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SAJAA CPD ANSWER FORM – May/June 2025

PLEASE SUBMIT ONLINE BEFORE 31 MARCH 2026

Please answer the following questions:

An investigation into the utilisation of available emergency theatre time at a tertiary academy hospital in South Africa

1. What is one of the primary reasons for the disparity in surgical activity between high- to low-income countries, as identified by Funk et al.?
a. Lack of skilled surgeons
b. High cost of surgical procedures
c. Inadequate surgical resources and infrastructure
d. Limited patient demand for surgery

2. What is the primary aim of the study conducted at South Africa's second-largest tertiary hospital?
a. To compare surgical outcomes between different hospitals
b. To evaluate the efficiency of a 24/7 emergency theatre without scheduled breaks
c. To assess the impact of new surgical techniques on patient outcomes
d. To determine the most common emergency surgeries performed

3. What was the calculated theatre utilisation (TU) rate for the emergency theatres in this study?
a. 62%
b. 53.58%
c. 59.8%
d. 55%

4. What is the key limitation of relying solely on TU as a performance indicator?
a. It does not consider patient outcomes
b. It is not a recognised metric in surgical efficiency studies
c. It only applies to elective theatres
d. It does not measure overall resource usage effectively without additional metrics

5. What is the primary objective of the Golden Patient Initiative (GPI) as introduced by Javed et al.?
a. To prioritise paediatric cases in emergency theatres
b. To reduce the First Case Start Time (FCST) by preselecting a surgical case for the following day
c. To allocate more theatre time to high-risk surgical cases
d. To standardise all emergency theatre scheduling

A review of anti-obesity medications and anaesthesia

6. South Africa is not immune to the global pandemic of obesity. What percentage of South African women are obese according to the 2021 WHO Health Statistics?
a. 26%
b. 45%
c. 68%
d. 73%

7. Emotional eating is mitigated by neurochemistry including serotonin. How has this hormone been implicated in appetite control?
a. Serotonin acts centrally and is associated with appetite suppression.
b. Serotonin acts centrally and is associated with appetite stimulation.
c. Serotonin acts chiefly on the peripheral nervous system in the GIT.
d. Serotonin plays no role in the neurochemistry associated with appetite.

8. Which anaesthetic implications must be borne in mind in a patient taking long term Lipase Inhibitors (Orlistat)?
a. Delayed gastric emptying.
b. Opioid tolerance
c. Depletion of Vitamin K dependent clotting factors
d. Serotonin syndrome risk

9. The ANZCA guidelines for patients taking GLP 1 receptor agonists suggest that which of the following investigations may assist with quantifying stomach contents to risk stratify patients?
a. Gastroscopy
b. Abdominal X-ray
c. Fasting glucose test
d. Gastric ultrasound

10. How does Naltrexone-bupropion (Contrave) effect analgesic management in users undergoing surgery?
a. Opioid tolerance due to opioid receptor antagonism.
b. Opioid tolerance due to MOA enzyme induction.
c. Opioid tolerance due to delayed gastric emptying.
d. No effect observed.

Prevalence of vitamin D deficiency among anaesthesia providers at an academic hospital complex in South Africa

11. Common sources of Vitamin D include the following, EXCEPT:
a. Leafy vegetables
b. Sunlight
c. Fatty Fish
d. Eggs

12. The recommended daily Vitamin D intake for an adult is:
a. 400–600 IU
b. 600–800 IU
c. 800–1000 IU
d. 1000–1200 IU

13. What is considered a deficient level of Vitamin D according to the USA Endocrine Society?
a. < 40 ng/ml
b. < 30 ng/ml
c. < 20 ng/ml
d. < 10 ng/ml

14. What was the prevalence of Vitamin D deficiency in this study population?
a. 28.6%
b. 39.4%
c. 18.2%
d. 42.4%

15. Which risk factor demonstrated a potential association with Vitamin D Deficiency in this study population
a. Gender
b. BMI
c. Smoking
d. Age

Anaesthesiology registrars' knowledge of anatomy and assessment of two integrated anatomy teaching modalities: a comparative interventional study at a South African university

16. Doctors rely on anatomy competency for successful outcomes when performing procedures. This anatomy competency may be compromised by
a. Limited anatomy teaching during doctors' training
b. Nurses not cleaning the procedure site effectively
c. Presence of distractive medical students in theatre
d. Non-anatomical lectures during doctors' years of training

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17. Non-anaesthesia registrars assessed their anatomy knowledge when starting the specialisation. They concluded that
a. Their knowledge was adequate for safe practice
b. Their knowledge was limited but adequate for safe practice
c. Their knowledge was inadequate for safe practice
d. Their knowledge was on par with international standards

18. In recent years, South African anaesthetists have undertaken and published a study on one of the following
a. Knowledge of applied anatomy in anaesthesia
b. Knowledge of perioperative viscoelastic testing
c. Preferred teaching methods in anaesthesia
d. Knowledge of intraoperative crisis management

19. Regarding registrars' satisfaction with teaching methods, one of the following statements is true
a. Indian registrars prefer vertical integration
b. South African registrars prefer vertical integration
c. South African registrars' preferences are widely known
d. Malaysian registrars prefer simulation as their primary teaching modality

20. Regarding retention of anatomy knowledge in postgraduate students a year after teaching, it has been found that
a. There is a clinically significant decline in knowledge
b. There is a clinically significant improvement in knowledge
c. There is no clinically significant improvement in knowledge
d. Retention of knowledge does not play a role in clinical performance

The prevalence of moderate-to-severe rebound pain after spinal caesarean section at Tygerberg Hospital following new analgesia guidelines implementation

21. Low dose intrathecal morphine in caesarean section patients
a. Holds risk for apnoea and therefore requires postoperative high care.
b. Has a limited duration of less than 8 hours.
c. Is indicated in combination with local would infiltration.
d. Is the gold standard for caesarean section patients without contraindications.

22. A Patient Acceptable Symptom State (PASS)
a. Is a state where side effects of analgesia are acceptable to a patient.
b. Is signified by a VAS of less than 4 according to current literature
c. Is pain intensity that is acceptable to patients.
d. Had been reached in most obstetric patients in the study by du Toit and colleagues.

23. Intraoperative IV dexamethasone
a. Should rather be omitted in spinal caesarean section due to the risk of postoperative sepsis.
b. Leads to decreased opioid consumption for 24 hours in spinal anaesthesia patients.
c. Is not recommended in the PROSPECT guidelines for obstetric anaesthesia due to lack of high-level evidence.
d. Is indicated for treatment of nausea and vomiting in spinal caesarean section patients.

24. Moderate-to-severe postoperative pain in caesarean section patients
a. Has a low prevalence in most developed countries.
b. Typically appears around 12 hours after spinal anaesthesia.
c. Is defined as a VAS of ≥ 4.
d. Is worse when opioids are used in the spinal.

25. Multimodal analgesia for spinal caesarean section patients:
a. Should be initiated as soon as the spinal begins to reverse.
b. Should always include opioids, either neuraxial or systemic.
c. Should always include regional techniques and systemic analgesia
d. Is recommended intraoperatively by the PROSPECT and ERAC guidelines.

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