

Appendix: 15 Multiple Choice Questions on Surgical Knowledge

1. Which of the following is NOT an indication for CVL insertion
 - a. Administration of medications
 - b. Plasmapheresis
 - c. Hemodialysis
 - d. Blood pressure monitoring

2. Which location is considered best for CVL placement?
 - a. Right femoral vein
 - b. Right internal jugular vein
 - c. Subclavian vein
 - d. Right axillary vein

3. In decreasing order, what is the risk of infection?
 - A. Subclavian > femoral > internal jugular
 - B. Internal jugular > subclavian > femoral
 - C. Femoral > internal jugular > subclavian
 - D. Subclavian > internal jugular > femoral

4. The IJ typically runs slightly anterior and lateral to the common carotid. What technique can you utilize to differentiate vein from artery?
 - a. Palpate for a pulse
 - b. Compress the vein and artery. The collapsible structure is the vein.
 - c. The thicker walled vessel is the artery
 - d. The wider vessel is the vein

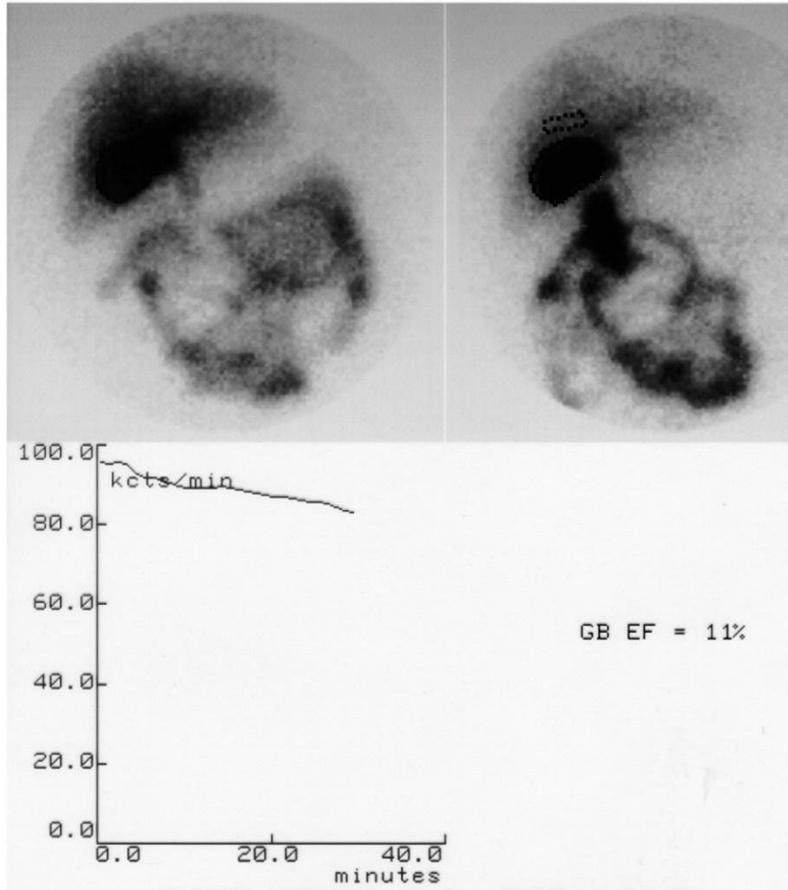
5. Which of the following clotting factors is dependent on vitamin K?
 - a. Antihemophilic globulin (AHG)
 - b. Prothrombin (Factor II)
 - c. Thrombin
 - d. Fibrinogen

6. Which of the following factors is needed to cross-link fibrin?
 - a. Factor XII
 - b. Factor I
 - c. Factor XIII
 - d. Factor IX

7. All of the following topical hemostats are considered mechanical hemostats except which:
 - a. Bovine thrombin
 - b. Gelatin sponge
 - c. Collagen
 - d. Cellulose
 - e. Polysaccharide spheres

8. Which of the following hemostatic agents has a low pH and therefore possesses an antimicrobial effect? This agent is not enhanced by the addition of thrombin.
 - a. Floseal

- b. Evicel
 - c. Surgicel
 - d. QuickClot
9. You are called to the bedside to evaluate a man with an epidural catheter infusing narcotics for pain management whose respiratory rate is 8/min. He is somnolent on exam. What is the best next step in management?
- a. Obtain a “stat” ABG
 - b. Decrease the epidural infusion rate and re-evaluate the man in an hour
 - c. Remove the epidural catheter and order oral opioid medications
 - d. Pause the epidural infusion and administer naloxone
10. A 59 yo F w/ hx of afib, HTN, DM and poorly controlled asthma presents to the ED after being bitten by a dog. Physical examination reveals severe damage to the right elbow and lower arm. Vital signs are hear rate of 136 beats/min w/ a fib, RR 18/min, BP 135/86 mm Hg, temp 38.2 C, and weight 65 kg. The patient requires irrigation and debridement. An anesthesia consult is obtained, and recommendations are to proceed with surgical axillary block in order to avoid general anesthesia. The patient has 50 mL of 0.5% bupivacaine injected around the nernves. Three minutes later, the patient shows signs of local anesthetic toxicity. What is the maximum dose of bupivacaine that can be administered to this patient and how much bupivacaine was administered?
- a. 65 & 50 mg
 - b. 100 & 200 mg
 - c. 162.5 & 250 mg
 - d. 162.5 & 325 mg
 - e. 200 & 265 mg
11. A 14 yo F presents with a 6 mo hx of chronic, nonspecific abdominal pain. She previously underwent an upper gastrointestinal endoscopy which was normal. Abdominal ultrasonography shows a gallbladder wall thickness measuring 3.0 mm with no evidence of acoustic shadowing within the gallbladder. The common bile duct diameter measures 4.0 mm proximally and 5.0 mm distally. CCK-stimulated cholescintigraphy is shown below. What is the next step in the management of this patient?



- a. CT abdomen
- b. Magnetic resonance cholangiopancreatography
- c. Endoscopic retrograde cholangiopancreatography
- d. Percutaneous cholecystostomy tube
- e. Laparoscopic cholecystectomy

E

12. During a colonoscopy, where do loops commonly form and where is the ideal location to reduce the loop?
 - a. Rectum/ Sigmoid
 - b. Sigmoid/ Splenic Flexure
 - c. Sigmoid/ Hepatic Flexure
 - d. Sigmoid/ Cecum
13. When consenting patients for a procedure, you should cover the following points
 - a. Indications, alternatives, procedure steps
 - b. Risks, benefits, alternatives, description of the procedure to the patient's understanding
 - c. Risks, benefits
 - d. Describe general steps of the procedure and what to expect post operatively

14. In the correct order, identify these blades

- a. #15, #10, #11
- b. #10, #11, #15
- c. #12, #11, #15
- d. #10, #11, #16



15. When closing an abdominal incision following an exploratory laparotomy, what is the appropriate bite size and advance distance that you should obtain?

- a. 5 mm bite, 10mm advance
- b. 5 mm bite, 7 mm advance
- c. 7 mm bite, 7 mm advance
- d. 5 mm bite, 5 mm advance