



# Revista Colombiana de Anestesiología

## Colombian Journal of Anesthesiology

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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.

#### 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 non-anesthesiologists 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 I or II.

#### 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.

#### 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 FIO<sub>2</sub> >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 FIO<sub>2</sub> > 60%.
- c. FIO<sub>2</sub> values ranging from 30% and 80% have no influence on the incidence of atelectasis or post-operative 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/kg).
- 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.
- b. The recommended dose of sugammadex for reversal of moderate rocuronium block is 4ml/kg.
- c. The dose of sugammadex for reversal of cisatracurium with a 0.5 TOF response is around 1 mg/kg.
- 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 Anesthesiol. 2012;40(1).

**Answers:**

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