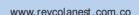


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Questions and answers

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Here you will find some questions drafted on the basis of the articles published in the Colombian Journal of Anesthesiology Vol. 40, No. 1. I accepted the challenge of putting your reading comprehension and knowledge to a test.

Instructions

- A. If a, b, and c are true.
- **B.** If a and c are true.
- C. If b and d are true.
- D. If only d is true.
- E. If all are true.

- 3. With regards to preoperative anemia and its impact on patients undergoing cardiovascular surgery:
 - a. The WHO definition of anemia in women is a hemoglobin level below 12 mg %.
 - b. The WHO definition of anemia in men is a hemoglobin level below 13 mg %.
 - c. Red blood cells transfusion increases the number of adverse outcomes and reduces the survival in patients following cardiovascular surgery.
 - d. Preoperative anemia is a risk factor for mortality and morbidity in cardiovascular surgery.
- 1. When using epidural morphine for post-partum analgesia:
 - a. The most frequent side effect is nausea.
 - b. The analgesic effect is stronger in primiparous, than in multiparous patients.
 - c. With a two to three milligram dose, the incidence of respiratory depression is around 4 %.
 - d. The incidence of urinary retention is close to 5%.
- 2. In 2011 the Colombian Society of Anesthesiology prepared the recommendations for sedation by nonanesthesiologists that included:
 - a. Profound propofol sedation may be administered as long as capnography is available.
 - b. Continuous use of pulse-oximetry.
 - c. The Midazolam narcotics combination may be used.
 - d. Propofol alone can be used if the level of sedation is $\ensuremath{\mathrm{I}}$ or $\ensuremath{\mathrm{II}}.$

- 4. The meta-analysis published by Rincón D., and Benavides A, on intraoperative supplementary oxygen to reduce morbidity – mortality in general anesthesia showed:
 - a. Oxygen administered with FIO2 >60% may decrease the incidence of operative site.
 - b. The need for rescue antiemetic drugs and the incidence of unprogrammed ICU admissions are seriously affected by FIO2 > 60%.
 - c. FIO2 values ranging from 30% and 80% have no influence on the incidence of atelectasis or postoperative pneumonia.
 - d. Oxygen concentration > 60% irrefutably reduces the incidence of nausea and vomiting in abdominal surgery patients with excessive manipulation.

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- 5. The recommendation for a patient with warfarin anticoagulation who will undergo surgery is:
 - a. If the surgery can be postponed for 12 to 24 h
 administer 2.5 5 milligrams of Vitamin K I.V. and confirm a preoperative INR <1.5.
 - b. In emergency non-deferrable surgery, administer Vitamin K and FFP (10 to 15 ml/k).
 - c. If FFP is contraindicated, use prothrombin complex concentrate (PCC) at a dose of 25-50 IU /K.
 - d. Use recombinant Factor VII if FFP is not available.
- 6. Which of the following surgical procedures are considered minimum bleeding risk with full anticoagulation (INR therapeutic value):
 - a. Pacemaker implantation.
 - b. Excisional biopsy.
 - c. Posterior chamber eye surgery under local anesthesia.
 - d. ERCP without sphincterotomy.
- 7. The clinical conditions requiring continuous warfarin anticoagulation are:
 - a. Prosthetic heart valves.
 - b. Chronic atrial fibrillation.
 - c. History of venous or pulmonary thromboembolism.
 - d. History of CVAs.
- 8. The following factors are considered for stratifying thromboembolic risk in chronic nonvalvular atrial fibrillation patients:
 - a. High blood pressure.
 - b. Diabetes Mellitus.
 - c. > 75 years old.
 - d. History of cerebrovascular events or transient ischemic attack.

- 9. The following statements are true with regards to sugammadex:
 - a. Is a cyclodextrin that forms liposoluble inclusion complexes that engulf the molecule of rocuronium and direct it to be excreted in the bile.
 - The recommended dose of sugammadex for reversal of moderate rocuromium block is 4ml/k.
 - c. The dose of sugammadex for reversal of cisatracurium with a 0.5 TOF response if around 1 mg/K.
 - d. Sugammadex may be used safely for reversing vecuronium.
- 10. The following statements are true with regards to the use of Dexmedetomidine (DMM) during labor:
 - a. No grade I recommendations can currently be made for its use.
 - b. Case reports suggest its potential use to assist in labor anesthesia when epidural anesthesia is contraindicated and other options have failed.
 - c. It has been shown to result in high placental retention with a maternal-fetal index around 0.8.
 - d. DMM may increase the frequency and amplitude of uterine contractions.

References: Rev Colomb Anestesiol. 2012;40(1).

Answers:

- 1. C.
- 2. C.
- 3. E.
- B.
 A.
- 6. C.
- 7. A.
- 8. E.
- 9. D.
- 10. E.