



# Revista Colombiana de Anestesiología

## Colombian Journal of Anesthesiology

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## Questions and answers<sup>☆</sup>

## Preguntas y respuestas

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This section includes questions prepared on the basis of the contents of the articles published in volume 41, number 4 of the *Colombian Journal of Anesthesiology*. Accept the challenge to test your reading comprehension and knowledge.

### Instructions

- 1) In the paper by Pérez C et al., "A comparison between awakening time and unloading time using two total intravenous anesthesia techniques: remifentanyl vs. fentanyl" the authors were able to show that:
  - a) The awakening time was longer in the fentanyl versus the remifentanyl group and the difference was statistically significant
  - b) The unloading time of the recovery unit was longer in the fentanyl group than in the remifentanyl group
  - c) The average time to achieve an expired CO<sub>2</sub> of 40 mmHg was not statistically different between the two groups
  - d) There was no statistical difference in the use of propofol bolus during the interventions between the two groups
- 2) In the condition called inborn errors of metabolism, all of the following statements are true, except for:
  - a) The most frequent pathology reported in the world literature is Glucogenosis Type III
  - b) Enzyme replacement therapy has led to an extended life expectancy of these patients
  - c) The incidence reported is approximately 1:8000 to 1:15 000 births
  - d) Fanconi syndrome is a form of inborn metabolic disease
- 3) Despite the lack of convincing evidence, Sellick's maneuver is still used to prevent bronchoaspiration. According to Wraight the force needed is:
  - a) 1.5 to 5 kg
  - b) 2.5 to 3.5 kg
  - c) 4.5 to 6 kg
  - d) 0.5 to 1 kg
- 4) In the study by Amaya AC et al., from the pain clinic of the Hospital el Tunal in Bogotá, the prevalence of the approximate risk of suicide in chronic pain patients was:
  - a) 60%
  - b) 50%
  - c) 35%
  - d) 15%
- 5) Systemic toxicity from local anesthetic agents is relatively rare but potentially fatal, particularly in pregnancy; the approximate incidence is of 1:1000 blocks. The following statements about this adverse event are all true, except for:
  - a) The use of vasopressin shall be avoided during resuscitation
  - b) The dose of epinephrine should be less than 1 mcg per kg of weight
  - c) The initial recommended bolus of lipid emulsion is 1.5 ml per kg of weight

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- d) Propofol may be used when lipid emulsions are not readily available
- 6) Traditionally, the effect of gravity has been considered a determinant factor in the differences between the distribution of ventilation and pulmonary perfusion; however, recent findings question this idea: which of the following statements is false?
- Changes in pulmonary volumes modify the effect of gravity
  - There is a high variability in the flow through the same isogravitational plane
  - Under normal conditions, changes in the distribution and perfusion in isogravitational planes have been shown
  - It has been impossible to prove that the vascular and bronchial anatomy follow a constant mathematical relationship
- 7) The following statements are true with regards to herpetic neuropathy, except for:
- It is defined as persistent pain beyond 30 days following the onset of the herpetic outbreak
  - Age is the leading risk factor
  - Pain severity in HZ is related to the severity of the skin exanthema
  - Over 2% of HZ patients exhibit persistent post-herpetic neuropathy after 5 years of evolution
- 8) Complete Paroxysmic Atrial-Ventricular block is a rare complication during anesthesia and surgery. Which of the following factors is related to this complication?
- Pancreatitis
  - Appendicitis
  - Acute colecistitis
  - Diverticulitis
- 9) The following conditions may alter the level of anesthetic agent in subarachnoid injection, in obstetric patient with morbid obesity, except for:
- Increased volume of cerebrospinal fluid
  - Congestion of Epidural venous plexus
  - Exaggerated curvature of the lumbar spine
  - Hormonal changes of pregnancy
- 10) In ASA 3 and 4 patients with cardiovascular comorbidity, hemodynamic changes during laparoscopic cholecystectomy may be enough to cause myocardial ischemia and cardiac arrhythmia. The following actions are recommended in this group of patients, except for:
- Blood pressure invasive monitoring
  - Head rest at 10 degrees
  - Limit the pneumoperitoneal pressure to 15 mmHg.
  - Limit the pneumoperitoneal pressure to 7 mmHg

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## Reference

Raffan F. Preguntas y Respuestas. Rev. Colomb. Anesthesiol. 2013;XLI(4):311-2.

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## Answers

- c
- a
- b
- c
- d
- d
- a
- c
- a
- c