRIL, 2002

**ALL questions must be answered and are of equal value**

4. A 36 year old farmer arrives in the Emergency Room 30 minutes after extrication from a tractor roll. His right thigh had been pinned under a wheel for approximately 6 hours. There are no other injuries apparent. Outline your management.
5. A 45 year old male presents with recurrent swelling in the right submandibular gland after eating. What are the causes of this condition and how would you manage this patient?
6. An asymptomatic 43 year old seeks your advice regarding colon cancer screening. There is no family history of bowel cancer. What would you tell him?
7. A 35 year old woman is found to have an incidental solitary lesion of the liver detected by ultrasound. The lesion is 6 cm in diameter and is located under the Glissonian capsule in segment V. Outline the management of this patient.
8. Discuss the investigation and surgical management of a 40 year old male who presents with a 35 mm clinically solitary thyroid nodule.
9. What factors influence the chances of a successful renal transplantation in a 59 year old woman.
10. Barrett's oesophagus discuss the following:-
  - (a) What are the endoscopic features of a long segment Barrett's oesophagus?
  - (b) What is the appropriate method to assessment Barrett's oesophagus?
  - (c) What endoscopic features are of clinical concern?
  - (d) List your management plan to address the malignant potential for a young fit patient with:-
    - i) no dysplasia
    - ii) low grade dysplasia
    - iii) high grade dysplasia
11. Discuss post-operative intra-abdominal adhesions, with emphasis on:-
  - (a) cause and pathogenesis
  - (b) strategies to reduce adhesions





# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## PART 2 EXAMINATION FOR FELLOWSHIP

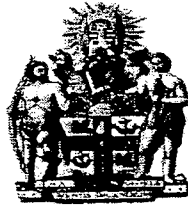
### GENERAL SURGERY

#### FIRST PAPER

2 HOURS & 30 MINUTES

MONDAY, 3 SEPTEMBER, 2001

1. General Surgery MCQ Paper (60 questions - 2 hours)
2. Surgical Principles MCQ Paper (15 questions - 30 minutes)



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### SECOND PAPER

2 Hours

MONDAY, 3 SEPTEMBER, 2001

#### ALL questions must be answered

##### Question 3 (30 minutes)

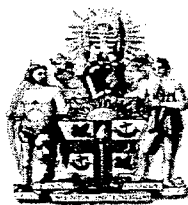
Discuss the surgical management of an 18 year old male who presents to the emergency department with an expanding haematoma in the root of the right neck from a penetrating knife wound.

Allow 15 minutes for each question

4. A 30-year-old female has a malignant melanoma on her distal thigh diagnosed by excisional biopsy (1.6mm in thickness, Clark level III). Her groin nodes are clinically normal.

Explain how you would advise her regarding the place of lymphatic mapping and sentinel node biopsy. In your answer discuss the basic science that supports sentinel node technology.

5. A 55-year-old male is admitted to hospital with a 24-hour history of increasing upper abdominal pain, which radiated to his back. He has been nauseated through this period and has had recurrent vomiting. A recent abdominal ultrasound has revealed multiple gallstones. His serum amylase on admission is 1560 Somogyi units (range 30 - 110). How would you manage this patient.
6. Discuss venous thrombo-embolic prophylaxis for a morbidly obese female scheduled to undergo laparoscopic gastric banding in 2 weeks
7. Describe the pharmacological basis of action of local anaesthetic agents. Briefly outline their use in clinical surgical practice. Use open inguinal hernia repair to illustrate the advantages/disadvantages of the use of local anaesthetic agents.
8. When performing an open right inguinal hernia repair upon a 54-year-old woman you find mucus in the indirect hernia sac. How would you manage this problem?
9. You have been referred a 43 year old woman with a breast lump which has been measured to be 55mm in diameter by mammography and ultrasound. Core biopsy shows it to be a grade 3 invasive ductal cancer which is both oestrogen and progesterone receptor positive. Outline your recommendations for the management of this patient.



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### FIRST PAPER

2 HOURS & 30 MINUTES

MONDAY, 30 APRIL, 2001

1. General Surgery MCQ Paper (60 questions - 2 hours)
2. Surgical Principles MCQ Paper (15 questions - 30 minutes)



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

PART 2 EXAMINATION FOR FELLOWSHIP

GENERAL SURGERY

SECOND PAPER

2 Hours

MONDAY, 30 APRIL, 2001

ALL questions must be answered

Question 3 (30 minutes)

In adults with complete rectal prolapse and faecal incontinence:

- What are possible causes of the faecal incontinence?
- What is the role of pre-operative investigations?
- What are the surgical treatment options and their indications?

Allow 15 minutes for each question

4. Discuss the hypogastric nerve plexuses highlighting the sites of possible surgical injury. Emphasise the consequences of injury that you would include in your discussion when obtaining informed consent from a patient.
5. You are asked to see an elderly woman presenting with severe thyrotoxicosis one week after she has had a contrast CT scan for an unrelated problem. She is taking amiodarone for a cardiac arrhythmia. Describe your management of this problem?
6. Discuss the indications for decompression of the anterior compartment of the leg and outline methods for achieving adequate decompression of this compartment.
7. Outline your management of a 60 year old female in whom a mammogram has shown a 12mm focus of suspicious micro calcification No mass is palpable.
8. Discuss how you would counsel a 50 year male who presents to you with the symptoms and endoscopic findings of a squamous cell carcinoma in mid oesophagus.
9. A 70 year old male undergoes urgent laparotomy and small bowel resection for adhesive small bowel obstruction of 4 days duration. Over the first two postoperative hours his urine output is 8ml and 4ml respectively. Outline your assessment and management.



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

### FIRST PAPER

2 HOURS & 30 MINUTES

MONDAY, 4 SEPTEMBER, 2000

1. General Surgery MCQ Paper (60 questions - 2 hours)
2. Surgical Principles MCQ Paper (15 questions - 30 minutes)



## ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

### PART 2 EXAMINATION FOR FELLOWSHIP

#### GENERAL SURGERY

#### SECOND PAPER

2 Hours

MONDAY, 4 SEPTEMBER, 2000

ALL questions must be answered

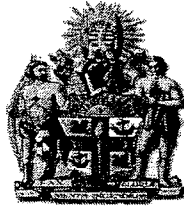
#### Question 3. (30 minutes)

A seventy year old man was found in the street in the early morning. He was brought to Accident and Emergency *in extremis*, and was found to have a small sub umbilical wound. The story obtained from witnesses indicated he had suffered a stab wound. At laparotomy, a penetrating injury to the proximal jejunum was sutured primarily. He was improving, (but remained on a ventilator) in the Intensive Care Unit until the sixth post operative day, when he developed abdominal distension, fever and an obvious bowel content discharge from the abdominal wound. Discuss your management of the patient from this stage. You should assume that the receiving hospital has adequate facilities to care for the patient. In particular comment upon:

- a) Nutritional support.
- b) The need for and relevance of any investigations.
- c) The timing and role of further surgery.
- d) You receive a telephone from the patient's brother in law requesting information regarding the patient's progress and prognosis. Indicate your response.

Allow 15 minutes for each question

4. Sentinel node biopsy is being considered as definitive management of the axilla in patients with operable breast cancer. What evidence is there to support or detract from the sentinel node concept in breast cancer.
5. Discuss the operative approaches to the left adrenal gland, including the advantages and disadvantages of each.
6. A patient aged 69 years presents with obstructive jaundice. Ultrasound reveals gallstones. The common bile duct is 15mm in diameter and may contain a calculus. Discuss the possible therapeutic options for this patient
7. Discuss the biology of malignant tumours of the anal canal. Include an outline of management.
8. Describe the important factors that affect the healing of gastro-intestinal anastomoses.
9. Discuss the significance of a psoas abscess. Outline treatment options.



**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

**PART 2 EXAMINATION FOR FELLOWSHIP**

**GENERAL SURGERY**

**SECOND PAPER**

**2 Hours**

**MONDAY, 1 MAY, 2000**

**ALL questions must be answered**

**Allow 30 minutes**

3. A 40 year old man is referred to you for an opinion regarding antireflux surgery. He has a 10 year history of heartburn, night cough and regurgitation when he bends over. He is a non-smoker. His heartburn has been controlled by the use of Omeprazole 20 mg a day.

Discuss how you would assess the patient and how this assessment would influence your opinion and management plan. Discuss the pros and cons of surgical management.

**Allow 15 minutes for each question**

4. A twenty year old male patient presents with a month's history of intermittent fever and malaise and on examination has cervical and axillary lymphadenopathy. Discuss your approach to establishing the diagnosis.
5. Discuss the construction of and indications for colonic and small bowel pouches in colon and rectal surgery.
6. A 40 year old woman presents with right upper quadrant abdominal pain and a CT scan demonstrates a 7 cm solid space occupying lesion in segment VI of the liver. Outline your management.
7. Discuss the management of carcinoid tumour of the appendix.
8. A patient presents with abdominal pain and fever 5 days after laparoscopic cholecystectomy. Discuss the differential diagnosis and management.
9. Discuss the principles which govern the use of drains in general surgery, giving examples of appropriate use.



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

PART 2 EXAMINATION FOR FELLOWSHIP

GENERAL SURGERY

FIRST PAPER

2 HOURS & 30 MINUTES

MONDAY, 13 SEPTEMBER, 1999

1. General Surgery MCQ Paper (60 questions - 2 hours)
2. Surgical Principles MCQ Paper (15 questions - 30 minutes)





## ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

### PART 2 EXAMINATION FOR FELLOWSHIP

#### GENERAL SURGERY

#### SECOND PAPER

2 Hours

MONDAY, 13 SEPTEMBER, 1999

#### ALL questions must be answered

**Allow 30 minutes**

3. A 22 year old male is admitted to the Emergency Department following a motor cycle accident. He is conscious and complains of chest and abdominal pain. His pulse rate is 120 per minute and BP 80/40 mm of mercury. Examination reveals fractures of left ribs, a tender slightly distended abdomen and a tender pelvis. Chest x-ray shows fractured left ribs, no haemopneumothorax but a widened mediastinum. There is a non-displaced pelvic fracture.

Discuss your management of this patient.

**Allow 15 minutes for each question**

4. Discuss the management of a 48 year old premenopausal patient who was found to have microcalcification on her first mammogram which was performed because her 54 year old sister had recently been diagnosed with invasive ductal carcinoma of the breast. The calcification involves an area approximately 4 cms in diameter in the lateral right breast and is suspicious for high nuclear grade ductal carcinoma in situ.
5. Discuss the role of endoscopy in the management of acute pancreatitis.
6. Write notes on aetiology, classification, investigation and management of fistula in ano.
7. Outline the significance of *Helicobacter pylori* and its place in the pathophysiology of gastroduodenal diseases.
8. A 30 year old male, who has recently migrated from Eastern Europe, presents with a history of solitary thyroid nodule of recent origin. Discuss the possible causes including physical findings, the relevant investigations and subsequent management.
9. Discuss the aetiology, presentation, investigation and management of mesenteric venous thrombosis of the small bowel.

# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### FIRST PAPER

2 HOURS & 30 MINUTES

MONDAY, 19 APRIL, 1999

1. General Surgery MCQ Paper (**60 questions - 2 hours**)
2. Surgical Principles MCQ Paper (**15 questions - 30 minutes**)

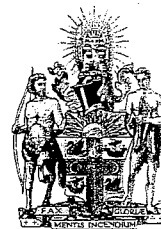
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# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### SECOND PAPER

2 Hours

MONDAY, 19 APRIL, 1999

#### ALL questions must be answered

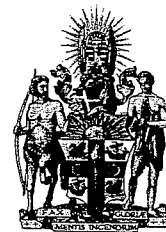
**Allow 30 minutes**

3. A 60 year old female presents to her doctor complaining of tiredness. She had a modified radical mastectomy three years earlier for a 3 centimetre diameter grade 2 invasive ductal carcinoma which was node negative and ER positive. She has been taking Tamoxifen since the mastectomy and has had no other symptoms or signs suggestive of recurrence of breast cancer. Her total serum calcium is 2.80 mmols per litre.

Discuss the investigation of the hypercalcaemia and outline the management issues of the various potential causes.

**Allow 15 minutes for each question**

4. Discuss the management of a 1 centimetre gall bladder polyp, detected by ultrasound in a 46 year old patient.
5. Write notes on the dysplastic naevus syndrome.
6. Write notes on bezoars including a brief description of management.
7. Describe the surgical management of a 25 year old female with relapsing idiopathic thrombocytopenic purpura who presents with a platelet count of  $12 \times 10^9/L$ .
8. A previously fit 65 year old man presents with a faecal peritonitis from perforated diverticulum of the sigmoid colon. Discuss the treatment options.
9. Outline briefly the aetiology and management of lymphoedema of the limbs.



## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### SECOND PAPER

2 Hours

MONDAY, 19 APRIL, 1999

#### ALL questions must be answered

**Allow 30 minutes**

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# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

### CHRISTCHURCH

### FIRST PAPER - 2 HOURS

THURSDAY, 1 OCTOBER, 1998

**ALL questions must be answered**

**Allow 30 minutes**

1. Write notes on the management of regional lymph nodes in malignant melanoma under the following headings:
  - a) Lymph node biopsy in clinically suspicious nodes (clinical stage III)
  - b) The place of elective node dissection
  - c) Therapeutic dissection of clinically positive nodes
  - d) Lymphatic mapping and sentinel node biopsy

**Allow 15 minutes for each question**

2. What is the RET proto-oncogene and what is its significance?
3. Write notes on pseudomyxoma peritonei.
4. What is meant by D1 and D2 gastrectomy for gastric cancer and what are their relative advantages and disadvantages?
5. Write note on the various methods of sterilization of equipment in general surgical practice.
6. Describe the aetiology, natural history and treatment of abdominal aortic aneurysm.
7. Describe the potential complications of endoscopic sphincterotomy for retained bile duct calculi and outline the appropriate management of each complication.

# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

### CHRISTCHURCH

### SECOND PAPER

2 Hours and 30 minutes

THURSDAY, 1 OCTOBER, 1998

8. General Surgery MCQ Paper (60 questions - 2 hours)
9. Surgical Principles MCQ Paper (15 questions - 30 minutes)

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# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### FIRST PAPER - 2 HOURS

THURSDAY, 14 MAY, 1998

#### ALL questions must be answered

**Allow 30 minutes**

1. A 20 year old motorcyclist is found 6 hours after his accident, conscious, hypothermic and with severe injuries to his left leg. These involve fracture dislocation of the knee with a large deep laceration in the popliteal fossa heavily contaminated with grass and dirt. The ipsilateral pedal pulse is not palpable.
  - a) Discuss your management of him after he arrives at hospital.
  - b) 24 hours later his condition rapidly deteriorates with features of sepsis, discolouration of the skin and his leg, and palpable gas in the tissues. Discuss the diagnosis and treatment of this situation.
  - c) Should he survive, what long term problems might this man have to face?

**Allow 15 minutes for each question**

2. Discuss the relevance of a "tension-free" repair for inguinal hernias. Refer to the particular types of hernia, and varieties of repairs available today.
3.
  - a) You have performed a total thyroidectomy on a patient for a multinodular goitre. The patient's serum calcium at 24 hours is 1.7 meq/litre and it is noted the patient has a positive Chvostek's and positive Trousseau's sign.

Explain these signs, and how you would manage this patient.
  - b) The histopathology is returned whilst you are dealing with the hypocalcaemia, indicating she has a 25mm papillary carcinoma in the left lobe.

Outline your management of this added problem.

.... /2

4. a) Briefly outline the life cycle of the organism that causes Hydatid disease in Australasia.

A patient presents with a lesion in segment IV which is suspicious of a hydatid lesion.

- b) List the pertinent investigations  
c) Briefly discuss the management options

5. Write an account of the current practice of measuring hormonal receptor status in breast cancer.
6. Outline the management plan for a non-insulin dependent diabetic 60 year old female patient who presents with a second attack of pelvic peritonitis due to acute diverticulitis.
7. Describe the anatomy of the inferior vena cava, and briefly outline what clinical anatomical venous anomalies might be seen with thrombosis of this vessel.



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

### SECOND PAPER

2 Hours and 30 minutes

THURSDAY, 14 MAY, 1998

8. General Surgery MCQ Paper (60 questions - 2 hours)
9. Surgical Principles MCQ Paper (15 questions - 30 minutes)

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# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### BRISBANE

#### SECOND PAPER

2 Hours and 30 minutes

THURSDAY, 2 OCTOBER, 1997

8. General Surgery MCQ Paper (60 questions - 2 hours)
9. Surgical Principles MCQ Paper (15 questions - 30 minutes)

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# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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## PART 2 EXAMINATION FOR FELLOWSHIP



### GENERAL SURGERY

#### BRISBANE

#### FIRST PAPER - 2 HOURS

THURSDAY, 2 OCTOBER, 1997

#### ALL questions must be answered

Allow 30 minutes

1. A 42 year old man with known chronic myeloid leukaemia presented with an ongoing thrombocytopaenia despite adequate therapy. He was noted to have a spleen about twice the normal size, and splenectomy was recommended.

During the course of splenectomy, through a left upper quadrant incision, the splenic flexure of the colon was noted to be firmly adherent to a firm nodule in the tail of the pancreas. The remainder of the laparotomy was normal. Besides performing splenectomy, it was decided to remove a small distal segment of the pancreas and a wedge of tissue from the adjacent colon. The colon was then sutured transversely in two layers. A drain tube was removed at 48 hours.

On the 5th post-operative day, there is an offensive discharge from the lateral end of the wound.

- List the possible causes, and outline the various possible sequelae.
- Outline the timing and investigations for this patient.
- Describe your best management option for each of your aetiologies outlined above.
- Outline your explanation of this complication to his spouse.

Allow 15 minutes for each question

- A patient presents with a palpable cervical lymph node, which on biopsy is shown to contain thyroid carcinoma. Discuss the management of such a patient.
- Outline how you would evaluate the risk of a woman developing breast cancer.
- Discuss the indications, contraindications and complications associated with peritoneovenous shunt procedures.
- A 68 year old male develops an acutely ischaemic right leg 48 hours after he was admitted to hospital with an acute myocardial infarction.
  - Discuss the possible mechanism of lower extremity ischaemia in this clinical context and the options for management.
  - What additional information may help you assess operative risk?
- Outline the types of isolated liver injuries that may occur and the principles of management for each.
- Discuss the management of endoscopic perforation of the middle third of the oesophagus.

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# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### FIRST PAPER

2 Hours

THURSDAY, 17 APRIL, 1997

ALL questions must be answered

Allow 30 minutes

1. An otherwise healthy 78 year old woman is investigated for colicky lower abdominal pain and occasional bleeding per rectum. She is found to have multiple gallstones, an abdominal aortic aneurysm and an adenocarcinoma of the rectum.
  - a) Briefly outline the natural history of each of these conditions
  - b) Present and explain your plan of management
  - c) Justify your choices of priorities in the management plan
  - d) What are the key features of each condition that would alter priorities in management?
  - e) For any operations proposed during the course of management, outline the matters to be discussed during the course of obtaining informed consent.

Allow 15 minutes for each question

2. Discuss the indications for surgical management of hyperthyroidism. What are the medical options for pre-operative stabilisation, and discuss their various merits and disadvantages.
3. List the various histological types of breast cancer, with notes indicating characteristic features of each tumour that influence outcome.
4. Discuss the role of adhesion molecules in the pathogenesis of colo-rectal liver metastases.
5. "There is no longer any need to perform a definitive acid-reducing operation for a bleeding peptic ulcer". Discuss this statement.
6. List the management options for a 63 year old man with a computer tomography-defined 2.5 cm carcinoma of the head of the pancreas causing obstructive jaundice. Outline the indications and contra-indications for each.
7. Discuss the clinical and plain x-ray features which would suggest rupture of the thoracic aorta in a patient with severe trauma. What sequence of further investigation would you recommend?

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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

### SECOND PAPER

2 Hours and 30 minutes

THURSDAY, 17 APRIL, 1997

8. General Surgery MCQ Paper (60 questions - 2 hours)
9. Surgical Principles MCQ Paper (15 questions - 30 minutes)

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# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### ADELAIDE

#### FIRST PAPER

2 Hours

THURSDAY, 17 OCTOBER, 1996

#### ALL questions must be answered and are of equal value

1. You have performed an apparently uncomplicated femoro-popliteal bypass in a 70 year old woman. The day after surgery, the operated limb is noted to be cool and painful.
  - a) What will be your initial clinical approach to this patient?
  - b) Why might this operation have failed?
  - c) Outline how you will manage this patient.
2. Discuss the indications for surgical treatment of oesophageal reflux and outline your pre-operative evaluation.
3. Write short notes on the anatomy of the ureter.
4. Prepare a table comparing the various types of gastro-intestinal polyps, taking into account the size, site, aetiology, pathology and management.
5. Discuss the difference between a D1 and D2 (previously R1 and R2) resection for gastric cancer, in terms of the operative procedure, peri-operative morbidity and mortality.
6. Outline your management of a patient with a shortish history of a firm swelling in the region of the left submandibular salivary gland.
7. What is Tumour Necrosis Factor (TNF)? What are its biological activities, and indicate how it, and related substances, have been used, in order to influence clinical syndromes.
8. Outline a plan for the assessment and management of a patient with a stab injury to the root of the neck.

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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### ADELAIDE

### SECOND PAPER

2 Hours and 30 minutes

THURSDAY, 17 OCTOBER, 1996

9. A 43 year old man is admitted under your care at a Teaching Hospital. He has a 6 hour history of severe epigastric pain radiating around both sides to the back, associated with vomiting.

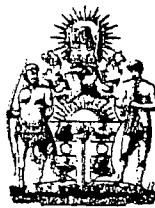
On examination, he is moderately dehydrated with a pulse rate of 95 per minute. His blood pressure and temperature are normal. There is tenderness and guarding in the whole abdomen, but particularly in the upper part.

In the next 12 hours he requires 6 litres of fluid to maintain his urine output to 30 mls per hour. His serum biochemistry shows a slightly raised blood urea, an elevated alanine transaminase (ALT) to twice normal and a serum albumin of 29 gm/l.

Serum calcium fell from 2.4 mmol/l to 1.9 mmol/l in 6 hours. The arterial partial pressure of oxygen (PaO<sub>2</sub>) is 83 mm Hg on room air, and there was a serum amylase of 2000 international units.

An ultrasound revealed multiple small stones in his gallbladder and a common hepatic duct of 6 mms.

- a) Discuss your initial management of this patient over the next 48 hours.
  - b) Discuss the possible problems that this patient may encounter over the next few weeks, their management and prognosis.
  - c) For any operation that may be proposed during the course of management, outline how you would obtain informed consent.
10. General Surgery MCQ Paper (30 questions - 1 hour)
11. Surgical Principles MCQ Paper (15 questions - 30 minutes)



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### FIRST PAPER

2 Hours

THURSDAY, 16 MAY, 1996

#### ALL questions must be answered and are of equal value

1. A 19 year old male was the driver of a car involved in a collision with a lightpole. On arrival in casualty he is distressed, complaining of chest and back pain, but his general condition is stable.  
  
List the principal differential diagnoses, and briefly outline the management of each.
2. For what conditions would you destroy (chemically or surgically), a part of the autonomic nervous system? Indicate, where appropriate, which segmental levels would be destroyed for each particular condition.
3. Write notes on:
  - a) The C-erb B-2 oncogene and breast cancer
  - b) The "CD4 cell count" in HIV infection
4. Outline what counselling and advice you would provide a 45 year old woman for whom a FNA and bilateral mammogram have shown a solitary 2 cm carcinoma in the upper inner quadrant of one breast. Her mother had developed breast cancer at the age of 50 years.
5. Briefly discuss the anatomy, aetiology and management of pharyngeal pouch.
6. Discuss the management of a 3 cm "sloughing" ulcer just above the medial malleolus in a 70 year old female patient.
7. A 34 year old man with a history of duodenal ulcer, is admitted urgently with longstanding vomiting suggestive of pyloric stenosis. Discuss the pathophysiological processes which may be in operation, and their clinical features. What investigations should be performed and how would you treat this patient?
8. Classify, and write short notes on, midline swellings of the neck.





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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### SECOND PAPER

2 Hours and 30 minutes

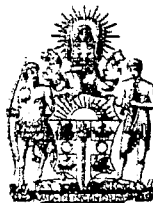
THURSDAY, 16 MAY, 1996

9. A 68 year old man presents with rectal bleeding and family history of colonic cancer. Colonoscopy showed several 1 cm polyps in the descending colon. Excision biopsies showed tubular adenomata. A large 3 cm sessile polyp at the recto-sigmoid junction could not be removed colonoscopically. Biopsies showed carcinoma-in-situ.

His assessment is complicated by his having had a mild cerebrovascular accident 2 years previously, but no problems since. He was also told that he had an abnormal stress test at that time, but has not had any cardiac symptoms.

Discuss your management of this patient. (1 hour)

10. General Surgery MCQ Paper (30 questions - 1 hour)
11. Surgical Principles MCQ Paper (15 questions - 30 minutes)



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

### CHRISTCHURCH

### FIRST PAPER

2 Hours

FRIDAY, 13 OCTOBER, 1995

ALL questions must be answered and are of equal value

1. Tabulate the variations in arterial blood supply to the liver, and briefly mention which of the variations have surgical relevance?
2. Briefly discuss familial adenomatous polyposis of the colon.
3. Tabulate the features of cancer of the thyroid gland under the following headings:
  - peak age of development
  - histology
  - mode of spread
  - prognosis
4. Discuss the indications for surgery to induce weight loss (bariatric surgery).
5. Briefly discuss tumours of the small bowel.
6. Write a short paragraph on the contribution to surgery of each of the following:-
  - a) Ambrose Paré
  - b) William Morton Green
  - c) Joseph Lister
  - d) Theodore Kocher
  - e) Charles Huggins
  - f) Joseph Murray
7. Briefly discuss the factors of importance in the healing of gastrointestinal anastomoses.
8. A 21 year old man is admitted after colliding with another player whilst playing football. He is complaining of abdominal pain, has a pulse rate of 100/minute and blood pressure of 100/70. An ultrasound examination of the abdomen suggests that he has sustained trauma to his spleen. Briefly discuss how you would manage this patient.

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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

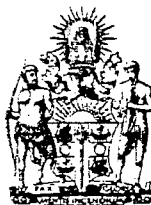
### CHRISTCHURCH

### SECOND PAPER

2 hours and 30 minutes

FRIDAY, 13 OCTOBER, 1995

9. A 63 year old man presents with a history of being diagnosed as having achalasia at age 32, and following an unsuccessful dilatation, underwent an oesophagomyotomy with a good result. About 5 years ago he noticed certain foods beginning to stick again, and his problem remained fairly static until 3 months ago when he noticed an increase in food sticking. He tells you that he is now back to where he was before his first operation where he can maintain his weight by only eating solids put through a blender. He is otherwise fit and well. How would you manage this problem? (1 hour)
10. General Surgery MCQ Paper (30 questions - 1 hour)
11. Surgical Principles MCQ Paper (15 questions - 30 minutes)



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

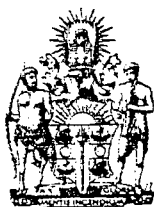
#### FIRST PAPER

2 Hours

FRIDAY, 19 MAY, 1995

ALL questions must be answered and are of equal value

1. Discuss the biology and principles of treatment of Merkel cell tumour.
2. Outline the clinical and radiological features that are useful in making the diagnosis of traumatic ruptured thoracic aorta.
3. Briefly outline the anatomy of the superior laryngeal nerve with notes on how injury to this nerve can be prevented during surgery.
4. Prepare a table classifying the endocrine tumours of the pancreas on one axis and their biology on the other axis (benign versus malignant potential and survival data).
5. Write a prescription for total parenteral nutrition requirements for a day for a 70kg male who is severely septic. How does this prescription differ from that for a similar patient who has starvation rather than sepsis?
6. Briefly discuss the treatment options for a patient presenting with acute arterial ischaemia of the lower limb.
7. What is a soft tissue sarcoma? Where are the commonest sites of development? What prognostic factors govern outcome and what are the principles of treatment?
8. What is neutropaenic enterocolitis? What is the pathology and how should it be managed?



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### SECOND PAPER

2 hours and 30 minutes

FRIDAY, 19 MAY, 1995

9. A 25 year old female who is 15 weeks pregnant has been noted to have severe headaches and intermittent severe hypertension. A VMA (vanillylmandelic acid) estimation has been performed and this is strongly positive. Discuss in detail the investigation and management of this lady's problem. (1 hour)
10. General Surgery MCQ Paper (30 questions - 1 hour)
11. Surgical Principles MCQ Paper (15 questions - 30 minutes)



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### FIRST PAPER

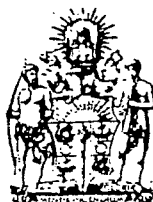
2 Hours \_\_\_\_\_

5/12/94  
15.

Thursday, 13 October, 1994.

ALL questions must be answered and are of equal value

1. Write brief notes on heparin induced thrombocytopenic syndrome. ✓
2. What is the difference between unipolar and bipolar diathermy? Tabulate the advantages and disadvantages of the 2 types of diathermy. What are the risks of using diathermy during laparoscopic cholecystectomy, and how would you avoid them? ✓
3. Write a critique of the recommendation "that publicly funded community breast screening should not be offered for women under the age of 50". ✓  
*organ saving*
4. Prepare a table comparing on one axis the histological sub-types of salivary gland cancer versus on the other axis biological activity (propensity for invasion, nodal and metastatic disease) and approximate 5 year survival. ✓
5. A woman in her mid-thirties presents with an apparently solitary thyroid nodule. An aspiration cytological examination has been performed and shows "nests of uniform oval and spindle cells with some amyloid in the stroma". Outline your management of this case. ✓  
*modulatory CA*  
*MENT II a/b*  
*Stage*  
*Resect*  
*Screen family*  
*hered*
6. A patient returns to see you 3 months after an uncomplicated oesophagectomy with gastric replacement, for carcinoma of the oesophagus. Their major complaint is nausea and enervation half an hour after a meal, followed by explosive diarrhoea. Discuss this problem and your advice to the patient. ✓
7. Discuss the potential complications of insertion of a Hickmans catheter. ✓
8. Discuss the role of compression therapy as prophylaxis for deep venous thrombosis. ✓



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

### SECOND PAPER

2 hours and 30 minutes

Thursday, 13 October, 1994.

ALL questions must be answered and are of equal value

9. A 45-year old male patient presents to you having had a right inguinal hernia operated on in another state 3 years before, and now has a recurrence of the hernia. The patient is considering medicolegal action and is seeking your advice. Outline the issues involved and the approach that you would take if further surgical intervention was requested by the patient. Briefly discuss how technical details might differ in reoperative surgery compared with primary surgery.
10. A 60-year old male presents with a history of rectal bleeding and on examination is found to have an ulcerating tumour of the rectum on the anterior wall 5 cm from the dentate line. It is fixed anteriorly and biopsy confirms that it is a mucinous secreting adenocarcinoma. The situation is complicated by the fact that the patient had a heart attack 3 years before, has hypertension and was a heavy smoker until his heart attack, and has a degree of what his local doctor describes as "chronic obstructive airways disease". Furthermore, on examining the patient's abdomen, you find a pulsatile mass of approximately 6 cm in diameter which is almost certainly an abdominal aortic aneurysm. Discuss the management of this patient.

IHD  
COAD  
HT.

Medically  
optimize

Surgical & Developmental Anatomy - see next page

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## PART 2 EXAMINATION FOR FELLOWSHIP

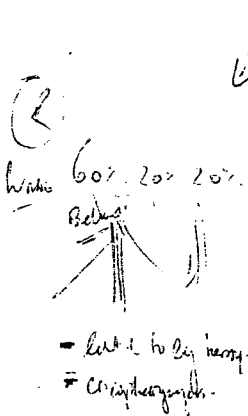
### GENERAL SURGERY

#### SURGICAL AND DEVELOPMENTAL ANATOMY

30 minutes

Thursday, 13 October, 1994.

11. Describe the anatomy of the recurrent laryngeal nerves and describe variations which you think are of surgical significance. What operations do you know in which one or both of the recurrent laryngeal nerves are at risk, and how may such risk be minimised?



Non-recurrent - 8%.

- Thyroid hemi  
total
- Parathyroid Redo + +
- Pharyngeal pouch.
- Cervical spine procedures.
- Total esophagectomy
- Neck exploration for trauma
- CEA
- Laryngectomy
- Tracheostomy



*For  
Professor Strong*



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### FIRST PAPER

2 Hours

Friday, 13th May 1994

ALL questions must be answered and are of equal value.

- (3) 1. Outline the treatment options for a parastomal hernia situated on the anterior abdominal wall.
- (2) 2. Discuss the methods of placement, advantages, disadvantages and complications of a preperitoneal mesh repair for a large recurrent inguinal hernia in a male.
- (1) 3. Discuss your management of a fifty-six-year-old, fit, man sent to you with an histological diagnosis of severe or high grade dysplasia in columnar mucosa of the lower oesophagus.
- (4) 4. Classify melanoma and list adverse prognostic factors at presentation. How is the disease staged and what is the prognostic significance of staging?
- (5) 5. Write brief notes on the significance of heredity and molecular genetics in colo-rectal cancer.
- (6) 6. What is the role of laparoscopic surgery in the treatment of colorectal disease?
- (7) 7. Discuss the criteria which suggests that a patient with breast cancer can be treated by breast preservation rather than total mastectomy.
- (8) 8. How does streptococcal myonecrosis differ from necrotising fasciitis? What are the principles of management for the two conditions?

*[Signature]*



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### ADELAIDE

#### FIRST PAPER - 2 Hours

Thursday, 14th October 1993

ALL questions must be answered and are of equal value.

1. A fifty-year-old woman presents with mild jaundice eight weeks after a right hepatic resection for trauma. Discuss the possible causes and their diagnosis. (Do not discuss management).
2. Write notes on inflammatory carcinoma of the breast. How is it diagnosed and what protocol would you suggest for the management of the patient with this disease?
- ✓ 3. Discuss the local treatment of rectal cancer as an alternative to major resection.
- ✓ 4. Write notes on the aetiology and management of acute colonic pseudo-obstruction.
- ✓ 5. Discuss briefly the complications that may occur with the insertion and use of central venous lines.
- ✓ 6. Discuss briefly the adverse sequelae and their management following gastrectomy for benign disease.
- ✓ 7. Discuss the diagnosis of traumatic rupture of the thoracic aorta.
- ✓ 8. Discuss the role of portal-systemic shunt operations in the management of oesophageal varices which have bled.



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### ADELAIDE

### SURGICAL AND DEVELOPMENTAL ANATOMY

Thursday, 14th October 1993

11. Describe the anatomy of the spleen including brief notes on its development, with special emphasis on surgical applications.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

PART II FRACS EXAMINATION

CHRISTCHURCH  
New Zealand

GENERAL SURGERY

PAPER 1

Saturday, 7 November 1992

10.00 a.m. - 12 noon

BOTH QUESTIONS MUST BE ANSWERED AND ARE OF EQUAL VALUE

TIME ALLOWED : 2 HOURS

1. A severely ill man is transferred from a small hospital with a diagnosis of "pancreatitis". Describe your assessment, investigation and management of this condition, including management of the complications.
2. A 49 year old woman presents with a lump (measuring 4cms) in her breast, which is investigated by fine needle aspiration. The fine needle aspiration shows malignant cells. What information would you require in order to identify management options. Discuss these options stressing the advantages and disadvantages.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

PART II FRACS EXAMINATION

CHRISTCHURCH

New Zealand

GENERAL SURGERY

PAPER 2

Saturday, 7 November 1992

2.00 p.m. - 4.00 p.m.

ALL QUESTIONS MUST BE ANSWERED AND ARE OF EQUAL VALUE

TIME ALLOWED : 2 HOURS  
(10 questions : 12 minutes each)

3.

- ✓ 1. Describe the pathology and principles of management of medullary cell carcinoma of the thyroid.
- ✓ 2. The surgical team is today at risk from communicable diseases. Discuss what actions might be taken to lower that risk.
- ③ 3. Discuss the principle and complications of establishing a pneumo-peritoneum for laparoscopic surgical purposes.
4. What are the principles of early management of a young man with a severe crush injury to the pelvis resulting in symphysis disruption.
- ✓ 5. Describe in detail the investigation and management of gynaecomastia in a young man.
- ✓ 6. Write brief notes on pharyngeal pouches. Discuss their surgical management.
- ✓ 7. Describe the 24 hour requirement for a surgical patient on total parenteral nutrition. Discuss factors that would modify your chosen regime?
8. A 40 year old woman for elective major surgery says she has a tendency to bleed at operations. Discuss how you would initially investigate this comment, describe common outcomes and how they might be managed.
9. Discuss the differential diagnosis and management of anal cancer.
10. Discuss the aetiology, diagnosis and treatment of sclerosing cholangitis.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

PART 2 EXAMINATION FOR FELLOWSHIP

SYDNEY

GENERAL SURGERY

Second Paper

Thursday, 30 April, 1992

2 pm to 4 pm

BOTH questions must be answered and are of equal value.

11. In a hunting accident, a man is shot. The bullet enters the buttock from behind, traverses the pelvis and exits the suprapubic region. The sciatic nerve and iliac arteries are not injured. List the possible injuries and discuss the principles of management.
12. Discuss the merits and risks of laparoscopic cholecystectomy. Discuss the precautions used to minimize complications and how complications should be managed when they occur.



Patron H. R. H. The Prince of Wales

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## PART 2 EXAMINATION FOR FELLOWSHIP

BRISBANE

### GENERAL SURGERY

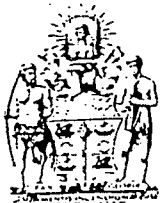
1st Paper

Thursday, April 18, 1991

10 a.m. to 12 noon

BOTH questions must be answered and are of equal value.

1. A 56 year old man is referred to you following upper gastrointestinal endoscopy with the diagnosis of carcinoma of the pyloric antrum. Discuss your management of this patient. Detailed operative steps should not be described.
2. List the mechanisms involved in the aetiology of severe brain injury. Discuss the management at the roadside, during transport and in hospital of an adult patient with such an injury following a road traffic accident.



Patron H.R.H. The Prince of Wales

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## PART 2 EXAMINATION FOR FELLOWSHIP

BRISBANE

### GENERAL SURGERY

2nd Paper

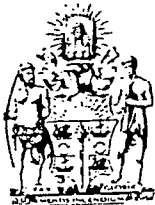
Thursday, April 18, 1991

2 p.m. to 4 p.m.

ALL questions must be answered and are of equal value.

3. Describe briefly the aetiology and clinical features of torsion of the testis.
4. Outline the management of rupture of the bladder due to blunt external trauma.
5. Discuss briefly the biliary sump syndrome which may occur after choledocho-enterostomy.
6. A patient who has had an upper gastrointestinal endoscopy develops mild chest pain and surgical emphysema in the early post-procedural period. What might be the causes and what would you do?
7. Describe briefly the presentation and management of irritable bowel syndrome.
8. Outline your management of a patient with a fractured sternum.
9. Describe briefly the pathology and management of desmoid tumours.
10. Describe the complications which may occur following arteriography of the lower limb after retrograde femoral catheterisation.
11. Describe briefly the features of multiple endocrine neoplasia syndromes.
12. What is gynaecomastia? List the possible causes and outline the appropriate investigation of a patient with this condition.





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## PART 2 EXAMINATION FOR FELLOWSHIP

BRISBANE

### GENERAL SURGERY

#### Surgical and Developmental Anatomy

Thursday, April 18, 1991

4 p.m. to 4.30 p.m.

13. Describe the anatomy of the axilla with special reference to the factors which are of clinical or surgical importance.



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## PART 2 EXAMINATION FOR FELLOWSHIP

HONG KONG

### GENERAL SURGERY

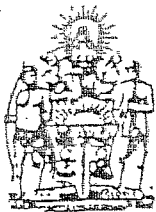
1st Paper

Monday, May 27, 1991

10 a.m. to 12 noon

BOTH questions must be answered and are of equal value.

1. Discuss the role of adjuvant therapy in colon cancer.
2. A 65 year old man, who is otherwise well, presents with intermittent claudication affecting the left calf and thigh over a 6 month period, with recent onset of rest pain affecting the left foot. On examination, the tip of the left great toe is gangrenous. How would you manage this patient?



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

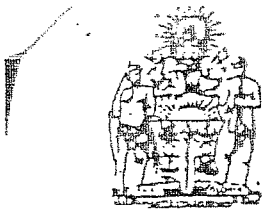
#### 1st Paper

Thursday, October 4, 1990. Melbourne.

10 a.m. to 12 noon

ALL questions must be answered and are of equal value.

1. Enumerate the hazards of blood transfusion.
2. A patient is seen in the Emergency Department with a history of anmesia following a road traffic accident. In what circumstances should such a patient be admitted to hospital?
3. Outline the management of traumatic rupture of the diaphragm.
4. A young man presents with a painless, unilateral, non-fluctuant, non-transilluminable scrotal swelling. Outline your management of the patient.
5. What follow-up procedure would you advise after sigmoid colectomy for a colon cancer in a 55-year old man? Give the reasons for your recommendations.
6. Outline the management of pancreatic pseudocyst.
7. What significance would you place on the result of a fine needle aspiration biopsy of an apparently solitary nodule of the thyroid gland?
8. List the clinical manifestations of multiple neurofibromatosis. What are the possible complications?
9. What are the mammographic features of carcinoma of the breast? Enumerate the specific indications for this examination.
10. What is nosocomial infection? List the common organisms involved and an appropriate antibiotic regimen for each one.
11. A 65-year old woman has asymptomatic radio-opaque gall stones discovered as an incidental finding. What advice would you give the patient and how would you justify it?
12. What are the indications for elective splenectomy?  
What are the early complications of this procedure?



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## PART 2 EXAMINATION FOR FELLOWSHIP

### GENERAL SURGERY

#### 2nd Paper

Thursday, October 4, 1990: Melbourne

2 p.m. to 4 p.m.

BOTH questions must be answered and are of equal value.

13. Discuss the pathology, diagnosis and treatment of superficial (early) gastric cancer.
14. A 40-year old woman is referred to you with a complaint of abdominal pain for which no cause has been found in spite of extensive investigations. Routine screening has shown a sustained elevated serum calcium. How would you manage this patient?

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## PART 2 EXAMINATION FOR FELLOWSHIP

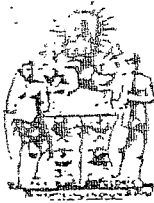
### GENERAL SURGERY

#### Surgical and Developmental Anatomy

Thursday, October 4, 1990. Melbourne.

4 p.m. to 4.30 p.m.

15. Describe the anatomy of the femoral triangle, emphasising those features which are of importance in the surgery of the region.



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## PART 2 EXAMINATION FOR FELLOWSHIP

SYDNEY, NSW

### GENERAL SURGERY

#### 1st Paper

Thursday, May 3, 1990

10 a.m. to 12 noon

BOTH questions must be answered and are of equal value.

1. Discuss the management of patients with metastatic tumour in the liver.
2. Describe the causes and discuss the prevention of surgical abdominal wound dehiscence.



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## PART 2 EXAMINATION FOR FELLOWSHIP

HONG KONG

### GENERAL SURGERY

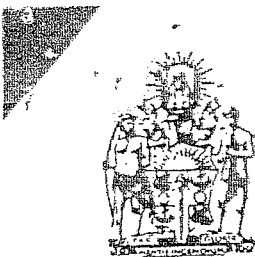
#### 2nd Paper

Monday, April 23, 1990

2 p.m. to 4 p.m.

BOTH questions must be answered and are of equal value.

3. Discuss the aetiology, clinical manifestations and management of multinodular goitre.
4. Discuss briefly:
  - (a) Post splenectomy infections
  - (b) Pancreatic pseudocyst
  - (c) Barrett's oesophagus
  - (d) Pre-operative staging of rectal cancer.



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## PART 2 EXAMINATION FOR FELLOWSHIP

ADELAIDE

### GENERAL SURGERY

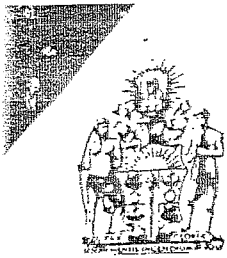
#### Surgical and Developmental Anatomy

Thursday, October 5, 1989

4 p.m. to 4.30 p.m.

5. Give an account of the anatomy and function of the vagus nerves and their branches. Describe briefly the importance of these nerves in surgical practice.





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## PART 2 EXAMINATION FOR FELLOWSHIP

ADELAIDE

### GENERAL SURGERY

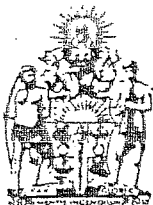
#### 2nd Paper

Thursday, October 5, 1989

2 p.m. to 4 p.m.

BOTH questions must be answered and are of equal value.

3. A man of 70 presents with heavy bright red blood loss per rectum. He requires blood replacement. How would you manage this patient? (Detailed description of operations is not required.)
4. Discuss briefly:
- a) The selection of patients at the roadside for transport to a major centre.
  - b) The advice you would give to a fit 82 year old woman in whom a large asymptomatic para-oesophageal hernia has been discovered coincidentally on chest x-ray.
  - c) The role of fine needle aspiration cytology in a patient with a solitary thyroid nodule.



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## PART 2 EXAMINATION FOR FELLOWSHIP

ADELAIDE

### GENERAL SURGERY

#### 1st Paper

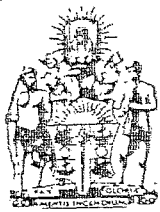
Thursday, October 5, 1989

10 a.m. to 12 noon

BOTH questions must be answered and are of equal value.

1. Discuss the pathology and management of soft tissue sarcomas of the extremities.
2. "The modern biologically based concept for repair of a groin hernia acquired during adult life is application of a patch, avoidance of tension and use of local anaesthesia so that the result can be tested intra-operatively." [Editorial opinion, Am.J.Surg.(1989) 157:187].

Discuss this opinion and then match it against your own preferred method of dealing with groin hernias.



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## PART 2 EXAMINATION FOR FELLOWSHIP

SYDNEY

### GENERAL SURGERY

#### 2nd Paper

Thursday, May 18, 1989

2 p.m. to 4 p.m.

BOTH questions must be answered and are of equal value.

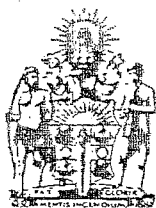
3. Discuss the role of radiotherapy in the treatment of breast cancer.

4. a) Discuss the dysplastic naevus syndrome.

b) Describe the clinical features of axillary vein thrombosis.

What are the probable causes of this condition?

c) Discuss the management of thyrotoxicosis in pregnancy.



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## PART 2 EXAMINATION FOR FELLOWSHIP

SYDNEY

### GENERAL SURGERY

#### 1st Paper

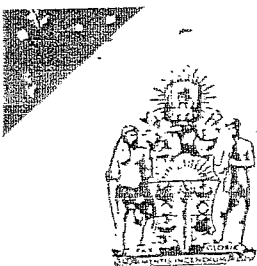
Thursday, May 18, 1989

10 a.m. to 12 noon

BOTH questions must be answered and are of equal value.

1. Discuss the prevention of wound sepsis associated with colonic surgery.
2. A 52 year old woman has troublesome heartburn. Endoscopy reveals erosive oesophagitis and 10 cm. of columnar lined lower oesophagus.

Discuss the place of surgery in the treatment of this patient.



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## PART 2 EXAMINATION FOR FELLOWSHIP

MELBOURNE

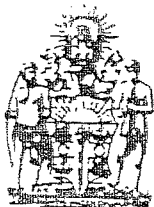
### GENERAL SURGERY

### SURGICAL AND DEVELOPMENTAL ANATOMY

THURSDAY, 6TH OCTOBER, 1988

4 P.M. - 4.30 P.M.

5. Describe the development and anatomy of the parathyroid glands.



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## PART 2 EXAMINATION FOR FELLOWSHIP

SYDNEY

### GENERAL SURGERY

#### 1st Paper

Thursday, May 12, 1988

10 a.m. - 12 noon

BOTH questions must be answered and are of equal value

1. How would you investigate and treat an 18 year old female in whom the history and physical examination suggest acute fulminating ulcerative colitis?
2.
  - (a) Write notes on Barrett's oesophagus.
  - (b) Fine needle aspiration of a thyroid nodule in a young man strongly suggests papillary carcinoma of the thyroid. How would you manage this patient?
  - (c) Comment on the treatment and complications of Dupuytren's contracture in the hand.



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## PART 2 EXAMINATION FOR FELLOWSHIP

MELBOURNE

GENERAL SURGERY

2ND PAPER

THURSDAY, 1ST OCTOBER, 1987

2 PM - 4 PM

BOTH QUESTIONS MUST BE ANSWERED AND ARE OF EQUAL VALUE

3. Discuss the diagnosis and treatment of primary tumours of the suprarenal gland.
4. (a) Discuss the management of a high velocity missile wound of the thigh emphasizing the surgical principles involved.  
(b) Write notes on carotid body tumour.  
(c) Discuss the management of a patient with a scrotal hydrocoele.



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## PART 2 EXAMINATION FOR FELLOWSHIP

MELBOURNE

GENERAL SURGERY

1ST PAPER

THURSDAY, 1ST OCTOBER, 1987

10 AM -- 12 NOON

BOTH QUESTIONS MUST BE ANSWERED AND ARE OF EQUAL VALUE

1. Discuss the causes and management of postoperative enterocutaneous fistulae.
2.
  - (a) Write notes on "solitary rectal ulcer".
  - (b) Discuss the management of thyrotoxicosis in pregnancy.
  - (c) What do you consider to be the indications for liver transplantati





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## PART 2 EXAMINATION FOR FELLOWSHIP

MELBOURNE

GENERAL SURGERY

SURGICAL & DEVELOPMENTAL ANATOMY

THURSDAY, 1ST OCTOBER, 1987

4 PM - 4.30 PM

5. Describe the surgical anatomy of the cervical lymph nodes.



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## PART 2 EXAMINATION FOR FELLOWSHIP

### SYDNEY

### GENERAL SURGERY

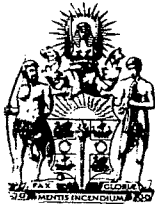
### 1st Paper

Thursday, May 7th, 1987

10 am - 12 noon

BOTH questions must be answered and are of equal value

1. Describe the pathogenesis and prevention of abdominal surgical wound sepsis.
2.
  - a) Comment on mass screening for breast cancer with particular reference to mammography.
  - b) Write notes on the management of a 14 year old boy with in-growing toe nails.
  - c) Discuss measures that may be adopted to prevent deep venous thrombosis in surgical practice.



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## PART 2 EXAMINATION FOR FELLOWSHIP

### SYDNEY

### GENERAL SURGERY

### 2nd Paper

Thursday, May 7, 1987

2 pm - 4 pm

BOTH questions must be answered and are of equal value

3. Give a detailed account of the diagnosis and treatment of parathyroid adenomata and hyperplasia.
4.
  - a) Discuss the management of a patient with asymptomatic gall stones. Detailed description of cholecystectomy is not required.
  - b) What are the clinical manifestations and differential diagnosis of carpal tunnel compression? Outline the treatment of this condition.
  - c) What suture materials are commonly used in the repair of an inguinal hernia? Give reasons for your own preference.



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## PART 2 EXAMINATION FOR FELLOWSHIP

SYDNEY

GENERAL SURGERY

Surgical and Developmental Anatomy

3rd Paper

Thursday, May 7th, 1987

4 pm - 4.30 pm

5. Describe the surgical anatomy of the liver.