Sikkim Public Service Commission

Written Examination for the post of
Specialist (Senior Grade) - General Surgery

Time Allowed: 3 hours & 30 minutes | **PAPER – II** | Maximum Marks: 300

INSTRUCTIONS TO CANDIDATES

Read the instructions carefully before answering the questions: -

1. **This Test Booklet consists of 16 (sixteen) pages and has 100 (hundred) printed questions.**
2. **IMMEDIATELY AFTER THE COMMENCEMENT OF THE EXAMINATION, YOU SHOULD CHECK THAT THIS BOOKLET DOES NOT HAVE ANY UNPRINTED, TORN OR MISSING PAGES OR ITEMS. IF SO, GET IT REPLACED BY A COMPLETE TEST BOOKLET.**
3. **Use only Black Ball Point Pen to fill the OMR Sheet.**
4. Please note that it is the candidate's responsibility to fill in the Roll Number carefully without any omission or discrepancy at the appropriate places in the **OMR ANSWER SHEET** as well as on **SEPARATE ANSWER BOOKLET** for Conventional Type Questions. Any omission/discrepancy will render the Answer Sheet liable for rejection.
5. Do not write anything else on the OMR Answer Sheet except the required information. Before you proceed to mark in the OMR Answer Sheet, please ensure that you have filled in the required particulars as per given instructions.
6. This Test Booklet is divided into 4 (four) parts – **Part-I, Part-II, Part-III** and **Part-IV**.
7. All four parts are **Compulsory**.
8. **Part-I consists of Multiple-Choice Questions**. The answers for these questions have to be marked in the **OMR Answer Sheet** provided to you.
9. **Parts II, III and IV consists of Conventional Type Questions.** The answers for these questions have to be written in the **Separate Answer Booklet** provided to you.
10. After you have completed filling in all your responses on the OMR Answer Sheet and the Answer Booklet(s) and the examination has concluded, you should hand over the OMR Answer Sheet and the Answer Booklet(s) to the Invigilator only. You are permitted to take the Test Booklet with you.
11. **Marking Scheme**

    THERE WIL BE **NEGATIVE MARKING** FOR WRONG ANSWERS MARKED BY A CANDIDATE IN THE OBECTVE TYPE QUESTIONS

    (i) There are four alternatives for the answer to every question. **For each question for which a wrong answer has been given by the candidate, one-third of the marks assigned to the question will be deducted as penalty.**

    (ii) If a candidate gives more than one answer, it will be treated as a wrong answer even if one of the given answers happens to be correct and there will be same penalty as above to the question.

    (iii) If a question is left blank. i.e., no answer is given by the candidate, there will be no penalty for that question.

DO NOT OPEN THIS TEST BOOKLET UNTIL YOU ARE ASKED TO DO SO

PART - I
(Multiple Choice Questions)

Choose the correct answer for Questions 1 to 75 from the given options. Each question carries 2 marks. *[75 x 2 = 150]*

1. Which of the following does not assist in hemostasis of massively bleeding trauma patients?
   (a) Permissive hypotension
   (b) Crystalloid resuscitation
   (c) Active warming
   (d) Recombinant factor VII

2. A 56-year-old female is admitted to the intensive care unit (ICU) with a diffuse axonal injury after a motor vehicle crash. The nursing staff notices coffee ground material coming from her orogastric tube. What is the best intervention to prevent this complication?
   (a) Enteral feeding
   (b) Oral sucralfate
   (c) Oral proton pump inhibitor (PPI)
   (d) Intravenous (IV) H2 blocker

3. On the second postoperative day following an elective laparoscopic cholecystectomy, a 40-y/o woman complains of nausea and abdominal pain. Examination shows a temperature of 100°F (37.8°C), a pulse of 100 beats/min, mild abdominal distention, and moderate right upper quadrant (RUQ) tenderness. Which of the following would be the most appropriate initial step?
   (a) Administration of intravenous (IV) antibiotics
   (b) Magnetic resonance cholangiopancreatography (MRCP)
   (c) Hepatobiliary iminodiacetic acid (HIDA) scan
   (d) Endoscopic retrograde cholangiopancreatography (ERCP)

4. A 27-year-old male presents to the trauma bay after being hit in the mid-abdomen with a large steel post at the construction site where he works. Focused assessment with sonography for trauma scan of the abdomen shows free fluid, and the patient is becoming more tachycardic in the trauma bay despite fluids and pain control. He is taken to the operating room, and complete transection of the pancreatic neck is identified. There are no associated organ injuries. Which of the following treatments is most appropriate?
   (a) Placement of drains and closure of the abdomen
   (b) Distal pancreatectomy with ligation of the proximal duct
   (c) Roux-en-Y pancreaticojejunostomy to the distal pancreas with ligation of the proximal duct
   (d) Roux-en-Y pancreaticojejunostomy to both the proximal and distal segments of the pancreas

5. A surgical consultation is requested on a patient who had a cesarean delivery 5 days earlier. On examination, her Pfannenstiel incision shows separated skin and subcutaneous tissue with an intact fascia. There are no signs of infection, and the probable diagnosis is a seroma. The next step in management is:
   (a) Open the fascia.
   (b) Close the wound with interrupted sutures immediately.
   (c) Place a vacuum-assisted closure device.
   (d) Instruct the patient on wet-to-dry dressing changes with iodine solution.

6. A 77-year-old man is admitted after a radical prostatectomy. On postoperative day 3, a productive cough and fever develop. A chest radiograph shows a right lower lobe infiltrate. Which of the following

is correct regarding immune function in older patients?

(a) WBC counts increase significantly even with mild infections.
(b) The T-cell response to new antigens is impaired.
(c) Normal neutrophil counts decline with age.
(d) Normal acute phase protein levels are decreased.

7. A 22-year-old man is brought to the emergency department by ambulance with a 2-day history of lower tooth pain and neck swelling. He was prescribed antibiotics by his primary care physician yesterday, but his condition had not improved overnight. This morning he felt his "throat beginning to close" and called the emergency medical service. He is febrile at 102°F with a heart rate of 105 beats/min, blood pressure of 110/70 mmHg, and respiratory rate of 20 breaths/min. His white blood cell count is 38,000/mm3. On examination, he is noted to have firm tender swelling of the submental region with skin erythema. In addition, severe edema of the floor of the mouth and tongue is present. His Sao2 is 100% on 40% O2 by face tent, and he is ventilating well, anxious, and sitting forward drooling. Flexible laryngoscopy shows no laryngeal edema. What is the next appropriate step in the management?

(a) IV antibiotics and steroids with close observation of the airway in the intensive care unit
(b) High-resolution CT of the neck with dye
(c) Immediate cricothyrotomy in the emergency department under local anesthesia
(d) Immediate transfer to the operating room (OR) for awake fiber optic intubation and be prepared for tracheostomy if needed

8. A 66-year-old man with T3N2bM0 SCC on the base of the tongue undergoes concomitant chemotherapy and external beam irradiation for a total of 6 weeks. At the end of the treatment, he is noted to have a persistently enlarged, left neck level II lymph node about 5 cm in size, for which salvage surgical therapy and standard radical neck dissection are planned. Which of the following is true?

(a) The phrenic nerve is commonly injured during surgery.
(b) Radical neck dissection includes removing the internal jugular vein, sternocleidomastoid (SCM) muscle, and vagus nerve.
(c) The patient will probably need postoperative physical therapy for his shoulder.
(d) Resection of the internal carotid artery is a common component of this surgery.

9. A 35-year-old male is brought to the trauma bay by police officers after a domestic disturbance call. The patient had punched through a fish tank and, despite a tourniquet, is still slowly bleeding from the wound. You clean the wound and take him to the OR for exploration. The radial artery is completely transected, but a Doppler signal can be heard in the palmar arch and at the base of the thumb when the tourniquet is released. Which is the appropriate treatment for this injury?

(a) Ligation of the radial artery
(b) Reverse saphenous vein interposition
(c) Expanded polytetrafluoroethylene (ePTFE) graft
(d) Endovascular stenting

10. The advantages of lower-extremity arterial Doppler examinations performed with waveform analysis compared with the ankle-brachial index (ABI) alone include which of the following?

(a) Calcification of the artery by diseases such as diabetes mellitus and chronic renal failure make the arterial wall incompressible, causing the ABI to be artificially decreased and unreliable.
(b) Inflow disease can be recognized by the delay in the downstroke of the waveform.
(c) The loss of reversal of flow when the arterial waveform transforms from triphasic to biphasic is observed with exercise or with moderate atherosclerosis.
(d) The ABI can be used to diagnose an arteriovenous fistula.

11. Which of the following is not used as an adjunct for organ protection in open repair of TAAs?
(a) Preoperative clopidogrel
(b) Instillation of cooled lactated Ringer's, mannitol, and methylprednisolone solution into the renal artery
(c) Cerebrospinal fluid (CSF) drainage
(d) Minimizing visceral ischemic time with inline mesenteric shunting

12. A 55-year-old female is brought in after a high-speed motor vehicle collision. She is initially hypotensive with a blood pressure of 80/40 mmHg, which responds to resuscitation. Chest radiograph shows a widened mediastinum, and on physical examination, she is tender in the right upper quadrant with a positive focused assessment with sonography for trauma examination. She only transiently responds to resuscitation and again becomes hypotensive. Which statement is true concerning appropriate initial management?
(a) She should be taken immediately for computed tomography (CT) angiography of the chest to evaluate the widened mediastinum.
(b) The most likely site of traumatic aortic rupture is the ascending aortic arch.
(c) Initial treatment should focus on the intra-abdominal source of hemorrhage as the likely cause of hypotension.
(d) She should be taken emergently for TEVAR for suspected traumatic rupture of the aorta.

13. A 61-year-old male smoker presents to your clinic with complaints of posterior calf pain consistently appearing after walking two blocks. This prevents him from performing many of his activities of daily living, as walking is his primary form of transport. Ankle-brachial indices (ABIs) were obtained and were found to be greater than 0.9 bilaterally. What is the most appropriate next step?
(a) Reassurance and 1-year follow-up
(b) Repeat ABIs
(c) Exercise ABIs
(d) Imaging of the lumbar spine

14. A patient undergoes femoral artery bypass for a traumatic injury to the lower extremity incurred 6 h prior to the operative repair. He later develops increasing pain, pallor, and coolness in his calf. He becomes oliguric, and his urine changes colour to brownish red. Which of the following findings is not consistent with his pathology?
(a) Pain out of proportion to physical examination
(b) Urinalysis with large amounts of blood noted on dipstick but few red blood cells on microscopic analysis
(c) Creatinine phosphokinase (CPK) deposition in the renal tubules
(d) Numbness in the web space between the first two toes

15. An 8-year-old female presents as the restrained passenger after a head-on collision. On the secondary survey, a

seatbelt sign is noted. In the pediatric population, what is an associated injury?

(a) Chance fracture
(b) Duodenal hematoma
(c) Colonic perforation
(d) Splenic hematoma

16. With regard to the Kasai procedure for the treatment of biliary atresia, which of the following statements is true?

(a) It is most successfully performed after 3 months of age.
(b) Cholangitis rarely complicates a successful procedure.
(c) Portal hypertension remains problematic despite a successful operation.
(d) If hepatic transplantation is needed, an initial Kasai enterostomy is not indicated.

17. Which of the following free flaps is incorrectly paired to its dominant blood supply?

(a) Latissimus dorsi myocutaneous flap – thoracodorsal artery
(b) Transverse rectus abdominus myocutaneous flap (TRAM) – superior epigastric artery
(c) Fibular osteocutaneous flap – peroneal artery
(d) Dorsalis pedis fasciocutaneous flap – anterior tibial artery

18. A 65-year-old woman with insulin-dependent diabetes mellitus develops sternal wound infection and dehiscence after coronary artery bypass that utilized the left internal mammary artery. Which of the following flaps is not an appropriate choice for coverage?

(a) Bilateral pectoralis flaps
(b) Omental flap based on left gastroepiploic vessel
(c) Pedicle bilateral rectus abdominis flaps
(d) Latissimus dorsi flap

19. A 35-year-old male is evaluated 24 h after a provoked dog bite to his left forearm. There is no suspicion for rabies. The wound is stellate and 2 cm deep. There is devitalized tissue as well as dirt at the base. His last tetanus booster was 7 years ago. Which of the following is the appropriate medical treatment?

(a) Tetanus toxoid and antibiotic coverage for Eikenella corrodens
(b) Antibiotic coverage for Pasteurella multocida only
(c) Tetanus toxoid and antibiotic coverage for P. multocida
(d) Tetanus toxoid, tetanus immune globulin, and antibiotic coverage for P. multocida

20. Which is FALSE regarding the hypothalamic-pituitary-adrenal (HPA) axis and injury-associated stress?

(a) The HPA is initiated by the hypothalamus producing corticotropin-releasing hormone (CRH) in response to inflammatory cytokines.
(b) CRH acts on the anterior pituitary to stimulate adrenocorticotropin hormone (ACTH) secretion.
(c) CRH simulates the zona fasciculata of the adrenal gland to synthesize and secrete glucocorticoids.
(d) Insufficient cortisol in response to critical illness can lead to tachycardia, hypotension, weakness, hypoglycemia, hyponatremia, and hyperkalemia.

21. Nutritional formulas used to treat pulmonary failure typically increase the fat intake of a patient's total caloric intake to

(a) 50%
(b) 20%
(c) 80%
(d) 10%

22. Metabolic acidosis with a normal anion gap (AG) occurs with
    (a) Diabetic acidosis
    (b) Renal failure
    (c) Severe diarrhea
    (d) Starvation

23. Which the following is FALSE regarding hypertonic saline?
    (a) It is an arteriolar vasodilator and may increase bleeding
    (b) It should be avoided in closed head injury
    (c) It should not be used for initial resuscitation
    (d) It increases cerebral perfusion

24. A patient with serum Calcium 6.8 and albumin 1.2 has a corrected calcium
    (a) 7.7
    (b) 8.0
    (c) 8.6
    (d) 9.2

25. All the following treatments of hyperkalemia can reduce serum potassium EXCEPT
    (a) Bicarbonate
    (b) Kayexalate
    (c) Glucose infusion with insulin
    (d) Calcium

26. What is the best determinant whether a patient has a metabolic acidosis versus alkalosis?
    (a) Arterial pH
    (b) Serum bicarbonate
    (c) Pco2
    (d) Serum CO2 level

27. An elderly diabetic patient who has acute cholecystitis is found to have a serum sodium level 122 mEq/L and a blood glucose 600 mg/dL. After correcting the glucose concentration to 100 mg/dL with insulin, the serum sodium concentration would
    (a) Decrease significantly unless the patient also received 3% saline
    (b) Decrease transiently but return to approximately 122 mEq/L without specific therapy
    (c) Remain essentially unchanged
    (d) Increase to the normal range without specific therapy

28. Three days after surgery for gastric carcinoma, a 50-year- old alcoholic male exhibits delirium, muscle tremors, and hyperactive tendon reflexes. Magnesium deficiency is suspected. All the following statements regarding this situation are true EXCEPT
    (a) A decision to administer magnesium should be based on the serum magnesium level.
    (b) Adequate cellular replacement magnesium will require 1 to 3 weeks.
    (c) A concomitant calcium deficiency should be suspected.
    (d) Calcium is a special antagonist the myocardial effects magnesium.

29. Allergic reactions do not occur with
    (a) Packed RBCs
    (b) FFP
    (c) Cryoprecipitate
    (d) None of the above

30. The most common cause for a transfusion reaction is
    (a) Air embolism
    (b) Contaminated blood
    (c) Human error
    (d) Unusual circulating antibodies

31. Neurogenic shock is characterized by the presence of:
    (a) Cool, moist skin
    (b) Increased cardiac output
    (c) Decreased peripheral vascular resistance
    (d) Decreased blood volume

32. The best method for hair removal from an operative field is -
    (a) Shaving the night before
    (b) Depilating the night before surgery
    (c) Shaving in the operating room
    (d) Using hair clippers in the operating room

33. A patient with necrotizing pancreatitis undergoes computed tomography (CT) - guided aspiration, which results in growth of Escherichia coli on culture. The most appropriate treatment is -
    (a) Culture-appropriate antibiotic therapy
    (b) Endoscopic retrograde cholangiopancreatography with sphincterotomy
    (c) CT -guided placement of drain(s)
    (d) Exploratory laparotomy

34. The most appropriate treatment of a 4-cm hepatic abscess is -
    (a) Antibiotic therapy alone
    (b) Aspiration or culture and antibiotic therapy
    (c) Percutaneous drainage and antibiotic therapy
    (d) Operative exploration, open drainage of the abscess, and antibiotic therapy

35. What is FALSE regarding intravascular catheter infections?
    (a) Selected low-virulence infections can be treated with a prolonged course of antibiotics.
    (b) In high-risk patients, prophylactic antibiotics in used through the catheter can reduce rate of catheter infections.
    (c) Bacteremia with gram-negative bacteria or fungi should prompt catheter removal.
    (d) Many patients with intravascular catheter infections are asymptomatic.

36. Patients with a penicillin allergy are LEAST likely to have a cross-reaction with -
    (a) Synthetic penicillins
    (b) Carbapenems
    (c) Cephalosporins
    (d) Monobactams

37. A patient with a localized wound infection after surgery should be treated with -
    (a) Antibiotics and warm soaks to the wound
    (b) Antibiotics alone
    (c) Antibiotics and opening the wound
    (d) Incision and drainage alone

38. A 22-year- old man was brought to the emergency room after a housefire. He has burns around his mouth and his voice is hoarse, but breathing is unlaboured. What most appropriate next step in management?
    (a) Immediate endotracheal intubation.
    (b) Examination of oral cavity and pharynx, with laryngoscope available.
    (c) Place on supplemental oxygen.
    (d) Placement two large-bore intravenous (IV) catheters with fluid resuscitation.

39. Which of the following is a common sequelae electrical injury?
    (a) Cardiac arrhythmias
    (b) Paralysis
    (c) Brain damage
    (d) Cataracts

40. A patient with a 90% burn encompassing the entire torso develops an increasing PCO2 and peak inspiratory pressure. Which of the following is most likely to resolve this problem?
    (a) Increase the delivered tidal volume.
    (b) Increase the respiratory rate.
    (c) Increase the FiO2.
    (d) Perform a thoracic escharotomy

41. A 45-year- old woman is admitted at a hospital because a third-degree burn injury at 40% her BSA, and her wounds are treated with topical silver sulfadiazine cream (Silvadene). Three days after admission, a burn wound biopsy semiquantitative culture shows 10000 Pseudomonas organisms per gram tissue. The patient's condition is stable at this time. The most appropriate management for this patient would be to -
    (a) Repeat the biopsy and culture in 24 hours.
    (b) Start subeschar clysis with antibiotics.
    (c) Administer systemic antibiotics.
    (d) Surgically excise the burn wounds.

42. Which of the following is commonly seen in Ehlers-Danlos syndrome (EDS)?
    (a) Small bowel obstructions.
    (b) Spontaneous thrombosis.
    (c) Direct or recurrent hernias in children.
    (d) Abnormal scarring of the hands with contractures.

43. Which of the following is FALSE regarding healing of full thickness injuries of the GI tract?
    (a) Serosal healing is essential to form a water-tight barrier to the lumen of the bowel
    (b) Extraperitoneal segments of bowel that lack serosa have higher rates of anastomotic failure.
    (c) There is an early decrease in marginal strength due to an imbalance of greater collagenolysis versus collagen synthesis.
    (d) The greatest tensile strength of the GI tract is provided by the serosa.

44. The major cause of impaired wound healing is -
    (a) Anemia
    (b) Diabetes mellitus
    (c) Local tissue infection
    (d) Malnutrition

45. Supplementation of which of the following micronutrients improves wound healing in patients without micronutrient deficiency?
    (a) Vitamin C
    (b) Vitamin A
    (c) Selenium
    (d) Zinc

46. What is the difference between hypertrophic scars (H S) and keloids?
    (a) Keloids are an overabundance of fibroplasia as a result of healing, whereas hypertrophic scars are a failure of collagen remodeling.
    (b) Hypertrophic scars often regress over time, whereas keloids rarely regress.
    (c) Hypertrophic scars are more common in darker pigmented ethnicities.
    (d) Hypertrophic scars extend beyond the border of the original wound.

47. Which of the following is the best test to predict successful extubation of a patient?
    (a) Respiratory rate
    (b) Negative inspiratory pressure
    (c) Tobin index
    (d) Minute ventilation

48. Which of the following is the only thing that has been shown to decrease wound infections in surgical patients with contaminated wounds?
    (a) Use of iodophor-impregnated polyvinyl drapes.
    (b) Saline irrigation of the peritoneum and wound.
    (c) Antibiotic irrigation of the peritoneum and wound.
    (d) 24 hours of appropriate antibiotics postoperatively (in addition to preoperative dose).

49. The primary cause of hyper bilirubinemia in the surgical patient is -
    (a) Sepsis
    (b) Hematoma from trauma
    (c) Cholestasis
    (d) Increased unconjugated bilirubin due to hemolysis

50. The most common arrhythmia seen during laparoscopy is -
    (a) Atrial fibrillation
    (b) Sinus tachycardia
    (c) Premature ventricular contractions
    (d) Sinus bradycardia

51. Capacitive coupling _____.
    (a) results when energy bleeds from a port sleeve or laparoscope into adjacent (but not touching) bowel
    (b) is always recognized at the time of surgery
    (c) can result in malfunction of the electrocardiogram monitor
    (d) can result in inaccurate image transmission to the digital monitor

52. Systemic effects of CO2 from pneumoperitoneum can cause all of the following EXCEPT -
    (a) Hypercarbia
    (b) Increased myocardial oxygen demand
    (c) Alterations in preload
    (d) Increased after load

53. A patient undergoing laparoscopic colon resection is noted to have decreased urine output during the last hour of the case. A bolus is given at the end of the case. One hour later, there is still very poor urine output. The appropriate treatment is -
    (a) Repeat bolus
    (b) Intravenous (IV) furosemide
    (c) Check urine electrolytes
    (d) None of the above

54. Which of the following changes in the breast is NOT associated with pregnancy?
    (a) Accumulation of lymphocytes, plasma cells, and eosinophils within the breast.
    (b) Enlargement of breast alveoli.
    (c) Release of colostrum.
    (d) Accumulation of secretory products in minor duct lumina.

55. The most likely cause of aspiration pneumonia is:
    (a) A mixture of aerobes and anaerobes
    (b) Aerobes only
    (c) Anaerobes only
    (d) Gram-negative bacteria

56. The most commonly recommended age or correction of a TOF is:
    (a) Neonate younger than 3 months
    (b) 6 months of age
    (c) 1 year of age
    (d) 4–5 years of age

57. Rest pain seen with occlusive peripheral vascular disease in the lower extremity most commonly occurs in -
    (a) The buttock
    (b) The quadriceps
    (c) The calf muscles
    (d) The metatarsophalangeal joint

58. The most common location or the development of atherosclerotic disease is
    (a) The renal artery.
    (b) The coronary arteries.
    (c) The abdominal aorta.
    (d) The arteries in the circle of Willis.

59. The term chronic limb ischemia (CLI) is reserved for patients with objectively proven arterial occlusive disease and symptoms lasting for more than
    (a) 1 week
    (b) 2 weeks
    (c) 3 weeks
    (d) 4 weeks

60. When lower extremity occlusive disease extends to involve the popliteal artery or tibial vessels, the appropriate out ow vessels or performing bypass in order of descending preference are:
    (a) Below-knee popliteal artery, posterior tibial artery, anterior tibial artery, above-knee popliteal artery
    (b) Above-knee popliteal artery, anterior tibial artery, posterior tibial artery, below-knee popliteal artery
    (c) Anterior tibial artery, posterior tibial artery, peroneal artery, below-knee popliteal artery, above-knee popliteal artery
    (d) Above-knee popliteal artery, below-knee popliteal artery, posterior tibial artery, anterior tibial artery, and peroneal artery

61. Phlegmasia cerulea dolens is best described as:
    (a) Asymptomatic, but extensive DVT.
    (b) Isolated popliteal vein thrombosis.
    (c) Extensive DVT of the major axial deep venous channels of the lower extremity potentially complicated by venous gangrene and/or the need or amputation.
    (d) Painless lower extremity swelling.

62. Which of following statements regarding injection sclerotherapy for varicose veins is TRUE?
    (a) Sclerotherapy can be successful in veins < 3mm in diameter and in telangiectatic vessels. Sclerosing agents include hypertonic saline, sodium tetradecyl sulfate, and polidocanol.
    (b) Compressive elastic bandages should be wrapped around the leg after sclerotherapy, and need to be worn for 24 hours.
    (c) Elastic stockings should be worn for only 1 week after sclerotherapy.
    (d) There are minimal complications associated with sclerotherapy.

63. The two types of collagen found to exist in a decreased ratio of the skin of inguinal hernia patients are -
    (a) Types I and II
    (b) Types II and III
    (c) Types I and III
    (d) Types III and VI

64. Which of the following is FALSE concerning carcinoma of the prostate?
    (a) Annual digital rectal examination and serum prostate specific antigen (PSA) determinations are recommended beginning at age 55.
    (b) Lung metastasis is less common than bone metastasis.
    (c) Radical prostatectomy is associated with a 5% incidence of permanent urinary incontinence.
    (d) Once prostate cancer has spread, it is no longer curable but can be contained by lowering serum testosterone and/ or by administration of androgen receptor blockers.

65. Which of the following is TRUE in respect of Necrotizing infections?
    (a) Often present with pain out of proportion to findings.
    (b) Often have discharge present.
    (c) Debridement should begin following confirmation by way of radiograph findings.
    (d) Oral antibiotics should begin immediately.

66. Which of the following hematologic disorders is unlikely to respond to splenectomy?
    (a) Idiopathic thrombocytopenic purpura
    (b) Autoimmune hemolytic anemia secondary to warm antibodies

(c) Autoimmune hemolytic anemia secondary to cold antibodies
(d) HS

67. Which of the following statements is true regarding surgical technique?
(a) A Bassini repair can be used for femoral hernias.
(b) A Shouldice repair approximates the transversus abdominis aponeurosis to Cooper's ligament medially and the iliopubic tract laterally. It requires a relaxing incision.
(c) A total extraperitoneal repair (TEP) is a laparoscopic approach that stays in the preperitoneal space by using a balloon dissector.
(d) A Bassini repair uses a piece of mesh to reinforce the floor of the inguinal canal and recreate the internal ring in a tension-free manner.

68. With regard to ultraviolet (UV) radiation, which of the following statements is correct?
(a) Most of the UV radiation that reaches the earth is type B (UVB, wavelength of 290 to 320 nm).
(b) Type A UV (UVA) radiation is responsible for most of the sun damage to human skin.
(c) UVA is within the photo absorption spectrum of DNA, whereas UVB is not.
(d) The melanin content of the skin is the single best intrinsic factor for protecting the skin from the harmful effects of UV radiation.

69. Small bowel obstruction after RYGB should be treated as an urgent surgical emergency because
(a) It is frequently due to an incarcerated internal hernia which can progress to bowel necrosis and perforation.
(b) Abdominal distension risks disruption of suture lines.
(c) Signs and symptoms of peritonitis, such as pain, fever, and leukocytosis, are usually masked in the obese.
(d) Nasogastric intubation will not decompress the distal gastric remnant.

70. The gastric sleeve procedure originated as part of what operation?
(a) Esophageal resection
(b) Billroth I gastrectomy
(c) Duodenal switch
(d) Resection of the gastric cardia

71. The appropriate treatment of rectus abdominis diastasis is
(a) Observation
(b) Resection and primary repair
(c) Mesh overlay
(d) Lateral component separation

72. Appropriate surgical management of a through-and-through gunshot wound to the lung with minimal bleeding and some air leak is
(a) Chest tube only
(b) Oversewing entrance and exit wounds to decrease the air leak
(c) Pulmonary tractotomy with a stapler and over sewing of vessels or bronchi
(d) Wedge resection of the injured lung

73. Damage control surgery (DCS)
(a) Limits enteric spillage by rapid repair of partial small bowel injuries with whipstitch, and complete transection with a GIA stapling device.
(b) Aims to control surgical bleeding and identify injuries that can be managed conservatively or with interventional radiology.

(c) Is indicated when patients develop intraoperative refractory hypothermia, serum pH >7.6, or refractory coagulopathy.
(d) Abdominal wall should be closed with penetrating towel clips.

74. Which of the following is true regarding the treatment of catheter-related bloodstream infections?
(a) All catheters in cases of confirmed CLABSI should be removed; it is never appropriate to attempt to salvage the infected catheter.
(b) Empiric coverage of Candida should be initiated in bone marrow or solid organ transplant patients with presumed CLABSI.
(c) Empiric antibiotic therapy should include methicillin-resistant Staphylococcus aureus (MRSA) coverage as well as gram-negative rod (GNR) coverage, regardless of the severity of illness.
(d) Duration of antibiotic therapy in CLABSIs is timed from the day when empiric antibiotics were initiated.

75. Which of the following is true regarding postoperative fever?
(a) Urinalysis, urine culture, and chest x-ray must be obtained as part of a complete fever workup in postoperative patients within 72 h of operation.
(b) In a febrile postoperative patient, wound cultures should be obtained regardless of the appearance of the wound.
(c) Wound infections in the first 24 to 48 h are uncommon but, if present, are worrisome for group A streptococcal or clostridial infection.
(d) Fevers persisting for greater than 96 h postoperatively are expected in cases of diffuse intraabdominal infection, such as feculent peritonitis from diverticulitis, even with appropriate surgical management.

PART – II
(Conventional Type Questions)

Write short notes on any 10 (ten) from Questions 76 to 88. Each question carries 5 marks.

[10 x 5 = 50]

76. Ludwig Anjina
77. Bakers Cyst
78. Branchial Cyst
79. Syndactaly Treatment
80. DVT Management
81. Intussusception
82. Seminoma testis treatment
83. Tubercular Lymph node Management
84. Pseudo Pancreatic cyst management
85. Thoracis inlet syndrome
86. Tetanus Management
87. SILS
88. Dodd & Cockett operation.

PART – III
(Conventional Type Questions)

Briefly discuss any 5 (five) from Questions 89 to 96. Each question carries 10 marks.

[5 x 10 = 50]

89. TAPP
90. Solitary thyroid nodule management
91. Mixed Parotid tumour management
92. Imperforate anus diagnosis and management
93. Pheochromocytoma management
94. Buerger's disease operative management
95. Types of Choledochal Cysts
96. Management of carcinoma of the penis.

PART – IV
(Conventional Type Questions)

Discuss in detail any 2 (two) from Questions 97 to 100. Each question carries 25 marks.

[2 x 25 = 50]

97. Diagnosis & management of carcinoma of the breast
98. Diagnosis & management of carcinoma of the rectum.
99. Patho-physiology & management of shock.
100. Management of Acute Pancreatitis.

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