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## SAJAA CPD ANSWER FORM – November/December 2021

## PLEASE SUBMIT ONLINE BEFORE 31 MARCH 2022

## Please answer the following questions:

# A descriptive study of the relationship between preoperative body temperature and intraoperative core temperature change in adults under general anaesthesia $\,$

- During the first 30 minutes of general anaesthesia, approximately 90% of the drop in core temperature is due to redistribution of heat.
- a. True
- b. False
- Of the patients who became hypothermic during anaesthesia, what percentage became hypothermic within 30 minutes after induction of anaesthesia?
- a. 6%
- b. 26%
- c. 66%
- d. 86%

# The perioperative management of caesarean section-related haemorrhage in a maternal near-miss population: a restrospective study

- 3. A maternal near-miss or a severe acute maternal morbidity as defined by the WHO is:
- Any maternal complication during the perinatal period, that excludes complications due to termination of pregnancy.
- b. Includes all postpartum complications up until 6 months post-delivery.
- Includes any woman who nearly dies from either a complication of pregnancy or within 42 days of delivery or with termination of the pregnancy.
- 4. An increased need for blood transfusion during a caesarean section delivery is directly related to:
- a. What time of day the delivery is done, as more senior specialists are available during the day.
- b. Caesarean section deliveries done under spinal anaesthesia.
- The presence of an underlying disease process such as antepartum haemorrhage, preeclampsia and placenta praevia/accrete.
- 5. The main cause of major perioperative blood loss in the context of a caesarean section is:
- a. Pregnancy-induced hypertension.
- b. Postpartum haemorrhage.
- c. Thrombocytopaenia.
- 6. The African Surgical Outcomes Study (ASOS) findings revealed a severe intraoperative and postoperative bleeding rate of 3.8%.
- A lower rate is identified in our centre, this could be because our institute is a tertiary centre with access to 24-hour specialist and multidisciplinary care.
- Our findings are similar as the setting is similar to most low income, resource-limited centres enrolled in the ASOS study.
- c. The ASOS study only investigated maternal mortalities

### Global airway management of the unstable cervical spine survey (GAUSS)

- 7. What was the main finding of the GAUSS study?
- Most respondents preferred videolaryngoscopy for both the elective and the emergency
  cases
- b. Awake flexible intubation was preferred by most respondents for the elective case.
- c. Most respondents chose direct laryngoscopy for the emergency case.
- 8. Advantages of awake flexible intubation in unstable cervical spine injury patients include:
- a. Easy skill to learn.
- b. Readily available in most settings.
- c. Ability to compare pre- and post-intubation neurological status.
- 9. Semi-rigid cervical collars:
- Are thought to be superior to manual in-line stabilisation in reducing cervical spine movement during intubation.
- b. Greatly limit mouth opening when correctly applied.
- c. Have many feasible alternatives available.

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#### 10. Which type of videolaryngoscopy blade was preferred by most respondents in the GAUSS study for unstable cervical spine intubation?

- a. Hyper-angulated blades
- b. Standard blades (Miller/Macintosh)
- . Channelled blades

# Perioperative ultrasound among South African anaesthetists: a survey of current practice and availability

- 11. In a 2020 survey of ultrasound use among South African anaesthetists, most respondents were:
- a. Medical officers
- b. Registrars
- c. Consultants
- d. GP anaesthetists

## 12. In a 2020 survey of ultrasound use among South African anaesthetists, most respondents worked at:

- a. District level hospitals
- o. Regional level hospitals
- c. Tertiary level hospitals

# 13. In a 2020 survey of ultrasound use among South African Anaesthetists, most respondents have received training in point-of-care ultrasound (POCUS) through:

- a. Registrar training
- b. Fellowship training
- c. Peer-to-peer training
- d. Workshops (e.g. FATE)
- e. Self-training

## Physiology and pathophysiology of chronic pain (Part 1)

#### 14. Pain:

- a. involves objective components that can easily be assessed and measured.
- involves a complex interaction of emotional, sensory, physical, cognitive, social, and psychological components.
- c. involves processing of only sensory-discriminative aspects.

## 15. The appropriate assessment of pain in a patient is:

- a. physician's opinion based on physical observation.
- b. patient's heart rate and blood pressure.
- c. patient's self-report and description.

### 16. The withdrawal response after touching a sharp object can be classified as:

- a. Protective
- b. Disabling
- c. Inflammatory

## 17. The main pathway of pain transmission is:

- a. Spinoparabrachial tract
- b. Spinoreticular tract
- c. Spinothalamic tract

## 18. Regarding perception of pain:

- a. Pain perception is not influenced by expectations and past experiences.
- b. Emotion states can influence the perception of pain.
- Perception of pain is processed similarly across individuals.

# Perception about an aesthesia and an aesthesiologist among non-medical graduate professionals

## 19. What is the most common fear faced by participants related to surgery and anaesthesia?

- a. Fear of pain during surgery.
- b. Fear of being awake during surgery.
- c. Fear of not awakening due to overdose of anaesthesia.

# 20. According to participant responses in this study, who plays a major role in making a normal delivery a pain free process?

- a. Gynaecologist
- b. Nurse
- c. Anaesthesiologist

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