

<<麻醉学简要问答 Shot Answer Qu>>

图书基本信息

书名：<<麻醉学简要问答 Shot Answer Questions in Anaesthesia>>

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内容概要

Vastly expanded and completely re-written, this is the definitive companion and revision aid for the short answer paper which forms part of the Final FRCA examination. It includes a comprehensive introduction to this section of the examination together with details of examination technique (much of which applies both to oral and to written questions). It contains 180 sample questions which cover the breadth of the specialty and which are divided into subspecialty areas. Each question is prefaced with a comment about the topic which attempts to place it in context to suggest the underlying rationale and to indicate its importance.

书籍目录

Preface Preface to the 1st edition
 1. Advice on answering short answer questions
 2. General Anaesthesia An adult Jehovah's witness requires surgery during which significant blood loss is probable. Describe your management.
 For what reasons should general anaesthesia for elective cases be postponed? What are the causes and management of hypoventilation immediately following anaesthesia? What are the problems of anaesthetising patients in the magnetic resonance imaging unit? What are the problems of monitoring patients in the magnetic resonance imaging unit? How may coagulation be assessed in the perioperative period? What causes bradycardia during general anaesthesia? What is its management? An adult patient develops tachycardia during general anaesthesia. Outline the causes and briefly note your management. How would you determine the causes of arterial hypotension (80/60 mmHg) during a transurethral prostatectomy (TURP)? What methods are available for the prevention of venous thromboembolism in routine surgical practice? Which patients are at particular risk? What factors are associated with perioperative myocardial infarction? What is the role of the laryngeal mask in difficult intubation? What problems does morbid obesity present to the anaesthetist? Outline the methods for detecting awareness during general anaesthesia and give a brief account of their effectiveness.
 What are the causes of awareness under general anaesthesia? What do you understand by the 'stress response' to surgery? Outline briefly the effects of anaesthesia on this response. Describe the diagnosis and management of local anaesthetic toxicity. Describe the complications associated with abdominal laparoscopy. What signs would lead you to suspect that a patient under general anaesthesia was developing malignant hyperthermia? Describe your immediate management. What is the pathophysiology of malignant hyperthermia? How does dantrolene affect the process? How would you investigate a patient in whom the diagnosis is suspected and who presents for non-urgent surgery? What features would lead you to suspect that a patient undergoing surgery had suffered venous air embolism? With what procedures may this complication be associated? Outline the diagnosis and management of massive venous air embolism. Describe the anaesthetic arrangements involved in a gynaecology day-case list of 15 patients. A patient requiring surgery claims to be allergic to latex. How would you confirm the diagnosis? Outline your perioperative management. What are the causes of heat loss during general anaesthesia? What are the effects of hypothermia in the perioperative period? What hazards does a patient encounter when they are positioned in the lithotomy position for surgery? What additional hazards are introduced when the operating table is tilted head-down? Describe briefly how these hazards may be minimised. What factors predispose a patient to aspirate gastric contents into the lungs during general anaesthesia? How can the risk be minimised? How should pulmonary aspiration be treated? What factors contribute to postoperative cognitive deficits in elderly surgical patients? How may these risks be minimised? What immunological consequences may follow homologous blood transfusion? Outline the effects of old age upon morbidity and mortality in anaesthesia. What are the risks associated with carotid endarterectomy? How may anaesthetic technique reduce these risks? What is the glucocorticoid response to surgery? Describe your approach to steroid replacement both in patients who are currently receiving corticosteroids and in those who have discontinued treatment. What are the implications of anaesthetising a patient in the prone position? A patient presenting for total hip replacement tells you that he has a pacemaker. What further information do you require and how will this influence your anaesthetic management? What factors would alert you to the fact that a patient might be difficult to intubate?
 A patient proves impossible to intubate. What factors determine the rate of haemoglobin desaturation? What can be done to maintain oxygenation in this situation? What safety features should be incorporated into a patient controlled anaesthesia (PCA) system for adults and what is the purpose of each? Having sent a patient to the ward with PCA what instructions would you give to the nursing staff? You plan to anaesthetise a patient for total hip replacement under subarachnoid block with sedation. What do you understand by the term 'sedation' in this context, and what drugs and techniques are available? Outline the causes and the physiological effects of hypercapnia. A patient has a $Paco_2$ of 12 kPa. How does this affect oxygenation? What are appropriate criteria for the selection of adult patients for day-case surgery under general anaesthesia? An 8-year-old child presents

for extraction of four deciduous molar teeth in the dental chain Describe the anaesthetic management and identify the problems that may be encountered. What are the physiological changes that occur when a patient undergoes electro-convulsive therapy (ECT)? What are the potential complications and in which patients is ECT contra-indicated? List the factors which may cause atrial fibrillation. How would you recognise the onset of this rhythm during anaesthesia and how would you treat it? What are the indications for induced hypotension? What drugs may be used to achieve it? What are the problems with the technique and how can they be minimised? What criteria are appropriate for the discharge of patients who have undergone day-case surgery? Why might overnight admission be necessary? What place does preoperative medication (premedication) have in current adult anaesthetic practice? An adult patient is known to be very difficult to intubate. Describe a technique of awake fiberoptic intubation. What supplemental nerve blocks may be needed? What factors may lead to inadvertent intra-arterial injection of a drug? How would you recognise it? Describe your management of such an event.

Describe the complications of tracheal intubation. Describe the anaesthetic management of a patient undergoing elective thyroid surgery. A 45-year-old woman with type I diabetes mellitus which is controlled by insulin requires total abdominal hysterectomy. Describe the anaesthetic management. What is the anaesthetist's contribution to safe intraocular surgery under general anaesthesia?4. Medicine and Intensive Care5. Obstetric Anaesthesia and Analgesia6. Paediatric Anaesthesia7. Neuroanaesthesia8. Acute and Chronic Pain9. Trauma and Emergency Anaesthesia10. Anatomy, Applied Anatomy and Regional Anaesthesia11. Pharmacology and Applied Pharmacology12. Clinical Measurement and Equipment13. Cardiac and Thoracic AnaesthesiaIndex

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