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CE Exams

ORIF: PIP Fracture and Dislocation of the Fingers

- 1. Which surgical discipline was not included in Dr. Bunnell's ideal combination for hand surgery?
 - a. Orthopedic
 - b. Plastic
 - c. ENT
 - d. Neuro
- 2. Dr. Bunnell believed that improper ____ contributed to the less-than-complete restorations of function that he observed.
 - a. Splinting
 - b. Traction
 - c. Skin grafting
 - d. All of the above

3. The ____ is the primary ligament in the PIP joint.

- a. Volar plate
- b. Metacarpophalangeal
- c. Interphalangeal
- d. None of the above

4. One of the most common injuries to the PIP joint is a

- a. Fracture
- b. Sprain
- c. Dislocation
- d. rupture

5. X-rays are used <u>to determine if there is an avulsion fracture to the joint.</u>

- a. Preoperatively
- b. Intraoperatively
- c. Postoperatively
- d. All of the above

6. Most PIP injuries are treated ____.

- a. Surgically
- b. Using the "shotgun" technique
- c. Nonsurgically
- d. Using ORIF

7. Cefazol is administered preoperatively as a/an ___.

- a. Anti-inflammatory
- b. Antibiotic
- c. Nerve block
- d. None of the above

8. The articular surface of the joint is exposed using the

- a. Shot gun technique
- b. Bruner incision
- c. Bunnell incision
- d. Volar approach

9. Postsurgical physical therapy begins ____.

- a. The day of surgery
- b. Within a month
- c. Within a week
- d. As soon as tolerable

10. ____ are required elements to an ORIF modular hand

- set.
 - a. Screwdriver blades
- b. Plate-and screw-holding forceps
- c. Depth gauges
- d. All of the above

Microbiology Review: Pathogens and Disease

1. Biological classification as we currently know it

- was developed by ____.
- a. Charles Darwin
- b. Carl Linnaeus
- c. The Human Genome Project
- d. None of the above
- 2. The components of a cell do not include ____.
 - a. Nucleus
 - b. Plasma membrane
 - c. Cytoplasm
 - d. Organisms
- 3. The liquid portion of the cell is called ____.
 - a. Cytoplasm
 - b. Protoplasm
 - c. Fat droplets
 - d. Vacuole

4. Cristae occur in the ____ of the cell.

- a. Vacuole
- b. Storage granules
- c. Mitochondria
- d. All of the above

5. There are ____ types of RNA

- a. 2
- b. 3
- c. 4
- d. 5

6. In ____, the centromere splits and the duplicated chromosomes separate.

- a. Prophase
- b. Metaphase
- c. Anaphase
- d. Telophase

7. The resting/functional phase between cell divisions is called .

- a. Prophase
- b. Metaphase
- c. Anaphase
- d. None of the above
- 8. Diffusion, osmosis and filtration are examples of
 - ----•
 - a. Passive transport
 - b. Active transport
 - c. Exocytosis
 - d. None of the above
- 9. There are ____ types of microorganisms that can cause disease in humans.
 - a. 2
 - b. 3
 - c. 4
 - d. 5

10. ____ are susceptible to antibiotics.

- a. Viruses
- b. Fungi
- c. Bacteria
- d. All of the above

Microbiology Review: Pathogens and Disease – questions cont.

- 11. ____ must be within a living cell to replicate.
 - a. Viruses
 - b. Fungi
 - c. Bacteria
 - d. Protozoa
- 12. ____ are spread by fecal-oral contamination and vectors, like mosquitos.
 - a. Viruses
 - b. Fungi
 - c. Bacteria
 - d. Protozoa

13. ____ do not contain genetic material.

- a. Fungi
- b. Protozoa
- c. Prions
- d. None of the above

14. Communicable diseases are classified as ____.

- a. Epidemic
- b. Endemic
- c. Pandemic
- d. All of the above

15. Skin, body secretions and body reflexes are examples

- of ___.
- a. Nonspecific defenses
- b. Specific defenses
- c. Immunization
- d. Acquired immunity

16. An animal's inability to contract the measles is a result

- of ____.
- a. Naturally acquired immunity
- b. Inborn immunity
- c. Acquired immunity
- d. Antibodies
- 17. ____ contain acids, enzymes or chemicals to destroy potential invaders.
 - a. Saliva
 - b. Tears
 - c. Sweat
 - d. All of the above

18. The "first line of defense" in the body's immune

- system is ____.
- a. Reflexes
- b. Skin
- c. Inborn immunity
- d. Acquired immunity

19. A genome represents ____.

- a. Linnaean categorization
- b. All DNA in an organism
- c. The genes of a given organism
- d. A social project

20. Potential applications for the Human Genome Project include .

- a. Molecular medicine
- b. DNA forensics
- c. Energy sources
- d. All of the above

Transmission-Based Isolation Precautions in the OR: Critical Practices to Prevent the Spread of Infectious Diseases in the Operative Setting

1. HAIs cost American hospitals ____ per year.

- a. \$15-25 million
- b. \$28-45 million
- c. \$10-15 billion
- d. \$28-45 billion

2. All infectious diseases are caused by a ____.

- a. Port of entry
- b. Microorganism
- c. Chain of infection
- d. Vector
- 3. According to published estimates, _____ or HAIs may be preventable.
 - a. 70
 - b. 50
 - c. 90
 - d. 30
- 4. Infectious diseases are spread ____ by methods.
 - a. Airborne
 - b. Direct contact
 - c. Vector
 - d. All of the above
- - a. Susceptibility
 - b. Indicators
 - c. Methods
 - d. None of the above

6. Infectious agents do not include ____.

- a. Fungi
- b. Bacteria
- c. Infected individuals
- d. Protozoa

7. Breaking the "Mode of Transmission" link involves all but ____.

- a. Airflow control
- b. Isolation precautions
- c. Sterilization
- d. Aseptic technique

8. ____ is not an airborne infectious agent.

- a. HIV
- b. Bioaerosols
- c. Varicella virus
- d. None of the above

9. Microorganisms on or within body sites without infection is/are called ____.

- a. Fungal spores
- b. Colonization
- c. Respiratory droplets
- d. Multi-drug-resistant organisms

10. Infections directly related to receiving medical care are called ____.

- a. Health care-associated
- b. Nosocomial
- c. Opportunistic
- d. Viral

Transmission-Based Isolation Precautions in the OR: Critical Practices to Prevent the Spread of Infectious Diseases in the Operative Setting- questions cont.

- 11. AIDS is an example of a/an ____ infection.
 - a. HAI
 - b. Nosocomial
 - c. Opportunistic
 - d. Bacterial

12. Blood-borne pathogens include ____.

- a. HCV
- b. HIV
- c. HBV
- d. All of the above

13. PPE is not associated with ____.

- a. Barrier precautions
- b. Contact precautions
- c. Droplet precautions
- d. Engineering controls

14. Respirators are required PPE when dealing with airborne infectious agents _____.

- a. Less than five microns in size
- b. Less than seven microns in size
- c. More than five microns in size
- d. All of the above

15. ____ are worn in general patient care situations.

- a. Respirators
- b. Procedure masks
- c. Surgical masks
- d. Eye protection

16. Respirators are required when handling patients with

- a. Tuberculosis
- b. SARS
- c. Small pox
- d. All of the above

17. Containing ones own airborne droplets is a part of

- a. Respiratory hygiene
- b. Hand hygiene
- c. Cough etiquette
- d. A & C

18. Organisms that live in or on another and take advantage of the host are ____.

- a. Viruses
- b. Parasites
- c. Protozoa
- d. Prions

19. MRSA and Vancomycin-resistant enterococci (VRE) are examples of ____.

- a. Airborne infectious agents
- b. Prions
- c. Multidrug Resistant Organisms
- d. All of the above

20. Those who contract VRE typically have ____.

- a. Recently had surgery
- b. Weakened immune systems
- c. Chronic illnesses
- d. All of the above

Malignant Hyperthermia Crisis

- **1.** The malignant Hyperthermia Association of the United States (MHAUS) recognizes which of the following areas as having a high level of malignant hyperthermia susceptible individuals?
 - a. Maine
 - b. California
 - c. West Virginia
 - d. Texas

2. The most common initial sign of a malignant hyperthermia crisis is:

- a. Masseter muscle rigidity
- b. Elevated temperature
- c. Tachycardia
- d. Hypertension

3. Vials of dantrolene sodium are reconstituted with water because:

- a. malignant hyperthermia already causes an increase in sodium in the vascular spaces.
- b. the vials also contain enough electrolytes to maintain an isotonic solution.
- c. using sodium chloride would cause renal failure due to the increase in vascular volume
- d. the reconstitution should be a slow process and saline works too quickly.

4. Which of the following medications should be included in a malignant hyperthermia cart?

- 1. furosemide
- 2. diltiazem
- 3. insulin
- 4. sodium bicarbonate
- a. 1 & 2
- b. 1, 3 and 4
- c. 1, 2, 3 and 4
- d. 2, 3 and 4

5. You are providing a tour of the operating room to some surgical technology students. One asks why the malignant hyperthermia cart is located in the PACU. You respond:

- a. "Patients have been known to have an MH crisis after the surgery is completed."
- b. "This location helps us to distinguish between the regular crash cart and the malignant hyperthermia cart."
- c. "It is normally stored in the pharmacy; there must be a patient with high potential for a crisis scheduled."
- d. "The PACU area has a warmer ambient temperature and it prevents deterioration of the medication."
- 6. Your next surgical patient is known to have a parent who demonstrated a high fever after surgery. Which statement indicates an appropriate set-up of the operating room for this patient."
 - a. The temperature in the room is decreased to 65° Fahrenheit.
 - b. The anesthesia machine is prepared with fresh soda lime.
 - c. Anesthesia has succinylcholine prepared for rapid sequence intubation.
 - d. The malignant hyperthermia cart is stocked and placed in the PACU.
- 7. The surgeon complains that the patient's abdominal muscles are "tight" and that the patient is getting too little anesthesia. The patient's skin is bright red and the end-tidal carbon dioxide level has risen sharply in the last few minutes. Anesthesia personnel should:
 - a. Provide more inhalation agent to deepen the patient's anesthesia level.
 - b. Apply a bispectral monitor to determine if the patient is too light.
 - c. Discontinue the inhalation anesthetic and call for the MH cart.
 - d. Administer another dose of succinylcholine to cause the muscles to relax.

Malignant Hyperthermia Crisis – questions cont.

- 8. Patient's suffering an MH crisis in the intraoperative setting should be monitored postoperatively for:
 - 1) respiratory difficulties
 - 2) renal failure
 - 3) cardiac arrhythmias
 - 4) recurrence of MH
 - a. 1 and 2 only
 - b. 3 and 4 only
 - c. 1,2 and 4
 - d. 1, 2, 3 and 4
- 9. Your next patient states that his mother had an MH crisis during surgery. However, the patient had genetic testing which showed no mutations of the RyR1 gene. Which statement best describes his risk for developing a crisis.
 - a. Low risk: genetic testing is the standard test for measuring MH susceptibility.
 - b. High risk: family history is more important than genetic testing or contracture tests for determining susceptibility.
 - c. High risk: muscle biopsy contracture tests are the best method of determining MH susceptibility.
 - d. Low risk: transmission of the mutation is linked to paternal genes, not maternal.

10. Which of the following are considered "late signs of a malignant hyperthermia crisis?

- 1) unexplained tachycardia
- 2) oliguria
- 3) increased temperature
- 4) prolonged bleeding
 - a. 1, 2, and 3
 - b. 2, 3 and 4
 - c. 1, 3 and 4
 - d. 1, 2 and 4

Surgery for Space Exploration

1. ____ is the study of the effects of space on the human

body.

- a. Space medicine
- b. Aerospace physiology
- c. Spaceflight deconditioning
- d. Long-term exposure
- 2. _____ are among the most common changes the body experiences during space flight.
 - a. Neurovestibular deficiencies
 - b. Musculoskeletal deficiencies
 - c. Immune deficiencies
 - d. All of the above

3. Hypervolemia causes all but ____.

- a. Decrease in plasma volume
- b. Increase in red blood cells
- c. Reduced cardiac volumes
- d. Increased risk for arrhythmias

4. Light-headedness and fainting are associated with landing day due to ____.

- a. Orthostatic stress
- b. Immune deficiencies
- c. Spaceflight deconditioning
- d. Body fluid redistribution

5. The most common medical condition experienced by astronauts is ____.

- a. Spaceflight deconditioning
- b. Facial pallor
- c. Space motion sickness
- d. None of the above

6. Spending two weeks in space can diminish a person's muscle mass by ____.

- a. 5%
- b. 10%
- c. 15%
- d. 20%
- 7. Muscle loss can be mitigated with ____.
 - a. Preflight exercise
 - b. Exercise during flight
 - c. Nutritional supplementation
 - d. All of the above
- 8. Blunt and penetrating trauma requiring surgery is unlikely to occur during ____.
 - a. Launch procedures
 - b. Space walks
 - c. Vehicle docking
 - d. Servicing payloads

9. The physical risk of ____ injuries is increased in space.

- a. Dental
- b. Psychological
- c. Orthopedic
- d. Minor

10. Obstacles for performing space surgery include

- limited ____.
- 1. Water
- 2. Physical space on board
- 3. Disinfectants
- 4. Oxygen
- a. 2 and 3 only
- b. 1 and 2 only
- $c. \quad 1, 2 \text{ and } 3 \text{ only} \\$
- d. All of the above

Surgery for Space Exploration – questions cont.

- 11. ____ is preferred anesthetic for use in space.
 - 1. Local
 - 2. Inhalational
 - 3. Spinal
 - 4. Intravenous
 - a. 1 and 4 only
 - b. 1 and 2 only
 - c. 2 and 3 only
 - d. 1, 3 and 4 only

12. Challenges facing space surgery patients include

- a. Decreased wound healing
- b. Radiation
- c. Anemia
- d. All of the above

13. Konstantin Tsiolkovsky is considered the ____.

- a. Father of space surgery
- b. Father of Cosmonautics
- c. First space surgery patient
- d. First astronaut

14. There is no gravity in space.

- a. True
- b. False

15. The mass of objects affected by microgravity ____.

- a. Increases
- b. Decreases
- c. Remains the same
- d. Fluctuates

16. Protein loss in space can be ____ that of people on bed rest on Earth.

- a. Three times
- b. Equivalent to
- c. Less than
- d. None of the above

17. Acute radiation syndrome is not caused by ____.

- a. Large solar particle events
- b. High levels of solar activity
- c. Exposure to high doses of solar radiation
- d. High risk of hemorrhaging or death

18. When something "floats" in space, it is due to ____.

- a. Microgravity
- b. Optical illusion
- c. Zero gravity
- d. All of the above

19. Resistance exercise and vitamins D and K are recommended during flight to combat ____.

- a. Muscle atrophy
- b. Bone demineralization
- c. Immune dysregulation
- d. All of the above

20. NASA technology has been used on Earth to ____.

- a. Clean arteries nonsurgically
- b. Manipulate voice-controlled wheelchairs
- c. Create portable X-ray devices
- d. All of the above

Cannulated Retinal Surgery

1. The _____ is a layer of blood vessels and connective tissue that supplies nutrients to the inner eye.

a. Sclera

- b. Conjunctiva
- c. Choroid
- d. Uvea
- 2. The uveal tract does not include the ____.
 - a. Cornea
 - b. Ciliary body
 - c. Iris
 - d. Choroid
- 3. The ____ helps maintain the global structure of the eye.
 - a. Vitreous
 - b. Ciliary body
 - c. Endothelium
 - d. Bowman's membrane
- 4. Sharp images and color recognition are determined by the ____.
 - a. Rods
 - b. Cones
 - c. Ganglion cells
 - d. Retina
- 5. A pars plana vitrectomy removes _____.
 - a. Scar tissue
 - b. Traction
 - c. Membranes
 - d. All of the above

6. ____ drops are administered to the operative eye prior to injection prep.

- a. Lidocaine
- b. Bupivacaine
- c. Proparacaine
- d. None of the above
- 7. The infusion line ____.
 - a. Maintains pressure in the globe
 - b. Provides a port of entry for illumination
 - c. Prevents leakage
 - d. All of the above
- 8. A/an _____ should be worn while sleeping for at least one week postoperatively.
 - a. Eye patch
 - b. Pair of glasses
 - c. Eye shield
 - d. Sleep mask

9. Exogenous endophthalmitis results from ____.

- a. Complications of ocular surgery
- b. Penetrating ocular trauma
- c. Blunt ocular trauma
- d. All of the above

10. The three points of insertion are not used for _____.

- a. Infusion
- b. Insertion of vitrector
- c. Pressure relief
- d. Insertion of light source

Innovations in Endoscopic Sinus Surgery

- 1. The OR must be equipped with these devices _____ for an endoscopic sinus surgery.
 - a. Video monitor display system
 - b. High-definition camera
 - c. Light source
 - d. All of the above
- 2. Balloon sinuplasty is a minimally invasive procedure performed during sinus surgery where a _____ is guided into the sinus then inflated.
 - a. Microdebrider
 - b. Suction
 - c. Sinus balloon catheter
 - d. Sinuscope

3. The goal of an ESS is to _____.

- a. Ensure ventilation
- b. Restore mucociliary clearance
- c. Prevent sinus infection
- d. All of the above

4. The nasal sinuses are comprised of ____.

- a. Frontal and sphenoid sinuses
- b. Ethmoid and maxillary sinuses
- c. None of the above
- d. A and B

5. Where did endoscopic surgery procedures originate?

- a. United States
- b. Germany and Austria
- c. The Netherlands
- d. Australia

6. Approximately how many Americans suffer from sinusitis yearly?

- a. 37,000
- b. 37 million
- c. 31 million
- d. None of the above

7. Symptoms of chronic sinusitis may include _____.

- a. Headaches, facial pain, nasal drainage
- b. Nasal obstruction, halitosis
- c. Fatigue
- d. All of the above
- 8. The nasal cavity is divided midline by the ____.
 - a. Nasal septum
 - b. Turbinate bones
 - c. Maxillary sinus
 - d. Superior meatus
- 9. Nasal polypectomy is the removal of _____ from the nasal cavity.
 - a. Mucous membrane
 - b. Connective tissue
 - c. Middle turbinate
 - d. Polyps

10. Although uncommon, what complications can arise from ESS?

- a. Synechia
- b. Cerebral spinal fluid leakage
- c. Orbital hematomas
- d. All of the above

Automated Anesthesia and Natural Orifice Transluminal Endoscopic Surgery

- 1. McSleepy is a _____.
 - a. Car
 - b. Robotic system
 - c. Computer
 - d. None of the above
- 2. Closed-loop anesthesia systems utilize complex _____ based on patient data.
 - a. Algorithms
 - b. Pharmacokinetics
 - c. Biological factors
 - d. Computer systems
- 3. McSleepy is commonly referred to as an ____ robot.
 - a. Surgery
 - b. Anesthesiologist
 - c. Anesthesia
 - d. Excellent
- 4. McSleepy lends itself to revolutionizing patient care by ____.
 - a. Improving patient care
 - b. Giving more accurate dosing
 - c. None of the above
 - d. Both a and b
- 5. Natural orifice transluminal endoscopic surgery shows potential to further alter the state of _____ and treatment.
 - a. Surgeries
 - b. Disease diagnosis
 - c. Recovery
 - d. Internal complications

- 6. NOTES has greatly enhanced recovery of the surgical patient while simultaneously decreasing
 - ____.
 - a. Morbidity
 - b. Postoperative pain
 - c. Healing time
 - d. All of the above
- 7. The McSleepy anesthesia robot was combined with the DaVinci surgical robot to perform the world's
 - first ____.
 - a. Total-robotic operation
 - b. Heart surgery
 - c. Knee replacement
 - d. All of the above
- 8. Natural orifice transluminal endoscopic surgery is a
 - ____•
 - a. Large-scale procedure
 - b. Minimally-invasive operation
 - c. Laparoscopic procedure
 - d. Both b and c
- 9. NOTES utilizes the body's natural <u>to access</u> internal abdominal organs and structures without leaving an external scar.
 - a. Fluids
 - b. Clock
 - c. Orifices
 - d. Organs
- 10. Five approaches to NOTES peritoneal access have been identified. They include ____.
 - a. Transcolonic
 - b. Transgastric
 - c. Transvesical
 - d. All of the above

Automated Anesthesia and Natural Orifice Transluminal Endoscopic Surgery

- **11.** NOTES is a scarless procedure that is a combination
 - of ____ techniques.
 - a. Endoscopic
 - b. Laparoscopic
 - c. Both a and c
 - d. None of the abov
- 12. One critical drawback to NOTES is the lack of adequate surgical instrumentation and equipment needed to facilitate _____ procedures on humans.
 - a. Fully transluminal
 - b. Laparoscopic
 - c. Internal
 - d. External
- 13. As new NOTES technologies are developed they will lead us to ____.
 - a. No-scar surgery
 - b. Minimal complications
 - $c. \quad Both \ a \ and \ b$
 - d. None of the above

14. Advancements in NOTES procedures will help with

- a. Time needed to administer anesthesia
- b. Dissection
- c. Decreases in tissue trauma
- d. Elimination of muscle mass
- 15. <u>may very well revolutionize the healthcare industry.</u>
 - a. Automated, closed-loop anesthesia systems
 - b. NOTES
 - c. McSleepy
 - d. All of the above

- 16. McSleepy monitors the patient's level of ____.
 - a. Pain
 - b. Consciousness
 - c. Muscle movements
 - d. All of the above
- 17. The natural orifice approach holds potential to _____ patient complications and ____ postoperative recovery time.
 - a. Increase, reduce
 - b. Reduce, improve
 - c. Raise, lower
 - d. Reduce, increase
- 18. Experimenters such as Reginald Bickford used ______ to monitor amounts of anesthetic administrated to the patient.
 - a. EEG
 - b. BIS
 - c. Both A and B
 - d. None of the above
- 19. McSleepy was successfully tested during a _____ procedure.
 - a. Anesthesia environment
 - b. Partial nephrectomy
 - c. Elbow replacement
 - d. Open heart surgery

20. Hemmerling described McSleepy as a ____.

- a. Advanced robot
- b. Humanoid anesthesiologist
- c. Human counterpart
- d. Human competitor

Minimally Invasive Posterior Spinal Fusion

- **1.** The CD Horizon® SextantTM procedure is a new advancement in the treatment of .
 - a. Degenerative disc disease
 - b. Spinal instabilities
 - c. Heart transplants
 - d. Both a and b
- 2. This minimally invasive procedure requires patients to have single to multi-level ____.
 - a. Fusions
 - b. Weak screws
 - c. Degenerations
 - d. Bone slips
- 3. Once the tissues are dilated and retracted, a sharp, cannulated tap is placed over the _____ to prepare the pedicle for screw insertion.
 - a. Infuser
 - b. Guidewire
 - c. Mayo stand
 - d. Screwdriver
- 4. During the procedure, the surgeon inserts a mixture of _____ and bone chips along the lateral gutters of the posterior spinous process.
 - a. Lidocaine
 - b. Epinephrine
 - c. Osteogenerative protein
 - d. Tissue
- 5. Using a(n) ____, the surgeon removes small portions of bone from the lamina to gain entrance to the spinal canal.
 - a. Neuro-simulator
 - b. Angled curette
 - c. Guidewire
 - d. All of the above

- 6. Within <u>hours</u> hours after the procedure, the patient is encouraged to ambulate to aid in the recovery process.
 - a. 6 to 12
 - b. 1 to 2
 - c. 24 to 48
 - d. 3 to 4
- 7. The most common complication of minimally invasive spinal fusions is a _____.
 - a. Dural tear
 - b. Bleeding
 - c. Discharge
 - d. Posterior discomfort
- 8. This minimally invasive approach is more attractive to patients who are candidates for spinal fusion because there is less .
 - a. Blood loss
 - b. Postoperative pain
 - c. Recovery time
 - d. All of the above
- 9. Using a(n) ____ on a bayoneted handle, the surgeon makes an incision into the annulus of the disc.
 - a. Screwdriver
 - b. 11 blade knife
 - c. 15 blade knife
 - d. Neuro-simulator
- 10. The fluoroscopy machines image the ____ and the
 - a. Lateral lumbar spine and the stab incisions
 - b. Anterior/posterior lumbar spine and the annulus
 - c. Lateral lumbar spine and anterior/posterior lumbar spine
 - d. None of the above

Exploring the Penile Prosthesis Procedure

- 1. The most common reason for men receiving a penile implant is .
 - a. Erectile Dysfunction
 - b. STDs
 - c. Diabetes
 - d. None of the above
- 2. The two most popular types of implants are ____.
 - a. Semi-rigid
 - b. Inflatable
 - c. Rigid
 - d. Both a & b
- 3. A two-piece inflatable penile implant requires more extensive surgery than a ____.
 - a. Rigid implant
 - b. Semi-rigid implant
 - c. Limp implant
 - d. Three-piece implant
- 4. Diabetes can damage the ____ in the penis causing erectile dysfunction.
 - a. Nerves
 - b. Dorsal arteries
 - c. Small blood vessels
 - d. Both a & c
- 5. The inflatable prosthesis has two silicone rods that are placed inside both sides of the ____.
 - a. Reservoir
 - b. Sartorius muscle
 - c. Corpus cavernosum
 - d. Adductor magnus muscle

- 6. Complications that can occur with an inflatable penile prosthesis are ____.
 - a. Tubing kinks
 - b. Aneurysm
 - c. Silicone spillage
 - d. All of the above
- 7. The patient was positioned in the ____ position for the procedure.
 - a. Supine
 - b. Lateral
 - c. Distal
 - d. Medial
- 8. The prep for the penile procedure extended up to the patient's ____.
 - a. Umbilicus
 - b. Mid thighs
 - c. Anus
 - d. Scrotum
- 9. A(n) <u>was applied to the patient's legs to help</u> prevent emboli and thrombi.
 - a. Compression Device
 - b. Sequential Compression Device
 - c. Cold wrap
 - d. Ice pack

10. A ____ was needed to measure the diameter and the length of the corpus cavernosum.

- a. Dura Hooks
- b. Debakey Forceps
- c. Caliper
- d. Allis clamps

Exploring the Penile Prosthesis Procedure – questions cont.

11. The local anesthetic was a mixture of ____ and

epinephrine.

- a. Vicryl
- b. Saline
- c. Bupivacaine Hydrochloride
- d. Kanamycin
- 12. During the procedure, the surgeon started with a
 - ____ Heagar dilator.
 - a. 13/14
 - b. 15/16
 - c. 1/2
 - d. 11/12

13. After the stay sutures were placed, the surgeon irrigated the _____ in order to prevent infection.

- a. Wound
- b. Penis
- c. Sutures
- d. Foreskin
- 14. A surgical site infection occurs in about _____ of patients who undergo a penile implant for the first time.
 - a. 10 percent
 - b. 24 percent
 - c. 5.5 percent
 - d. 5 percent
- 15. If the patient is replacing a previous implant, the surgical site infection risk can ____.
 - a. Triple
 - b. Double
 - c. Stay the same
 - d. None of the above

16. Other options are available for treating erectile dysfunction. They include

- a. Medication
- b. Pumps
- c. Hormone treatments
- d. All of the above

17. The tunica vaginalis covers the ____ and the ____.

- a. Tunica albuginea and testicular vein
- b. Testicular vein and anus
- c. Seminiferous tubules and epididymis
- d. Tunica albuginea and spermatic cord

18. Possible complications with insertion of a penile implant can include ____.

- a. Hemorrhaging
- b. Vomiting
- c. Dizziness
- d. Limited mobility

19. The surgical team dipped their hands in a basin filled with _____.

- a. Epinephrine
- b. Hydrochloride
- c. Isopropyl alcohol
- d. Water

- a. 78 percent
- b. 67 percent
- c. 55 percent
- d. 12 percent

Mass Casualty on Deck

- 1. What part of the jet continued to stretch, causing the mass casualty on deck?
 - a. Tip of the wire
 - b. Wire
 - c. Wings
 - d. None of the above
- 2. What type of emergency amputation had to be performed?
 - a. Below the knee
 - b. Above the knee
 - c. Complete limb removal
 - d. Foot only
- 3. The patient was covered with a _____ after he was taken to the OR?
 - a. Gurney
 - b. Gown
 - c. Warm blankets
 - d. Prep sheet
- 4. If a power saw fails, what type of tool needs to be available for the procedure?
 - a. Gigli Saw
 - b. Satterlee Bone Saw
 - c. Both a and b
 - d. Neither a nor b
- 5. A ____ needs to be applied to the affected limb to reduce blood loss during surgery.
 - a. Pneumatic tourniquet
 - b. Clamps
 - c. Surgical gown
 - d. Forced-Air warming blankets
- 6. The U-drape is draped _____ to the thigh.
 - a. Supine
 - b. Anterior
 - c. Proximally
 - d. Inferior
- 7. The surgeon used a #10 knife blade to make a _______ incision above the distal femur.
 - a. Diamond-shaped
 - b. U-shaped
 - c. Lateral
 - d. V-shaped
- 8. The ____ muscle compartments are identified to create flaps for coverage of the femoral stump.
 - a. Posterior and anterior
 - b. Posterior and inferior

- c. Lateral, inferior and posterior
- d. Posterior, lateral and anterior
- 9. A drainage system prevents which condition from forming within the surgical wound.
 - a. Edema
 - b. Infection
 - c. Phantom pain
 - d. Loss of blood
- **10.** Which condition is not listed as a complication of an amputation?
 - a. Pneumonia
 - b. Heart failure
 - c. Infection
 - d. Dizziness
- **11.** Patients caring for the stump need to check for signs of infection that include ____.
 - a. Discharge
 - b. Swelling
 - c. Tender skin
 - d. All of the above

12. What was applied to the skin on the unaffected thigh?

- a. Electrosurgical Unit
- b. Saline
- c. Dispersive electrode
- d. Tourniquet
- 13. For a lower extremity, inflation time on a tourniquet at 300-350 mmHg should not exceed ____?
 - a. An hour
 - b. One and a half hours
 - c. Fifteen minutes
 - d. Two hours
- 14. The patient was placed in the ____ position for the procedure.
 - a. Supine
 - b. Lateral
 - c. Inferior
 - d. Medial
- 15. ____ may play a large part in the sense of phantom pain.
 - a. Neuroplastic changes
 - b. Magnetoencephalographic techniques
 - c. Cerebral reorganization
 - d. Existing medical issues

Increasing Airflow: The Process of Inferior Turbinate Reduction

- 1. The primary symptom of turbinate hypertrophy is
 - a. Congested breathing
 - b. Infection
 - c. Headaches
 - d. Nose bleeds
- 2. Turbinates are long, narrow, spongy bone shelves that protrude into the ____.
 - a. Throat
 - b. Tongue
 - c. Nasal cavity
 - d. None of the above
- 3. Empty nose syndrome is when too much of the ______ is removed.
 - a. Receptor tissue
 - b. Nose hair
 - c. Nasal cavity
 - d. Skin
- 4. The turbinates are vascular structures; therefore, the primary contraindication for turbinate reduction surgery is ____.
 - a. Coagulopathy
 - b. Turbinectomies
 - c. Therapy
 - d. Sinus infections
- 5. Surgeons preferring radio frequency coblation will prime the coblation _____ with a layer of saline gel.
 - a. Forceps
 - b. Wand
 - c. Scissors
 - d. Blade

- 6. The turbinate should not be reduced more than ______ to ensure it does not interfere with receptor feedback.
 - a. 30 percent
 - b. 27 percent
 - c. 55 percent
 - d. 25 percent
- 7. The <u>may be introduced to irrigate and debride</u> the turbinate.
 - a. Cottonoids
 - b. Suction tubes
 - c. Microdebrider
 - d. All of the above
- 8. A surgeon performing an extramural excision will require an _____ to remove turbinate tissue.
 - a. Forceps
 - b. Endoscopicbiter
 - c. Coblation wand
 - d. Suction tubing
- 9. Which turbinate acts as a buffer to protect the sinuses from direct nasal airflow?
 - a. Superior
 - b. Inferior
 - c. Middle
 - d. Left
- **10.** The patient may experience _____ for approximately seven to 14 days postoperatively.
 - a. Nasal drainage
 - b. Swelling
 - c. Dryness
 - d. All of the above

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Microbiology Review: Pathogens and Disease

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Transmission-Based Isolation Precautions in the OR

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Malignant Hyperthermia Crisis

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Surgery for Space Exploration

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Cannulated Retinal Surgery

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Innovations in Endoscopic Sinus Surgery

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Automated Anesthesia and Natural Orifice Transluminal Endoscopic Surgery

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Minimally Invasive Posterior Spinal Fusion

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Exploring the Penile Prosthesis Procedure

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Mass Casualty on Deck

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Increasing Airflow: The Process of Inferior Turbinate Reduction

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