



قائمة الاسئلة

التخدير السريري (1) - () - المستوى ثالث - قسم تخدير - تخدير - كلية الطب والعلوم الصحية - الفترة الأولى - درجة الامتحان (140)

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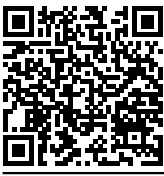
- 1) What is the primary goal of the preoperative assessment?
  - 1) - To reduce hospital costs
  - 2)  To improve surgical outcomes and minimize risks
  - 3) - To schedule the surgery
  - 4) - To prescribe postoperative medications
- 2) What is the recommended fasting time for solid food before elective surgery?
  - 1) - 2 hours
  - 2) - 4 hours
  - 3)  6 hours
  - 4) - 8 hours
- 3) What is the primary concern when assessing a patient's airway in the preoperative evaluation?
  - 1) - The presence of a dental prosthesis
  - 2) - History of smoking
  - 3)  Mallampati score
  - 4) - Patient's weight
- 4) When should a patient with a recent myocardial infarction ideally have elective surgery?
  - 1) - Within 2 weeks
  - 2)  4-6 weeks
  - 3) - 3 months
  - 4) - 1 year
- 5) When assessing the airway of a patient, what does a high Mallampati score indicate?
  - 1)  A potentially difficult intubation
  - 2) - Easy airway access
  - 3) - No concerns for airway management
  - 4) - A standard airway assessment
- 6) What is the most appropriate preoperative intervention for a patient with poorly controlled diabetes?
  - 1) - Schedule surgery as planned
  - 2)  Delay surgery until blood glucose levels are controlled
  - 3) - Increase the dosage of oral hypoglycemic agents
  - 4) - Avoid any insulin administration
- 7) Which patient characteristic is most predictive of difficult intubation?
  - 1) - Male gender
  - 2) - Short neck
  - 3) - Obesity
  - 4)  All of the above
- 8) When should patients who smoke ideally quit smoking before surgery?
  - 1) - 24 hours before surgery
  - 2) - 1 week before surgery
  - 3)  4-6 weeks before surgery
  - 4) - Smoking cessation is not necessary before surgery
- 9) Which of the following is a significant preoperative concern for patients with a history of heart failure?
  - 1) - Pain management
  - 2) - Electrolyte imbalance
  - 3)  Fluid overload
  - 4) - Surgical site infection





- 10) Why is a thorough assessment of the airway important in the preoperative evaluation?
- 1) - It has no impact on anesthesia safety.
  - 2) - To determine the best surgical approach
  - 3)  To predict potential difficulties in intubation and ventilation
  - 4) - To evaluate the need for postoperative monitoring
- 11) For patients undergoing major surgeries, what laboratory test is often required to assess for anemia?
- 1) - Serum electrolyte panel
  - 2)  Hemoglobin and hematocrit levels
  - 3) - Prothrombin time
  - 4) - Liver function tests
- 12) Which of the following is the best indicator of a patient's risk for postoperative pulmonary complications?
- 1) - Age
  - 2)  Smoking history
  - 3) - Body mass index (BMI)
  - 4) - Previous surgeries
- 13) What is the primary concern regarding a patient with a history of deep vein thrombosis (DVT) undergoing surgery?
- 1) - Increased risk of infection
  - 2)  Potential for pulmonary embolism (PE)
  - 3) - Need for extensive postoperative rehabilitation
  - 4) - Long hospital stays
- 14) When assessing a patient for anesthesia, which previous surgical history is particularly relevant?
- 1) - Previous laparoscopic procedures
  - 2)  History of any previous anesthetic complications
  - 3) - History of cosmetic surgeries
  - 4) - Only major surgeries
- 15) Which structure is responsible for the majority of airway humidification?
- 1) - Larynx
  - 2) - Trachea
  - 3)  Nasal cavity
  - 4) - Bronchi
- 16) Which cartilage forms a complete ring in the airway?
- 1) - Thyroid
  - 2)  Cricoid
  - 3) - Arytenoid
  - 4) - Epiglottis
- 17) The recurrent laryngeal nerve supplies all intrinsic muscles of the larynx except for the:
- 1) - Posterior cricoarytenoid
  - 2) - Lateral cricoarytenoid
  - 3) - Thyroarytenoid
  - 4)  Cricothyroid
- 18) What type of anesthesia may be advantageous for patients with significant pulmonary disease?
- 1) - General anesthesia
  - 2)  Regional anesthesia
  - 3) - Local anesthesia
  - 4) - Inhalational anesthesia
- 19) What is the most common symptom of Chronic Obstructive Pulmonary Disease (COPD)?
- 1) - Chest pain
  - 2)  Chronic cough





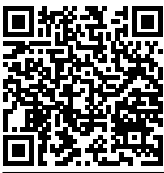
- 3) - Wheezing  
4) - Fever
- 20) Which diagnostic method is essential for assessing the severity of asthma?  
1) - Chest X-ray  
2)  Spirometry  
3) - Blood gas analysis  
4) - Peak flow measurement
- 21) What is a significant risk factor for developing pulmonary embolism (PE)?  
1) - Regular exercise  
2)  Prolonged immobilization  
3) - Healthy diet  
4) - Controlled diabetes
- 22) In the context of respiratory anesthesia, what does PEEP stand for?  
1)  Positive End-Expiratory Pressure  
2) - Positive Expiratory End-Pressure  
3) - Passive End-Expiration Pressure  
4) - Positive End-Expiration Pressure
- 23) What does the term "atelectasis" refer to in the context of anesthesia?  
1) - Inflammation of the lungs  
2)  Collapse of lung tissue  
3) - Increased lung volume  
4) - Airway obstruction
- 24) Which respiratory condition involves inflammation and narrowing of the airways?  
1) - Pneumonia  
2)  Asthma  
3) - COPD  
4) - Tuberculosis
- 25) Which of the following agents is preferred for induction in Elderly Patients with cardiovascular compromise?  
1) - Propofol  
2) - Ketamine  
3)  Etomidate  
4) - Thiopental
- 26) During rapid sequence induction (RSI) for a Trauma Patient, which muscle relaxant is most appropriate if the patient is hemodynamically stable?  
1) - Rocuronium  
2)  Succinylcholine  
3) - Pancuronium  
4) - Atracurium
- 27) Which drug is often used as a sedative for preoperative patients?  
1) - Fentanyl  
2)  Midazolam  
3) - Aspirin  
4) - Ibuprofen
- 28) What is the main effect of positive pressure ventilation on hemodynamics?  
1) - Increases cardiac output  
2)  Decreases venous return  
3) - Increases blood pressure  
4) - Decreases oxygen consumption
- 29) Which medication is commonly used to manage high blood pressure during surgery?





- 1) - Aspirin  
2) - Lidocaine  
3)  Nitroprusside  
4) - Atropine
- 30) Which vital sign is the most important to monitor closely during anesthesia in patients with cardiovascular disease?  
1) - Respiratory rate  
2) - Heart rate  
3)  Blood pressure  
4) - Temperature
- 31) Regarding Anesthetic drug effects on heart, which statement is not true?  
1) - All volatile drugs depress SA Node, and have only modest effects on the AV node  
2) - Bupivacaine is not safe for heart & cause profound sinus Bradycardia.  
3)  Fentanyl cause tachycardia.  
4) - Acetylcholine produces a negative chronotropic, dromotropic, and inotropic effects
- 32) In anterior surface of heart and PA chest x ray, all these chambers can be seen except:  
1) - Right atrium  
2)  Left atrium  
3) - Right ventricle  
4) - Left ventricle
- 33) All the following Conditions are active cardiac conditions. Except one?  
1)  Mild angina  
2) - Decompensated-heart Failure " NYHA IV "  
3) - Sever mitral stenosis  
4) - Significant arrhythmias
- 34) Active Cardiac condition means:  
1) - Patient Should have cardiac operation firstly  
2) - Patient has high risk form Cardiac Aspect  
3) - If Patient had emergency operation, we should not post pond even he/she was High risk  
4)  All answers are true
- 35) Patient who is able to play football has MET equal to:  
1) - MET 4  
2) - MET5  
3) - MET 3  
4)  MET more than 10
- 36) In Anesthesia of Hypertensive patient, Which Statement is correct?  
1)  The superiority of any specific agent or technique over another has not been established  
2) - Regional anesthesia is always safer for HTN patient  
3) - Thiopental and Fentanyl are choice for induction HTN patient  
4) - Beta blocker must be Stopped at day of operation
- 37) All The following therapies help in treatment of hypertensive patient except:  
1) - Lifestyle modification like Smoking & Sport  
2) - Correction of risk factors like DM or obesity  
3) - Diet modification  
4)  Aspirin & (clopidogrel) plavix
- 38) During general anesthesia of an old male who had operated for hernia, suddenly in the middle of operation he developed Tachycardia & ECG changes. He also gave a history of dyspnea & chest pain on exertion. What do you think probably happened?  
1) - Pulmonary artery bleeding





- 2)  Myocardial infarction  
3)  Light Anesthesia  
4)  Vagal stimulation
- 39) Which type of valvular heart disease characterized by pathological significant increase in both LV volume (more) & Pressure?  
1)  Mitral stenosis  
2)  Mitral regurgitation  
3)  Aortic stenosis  
4)  Aortic regurgitation
- 40) The most dangerous situation for patient suffering of sever aortic Regurgitation during anesthesia is:  
1)  Epidural & spinal Anesthesia  
2)  Bradycardia  
3)  Using Volatile-Agents  
4)  Light anesthesia
- 41) Pediatric patient with cyanotic congenital heart disease & Sever Pulmonary HTN has a tonsillectomy operation, this child has:  
1)  Low risk operation but high risk patient  
2)  High risk operation but Low risk patient  
3)  High risk patient & operation  
4)  Operation can be done with no risk
- 42) Regarding action potential of cardiac muscle, which statement is wrong?  
1)  Myocardial cell membrane is permeable to  $K^+$  but is relatively impermeable to  $Na^+$ .  
2)  Intracellular  $Na^+$  concentration is kept low, whereas intracellular  $K^+$  concentration is kept high  
3)  Resting action potential is  $-80$  to  $-90$  mV  
4)  When the cell membrane potential becomes less negative and reaches a threshold value, a characteristic action potential (Repolarization) develops
- 43) The part which leads and start the electrical activity of conduction system in the heart is:  
1)  SA node  
2)  AV node  
3)  Bundle of Hiss  
4)  Purkinji Fibers
- 44) All the followings have +ve chronotropic effects EXCEPT:  
1)  Most types of fever  
2)  Epinephrine  
3)  Atropine  
4)  Propranolol
- 45) The performance of cardiac muscle is effected by:  
1)  Preload, Afterload and contractility  
2)  Heart rate  
3)  Contractility that depends on preload and afterload  
4)  All of the above
- 46) Which is wrong regarding Frank starling relationship  
1)  This relation is proptional to some extent only  
2)  States that if cardiac muscle is stretched it develops greater contractile tension  
3)  Increase in venous return increases contractility and CO  
4)  Clinical application is relation between LVESV and contractility
- 47) Oxygen supply & demand is very important. All these factors will increase O2 demand and harm the heart except:





- 1)  decrease HR
  - 2)  increase HR
  - 3)  increase wall tension
  - 4)  increase contractility
- 48) The capacitance of blood are:
- 1)  Arteries
  - 2)  Veins
  - 3)  Capillaries
  - 4)  Arterioles:
- 49) Regarding, "renin angiotensin aldosterone system" which statement is true?
- 1)  This system is responding only to hypotension
  - 2)  ACE is converting Angiotensin II to Angiotensin I
  - 3)  Aldosterone reabsorbed salt & water from kidney so BP will increase
  - 4)  Angiotensin I will cause vasodilatation
- 50) Ischemia >>>> Receptors in LV >>>>> X nerve >>>>> Reflex bradycardia, Hypotension & coronary artery dilation. This reflex pathway related to:
- 1)  Bezold jarish reflex
  - 2)  Bainbridge reflex
  - 3)  Valsalva maneuver
  - 4)  Oculocardiac reflex
- 51) ECG is helpful for all following situations except:
- 1)  Conducting system abnormality
  - 2)  Pericarditis
  - 3)  Hypokalemia
  - 4)  Hypoglycemia
- 52) A 70 y/o male patient, diabetic, scheduled for cataract under local anesthesia. On exam, you noticed BP was 170/100 HR 45/min, sinus bradycardia, ECG showed also T inversion and Q wave in inferior leads, corresponding with Echo finding which state akinesia in inferior wall, what is your action?
- 1)  Because operation is elective I will send patient to cardiologist
  - 2)  I will reduce the BP Then Continue to operation
  - 3)  Because operation is urgent, I Can't Postpone
  - 4)  Blood pressure is not always controllable so I will accept the risk
- 53) Patient is not able to do routine daily activities, in which class of heart failure he is?
- 1)  NYHA I
  - 2)  NYHA II
  - 3)  NYHA III
  - 4)  NYHA IV
- 54) Regarding active cardiac conditions, which is wrong?
- 1)  Recent MI is now defined as MI within 6 months
  - 2)  Patient with active cardiac condition should not do any elective operation before cardiac operation
  - 3)  Patient with NYHA III Congestive heart failure can do emergency surgery
  - 4)  Patient with life threatening arrhythmia can do elective non-cardiac surgery safely
- 55) The flattening of the action potentials of myocardial contractile cells, called the plateau phase, is due to a combination of \_\_\_\_\_ K<sup>+</sup> permeability and \_\_\_\_\_ Ca<sup>2+</sup> permeability.
- 1)  increasing, increasing
  - 2)  decreasing, decreasing
  - 3)  increasing, decreasing
  - 4)  decreasing, increasing
- 56) According to Starling's law of the heart, the cardiac output is directly related to the





- 1) - size of the ventricle.
- 2) - heart rate.
- 3) + venous return.
- 4) - end-systolic volume.